

Counsellors' Perspectives on How Mindfulness Meditation Influences
Counsellor Presence Within the Therapeutic Relationship

By

Laura Lynn McCartney
B.A., University of Calgary, 2000

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF ARTS

in the Department of Educational Psychology and Leadership Studies

© Laura Lynn McCartney, 2004
University of Victoria

All rights reserved. This thesis may not be reproduced in whole or in part, by photocopy
or other means, without the permission of the author.

Supervisor: Dr. Geoff Hett

ABSTRACT

The present study was a phenomenological inquiry exploring the lived experience of counselors who have a regular mindfulness meditation practice consisting of sitting meditation. The researcher interviewed five women counselors on how mindfulness meditation influences their presence within the therapeutic relationship. Utilizing a phenomenological research design emphasizing the association between individuals and their worlds, the researcher analyzed the data, selected meaningful statements, and clustered themes. The main themes discovered were: the path of mindfulness meditation, counsellor presence, compassion, bringing mindfulness and meditation to counselling, and self-awareness and insights through meditation. The findings were discussed within the context of the relevant research and theories in counselling psychology. Practical implications for counselling, future research recommendations, and study limitations were considered.

TABLE OF CONTENTS

Abstract.....	ii
Table of Contents.....	iii
Acknowledgements.....	v
Epigraph.....	vi
CHAPTER ONE: INTRODUCTION.....	1
<i>Introducing the Phenomenon</i>	1
<i>The Researcher's Experience of Mindfulness Meditation</i>	3
<i>Study Purpose</i>	5
<i>Assumptions of the Researcher</i>	6
<i>Delimitations of Study</i>	7
<i>Study Limitations</i>	7
<i>Definitions of Terms</i>	8
<i>Summary</i>	10
<i>Thesis Overview</i>	11
CHAPTER TWO: REVIEW OF THE LITERATURE.....	13
<i>The Therapeutic Relationship</i>	13
<i>Rogers's Therapist Attitudes</i>	16
<i>The Concept of Presence</i>	19
<i>What is Mindfulness Meditation?</i>	23
<i>Seven Attitudes of Mindfulness</i>	24
<i>Practical Applications of Mindfulness Meditation</i>	26
<i>Summary</i>	31
CHAPTER THREE: METHODOLOGY.....	34
<i>Choosing An Approach</i>	34
<i>Why a Qualitative Approach?</i>	34
<i>Why Phenomenology?</i>	35
<i>The Process of Inquiry</i>	37
<i>Selection of Co-Researchers</i>	38
<i>Pilot Study</i>	39
<i>Instrumentation for Data Collection</i>	39
<i>Procedure for Data Analysis</i>	41
<i>Summary</i>	46
CHAPTER FOUR: FINDINGS.....	48
<i>Introducing the Themes</i>	48
<i>The Path of Mindfulness Meditation</i>	49
<i>Discovering Meditation</i>	50
<i>The Practice</i>	52
<i>Counsellor Presence</i>	55
<i>Being in the Moment with Clients</i>	56
<i>Developing a Witness</i>	60

<i>Compassion</i>	64
<i>Universality of Being Human</i>	65
<i>Bringing Mindfulness and Meditation to Counselling</i>	70
<i>Counselling Approach and Theory</i>	71
<i>Seven Attitudes of Mindfulness</i>	77
<i>Non-Judging</i>	77
<i>Patience</i>	79
<i>Acceptance</i>	80
<i>Beginner’s Mind</i>	82
<i>Trust</i>	82
<i>Non-Striving</i>	83
<i>Letting Go</i>	84
<i>Self-Awareness and Insights Through Meditation</i>	85
<i>Slowing Down</i>	86
<i>Self-Care</i>	88
<i>Gratitude</i>	90
<i>Summary</i>	92
CHAPTER FIVE: DISCUSSION.....	93
<i>Comparisons with the Literature</i>	94
<i>Practical Implications and Future Research Recommendations for Counselling</i>	104
<i>Personal Reflections as the Researcher</i>	112
REFERENCES.....	114
APPENDIX A: Study Poster.....	119
APPENDIX B: Informed Consent Form.....	120
APPENDIX C: Interview Questions.....	123
APPENDIX D: Ethics Approval.....	124

ACKNOWLEDGEMENTS

Thank you to Dr. Geoff Hett for his reassurance and encouragement and to Dr. Norah Trace for her guidance and support.

Thank you to my co-researchers whose stories inspired me – they are truly remarkable women and therapists and I am grateful for the abundant wisdom they shared with me.

I would also like to thank my friends and family – I sincerely appreciate your understanding and confidence in me.

Lastly, I would like to acknowledge those who are dedicated to the teaching of mindfulness meditation, especially the late John Branton.

The most powerful healers or teachers
are those who can model authentic presence and bring it into their work.
Inviting and allowing another person to have his or her experience just as it is –
this is perhaps the greatest gift anyone can offer.
- John Welwood, *Toward a Psychology of Awakening*

CHAPTER ONE: INTRODUCTION

Introducing the Phenomenon

The therapeutic relationship created between a counsellor and a client is fundamental to the counselling process and can be used by the client as an anchor for personal growth, change and development. According to Carl Rogers (1957), “significant positive personality change does not occur except in relationship” (p.96). Within the therapeutic relationship, it is crucial for the counsellor to be fully present with the client at each moment since “the full presence of our being is healing in and of itself” (Welwood, 2000). Kelly (1996) suggests that counsellors can develop and practice attending skills, but authentic counsellor effectiveness depends on the counsellor’s ability to fully engage with the client’s experience in the present moment, letting go of any intrusive thoughts they may notice. In essence, the counselling process is more beneficial when both the therapist and the client are attuned to the present moment (Kelly, 1996). Rogers (1980) suggests three core conditions or attitudes that need to be present in the therapist-client relationship in order to foster client growth. Rogers’ theory proposes that a counsellor who is present emanates a genuine or congruent attitude, creates an accepting and caring climate of “unconditional positive regard”, and facilitates with empathetic understanding.

Attaining counsellor presence may appear to be a simplistic task. However, teachings from the meditative traditions emphasize the idea that our minds are innately programmed to maintain “inner chatter” in which thoughts constantly and spontaneously occur, most of which are judgmental in nature and pertain to either the past or future (Kelly, 1996). Therefore, we are seldom in the present moments of our lived experience.

Consequently, it may be challenging for counsellors to consciously be in the “here and now” during sessions with their clients if their minds are racing and accustomed to running on “automatic pilot” in reaction to a fast-paced and stressful western society.

In recent years, the ancient eastern practices of meditation have gained popularity and through observation, I have noticed that helping professionals are gravitating toward such practices. Shapiro (1980) suggests that health care professionals have become interested in meditation as a self-regulating strategy, non-drug treatment alternative, and a model of positive health in which values and meanings are contrary to those reflected in western culture. Various research studies (Astin, 1997, Kabat-Zinn, 1982, Kabat-Zinn, Lipworth & Burney, 1984, Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, Lenderkin, & Santorelli, 1992, Miller, Fletcher, & Kabat-Zinn, 1995, Reibel, Greeson, Brainard, & Rosenzweig, 2001, Shapiro, Schwartz & Bonner, 1998, Williams, Kolar, Reger, & Pearson, 2001) have shown mindfulness meditation to be effective in addressing stress and pain management, evoking relaxation, improving psychological and physical health, and enhancing personal understanding and insight. Research studies primarily focus on how mindfulness meditation effects various client populations and there is limited research addressing how this eastern practice may be beneficial for counsellors specifically and the counselling relationship. Carrington & Ephron (1975) suggest that counsellors who meditate are less likely to become drowsy as a result of work stress, have an enhanced awareness of their feelings, and experience less discomfort from patient’s negative transference reactions (as cited in Shapiro, 1980). Keefe (1975) suggests that meditation allows therapists to have increased endurance when client hours follow continuous succession and the ability to maintain a focus of attention and

awareness on present events (as cited in Shapiro, 1980). Schuster (1979) proposes that mindfulness meditation can be used to increase empathy in clinical practice. In support of this notion, Lesh (1970) found that counsellor trainees who meditated had a significant improvement in their empathetic ability (measured by their response to an affective sensitivity videotape) compared to counsellors who did not meditate. It is apparent that more research needs to be conducted on the benefits of meditation practice for counsellors, particularly in regard to how a mindfulness meditation practice influences counsellor presence within the therapeutic relationship.

The Researcher's Experience of Mindfulness Meditation

A few years ago, I was a Research Assistant with the Alberta Lung Association Sleep Center and was given the opportunity to voluntarily assist in a series of four-week meditation classes that were primarily offered to people experiencing sleep disturbances. The two facilitators of these classes had extensive meditation training and were avid meditators. I did not have any prior experience or knowledge of meditation and could not imagine how I would be of help, but I was intrigued by the practice and curious to know more about it. Over the next few months, my role as an “assistant” involved being both an observer and participant in the meditation classes. I practiced various kinds of mindfulness meditation including walking, sitting, eating and body scan meditation through which I experienced both the intense joys and difficulties of the practice. By fully immersing myself, I became a more effective assistant in the classes because I could better relate to the participants' experiences. Throughout the process, I realized that I was a part of something greater than myself. I believe I was given a gift – the opportunity to embark on a personal meditation journey. By embracing the gentle

practice of mindfulness meditation, I have begun to cultivate a sense of presence in both my personal and professional life. The meditation teachers provided me with a rich, meaningful and invaluable learning experience and at the end of our time together, they gave me John Kabat-Zinn's book, "Where Ever You Go, There You Are". This book is one I treasure and has been fundamental to my meditation journey. Over the past couple of years, my meditation practice has ebbed and flowed and I have realized the importance in furthering my understanding of meditation and maintaining my practice by attending meditation retreats, workshops, lectures, and co-facilitating meditation classes.

In the process of learning how to be a counsellor in graduate school, I found it helpful to have a personal meditation practice. As a novice counsellor, I sometimes lack confidence in my skills and knowledge and worry about not knowing what to do with my clients. However, I notice that this shifts when I meditate before seeing clients. Practicing mindfulness enables me to confidently accept where I am in the present moment as a novice counsellor and teaches me how to be open, non-judgmental, kind, nurturing and compassionate toward others and myself. I notice that developing my natural ability to be consciously aware and mindful allows for richer connections with others. Having a personal mindfulness meditation practice, in which I focus my attention on my breath, helps me ground or center myself, connects me with my spirit, and increases my ability to quiet my mind and remain focused and present when counselling clients. As a result, I am better able to let go of intrusive thoughts, body sensations, sounds, and emotions and witness my clients' process in the 'here and now' with mindful intention. This practice creates balance in my life and helps to release any stress and tension I may be experiencing. Mindfulness meditation can be incorporated into daily

living and can be drawn on throughout the day since our breath is with us where ever we go. It is my hope that counsellors who learn to be mindful of themselves and others will be more effective counsellors and that having a personal mindfulness meditation practice will be one way to cultivate counsellor presence.

I was curious to know if counsellors find mindfulness meditation beneficial to their professional counselling practice, particularly in regard to counsellor presence. Therefore, I chose to focus on the following research question, “What are the perceptions of five professional counsellors on how a personal mindfulness meditation practice influences their counsellor presence within the therapeutic relationship?”

Study Purpose

The general purpose of this study was to determine whether counsellors become more present by having a personal mindfulness meditation practice. More specifically, I wondered whether counsellors perceive their mindfulness meditation practice as being instrumental in cultivating counsellor presence within the therapeutic relationship and contributing to their achievement of a genuine, accepting and empathetic presence. My hope is that this research study provides helping professionals with valuable insight into how counsellors are using mindfulness meditation and the potential benefits of having such a practice, for both the counsellor and client. My intention was to expand current literature on mindfulness meditation by addressing how this eastern practice may be beneficial for counsellors specifically, particularly in regard to how a mindfulness meditation practice influences counsellor presence within the therapeutic relationship.

Assumptions of the Researcher

As a researcher utilizing a qualitative approach, I assumed that my worldview and bias influenced how I interpreted my participant's lived experience of mindfulness meditation. I understand that the reader will be viewing the phenomenon through my lens. However, it is important to acknowledge that both the researcher and participants co-created this study. As the researcher, I have taken a first person stance ("I"), as well as incorporated and presented the participants' words as a way to honor and give voice to their experience.

I assumed before conducting this study that mindfulness meditation is beneficial and influences counsellor presence within the therapeutic relationship. In addition, I assumed that meditation practice may be described as a way of life or being by some counsellors. It was also understood that participants may have varying beliefs or ideologies that may not follow Oriental culture or Buddhism since the practice of meditation is universal and is not restricted to people of a particular culture or religious or spiritual belief. It was also assumed that meditation is not restrictive to participant demographics such as age. My assumption was that some counsellors may have developed a meditation practice as a self-care strategy and that they may incorporate other methods or strategies to achieve counsellor presence. Another assumption in this study was that mindfulness meditation decreases the counsellors' level of stress and therefore, enables them to become more present. I also assumed that there would be identifiable themes apparent throughout the participants' transcribed interviews.

Delimitations of Study

This study was limited to the perceptions of five practicing professional counsellors who have established an on-going personal mindfulness meditation practice, specifically a formal sitting meditation practice. The participants completed a semi-structured interview in regard to how this practice influences their presence within the therapeutic relationship. The study is limited to data collected from October 2003 – March 2004. All variables, conditions, or populations not so specified in this study will be considered beyond the scope of this research investigation.

Study Limitations

The research question I proposed in this study was, “What are the perceptions of five professional counsellors on how a personal mindfulness meditation practice influences their counsellor presence within the therapeutic relationship?” In conducting interviews with my co-researchers, it was brought to my attention that one limitation of this study may be that my research question was too specific, which would therefore restrict the type of data collected. A couple of my co-researchers suggested that their mindfulness meditation practice influences more than just their counsellor presence and that having a broader research question may elicit a richer perspective of their lived experience with mindfulness meditation. However, I felt I was too far along in the research process to change my research question. Therefore, if I had to do it over again, I would have asked my participants a broader question such as, “What does it mean for you as a counsellor to have a mindfulness meditation practice?”

Another limitation of this study is that the sample of participants happened to consist of all women. I am curious to know if having a male participant(s) would have

altered my findings. Also, my co-researchers described having positive experiences with mindfulness meditation, which may not be the case for everyone. Perhaps there are negative effects pertaining to a meditation practice, both personally and professionally. In an attempt to narrow the focus of this study, I chose to interview counsellors who have a regular practice of mindfulness meditation consisting of the formal technique of sitting meditation. Consequently, this study does not deeply explore the other significant mindfulness meditation techniques expressed by participants including loving-kindness meditation and walking meditation.

Definition of Terms

The followed definitions are offered to ensure proper interpretation of the terminology used in this study.

MEDITATION: “A family of practices that train awareness and attention in order to bring mental processes under greater voluntary control. This control is used to foster development and to cultivate specific mental qualities such as awareness, concentration, joy, and compassion. These practices aim for deep insight into the nature of mind and reality, and the development of states of exceptional psychological well-being, maturity, and consciousness” (Walsh, 1989, p.408).

MINDFULNESS: “Paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally... nurtures greater awareness, clarity, and acceptance of present-moment reality” (Kabat-Zinn, 1994, p. 4).

MINDFULNESS MEDITATION: “The effort to intentionally pay attention, nonjudgmentally, to present-moment experience and sustain this attention over time. The aim is to cultivate a stable and nonreactive present moment awareness... usually accomplished through a regular daily discipline involving both formal and informal mindfulness practices (Miller, Fletcher, Kabat-Zinn, 1995, p.193).

PRESENCE: Bugental (1987) defines presence as “a name for the quality of being in a situation or relationship in which one intends at a deep level to participate as fully as she is able. Presence is expressed through mobilization of one’s sensitivity –both inner (to the subjective) and outer (to the situation and the other person (s) in it) – and through bringing into action one’s capacity for response” (p. 27).

PROFESSIONAL COUNSELLOR: A trained practitioner who applies “mental health, psychological, and human development principles through cognitive, affective, behavioral and systemic intervention strategies, that address wellness, personal growth, and career development, as well as pathology” (Hackney & Cormier, 2001). The following terms, “counsellor” and “counselling” will be used interchangeably with “therapist” and “therapy”, respectively.

SITTING MEDITATION: Bishop (2002) describes this basic formal mindfulness technique in the following caption: “The participant maintains an upright sitting posture, either in a chair or cross-legged on the floor, and attempts to sustain attention to the breath. Whenever attention wanders to inevitable thoughts and emotions as they arise,

the participant simply acknowledges and accepts each thought and feeling, then lets go of them as attention is directed back to the breath. This process is repeated each time that attention wanders to thoughts and feelings... sitting meditation aims to teach participants to passively observe thought and feelings simply as mental events with no inherent value of their own” (p.72).

THERAPEUTIC RELATIONSHIP: Bugental (1987) proposes that “the relationship between client and therapist as an “alliance,” that is, a joining of forces... consists of two energy systems being brought into concert to accomplish purposes important to both (p. 219)... the therapeutic alliance is the powerful joining of forces which energizes and supports the long, difficult, and frequently painful work of life-changing psychotherapy” (p.49).

Summary

The therapeutic relationship is a key ingredient for client growth and within this relationship, it is essential that the counsellor is fully present with the client. Rogers suggests that a therapist who is present to their client exudes an attitude of congruence, unconditional positive regard, and empathetic understanding which are necessary and sufficient conditions for client growth. However, it may be difficult for counsellors to be present with their clients if their minds are busy with “inner chatter” or intrusive thoughts.

The ancient Eastern practice of meditation has gained popularity among helping professionals and research studies with various client populations have shown meditation to be effective in addressing stress and pain management, evoking relaxation, improving

psychological and physical health, and enhancing personal understanding and insight. However, there has been limited research conducted on the benefits of meditation for counsellors, especially in regard to counsellor presence within the therapeutic relationship. Therefore, the purpose of the present study was to investigate the perceptions of professional counsellors on how a personal mindfulness practice influences their counsellor presence within the therapeutic relationship. This study was interested in determining whether mindfulness meditation is instrumental in cultivating counsellor presence and achieving therapist attitudes of congruence, acceptance, and empathetic understanding.

Definitions of meditation, mindfulness, mindfulness meditation, presence, professional counsellor, sitting meditation and therapeutic relationship have been addressed. The researcher's assumptions and delimitations pertaining to this research have also been explored, as well as study limitations.

Thesis Overview

The following chapter consists of a literature review. I begin by discussing the nature of the therapeutic relationship in regard to its components and functions. Rogers' therapist attitudes (congruence, unconditional positive regard, and empathetic understanding) are then addressed. Next, I explore the concept of presence. Then, I discuss mindfulness meditation including an explanation of the seven attitudes of mindfulness, as well as research on meditation that has been conducted with both clinical and non-clinical populations.

In chapter three, I describe the methodology of the research study including the philosophy, method and procedures of both my qualitative research approach and

phenomenological design. Then, in chapter four, I share the findings from the stories of my research participants. In chapter five, I conclude with tying my research findings to the literature, addressing practical implications and sharing future recommendations for counselling. I also discuss my experience as the researcher.

CHAPTER TWO: REVIEW OF THE LITERATURE

The Therapeutic Relationship

Most theoreticians and practicing counsellors support the notion that the therapeutic relationship is significant to the outcome of all counselling efforts (Gelso & Carter, 1985, & Hansen, Stevic, & Warner, 1986). Some counsellors consider the relationship to be the most important factor in helping clients change, while others believe the relationship provides an atmosphere for the counsellor to use techniques and strategies to guide client change (Hansen et. al., 1986). In his review on therapist variables (empathy, warmth, and genuineness) in relation to therapy outcome, Patterson (1984) proposes that the therapeutic relationship is adequate by itself since therapeutic change occurs within the therapeutic relationship without the use of specific techniques. Garske (1997) supports this notion by suggesting that “no matter which specific change methods or procedures the counsellor uses, the likelihood of success seems to be a result of the relationship base on which the counsellor and client are interacting” (p.11).

Gelso and Carter (1985) explore the components of the therapeutic relationship by acknowledging Greenson’s (1976) suggestion that the analytical relationship can be divided into three interrelated parts including the working alliance, the transference relationship, and the real relationship (as cited in Gelso & Carter, 1985). However, Gelso & Carter (1985) expand on Greenson’s (1976) work in stating, “all therapeutic relationships consist of these three components, although the salience and importance of each part during counselling or therapy will vary according to the theoretical perspective of the therapist and the particulars of a given therapy” (p. 161).

Gelso & Carter (1985) describe the working alliance as an emotional alignment or bond between the counsellor and client in which goals and tasks are collaboratively formulated and agreed upon. Essentially, the working alliance enables the client to move toward their goals and achieve self-exploration and understanding. In the working alliance there is “the sense that the counsellor and client are joined together in shared enterprise, each making his or her contribution to the work” (Gelso & Carter, 1985, p.163). The working alliance is fostered through the counsellors’ professional concern and compassion for the client, their willingness to help the client face their problems, and through their genuineness, empathy, and respect toward the client (client-centered conditions or attitudes) (Gelso & Carter, 1985). These facilitative conditions are essential in the therapeutic relationship and have been linked with an improvement in the client’s self-esteem (Hansen et al., 1986). Garske (1997) & Rogers (1992) suggest that counsellor attitudes are crucial for creating trust and empowering the client’s confidence throughout the counselling process. A healthy bond between the counsellor and client depends on the client’s ability to trust, form attachments with others, and the client’s willingness to take responsibility for their role in the counselling process (Gelso & Carter, 1985).

It is important that the working alliance be established relatively early in the counselling process in order for both short-term and long-term counselling to be successful (Gelso & Carter, 1985). Therefore, the early phase of counselling is dedicated to establishing a healthy working relationship which involves “helping the client to build trust, to experience both permissions and limits, and to discover what the therapeutic process is and what kinds of learning and changing it can bring about” (Moursund &

Kenny, 2002, p. 57). Although the working alliance is essential in all counselling approaches, it varies depending on the client's problem, the counsellor's theory, the stage of the relationship, and the degree of bonding between the counsellor and client (Gelso & Carter, 1985).

Transference is another component of the therapeutic relationship, which occurs in all theories of counselling, regardless of the duration of treatment (Gelso & Carter, 1985). There are various definitions and interpretations of transference across counselling approaches. Generally, transference occurs when a client displaces feelings, behaviours and attitudes, stemming from past conflicts in early relationships with significant others, onto the counsellor. The client misperceives or misinterprets the counsellor in some way, either positively or negatively, and the therapeutic relationship becomes "unreal". Countertransference occurs when the counsellor displaces their emotional reactions and projections toward the client (Hansen et. al., 1986). Therefore, it is important that counsellors develop the ability to observe and modulate their reactions toward clients so they are able to respond appropriately and facilitate the client's growth (Gelso & Carter, 1985).

Gelso & Carter (1985) suggest that the real relationship is present in all theoretical approaches to counselling and is parallel to and interrelated with the "unreal" or transference relationship. In a real relationship, the counsellor's perceptions and interpretations of the client are realistic and their feelings and behaviours are genuine and congruent. It is suggested that the real relationship may consist of both non-intimate and intimate aspects. General impersonal conversation or "chatting" between the client and counsellor is considered a non-intimate aspect of the real relationship and more

personalized and feeling-based messages conveyed (e.g. “I appreciate your honesty”) reflect a more intimate aspect of the real relationship (Gelso& Carter, 1985). The real relationship strengthens and deepens with the length of counselling and as the counsellor and client develop a realistic appreciation and understanding of one another as individuals, outside of the therapeutic roles (Gelso & Carter, 1985).

Hackney & Cormier (2001) identify four primary functions associated with a solid and healthy relationship bond between the counsellor and client. It is suggested that the therapeutic relationship creates a safe and trusting facilitative climate or environment for the client to comfortably disclose and explore personal issues. Rogers (1965) supports this notion by stating that “in the emotional warmth of the relationship with the therapist, the client begins to experience a feeling of safety as he finds that whatever attitude he expresses is understood in almost the same way that he perceives it, and is accepted” (p.41). The counselling relationship is also viewed as a contained space in which the client can safely experience intense affect. Another function of the therapeutic relationship is that it serves to motivate the client to change, instilling hope and confidence. An effective therapeutic relationship also gives the client the opportunity to experience being in a healthy interpersonal relationship and consequently may improve their relationships with others outside of therapy.

Rogers' Therapist Attitudes

Rogers (1957, 1965, 1967, 1980) proposed three conditions or therapist attitudes that are necessary and sufficient for psychotherapeutic change to occur including the therapist's capacity to emanate congruence, unconditional positive regard, and empathy. In his “person-centered approach”, Rogers (1980) hypothesized that individuals have an

innate tendency toward growth and vast resources within the self for change, providing that a growth-promoting environment of facilitative psychological attitudes is present. Rogers suggests that in a nurturing climate infused with attitudes of congruence, unconditional positive regard, and empathy, a client has the freedom to reach their full human potential and develop more self-understanding, self-confidence, and a greater capacity to choose their behaviours. Essentially, the therapist creates a psychological environment where the client can just *be*. In support of Rogers, Garske (1997) states, “being knowledgeable about therapeutic theories and intervention techniques is of no practical use unless the counsellor is able to communicate to the client the facilitative attitudes that are essential to a productive therapeutic relationship” (p. 13).

The first therapist attitude is termed congruence, genuineness or realness. Being congruent means that the therapist works toward being an integrated person and is able to be themselves within the therapeutic relationship rather than putting up a professional or personal façade. The therapist is essentially transparent to the client in that “the therapist is openly being the feelings and attitudes that are flowing within at the moment... the client can see right through what the therapist is in the relationship” (Rogers, 1980, p. 115). When a counsellor or therapist is congruent, there is a match between their internal experience and present awareness and what is externally communicated to the client. However, it is important to mention that it may not be appropriate for the counsellor to communicate their present reality to the client (e.g. talk out his or her own feelings in the counselling session). The aim of being a congruent counsellor is having the ability to maintain personal awareness throughout the counselling process. It may be more

appropriate for the counsellor to address their experiences with a colleague or in supervision (Rogers, 1980).

The second therapist attitude that is essential for fostering an environment for change is the degree of unconditional positive regard, also referred to as acceptance. Therapeutic movement or change is more likely to occur as a result of the therapist's capacity to warmly accept where the client *is* at the present moment (Rogers, 1980). Therefore, the therapist unconditionally accepts the client's immediate experience of feelings such as fear, courage, anger or confusion in a non-possessive way. Therefore, the therapist is aware that the client is a separate person and their experiences are uniquely their own (Rogers, 1957). Welwood (2000) equates Carl Rogers' term "unconditional positive regard" with the Buddhist concept of loving-kindness (*metta* in Pali or *maitri* in Sanskrit), which means unconditional friendliness – "a quality of allowing and welcoming human beings and their experience" (p. 165). The therapist's ability to show unconditional warmth, friendliness, and concern toward the client teaches the client how to unconditionally accept their experience with compassion and understanding. However, Welwood (2000) suggests that before one can express unconditional positive regard to others, they have to first learn how to extend it to themselves.

The third therapist attitude that is crucial in facilitating the therapeutic relationship is empathetic understanding. Rogers (1980) suggests that an empathic therapist accurately understands the client's experience from the client's point of view and communicates this understanding to the client. Through active listening, the therapist becomes sensitive to the client's private world to the degree that they are able to clarify

how the client makes sense of their world. Rogers (1961) proposed, “no amount of technical skill can ever replace the counsellor’s need to develop a keen sense of perceptiveness to feelings and the client’s subjective experience” (as cited in Garske, 1997). Bugental (1987) expands this idea by stating that the therapist must continually be aware of their client’s inner flow of experience, regardless of their theoretical perspective, and that interventions may become countertherapeutic if they do not meet the client where they are at in their subjectivity.

Rogers (1980) suggests that the three therapist attitudes of congruence, unconditional positive regard, and empathetic understanding cultivate an ideal therapeutic climate for client change. It is suggested that clients develop a more caring attitude toward themselves, listen more precisely to the flow of their inner experiencing, and begin to understand and value themselves as a result of being in relationship with a counsellor who accepts them for who they are and empathizes with their experiences. Essentially, the client becomes more real, genuine or congruent in their experiencings and learns how to enhance personal growth.

The Concept of Presence

In reviewing the literature on counsellor presence, very few qualitative and quantitative research studies have been conducted. Therefore, articles and books that describe presence were used to explore the concept of presence. Bugental (1987) describes presence as a quality of being aware and participating as fully as one can be in the moment, situation or relationship. Presence is expressed by being sensitive and responsive to both our inner (subjective) experience and our outer experience (in situations and with others). Bugental (1987) proposes that there are two aspects of

presence: *accessibility and expressiveness*. In regard to therapist presence, accessibility refers to the degree to which the therapist is open to all aspects of the client's experience, as well as being open to their own experience with the client. Expressiveness refers to the therapist capacity to genuinely respond to the client from their subjective experiencing. Bugental (1987) suggests that therapist presence is essential for an effective therapeutic alliance and views the therapist as a fully alive human companion for the client rather than a "disinterested observer-technician" (p. 49). May (1983) supports this notion of therapist presence by stating, "the therapist is not merely a shadowy reflector but an alive human being who happens, at that hour, to be concerned not with his own problems but with understanding and experiencing as far as possible the being of the patient" (p.156). Robbins (1998) describes therapeutic presence as consisting of a dual level of consciousness. In this context, presence is described as a rhythm of movement that is slowly created between the therapist and the client – the therapist moves back and forth between being open or becoming one with the client, and at the same time being more cognitively separate and self-reflective on the experience with the client. Awareness of the therapeutic space between the therapist and the client becomes important and Robbins states, "entering this state of dual levels of consciousness can only be accomplished from a grounded position" (p. 21).

Bugental (1987) claims that many therapists and therapeutic approaches overlook the central importance of presence within therapeutic work. He suggests that often times, therapists fail to notice the distance that is created between the client and themselves because they are focused on the content of what is being said by the client, the client's history, and how the client fits into their particular theoretical position. Gurman &

Messer (1995) also believe that the issue of presence is often ignored, but crucial to the work of psychotherapy, especially to European existential therapy, often called *daseinanalyse* which means the analysis of being there (presence). Gurman & Messer (1995) propose that our degree of presence changes according to the situations we are in, much like the way our intentions, emotional states, relations with others, and other aspects of our being are constantly changing. In regard to the therapeutic relationship, it is desirable that both the therapist and client are as fully present as possible. However, it is important to “recognize also that this is not a state to be once achieved and thereafter maintained... rather, it is a goal continually sought” (Gurman & Messer, 1995, p.231). Therefore, it is suggested that therapists continually monitor their own presence and that of their client’s. Moursund & Kenny (2002) suggest that therapists need to place their personal concerns aside and become centered before seeing clients in order to give their full attention to their clients. Centeredness parallels presence and has been described by Brems (2000) as being fully aware in the present moment (as cited in Moursund & Kenny, 2002). It is suggested that a centered or present therapist acts as a model for the client’s own functioning, helping the client achieve an expanded sense of balance in their life and the ability to be more present and centered within themselves in a variety of experiences (Moursund & Kenny, 2002, & Robbins, 1998). According to Robbins (1998), “in modeling for our clients the discipline of contactful, compassionate presence to all aspects of human experience, we are teaching them one of the most subtle and sure paths to wisdom” (p. 156). Corey (2001) outlines personal characteristics of an effective counsellor as a guideline to help counsellors model growth and awareness for their clients. Included in the list of personal characteristics is a counsellor’s ability to live in

the present moment or embrace the “now” and be present with clients in the here and now, rather than being rooted in the past or preoccupied by the future. Often times, it is the therapist’s ability to be deeply present with their clients that creates a profound and lasting impact on the lives of their clients (Robbins, 1998).

Welwood (2000) explores the healing power of unconditional presence within the therapeutic relationship. Unconditional presence is described as learning how to be open to our experience just as it is and allowing ourselves to be curious about it, without trying to change it. It is suggested that healing occurs through the process of bringing a quality of presence to the problems we face, where we “can open to it, see it, feel it, include it, and find the truth concealed it” (p. 147). This process entails a practice of presence for both the therapist and client and Welwood has termed this *presence-centered counselling*. The therapeutic encounter is full of ambiguity, unpredictability and amazement, however, in Western education, there is little emphasis on teaching therapists how to be present with their experiences, especially on how to remain open and alert in the face of uncertainty (Welwood, 2000). Remaining in this place of not-knowing may be uncomfortable for some therapists and they may automatically search around for a technique that may “fix” their client and consequently feel inadequate if they are unable to think of something to say or do. According to Welwood (2000), therapists who counsel from a place of not-knowing, “are more likely to embody authentic presence... letting themselves not know what to do next invites a deeper quality of stillness and attentiveness into the work” (p.142). Because our busy minds tend to wander and jump from one thing to another, it may be difficult for therapists to stay present with their clients. Welwood suggests meditation practice as an essential and useful training

for being a therapist, especially because it teaches us to be comfortable with our experience, just as it is.

What is Mindfulness Meditation?

At the heart of Buddhist meditation is the practice of cultivating mindfulness. This kind of meditation practice has evolved over the past 2,500 years in various Asian countries and although mindfulness meditation is usually taught and practiced in conjunction with Buddhism, its basic nature has recently become universal (Kabat-Zinn, 1990). According to Nyanaponika (1962), mindfulness meditation is often referred to as satipatana vipssana or insight meditation (as cited in Kabat-Zinn, 1982). Mindfulness is complementary to the concept of presence in that it refers to paying attention in the here-and-now and “allowing yourself to be where you already are, to become more familiar with your own actual experience moment by moment”, without making judgements, formulating meanings, or changing it (Kabat-Zinn, 1990, p.23). Therefore, one learns how to be completely present and alert in the midst of thoughts, perceptions, feelings, or sensations that surface in the moment, and develop gratitude toward them (Welwood, 2000). According to Epstein (1999), mindful practice involves becoming more aware of one’s internal processes, attentively listening, being flexible, and acknowledging judgment and bias. He also proposes that mindfulness is a discipline and an attitude of mind involving compassion, humility, curiosity about the unknown, and courage to see the world as it actually is. In addressing how Buddhist principles of mindfulness may be extended to everyday living, Tart (1990) describes mindfulness as an “awareness of being aware” or being self-conscious in the sense that a part of us is fully aware and objectively

observing or witnessing the content of our surroundings, rather than being completely immersed in the experience.

Seven Attitudes of Mindfulness

Kabat-Zinn (1990) suggests seven attitudinal foundations essential to cultivating mindfulness practice including *non-judging, patience, acceptance, beginners's mind, trust, non-striving, and letting go*. *Non-judging* is the ability to be an impartial witness or observer to our experiences. Naturally, our minds tend to habitually react to, judge and categorize our inner and outer experience, however, “these judgements tend to dominate our minds, making it difficult for us ever to find any peace within ourselves... it’s as if the mind were a yo-yo, going up and down on the string of our own judging thoughts all day long” (Kabat-Zinn, 1990, p. 33). *Non-judging* requires one to practice paying attention to the activities of the mind, becoming aware of whatever comes up, and watching the flow of activity without trying to stop it or judge the experience. Having an attitude of *non-judging* allows one to break the stream of automatic reactions and be liberated from the “inner chatter” of the mind.

Kabat-Zinn (1990) suggests that the attitude of *patience* is comparable to wisdom and emerges when one comprehends and accepts that certain things need to unfold in their own time. Cultivating *patience* toward our minds and bodies is essential when practicing mindfulness. To be patient is to accept the reality of each unfolding moment of our lived experience, weather it is anxiety ridden, painful or pleasant. Inevitably, our minds will wander into the past or future and “*patience* helps us to accept this wandering tendency of the mind while reminding us that we don’t have to get caught up in its travels” (Kabat-Zinn, 1990, p.35).

Acceptance is the willingness to perceive things as they actually are in the present moment rather than expending energy on resisting or denying reality. Acceptance does not mean that one has a passive attitude and casts aside their values and beliefs. It simply means that we become open to clearly seeing what is happening in the moment (i.e. distressing thoughts, feelings, or sensations) and consequently, expands the possibility of following through with thoughtful and wise actions.

Beginner's Mind refers to seeing things as they really are, with an open and new perspective, rather than through a rigid and tainted lens based on past experience and knowledge. It is as though one is seeing something for the first time and is receptive to the unique possibilities of the moment. Beginner's mind is important when involved in a formal sitting meditation practice in that one needs to be free of preconceived expectations of the practice.

Trust involves developing the capacity to trust in oneself and one's basic goodness. Although we may make mistakes along the way, it is better to be our own guide or authority, trust our intuition and honor our feelings and experiences. Listening to our innate wisdom is crucial in all meditative practice, especially when our body tells us to adjust our position or stop for example. Kabat-Zinn (1990) suggests that the essence of meditation is to become more fully yourself and be true to who you are in the process. Essentially, mindfulness practice teaches us how to take responsibility for being ourselves. Kabat-Zinn (1990) also suggests that when we are able to trust ourselves, it becomes easier to trust others and connect with their basic goodness.

Non-striving is an attitude committed to the "non-doing" aspect of meditation practice in that the focus is on the value of being in the present moment rather than being

goal-oriented and aiming to be something or somewhere different. In meditation, one does not sit down with the intention to reach enlightenment or relax, but rather temporarily suspends their goals from their conscious awareness and patiently pays attention to and accepts whatever is happening for them in the moment whether it be joy, pain, anxiety, tension, etc. Having an attitude of non-striving reflects the notion that one accepts where they already are in the present moment without trying to understand or make meaning of it.

Letting go or non-attachment is letting go of certain thoughts, desires, or feelings that the mind naturally “grasps” or holds onto. If a thought or feeling is pleasant, our mind will try to sustain or re-visit the thought or feeling. However, if the activity in our minds is unpleasant, painful, or anxiety provoking, our mind attempts to push away the unwanted thoughts, feelings or situations. When we practice mindfulness, we become aware of the mind’s impulsive tendency to grasp and push away. However, instead of getting caught up with the flow of activity in our minds, we let our experience be, and watch what happens next in the moment. Understanding what it feels like to both let go and hold onto thoughts, feelings, situations, and desires encourages us to look at our attachments and the implications they may have on our lives.

Practical Applications of Mindfulness Meditation

Mindfulness can be cultivated through the practice of mindfulness meditation by focusing one’s attention on the breath in order to stay attuned to the present moment and have detached observation to intrusive perceptions, thoughts, feelings, and sensations (Bishop, 2002). Therefore, one of the aims of this practice is “to enable one to become a detached observer of one’s own mental activity, so that one thereby may identify its

habits and distortions” (Kutz, Borysenko, & Benson, 1985, p.3). It is suggested that people who meditate are less likely to react and behave out of automatic mental responses (Kutz et al., 1985). Mindfulness meditation teaches one to face day-to-day life events and challenges with greater compassion, wisdom, and composure (Reibel et al., 2001). Mindfulness meditation also fosters self-inquiry and self-understanding. One of the strengths of this practice is that it does not rely on a particular belief system or ideology (Kabat-Zinn, 1990). Therefore, anyone can access the benefits of mindfulness meditation without necessarily adhering to Oriental culture or Buddhism (Kabat-Zinn, 1990).

There is a growing body of research based on Kabat-Zinn’s (1982) Mindfulness-Based Stress Reduction Program - MBSP (also referred to as Stress Reduction & Relaxation Program in the literature – SR&RP). This program was designed to teach people how to develop their inner resources to cope with the stress associated with various chronic illnesses. There is also an emphasis in this program to informally practice mindfulness as a way of life where attention is given to both our internal and external experiences throughout the day (Astin, 1997). Kabat-Zinn, Lipworth, & Burney (1984) utilized mindfulness meditation in a 10-week Stress Reduction and Relaxation Program with 90 patients (average age, 44 years old) suffering from chronic pain. Self-report measures indicate reductions in measures of pain and pain-related behaviours. Participants experienced a significant decrease in present-moment pain, negative body image, emotional distress, psychological symptomology (anxiety & depression), degree of inhibition of everyday activities by pain, and medical symptoms. Participants also experienced a significant increase in their self-esteem. The patients in this study were termed “treatment resistant” since traditional treatments did not improve their symptoms.

Therefore, it is remarkable that the patients' chronic pain improved using mindfulness meditation training and the majority of improvements were maintained at a 15-month follow-up. Results from Kabat-Zinn's (1982) study on mindfulness meditation for chronic pain patients reveal similar findings including reduction in patients' pain and pain-related behaviour. Participants also reported greater patience, deep personal insights, a capacity to relax in daily life events, a willingness to be present in the moment, as well as an increased awareness and ability to cope successfully with stress. In support of these research findings, Reibel et. al. (2001) found that mindfulness meditation training is associated with significant improvement in health-related quality of life, psychological distress, and medical symptoms among patients with numerous chronic health problems. Data was collected from a portion of the sample at a one-year follow-up and results indicate that the majority of the initial improvements were maintained. Roth's (1997) study presented a mindfulness-based stress reduction program in both English and Spanish to an inner-city community health population consisting of 200 patients suffering from various medical problems (the majority of the patients were Hispanic women and the average age was 43). Findings indicate that patients who completed the mindfulness program experienced reported greater peace of mind, more patience, better interpersonal communication, more harmonious interaction with family members, a decrease in the use of medication, more restful sleep, weight loss, decrease in cigarette smoking, greater self-knowledge and sense of control over their life, and a significant increase in their sense of well-being. Speca, Carlson, Goodey, & Angen (2000) conducted a study with 90 cancer outpatients (average age, 51 years old) to assess the effects of a 7-week mindfulness-based stress reduction program on mood disturbance and symptoms of stress. A

randomized, wait-list controlled design was utilized and male and female participants of various ages ranged in types and stages of cancer. At preintervention, the participants' mean scores on the dependent measures were the same. However, postintervention results reveal that patients in the treatment group had significantly lower scores (overall reduction was 65%) on Total Mood Disturbance (including subscales of anxiety, depression, anger, and confusion), reduced fatigue, and fewer Symptoms of Stress (31% reduction) compared to the control subjects. Fifty-four participants in this study completed a 6-month follow-up and findings indicate that their improvements were maintained (Carlson, Ursuliak, Goodey, Angen, & Specca, 2001). Research findings also reveal that a mindfulness-based stress reduction program is effective in significantly reducing the severity of symptoms associated with generalized anxiety and panic disorder (Kabat-Zinn et al., 1992). Also, the majority of the patients maintained their improvements at a 3-year follow-up (Miller et al., 1995).

Implementing mindfulness-based stress reduction with non-clinical populations has also been addressed. Astin (1997) conducted a controlled experimental study investigating the effects of an 8-week SR&RP with 28 undergraduate students. Findings indicate that participants in the intervention group had a decrease in overall psychological symptomatology, an increase in their sense of control over their lives, and an increase in spiritual experiencing. Astin suggests that learning how to trust and accept present moment experiences through mindfulness meditation may positively effect how one copes with life experiences in general. He also proposes that mindfulness meditation training allows people to observe their preoccupied minds and the effects continuous internal dialogue has on their lives and relationships. In support of these findings,

Shapiro et al. (1998) conducted a quantitative experimental research study examining the short-term effects of an 8-week mindfulness-based stress reduction intervention (SR&RP) on 73 premedical and medical students. Findings reveal that in contrast to the participants in the control group, participants in the intervention group reported less state and trait anxiety, had a decrease in psychological symptoms including depression, had an increase in degree of empathy, as well as an increase in spiritual experiencing. Shapiro et al. suggest that “the intervention may have helped students cultivate listening skills and develop new, more compassionate perspectives and paradigms to approach their own lives as well as their future patients” (p.594). Welwood (2000) supports these findings in stating that meditation not only helps us connect with ourselves, but also allows us to experience others more fully with a greater sense of empathy. Williams et al. (2001) conducting a controlled study evaluating the effects of a mindfulness-based stress reduction program with 136 self-selected, highly educated, professional residents from a rural town. Findings indicate a high level of program attendance and completion, as well as mindfulness practice outside the class. In comparison to the control, participants in the intervention group reported significantly more reductions in a number of medical symptoms, psychological distress, and perceived stress.

It is apparent that there are various benefits associated with the practice of mindfulness meditation and for this reason, clinicians and therapists from different backgrounds have gravitating to it (Shapiro, 1980). As previously discussed, research studies have been conducted on the benefits of meditation for therapists (Lesh, 1970, & Schuster, 1979). However, there is little current research on the benefits of mindfulness meditation for counsellors specifically. Layton (1995) claims that cultivating

mindfulness is an essential practice for therapists. As a therapist who practices mindfulness, she describes mindfulness as an exercise in opening the heart and slowing down. She supports the notion that mindfulness allows therapists to be truly present to themselves and their clients and believes through acknowledging their own humanity and limitations; therapists are able to sit with their clients' struggles, as well as the ambiguity during sessions. Consequently, there is room for new possibilities in the session because the therapist is open. Epstein (1999) supports Layton's ideas in his review of the benefits of mindfulness for physicians. He suggests that mindfulness is holistic in nature and that a mindful physician has the ability to be simultaneously aware and attend to cognitive, emotional, physical and spiritual aspects of the client. Epstein (1999) proposes that professionalism relies on being mindful and supports this notion by asserting that deviations from professionalism occur when we become mindless in situations of uncertainty, emotionally charged situations, or when we feel the pressure to resolve problems. Epstein suggests that physicians can relieve their patients' suffering by having a compassionate presence. He proposes that the self-knowledge resulting from mindfulness "is essential to the expression of core values in medicine, such as empathy, compassion, and altruism" (p.836). The ideas presented can be extended to all helping professionals including therapists.

Summary

The literature suggests that the therapeutic relationship is a key ingredient to client growth, regardless of which therapeutic techniques and approaches a therapist utilizes. Three components of the therapeutic relationship were explored including the working alliance, transference, and the real relationship. Gelso & Carter (1985) propose

that these therapeutic relationship components are present in all theoretical approaches. Functions of the therapeutic relationship were investigated and it is suggested that the therapeutic relationship provides a safe and trusting environment for client exploration and release of affect, serves to motivate the client to change, and allows a client to experience a healthy interpersonal relationship.

Rogers' therapist attitudes of congruence, unconditional positive regard, and empathetic understanding have been addressed and the literature suggests that these attitudes are essential for psychotherapeutic change to occur. It is also important for the therapist to be fully present with the client in order to establish an effective therapeutic alliance, although there has been little attention given to this concept. A therapist emanating presence demonstrates genuine openness and responsiveness toward both their experiences with the client and the client's experience within the therapeutic relationship. Being present with a client also means having the ability to mentally put aside personal concerns during the session. It is important for the therapist to monitor their sense of presence throughout the session as it influences the client's ability to be present.

Mindfulness is complementary to presence in that one gives their full attention or awareness to the present moment and accepts where they are without judgment. Mindfulness can be cultivated through the practice of mindfulness meditation. In this accessible practice, one learns how to observe their busy mind and detach from intrusive thought by using the breath as an anchor for remaining in the present moment. There are a variety of benefits of mindfulness meditation for both clinical and non-clinical populations (demonstrated by studies on Kabat-Zinn's Stress Reduction and Relaxation Program). Learning mindfulness in a formal practice of mindfulness meditation can

extend to every day living and for helping professionals, specifically therapists, mindfulness may be essential for cultivating a more compassionate presence toward oneself and the client. The following chapter will address the methodology of the present research study.

CHAPTER THREE: METHODOLOGY

Choosing An Approach

Why a Qualitative Approach?

According to Anderson & Arsenault (1998), “qualitative research is a form of inquiry that explores phenomena in their natural settings and uses multi-methods to interpret, understand, explain and bring meaning to them” (p. 119). I chose a qualitative research approach because I was interested in sharing a detailed and in-depth description of the lived experiences of counsellors who have a mindfulness meditation practice and exploring what that means for them in relation to counsellor presence within the therapeutic relationship. Essentially, this approach enabled me to honor and give voice to the participants’ stories since “qualitative research seeks to understand the world through the eyes of the participant” (Anderson & Arsenault, 1998, p. 126). In contrast, a quantitative approach involving objective reality, experimental manipulation and proving or disproving hypotheses in search for the “truth” did not appeal to me as a researcher (Anderson & Arsenault, 1998). A qualitative research paradigm allows the researcher to make holistic observations of the total context within which social action occurs and personally engage with their participants (Anderson & Arsenault, 1998). In support of utilizing a qualitative research approach, my intent was not to have a large sample size or replicate and generalize the research finding to a larger population - replicating findings are difficult due to the continuous nature of constructed social reality and participants’ unique perceptions. This type of research approach provides readers with the opportunity to form their own conclusions based on the findings presented in this study.

Why Phenomenology?

Phenomenology is “a form of interpretation that says human consciousness is the key to understanding the world” (Shank, 2002, p. 81). Phenomenology supports the notion that human beings do not experience things directly, but rather individuals come to know things based on how things impact their consciousness or awareness (Moustakas, 1994). One’s conscious experience of focusing on a particular phenomenon includes various perceptions, sensations, and ideations (Gall, Borg, & Gall, 1996). This holistic research design is interested in how individuals interpret and form meanings about their worlds and examines the whole of the individual’s lived experience rather than parts of their experience (Shank, 2002). In phenomenological research, the researcher is interested in how to interpret and describe the participants’ interpretations of the topic under study. During the research process, “the researcher is intimately connected with the phenomena being studied and comes to know himself within his experiencing of these phenomena”(Gall et al., 1996, p. 600).

According to Moustakas (1994), it is important in phenomenology to first determine a topic of study that has both personal and social meaning or significance. The researcher then conducts a comprehensive review of the literature on the topic and constructs a set of criteria to select appropriate participants. It is essential that the participants have experienced the phenomenon under study and that they are keenly interested in the nature and meanings of the phenomenon. The participants must be willing to participate in fairly lengthy interviews (approximately 30-60 minutes) and give the researcher permission to audiotape or videotape the interview for the purpose of clarifying transcripts. The participants are provided with information on the nature and

purpose of the investigation and the roles of the primary researcher and research participant are defined. Procedures of informed consent are developed and issues of confidentiality are addressed in accordance with ethical guidelines for conducting research. The researcher develops questions to guide the informal interview process and follows through with conducting and recording interviews with each participant.

According to Gall et al. (1996), phenomenological researchers tend to conduct at least one long interview with each participant to gain a thorough description of their lived experience of the phenomenon under study. Also, the interview process focuses on evoking all aspects of the experience and is fairly unstructured in nature. It is important for the researcher to consider having a guide or protocol to follow during the interview process and the interview scripts employed with participants need to remain consistent across interviews. Follow-up appointments may need to be scheduled with the participants. The researcher organizes and analyzes the data using phenomenological analysis in which the data is broken down into meaningful segments and clustered into themes from which textural and structural descriptions are derived and compared across each case (Moustakas, 1994). Internal validity is strengthened when the interview questions reflect findings from the literature on the given topic.

It is important that researchers implementing a phenomenological research design do not have a hidden agenda or experimenter bias since this research design is simply a way to accurately represent the experiences of the participants (Moustakas, 1994). The concept of bracketing or *epoché* may be implemented within the research design which involves the researcher acknowledging any preconceived knowledge, opinions, beliefs or ideas about the phenomenon under study in order to clarify how personal experience and

bias may influence what is being observed and reported. This information is bracketed or separated out in order for the researcher to remain impartial about the phenomenon and understand the phenomenon through the participant's eyes (Creswell, 1998). In chapter one, I described my previous experience with the phenomenon under study, how I came to my research question, and stated my assumptions about the phenomenon. I was consciously aware of my personal bias throughout the research process and briefly recorded my opinions, beliefs and ideas about the phenomenon in a journal – this allowed me to remain fully open to my participants' stories.

According to Moustakas (1994), there are various benefits to phenomenology. This type of research design is a humanitarian approach that demonstrates respect for the participants and validates the honesty and integrity of their present lived experiences and celebrates the uniqueness of their individuality. Phenomenology fosters authentic connection between researcher and participant and allows for an in-depth and detailed understanding of an individual's personal reality. Therefore, phenomenology was the ideal choice for illuminating and describing the experiences of a mindfulness meditation practice in relation to counsellor presence within the therapeutic relationship.

The Process of Inquiry

Once I had chosen a phenomenon that was of significant interest to me, created a research question, reviewed the relevant literature, and explained my research approach and design, my next task was to select co-researchers and determine methods and procedures to collect data, as well as organize, analyze, and synthesize the data.

Selection of Co-Researchers

Participants are referred to as co-researchers within phenomenological research to highlight the co-operative nature of this type of inquiry (Creswell, 1998). In the present study, criterion sampling was used to select co-researchers. Individuals had to meet a particular set of predetermined conditions set forth by the researcher. The inclusion criteria included co-researchers being professional counsellors with a regular practice of mindfulness meditation consisting of the formal technique of sitting meditation (practiced at least 3 times/week for a minimum of 15 minutes in duration - refer to Kabat-Zinn et al., 1984). Co-researchers had to have had a practice of mindfulness meditation for a minimum of ten weeks prior to their participation in the study. This criterion was based on Kabat-Zinn's (1982) 10-week Stress Reduction and Relaxation Program utilizing mindfulness meditation – the training and benefits of this practice occur over a time period of at least 10-weeks. Research candidates did not have to be of a particular age to participate in the present study and participation was on a voluntary basis.

I recruited my co-researchers via advertisement, as well as through “word of mouth” in which co-researchers learned of the research study through colleagues, friends, or people known by the researcher. I distributed research advertisements (briefly outlining the study and participant inclusion criteria – See Appendix A) both manually and through electronic mail to a local meditation group, counselling departments in post-secondary institutions and hospital settings, and a counselling agency within the community. I had five interested research candidates voluntarily contacted me through e-mail at which time I e-mailed them back to clarify if they fit the above inclusion criteria pertaining to this research study. All five candidates had the inclusion requirements so

they became my co-researchers. They were all female counsellors or therapists from a Western province.

Pilot Study

A pilot study was conducted prior to data collection in order to test the instrumentation of the study. I recruited a counsellor with an on-going mindfulness meditation practice and presented the interview protocol to the interviewee to determine whether the interview questions were clear. The pilot study also clarified the approximate length of the interview (60 minutes).

Instrumentation for Data Collection

In a qualitative approach, the researcher may collect data in a variety of ways including participant or field observation, autobiographies, or interviews which is the most widely used method of data collection in educational research and was the basis for the present study (Anderson & Arsenault, 1998). The instrumentation in this study was a face-to-face semi-structured interview. Face-to-face interviews were used in the present study because the target population was small (i.e. 5) and I was interested in depth of information rather than breadth of information. Conducting face-to-face interviews places value on each participant and allows for an in-depth analysis on details gathered from each respondent. Another advantage to conducting interviews is that the interviewer is witness to the interviewee's non-verbal cues including tone of voice, facial expressions and surrounding context (Anderson & Arsenault, 1998). A semi-structured interview facilitates an interactive relationship between the interviewer and the interviewee in that both parties are senders and receivers of information and take turns

leading the interview process. This style of interviewing ensures clarity and validity of responses (Anderson & Arsenault, 1998).

Based on Anderson & Arsenault (1998) suggestions, I devised an interview protocol, which included open-ended research questions that aided in the gathering of essential information on the topic of study (See Appendix C). I conducted a face-to-face semi-structured interview with each co-researcher in a quiet and comfortable space in either their home or work setting so we could both be fully present to the interview without interruption. While in their company, it was important for me to genuinely connect with my co-researchers to establish a sense of rapport so they felt comfortable sharing their lived experience of mindfulness meditation with me. I was mindful of having an unbiased and non-judgmental attitude, actively listening, being an accepting and authentic presence, demonstrating an appropriate use of eye-contact and humor, having useful prompts, responding to non-verbal cues, and being respectful of the interviewee (Anderson & Arsenault, 1998). I met with each co-researcher on two separate occasions. During the first meeting (approximately 30 minutes), the purpose of the study was discussed, the informed consent document was reviewed and signed (of which they received a copy – See Appendix B) and questions were addressed. I also reviewed the interview questions of which they were given a copy to reflect upon for a week.

The second meeting (the interview) was scheduled a week after our first encounter. With the participants' permission, I audiotaped the interviews. In the beginning of my first interview, I attempted to make brief notes while listening to my co-researcher's story. However, I quickly stopped taking notes because I found it distracting

and felt it would compromise my ability to be fully present with my co-researchers. The interviews were approximately 45-60 minutes in duration and six questions pertaining to the co-researcher's personal mindfulness meditation practice and how this practice influences their counsellor presence within the therapeutic relationship were explored (See Appendix C). I followed Shank's (2002) suggestions for conducting semi-structured interviews including starting with the most important question first for each interview conducted. Therefore, we began the interview with the following question, "How does having a personal mindfulness meditation practice influence your ability to be present with your clients in the therapeutic relationship?". I used the rest of the questions as a checklist to refer to throughout the interview process. Upon completion of each interview, all questions had been addressed, either naturally by the interviewee or by myself, the researcher, if there had been a lack of dialogue (Shank, 2002). I reviewed the terms of participation to ensure ongoing consent by my co-researchers during the data-gathering period (i.e. participation in the research study is completely voluntary and the co-researcher may withdraw at any time without consequences or explanation).

The data was collected during October 2003-March 2004. To ensure participant confidentiality, data was stored in a locked filing cabinet that only I had access to and all audiotapes, paper material and computer files will be erased within seven years.

Procedure for Data Analysis

Throughout the process of phenomenological analysis, my intent was to decipher the essential meaning of the co-researchers' experience using their own words and points of view (Ely, Vinz, Downing, & Anzul, 1997). As a general guideline I referred to the

specific phenomenological data analysis methodology by Creswell (1998). Creswell briefly outlines four fundamental steps in data analysis:

1. Transcribe interviews in order to organize and prepare data for analysis.
2. Read through all the data to become familiar with the information and to get a sense of its overall meaning.
3. Begin detailed analysis with a coding process.
4. Use the coding process to create a detailed description of the setting or people as well as a small number of categories or themes for analysis.

I also referred to Tesch's (1990) eight steps on the coding process when analyzing textual data – they are outlined in Creswell (1998) and are as follows:

1. Carefully read all the transcripts, jotting down ideas and thoughts that come to mind, to get a sense of the whole.
2. Go through each transcribed interview to determine what the information is about – focus on the underlying meaning, not the “substance” or content of the information. Make marginal notes.
3. Make a list of all topics and cluster similar topics together. Form topics into columns that may be arranged as major topics, unique topics, and leftovers.
4. Take the list of topics and revisit the data. Topics are then abbreviated into codes, which are then written next to the fitting portion of text. New categories and codes may emerge.

5. Discover descriptive wording for topics and create categories out of them. Group related topics as a way to reduce the number of categories. Interrelationships may be shown by drawing lines between categories.
6. Finalize and alphabetize abbreviated categories (codes).
7. Bring together the data belonging to each category and proceed with a preliminary analysis.
8. Re-code the existing data if needed.

I turned to Ely et al. (1997) to further understand Creswell (1998) and Tesch's (1990) recommendations. Ely et al. (1997) suggest that the researcher first sit down with the interview transcripts and begin to code them in whatever ways makes sense to them. This process involves reading and rereading the raw data, noting initial impressions and making marginal notes on the transcribed interviews. The marginal notes then become codes that are referred to as labels or "meaning units" derived from the topics introduced in the text or from the actual words of the co-researchers. According to Creswell (1998), coding is the process of organizing text data into "chunks" before the researcher makes meaning out of those chunks. Through coding the data, the researcher gets a sense of what the co-researchers are really saying with each statement or paragraph – their experiences can then be compared and contrasted. Ely et al. (1997) suggest that as researchers, we should be "concerned with statements of what are to us important meanings, essential to understanding what is perceived as the heart of the culture or experience being studied" (p. 206). The researcher then sorts coded data into broad, flexible categories or "bins" (putting together all recurrences of the same named experience) and proceeds to arrange and organize these categories by finding similarities,

differences, patterns, relationships, and themes among them. Creswell (1998) states that qualitative researchers have found it helpful to colour code various categories on transcripts and suggests that they “analyze their data for material that can yield codes that address topics that readers would expect to find, codes that are surprising, and codes that address a larger theoretical perspective in the research” (p. 193). Once the researcher finds and lists segments of sentences or paragraphs into categories, they may label the categories with an “in vivo term” which is based on the co-researchers’ own words to reflect the essence of their experience (Creswell, 1998). Categories become a guide for the researcher in their pursuit to organize them into more general or abstract groupings or clusters and perhaps into thematic statements briefly describing the meaning units. Ely et al. (1997) refer to thematic analysis as a process of “sorting” through all of the data and “lifting” the patterns out. Thematic analysis involves refining and combining themes and reflects the “researcher’s experience in trying to move beyond the bits and pieces of coding to a more holistic statement of the essence of the data” (Ely et al., 1997, p.208). It is important that the researcher select themes most relevant to the story they have chosen to tell (Ely et al., 1997).

Once I understood the process of data analysis, I was able to fully immerse myself in the data. Based on Creswell (1998), Ely et al. (1997), and Tesch (1990), I transcribed each interview and carefully read through each transcript to become familiar with the data and get a sense of the overall meaning. As I read through the data, I connected with my co-researchers’ experience and found myself reflecting on our time together – remembering their facial expressions and the interview surroundings, as well as the intimate and humorous moments we shared. I focused on the essence of the information

and jotted down my initial impressions, ideas and thoughts in the margins, as well as underlined significant statements and metaphors. My notes became codes or labels (meaning units). I then sorted and clustered the coded data from each transcript into broad categories or “bins”. I re-read the transcripts and wrote tentative category topics beside portions of data, while simultaneously comparing and contrasting my co-researchers’ data. Based on Creswell (1998), I used an “in vivo term” that was based on my co-researchers’ words to describe each category. I then arranged and organized the categories into thematic statements. I combined and re-named themes and out of the narrative data, I created a textual and structural description of each theme which reflected the essence of what happened and how the phenomenon was experienced (Moustakes, 1994). I included a couple of significant quotations from the data under each theme – statements I felt spoke to the essence and meaning of the theme. To my surprise, the themes emerged from the data with ease. To ensure the validity of my findings, I e-mailed the themes to each co-researcher. The co-researchers then e-mailed me back and stated that I had represented their experience well and they did not have anything further to add. Based on Creswell (1998), I assigned a colour to each theme that I had uncovered and proceeded to re-read the transcripts and colour code portions of data pertaining to each theme. I soon realized that the process of data analysis is circular in nature, rather than linear (Ely et al., 1997). I re-read and reanalyzed the transcripts and throughout the data analysis process, found myself relying on my intuition - trusting that what I was thinking was valid (Ely et al., 1997). I chose to devise an outline including the research themes and subcategories as preparation for writing the findings. The

findings in this study are not generalizable to other counsellors practicing mindfulness meditation, although this was not the intent of my qualitative research study.

Summary

This study utilized a qualitative research approach that provided an in-depth examination of individuals' subjective experience with a phenomenon and was beneficial for a small sample size. A phenomenological research design was used in this study because it is a holistic, humanitarian, and in-depth approach to capturing the essence of how individuals interpret and form meaning around their lived experiences.

Participants in this study were five counsellors or therapists from a Western province who practice mindfulness meditation (specifically the formal practice of sitting meditation). Criterion-sampling was used to select co-researchers in which potential research candidates had to meet a particular set of pre-determined conditions set forth by the researcher. A pilot study was conducted prior to data collection to ensure the instrumentation of the study. A face-to-face semi-structured interview was conducted with each co-researcher in order to yield a depth of information and because the sample size was relatively small. Interview protocol and basic attending skills for a successful interview have been addressed, as well as the importance of conducting a pilot study.

Data collection procedures included obtaining informed consent, addressing interview questions, interview procedures and schedule, and data storage. The procedure for phenomenological data analysis methodology in this study was based on the works of Creswell (1998), Ely et al. (1997) and Tesch (1990). Deciphering the essential meaning of the co-researchers' experience involved a process of transcribing the interviews, coding, sorting and clustering the raw data into categories, and grouping the categories

into thematic statements. Out of the narrative data, textural and structural descriptions of the themes were created. A particular colour was assigned to each theme and the participants' data was colour coded and placed into the corresponding theme. Research findings are presented in the following chapter.

CHAPTER FOUR: FINDINGS

Introducing the Themes

In this chapter, I will present the themes I uncovered from the interviews I had with my research participants. The counsellors' passion for mindfulness meditation was evident as they openly shared their stories with me. Essentially, their voices illustrated the meaning of each theme. I have attempted to respect and honor the participants' experience by providing the reader with details from their narratives including various excerpts from the original data. The themes did not necessarily occur in a linear fashion. Although I chose to segment them into broad groupings and present them with some order and structure, it is important to note that the themes are interconnected and together, reflect the participants' whole experience. Also, there was diversity in how the themes related to each person and if a theme was particularly significant for one individual; she was featured more prominently than the others.

As previously mentioned, I was interested in studying counsellors' perceptions of how having a personal mindfulness meditation practice influences their counsellor presence within the therapeutic relationship. I expected the findings to primarily center around the theme of counsellor presence. To my surprise, various themes emerged from my co-researchers' stories, expanding beyond the notion of counsellor presence. The main themes I discovered were: *The Path of Mindfulness Meditation, Counsellor Presence, Compassion, Bringing Mindfulness and Meditation to Counselling, and Self-Awareness and Insights Through Meditation.*

The Path of Mindfulness Meditation

Meditation is simply about being yourself
and knowing something about what this is.

It is about coming to realize that you are on a path
whether you like it or not, namely the path that is your life.

Meditation may help us see that this path we call our life has direction,
That it is always unfolding moment by moment;

And that what happens now, in this moment, influences what happens next.

- Jon Kabat-Zinn, *Wherever You Go There You Are*

In the East, “Tao” is the Chinese word for “Way” or “Path” and is used to describe life and the quest for meaning. In Buddhism, meditation practice is referred to as a path – the path of mindfulness (Kabat-Zinn, 1994). Therefore, I refer to how participants gravitated toward and developed a practice of meditation as *The Path of Mindfulness Meditation*, which was comprised of the following sub-theme: *Discovering Meditation and The Practice*. Within the theme *The Path of Mindfulness Meditation*, participants illustrated how the practice of mindfulness meditation made sense to them and was something they had been looking for all of their lives. Counsellors described how they discovered and learned meditation informally through studying literature and formally through Buddhist monks. Their path of mindfulness meditation was illustrated in both a religious and spiritual context. The counsellors described what their personal meditation practice looks like including how their practice ebbs and flows, as well as how they incorporate yoga into their practice.

Discovering Meditation

The counsellors in this study have been meditating for a number of years and stumbled upon meditation in similar ways. Elizabeth had tried to meditate for years using various reading materials as her guide. However, she soon discovered that she would need good instruction to really connect with a meditation practice. She met a Tibetan Buddhist Monk sixteen years ago who gave a public talk on the orientation and philosophy of Buddhism. Buddhism made sense for Elizabeth and she felt as though she had suddenly found what she had always been looking for. Soon after this experience, she signed up for a ten day Vipassana meditation retreat. Elizabeth described her meditation experience as a feeling of “coming home” and stated, “After four days and just really settling into the quiet...it felt like coming home...it felt like a billiard ball falling into the pocket, you know, this is what I’ve been looking for”.

Similarly, Grace expressed that when she found mindfulness meditation twenty years ago and noticed the way it had been packaged for the Westerner, she felt like she had been looking for it all of her life. After the loss of one of her children, Grace “woke up” to what was happening in her life and started to question her circumstances and what life was about. She then began her quest for a spiritual path. She previously viewed her spirituality solely from a Hindu and yoga perspective until she found mindfulness meditation. Grace emphasized how lucky she was to have found such a practice.

Likewise Dawn expressed, “What I have found about mindfulness meditation is that it felt so right for me...just learning about it...it just felt right...this is something worthwhile and a huge application personally for sure and also professionally”. After her daughter was born, Dawn experienced postpartum depression and decided to attend

meditation classes led by a Thai Buddhist monk. At that time, she was familiar with Buddhism and meditation because her husband is Buddhist and had attended meditation retreats. Like Elizabeth, she had read about meditation and tried having her own practice, but found it to be inconsistent. She was very interested in the idea of using the breath and being mindful in the present moment and knew that she had a tendency to busy her mind with “future viewing”. Dawn practiced yoga when she was younger and thought meditation would be helpful for her and in turn, beneficial to those around her. For six months, Dawn immersed herself in an intensive meditation training in which she meditated most every evening and learned how to teach others meditation. Throughout this process, Dawn was able to have a more consistent meditation practice, as well as develop a practice and understanding of mindfulness and meditation outside of a religious context.

Ellen started meditating in grad school while she was learning how to be a therapist. Like the others, she had read a few books on meditation and became intrigued by the practice. One of her classmates had spent seven years practicing and studying meditation as a monk in Thailand and was open to sharing his knowledge and teachings with her. Ellen enthusiastically described her first meditation “sit” with him,

He was a really good teacher...he said okay well, let's just sit for a while, just focus on your breath...he gave very little instruction. I'm sitting cross-legged...we sat for forty minutes and then talked about it afterwards...I said well, that wasn't so bad and he said...we'll sit for another forty minutes...I don't remember it being awful...I was just like, I guess this is how you do it.

Ellen also started taking hatha yoga classes twice a week and continued to meditate throughout graduate school and ended up starting a meditation group that met once a week at someone's house. For Lorraine, meditation evolved from the yoga practice she had when she was seventeen years old – she began by sitting in her room, with a candle on, for up to a half an hour.

The Practice

Lorraine came and went from meditation for a number of years, but when she came back from living in East Africa in her mid-thirties, she started to focus more on her meditation practice and has maintained one ever since. Lorraine has a daily meditation practice in which she sits for at least half an hour in the morning and if time permits, she spends the same amount of time doing yoga. However, some mornings she does not give herself enough time to do both practices so, she cuts back on the yoga rather than on the meditation. Recently, she has started to journal after she meditates and although she does not consider herself to be a very “routine kind of person”, she has found this to be a useful process – to meditate, read something, and spend a few moments applying it to her life. She believes reading chapters from books such as, “Wherever You Go There You Are” by Jon Kabat-Zinn, furthers the insight process of meditation, and expands her meditation practice beyond the secular into a more spiritual practice. When Lorraine first embraced the practice of meditation, she did not take it up as a spiritual practice, but as a type of training – she explained, “The yoga was going to train my body, but meditation would train my mind”. However, she has recently noticed that meditation has become a spiritual practice for her, which she described in the following:

It's that spiritual aspect of it that keeps me coming back to it as well. It helps me to feel connected to something larger than me and helps to understand that my impact on the world around me counts and if I'm meditating that impact is appropriate and if I'm not, that impact is less appropriate.

Similarly, Grace reads literature of a spiritual nature after her daily yoga practice, and afterward, practices sitting meditation for at least a half an hour in the morning and sits again at night. Grace believes "self-study" through reading is important to do on a daily basis. In addition, she often focuses on her breathing a few times during the day (i.e. she takes a few breaths before lunch or on a work break). She also enjoys practicing walking meditation at work. Grace explained,

If I'm going to walk from here to a meeting, I'll drop in on the walking and just really enjoy that and not be worried about whatever. It's hard because people are just running here from one thing to another – there's such a culture around that.

Like Grace, Dawn finds herself practicing a few minutes of meditation periodically throughout the day, especially when she notices herself being swept away in a mental tangent, having a stressful day, or when she is feeling tired. She also does "mini meditations" while travelling to and from work. Dawn meditates three to four hours a week which includes a couple of long meditations and if she knows she will not have time for this, she makes sure to meditate fifteen minutes each day. She referred to her fifteen-minute meditations as a "kind of maintenance" and highlighted the importance of having this little bit of time for herself.

Elizabeth described how her meditation practice has ebbed and flowed depending upon her life circumstances, but she still considers herself a meditator. When she first

started meditating, Elizabeth had the expectation that she would always meditate for a half an hour a day, which she managed to do for a number of years. However, when she was caring for a close friend who was dying, Elizabeth found herself meditating two hours a day to remain centered. She explained that she had the time and “spaciousness” to have such a strong practice. Elizabeth eloquently described how her mindfulness meditation practice has ebbed and flowed in the following:

After he died, the very next day I couldn't sit for five minutes. It was interesting to go from two hours to nothing...but what I like about my relationship to it is that even when I'm not meditating, I still consider myself a meditator and I think that's a good thing to do.

Elizabeth described how she still succumbs to “factors” in her life that pull her away from meditation and believes that if she was very disciplined she may not give in to these factors, however, she feels she is “not there yet” in her practice. She has learned to be compassionate toward herself when she is struggling to have a disciplined meditation practice and continually invites herself to sit, rather than casting judgment. Two years ago, Elizabeth started to combine her meditation practice with yoga due to back problems. At the present time, it feels right for Elizabeth to do an hour of yoga a day, as well as fifteen minutes of meditation. She considers herself to be a meditator with a yoga practice and has incorporated this way of being into her self-definition.

Ellen meditates approximately five days a week, primarily sitting in the morning for a half and hour. She practices yoga stretches, but not always alongside meditation – she often does yoga before she goes to bed. Ellen also teaches meditation classes, often three or four times a week, as well as attends meditation retreats. Ellen feels she “slacks

off” on the weekends, but thinks it is important to maintain a meditation practice and go on retreats. In addition, she believes our tendency is to meditate when we are not feeling well and emphasized how we can still benefit from meditation even when we are feeling well.

Counsellor Presence

Counsellor Presence demonstrated how having a mindfulness meditation practice influences the counsellors’ ability to be present with their clients within the therapeutic relationship. *Counsellor Presence* was comprised of the following sub-themes: *Being in the Moment with Clients* and *Developing a Witness*. Within the theme *Counsellor Presence*, counsellors illustrated how their meditation practice fosters *being in the moment with clients* and develops a still and quiet place within themselves from which they can feel centered, calm, and peaceful. Counsellors “check-in” with their minds and bodies to see if they are grounded or centered and if they notice their minds wondering, they are able to bring themselves back to the present moment. Being fully present enables counsellors to connect with clients as a fellow human being and establish a therapeutic relationship with them in which healing can take place. Counsellors described how their mindful presence influences their clients to slow-down and become grounded and calm. They contended that having a respectful and supportive presence allows their clients to be themselves and helps the counsellor be with the natural unfolding of their clients’ process including their experience of intense emotion. Counsellors described how they use their breath to stay present and how being fully present enables them to sense what is going on both within themselves and their client.

Counsellors expressed *developing a witness* when they are present or the ability to

observe both their inner process and the client's process, objectively deciphering between the two. Counsellors described having a felt-sense or sensitivity toward where the client is at and therefore, an understanding of what may be most helpful for them. Having a mindfulness meditation practice has taught them how to "tap into" their inner process and objectively notice any subtle shifts within themselves (i.e. tensions, fears, tiredness, reactions, or if their minds have wandered) while with their clients. Counsellors suggested that it is often helpful to draw on their subjective experience with clients as a way to guide the client in their therapeutic process. Counsellors articulated that developing a witness is grounding for them, especially during intense sessions with clients. Counsellors claimed that mindfulness meditation fosters a conscious awareness and that being fully present is an integration of mind, body and spirit.

Being in the Moment with Clients

For Ellen, mindfulness meditation has influenced her ability to be present with her clients by training her mind to concentrate and immediately come back to the present moment when she notices her mind wandering. Likewise for Lorraine, meditation has helped her become aware of when she "checks out" when she is with a client - she immediately notices when her focus has shifted to the "busy-ness" of her day or when she is paying attention to something that happened with her previous client. Having a meditation practice helps Lorraine notice when she is following a tangential train of thought and enables her to bring her attention back to the person she is with in the present moment. She believes it is essential to give clients her full awareness in order to connect with them and their experience. Lorraine stated, "the meditation practice helps me with the whole mind-body awareness of that presence". Before going into a session with a

client, Lorraine reminds herself to be fully present with them, which she illustrated as breathing with awareness, keeping her feet on the floor and truly hearing what the client is saying, rather than getting caught up in her own expectations of what she should be saying next.

Similarly, Grace described how having a meditation practice has been critical in helping her stay focused on the patients and families she works with, rather than being “swept away” into her hectic and demanding hospital work-setting. Grace expressed how she sometimes feels like she is being pushed and pulled by the different demands of the various interdisciplinary teams she works with and how having a meditation practice helps her stay tuned into her clients’ needs, which may differ from the goals of the medical team. She also believes her meditation practice helps her have a better relationship with her clients. Grace critiqued the medical community she works in and described how the medical team will often become anxious when a treatment is not working for a patient. She is able to notice when she gets swept away in that anxiety and fear and makes sure to “let it go” and come back to the reality of the moment. Grace finds it difficult at times to work in a children’s hospital because it hurts her to see children suffering. Being mindful helps her stay present to what is going on in the moment and not dwell in the future of these children’s lives. Grace illustrated how children have the ability to be in the moment, despite the medical procedures they endure, and how healing it is for them,

I notice that the parents will have a worse time than the child because the child is actually more in the moment. So, they’ll have a horrible medical procedure and

the next day they'll be laughing, happy and it's over for them – it's behind them and the parents are still traumatized...and may never actually recover.

Grace suggested it would be helpful for parents and staff to approach situations as these children do. She believes her clients need to be nurtured as much as possible and respected for where they are in the present moment in order for healing to occur. Like Dawn and Elizabeth, clients have told Grace that her ability to be peaceful and present (i.e. not swept away in the past or future) calms them down. Grace stated, "If I am really present with the person, that in itself may be one of the most therapeutic things you can offer in that moment – is to be willing to be there even if it's painful".

Correspondingly, Lorraine described being present when clients are experiencing emotion,

Being able to stay fully present when someone is experiencing a lot of emotion, not a need to shut them down, not a need to pass them the Kleenex or anything – just stay there with them and not run away from however big that emotion expresses itself – trying to be aware of when it's appropriate to reach for their hand or to put my hand on their shoulder or something. To some people that will turn into a full hug, but for other people that's just enough contact.

Lorraine expressed how she is able to be aware of those "nuances" by having a "mind-body connection" which includes being able to check in with her own breath. When a client is becoming emotional, Lorraine is aware of her desire to escape from that emotion and breathes into that experience, reminding herself that she is capable of being in the present moment with them. Taking a deep breath during these moments allows Lorraine to settle back into being there with the client. She mentioned how staying with them in

this way and not being fearful of experiencing emotion, helps to reassure the client that expressing emotion does not have to be a frightening process. Lorraine believes being present in this way with her clients is especially important because in dealing with the crisis of illness, they are often experiencing deep senses of grief and loss which if not expressed, creates great anxiety for them. Because she has been meditating for as long as she has been counselling, Lorraine is not sure what her counselling practice would have been like before she had a meditation practice, but she imagines that she would have been less aware of being present.

Ellen noted that research shows that the most important element in therapy is the therapeutic relationship. Furthermore, she mentioned that the most salient aspect of therapy for her is to be present with her clients, which includes building rapport with them and helping them feel comfortable. In support of this notion, Dawn clearly articulated that as counsellors, “It is our job to be present. It’s not so much about the position or the role [of the therapist], it’s actually being present with people - that is always what you want in a therapeutic relationship – mindfulness just reinforces that”. Overall, Ellen feels she is very present when doing therapy because she understands its importance and being fully present helps her gain a sense of her clients’ process. Ellen explained how being present enables her to know what counselling approaches and techniques may be of help to her clients, which she noted is often teaching them mindfulness and meditation. Ellen suggested that as counsellors practice more therapy (full-time rather than part-time), they run the risk of being less present with their clients due to the amount of energy it takes to actively listen to and process their clients’ experience.

Dawn stated that having a meditation practice has made her more aware of her breath and has taught her to use her breath to calm herself, especially between client sessions. In her therapeutic practice, she faces a lot of emergencies and finds that people are running around and “escalating up”. However, since having a meditation practice, she has noticed that she does not escalate up as much as she used to in crisis situations. Dawn described how she is able to remain calm which in turn, influences those around her to remain calm, which she believes has “some really nice spin-offs for clients”. Likewise, Elizabeth illustrated how she sees her value as a counsellor who has a meditation practice - to provide a quiet and calm presence for clients who may be “bouncing all over the place” so they can begin to calm down. She told a story of a client she had recently who metaphorically equated their “ups and downs” to that of the waves of the ocean. The client was not able to be in that “still place”. Therefore, it was important for Elizabeth to provide her client with a calm presence, which she described as “radiating a stillness from down in the ocean”.

Developing a Witness

Synchronizing mind and body is not a concept or a random technique
someone thought up for self-improvement,

Rather, it is a basic principle of how to be a human being and how to use
your sense perceptions, your mind and your body together.

- Chogyam Trungpa, Offerings: Spiritual Wisdom to Change Your Life

For Elizabeth, meditation is about *developing a witness* to what is going on for her during her meditation practice - there is a distance between her *witness* and her actual experience. She described how developing a witness is essential in counselling because

counsellors are witnessing or observing both their clients' process and their experience of their clients. Elizabeth illustrated how some clients come into a counselling session so immersed in the drama of their lives that they are unable to witness or step back from their subjective experience. Through meditation, Elizabeth has learned how to stay centered and witness her clients' process, rather than getting "caught up" in their happenings. She stated, "I can feel myself especially reaching for my witness the more dramatic it gets over there in the client's seat. It's like my witness is...a grounding in myself". Elizabeth experiences her witness from down in her abdomen area and expressed, "because my practice has helped me to develop a grounding down there, this is where I know I do my best work from". She has the ability to notice when her energy aligns with her client's energy and although she may not be able to ground herself immediately, she knows her task is to return to her "center". Elizabeth mentioned how she meditates primarily to cultivate her witness and sees this aspect of her practice as being valuable to both herself and her clients. Elizabeth described having a "felt sense" of when she is fully present with clients. Meditation has helped her tap into and become aware of the rhythm and subtle shifts in a counselling session, including tension in her body. She expressed that by being consciously aware of her own rhythm, she has an increased sense of trust and sensitivity to her physical experience of the clients' process. Elizabeth stated,

There's a trust of my awareness of what is going on in me as an indication of what is going on for them, but I have to be mindful of what's going on in me in order to be able to use my organism as an instrument with them.

Similarly, Grace depends on her breathing to witness or sense what is happening for her and her clients within the therapy session. She believes she relies on her somatic experience due to learning how to be mindfully present in her body while meditating. She explained how she might feel tightness in her stomach in a certain situation and know she is feeling fear. Mindfulness meditation has taught her to be able to stay with her feelings, observe what they are about and breathe into them as a way to change her energy level. She is not only able to sense where her energies are, but those of the clients as well. Grace believes mindfulness teaches us how to pay attention to the experience of being in our bodies and she suggested that most people do not have this awareness and are “pretty much cut off and not listening to pain or whatever”. She described how she uses her breath and body energetically to give her information about what is going on in the room with clients. She mentioned how she is able to know where clients are holding tension or where they may be “stuck” in their process. In addition, she uses her breath as an indicator for the truth in sessions – She stated, “I know we’re at the truth when I can breathe fully. It’s kind of the spaciousness of the breath and how deep it will go in both directions in my body depending on what is happening in that particular situation”. Grace described how having a meditation practice helps her feel “at home” in her body when she is with clients – this is the opposite of being swept away or out of her body. For Grace, this means that she does things with a sense of calmness or the right attitude and does not feel stressed for time. She has accepted the fact that she cannot multi-task and remain present. Therefore, she does one thing at a time and has noticed this is more pleasurable. Grace described being at home in her body as a feeling of interconnectedness of her mind, body, and spirit. In addition, it is paying attention to and

honouring how she is responding inside while she takes in outside stimulus – sometimes making choices based on what is going on inside. Grace believes that in paying attention, there is a reverence for yourself, your life, and the moment which can be spacious, open, and full of things that are nurturing to all of our senses. Grace explained,

It's a wanting to be nourished by all of the senses and the breath and the energy of the oxygen that's coming in – the energy from the universe that's coming in – letting it nourish the body...It's like noticing if my stomach is tight right now? Is that where I hold tension? Are my shoulders tight right now? How am I breathing? Can I breathe more fully in this moment?

For Ellen, *developing a witness* was explored in the context of countertransference within the therapeutic relationship – “being aware of what's yours and what's theirs”. Being mindful allows her to witness the reactions she is having toward clients and helps her decide whether sharing these feelings with clients would be useful to their process or if they are part of an issue she has to personally work through on her own. Ellen noted that the happenings between therapists and their clients within the therapeutic relationship is partially a reflection of clients' interactions outside of therapy. Ellen provided an example of how she would mindfully use the experience derived from her client therapeutically,

I find myself sitting here and hearing you tell this story, I feel a little frustration building up and I wonder if that's because we've heard this story before and yet, it seems you're unwilling to do anything to change the situation and I wonder if that's how your wife sometimes is feeling too when she gets angry at you when you talk about this.

Similarly, Lorraine shared her experience of a client who she felt was “going around in circles the whole time they were talking” and when the client asked her what she thought, she honestly shared her feelings about what was happening between them by stating, “I feel like your trapped inside this loop that doesn’t let you find anywhere new or any new way to look at things”. Consequently, things started to shift for her client and he began to notice when he was about to go around the “loop” again.

Compassion

Compassion is the heart’s response to sorrow.

We share in the beauty of life and in the ocean of tears.

The sorrow of life is part of each of our hearts

and part of what connects us with one another.

It brings with it tenderness, mercy, and an all-embracing kindness

that can touch every being.

- Jack Kornfield, Offerings: Spiritual Wisdom to Change Your Life

The theme *Compassion* demonstrated how having a mindfulness meditation practice enables counsellors to be kindhearted and empathetic toward their clients.

Universality of Being Human was a sub-theme of *Compassion*, and illustrated how meditation helps counsellors bring awareness to the universal quality of what it means to be human, particularly in regard to the experience of suffering. Within the theme *Compassion*, counsellors illustrated how practicing mindfulness meditation has taught them humility and to see their clients as fellow human beings in this universe, rather than adhering to an expert-client philosophy of the therapeutic relationship. Counsellors suggested that we are all the same in that we all suffer, experience stress and get swept

away with the busy-ness of our lives. Counsellors see the human condition as normal and this helps them relate to their clients and not pathologize or label them. Counsellors model an authentic presence to their clients as a way to inspire their clients to be who they are and not define themselves by a pathological or psychological label. Through loving kindness meditation, counsellors develop compassion toward their clients. Rather than judging their clients, they try to find something they like about them – seeing their clients’ magnificence, “holiness”, or “divine” nature. Counsellors highlighted the importance of giving their clients credit for the strength and wisdom they possess and described how they model humanness and compassion to them.

Universality of Being Human

A feeling of warmth creates a kind of openness,

You’ll find that all human beings are just like you.

- The 14th Dalai Lama, Offerings: Spiritual Wisdom to Change Your Life

Recently in her meditation practice, Ellen has been focusing on developing compassion. She passionately spoke about how meditation training has helped her become more aware of the “suffering” of others and the universal quality of that suffering (she views suffering from the perspective of Buddhist philosophy). Ellen believes the principles of mindfulness meditation have influenced her to be a more compassionate therapist. She is able to be more empathetic toward her clients - putting herself in their shoes. Ellen described her experience being in a group therapy session with wives of men with prostate cancer. She remembered thinking how “together” these women appeared. However, when they started sharing their life stories of grief and loss with one another, the universality of suffering became apparent to Ellen. She realized that “there’s

nobody out there, no matter how good their life looks, that doesn't suffer just like everybody else". Ellen believes Buddhism and meditation are very compassionate philosophies and that having a meditation practice helps her see the "humanness" connecting us together. She believes at the heart of all spiritual practices is the same fundamental idea – "there's a connection between us and a larger universe, whatever you want to call it, we're all in one another, we're all everybody. Anything I do to hurt you, hurts me – anything I do to hurt my environment, hurts me...we're all interconnected". Therefore, Ellen believes that we have to treat each other with more compassion because essentially, anything we do to anyone else, we do to ourselves. Furthermore, she described how one has to understand the Buddhist concept of "no self" to be fully compassionate, which is reflective of being "realized" or enlightened. She understands this concept intellectually, but finds it more difficult in practice. Ellen shared a story of a time when she was talking to a colleague about not knowing if her meditation practice was "deepening" or if she was doing the right things with clients. Her colleague had asked the same questions of his meditation teacher who told him he would know if he was getting somewhere in his meditation practice once he found himself becoming more compassionate. After sharing this story, Ellen stated, "If it helps people become more compassionate, than of course you'd be a better therapist".

Ellen thoroughly enjoys practicing loving kindness meditation or "metta meditation", which she finds helps her cultivate a sense of compassion. She illustrated her experience of loving kindness meditation at a retreat she attended, which involved extending love and compassion toward herself and others. Ellen described this as an "amazing practice" that evokes different emotions within her including happiness for

those doing well and heartfelt compassion and empathy for those suffering. Similarly, Lorraine practices metta meditation and finds that “opening” her heart and “spreading loving kindness” enables her to feel connected to something larger than herself and helps her positively impact the world around her – automatically influencing her life including her counselling practice. She notices that she is less judgmental toward her clients and is better prepared to see what is divine in that person. Correspondingly, Ellen referred to Irvin Yalom’s idea of finding something to like about clients in order to help them. She reminds herself of Yalom’s suggestion when she finds herself becoming irritated with clients or disliking them for some reason. By noticing something likeable about her clients, Ellen is able to find compassion for them and be a more effective therapist. Similarly, Elizabeth was honest in stating that some clients are more pleasant to work with than others, but contended that this does not matter because “everything is holy”.

Lorraine is reminded of the universality of being human when she sits with clients, individually or in a group and noted in such experiences, we are all the same. Therefore, her goal is to “just be the same as them”, rather than be an authoritative figure who has more knowledge than her clients. Having a sense of humility and believing that “we are all in this together” helps Lorraine focus on her clients’ strengths. Lorraine explained that while she may have expertise in various counselling skills, she is humble enough to acknowledge that her clients have their own way of being in the world and she will never quite know their experience until she is faced with the same situation. Therefore, all she can do for her clients is provide them with a new perspective on their experience. She stated,

We are all just doing the best we can with whatever situation arises, with whatever past we've had. There's an expression in Buddhism, "this precious human life" and I think I try to bring with me that each person I encounter is also just struggling with this precious human life and how they engage with this, how they do that...it's not entirely up to me to be able to make that difference.

Similarly, Elizabeth believes mindfulness meditation provides her with a "real grounding" in her humanity. She expressed how she is "just a human being" and knowing this allows her to connect with the "aliveness", "freedom", and "mystery" associated with being human. She believes we live in a culture that expects us to be extraordinary and consequently, people are struggling with not being good enough and are trying to be better than they are when essentially, everybody is just "ordinary".

Elizabeth described how there is a freedom and relief for clients when they learn that it is okay to be ordinary. She suggested that being who we are is incredible in and of itself.

Elizabeth eloquently stated,

The more ordinary I am, the better it is. I think that is really another piece of what is so important as a counsellor is that I sort of model being an ordinary person...with my own journey with mindfulness and cultivating my own ordinariness, I think I also help inspire my clients to enjoy being who they are.

Correspondingly, Dawn mentioned that her meditation practice helps her see the "human condition" as normal, as well as the similarities of human experience. She works with people who suffer from depression and anxiety, but tends not to apply a pathological or psychological label to her clients. Dawn prefers to normalize their experience (e.g. "Ah, that's racing thoughts, well that's familiar"), which she believes minimizes the

clients' perceived illness – things then become more “doable” for them. Dawn expressed that having a meditation practice has made her “more real as a human being” which she believes is helpful in a therapeutic relationship. She is able to be fully present with her clients, which allows her to “see them as more complete...they're not a diagnosis, they're not a list of symptoms - they are a fellow human being”.

Grace referred to teaching mindfulness meditation as a non-pathological counselling approach in the sense that it is a practice that emphasizes the universality of human experience. Furthermore, she illustrated how mindfulness meditation reflects a sense of equality between therapists and clients. She expressed,

You're not telling people that there is something wrong mentally with you, we're saying look we're all in the same boat, nobody is not in the boat and I'm in the boat too! I think that in itself is empowering. I'm not the expert with my clients. We're all learning from each other. I like that model a lot better than more of the expert-client or patient and the professional...we all get swept away from time to time...stress is something that's universal and it's nothing pathological really. There's nothing deficient in a person, it's their life stress.

Grace referred to meditation as a compassionate practice and believes that in practicing compassion, she may influence others to see things with more compassion and be more compassionate toward themselves. She described walking meditation as a very gentle, accepting, kind and peaceful practice and hopes that by practicing walking meditation before seeing clients, they will see that she is “in a place of absolute peace and acceptance and compassion”. She expressed how she strives to be this way, responding

to those around her in a peaceful and compassionate way, and believes this way of being may be what is needed in the hospital setting.

Bringing Mindfulness and Meditation to Counselling

Certain attitudes or mental qualities support meditation practice and provide a rich soil in which the seeds of mindfulness can flourish.

By purposefully cultivating these qualities, we are actually tilling the soil of our own mind and ensuring that it can serve as a source of clarity, compassion and right action in our lives.

- Jon Kabat-Zinn, *Wherever You Go There You Are*

Within the theme *Bringing Mindfulness and Meditation to Counselling*, counsellors described the value in using mindfulness and meditation therapeutically with various populations in order to help their clients develop self-awareness, gain new perspectives and shift their behaviours, thoughts, and feelings. *Counselling Approach and Theory* and *Seven Attitudes of Mindfulness* were sub-themes of *Bringing Mindfulness and Meditation to Counselling*. The practice of mindfulness meditation has been influential in the counsellors' approach to and theory of counselling. Counsellors tend to have holistic counselling approaches that incorporate Buddhist principles including mindfulness. Counsellors explored how the practice of mindfulness meditation influences their understanding of client problems and encourages them to focus on dealing with what is there in the present moment. They also described various applications of mindfulness and meditation, as well as the benefits of integrating such practices into their approach to counselling. Counsellors illustrated how they incorporate

the *Seven Attitudes of Mindfulness* in their counselling practice including non-judging, patience, acceptance, beginner's mind, trust, non-striving and letting go.

Counselling Approach and Theory

For Elizabeth, the attitudes of mindfulness meditation blend into the kind of therapy she practices, Hakomi therapy, which is based in Buddhist principles. She believes her role as a counsellor is to facilitate clients in developing mindfulness, self-awareness and self-exploration rather than trying to change anything in their lives. She explained how a client will find their answers and things will naturally shift and change for them once they have developed a greater sense of awareness. Elizabeth believes that people look at the problems in their lives in a very “mechanical kind of way” and think if they just “tweak” them somehow, they will be resolved – the underlying root of the problem continues to be un-addressed. Therefore, Elizabeth focuses on bringing her clients' attention to themselves and their bodies as a way to increase their awareness and tap into the root of their problem. She explained how being mindfully aware of the interconnection between thoughts, emotions, and the body helps clients to have more compassion for themselves, rather than being judgmental toward themselves.

The attitudes of mindfulness meditation have influenced Ellen both in the way she is a therapist and the way she practices therapy. She has always practiced Existential therapy, which is based on the works of Irvin Yalom, but she has recently been integrating more Buddhist philosophy into psychotherapy. She tends to frame most clients' experiences within the Buddhist philosophy of the four noble truths including the truth of suffering (i.e. it exists in life), the cause of suffering (i.e. a clinging and grasping attachment to transient things), ending suffering, and the path to ending suffering (i.e.

self-improvement). Essentially, Ellen has a “toolbox” she uses in therapy including various techniques she has learned from different therapeutic traditions. She explained how some approaches work better for certain clients than others depending on their background or personality. Despite the technique she uses with a client, her intention is to help them understand their experience within the four underlying noble truths originating from Buddhist philosophy. Ellen believes there are various applications of mindfulness meditation and almost always as a starting point, despite clients’ problems, suggests that it may be useful for them to learn how to relax and breath in order to look at their situation with a somewhat “removed” perspective. She believes that people are so busy rushing around in their lives that they avoid dealing things (e.g. emotions) and fail to make themselves a priority on their list of things to do. She recommended that taking a half and hour a day to sit quietly allows things to “percolate” and helps one repeatedly notice the things they have been trying to avoid. Ellen suggested that clients are then compelled to deal with the things coming up in their minds. Her approach to therapy is to accept and deal with what is there in the present moment, rather than pretending something is not there. She is curious about what is happening for clients in the present moment and explained, “When we know the nature of the beast, we can deal with it appropriately...people run away - they don’t want to see what’s there - you can’t get to point B from point A if you don’t know where point A is”. Ellen is of the opinion that counsellors can bring all of the attitudes of mindfulness to their therapeutic practice and compared this process to the Buddhist metaphor of tuning a violin – finding the right tension of these attitudes within therapy so that the strings of the violin will not snap from being too tight or fall off if tied to weak.

Grace's approach to counselling clients also focuses on dealing with what is actually happening in the present moment. She explained that her clients' minds are often concentrated on the future and that she tries to bring them back to the moment by either sharing a story with them or offering phrases such as, "Mark Twain was right when he said, *I've had a lot of troubles in my life, but most of them never happened*". By referring to a phrase like this, Grace is able to change the energy around clients' problems and bring them back to the present. Grace brings mindfulness meditation into the mainstream medical treatment for her clients and invites them to take the mindfulness meditation stress reduction program that she teaches at the hospital. She believes mindfulness meditation is a great "tool" to offer clients because they do not have to change their religious beliefs to practice meditation, they learn how to enjoy their life more, and can use meditation skills the rest of their lives. Grace expressed how she sees clients' problems as a responds to the type of culture we live in and explained that her approach to counselling is "raising people's consciousness in some way" through teaching meditation. She believes the practice of meditation is counter to our western culture in that it teaches people not to be driven by their wants and needs, but rather to be content and happy where they are in the present moment. Grace passionately illustrated how meditation enables people to change their lives by choosing not to be "swept away" in the busy-ness of life. She stated, "That's what's exciting about it, that's what keeps me going or keeps me healthy – is to be able to share that and teach that and it's so enlivening and it's just so refreshing - there is so much energy in it". In teaching a weekly mindfulness meditation stress reduction program to parents of ill children, Grace has found that parents learn how to enjoy the positive moments rather than dwelling on

the negative aspects of their life. She illustrated how she is surrounded by the fear of staff members (i.e. feeling that they are not doing a good enough job at curing everyone) and clients within a hospital setting. She suggested that mindfulness meditation is a helpful approach to use because it is an “on-going practice of looking at what is actually there [i.e. labeling “thinking” or a sensation of “tightness”] – what is the raw material before your mind creates the emotions around it or the thoughts or the stories about it”. Through mindfulness meditation, Grace is able to help her co-workers focus on the present moment and support the needs of the families they work with rather than approaching a situation from a “patriarchal top-down” medical model that focuses on their views of what is right for the client. Practicing mindfulness in her work, helps Grace take a more holistic perspective with her clients (i.e. paying attention to their minds, bodies & spirits), which she believes helps families feel heard and respected. She explained,

If I can practice from that place of creating some space around things and not closing in too many of my own beliefs, ideas, and judgments...mindfulness is so powerful...the attitudes of mindfulness...it creates space and openness for something more healing to come in, something that’s kind of magical and really very spiritual as well.

Grace also noted that introducing the practice of mindfulness meditation to clients or just simply breathing deeply in the presence of clients offers a sense of peacefulness that is not often present in her work-setting – she believes this helps to end the “stress cycle” people are caught up in and healing can begin.

When Dawn noticed the benefits of having a personal mindfulness meditation practice, she realized mindfulness and meditation could be applicable to a variety of client populations and decided to integrate this approach into her professional counselling practice. She stated, “I think of all the things I do, probably mindfulness meditation has the most direct impact for me in relationship with my clients, not if I can pick out all kinds of techniques”. Dawn noted that teaching meditation to clients, particularly those suffering from depression, moves the practice of meditation and mindfulness out of a religious setting, which is important to her so that people do not have to change their belief systems to take advantage of the benefits of mindfulness and meditation. Dawn expressed that incorporating mindfulness meditation into her approach to counselling (although not for every client) reflects a deep respect for not only herself, but her clients and highlights the importance of people being true to who they are and tapping into their ability to heal themselves. She explained how approaching counselling with mindfulness “evens out that level of power” within the therapeutic relationship, “so it’s not the expert and this lowly person who needs to be taught”, but rather the counsellor is able to “participate with another person, another human being”. Dawn views meditation as a “doable practice” for clients and explained how talking about mindfulness practice or doing meditation with them in a counselling session highlights the “mutual” aspect of the practice between her and her client. When she teaches meditation to a “Depression Relapse Prevention Group” she will often share her own frustrations with the practice and believes this helps normalize the client’s experience. She expressed that a mindfulness meditation approach opens these clients up to seeing themselves as something more than pathological – “they don’t take on that label [of depression] so readily”. Dawn believes

offering meditation to others teaches people how to care for themselves and make themselves more available to others, which is beneficial to their relationships.

Lorraine suggested that the attitudes of mindfulness correspond to what counsellors are taught in a client-centered Rogerian approach - she believes these two philosophies compliment each other quite well. As a meditator in counselling training, she gravitated to a Rogerian counselling approach which she described as being truthful with clients and assuming that “we all have potential within us to write ourselves, to come back to the world in a manner which will lead to growth, which will lead to fulfilling our potential overall”. Lorraine teaches people how to relax, stretch and meditate, which is not always an aspect of her counselling work, but she finds that meditation helps people make “shifts”, especially in a five day concentrated meditation program or an eight week meditation class. She believes it takes people in individual counselling sessions, without learning meditation, longer to change compared to those who learn how to meditate. Lorraine finds this interesting because in teaching clients meditation, the focus is not on the Psychology of what they are going through. She notices that as they learn the skills of meditation – becoming more grounded in their bodies, being aware of how fast their mind races, how busy they are and how automatic they are in their reactions to things – after approximately six weeks, “people come up with really solid insights about their lives as they slow down a bit”. Similarly, Grace explored the limitations in solely talking about problems with clients in individual counselling. She explained how stress resides in the body and highlighted the importance of “getting into the body to deal with it”. She strongly believes clients have the ability to heal themselves if they make the effort. Therefore, she teaches some clients mindfulness

meditation stress reduction, which includes giving them a CD or video to practice with at home. Lorraine illustrated how she incorporates meditation when working with bone marrow transplant patients. She usually only sees these patients for one session, but in talking with them about how they cope with their illness and treatments, discussion can be generated in regard to the mind-body connection and how their mind affects their body's ability to heal. Lorraine then helps patients "imagine themselves into a greater sense of hope" by coming up with healing images or words they can use during treatment. Lorraine discussed how the practice of mindfulness meditation has influenced her to appreciate ritual and "how we imbue things with meaning and how important that can be to our minds, bodies, and souls – how we make sense of what we're going through, what we tell ourselves about it, and how we can shift that through ritual". Lorraine explained how she has learned to trust, accept and be open to providing people with the opportunity for ritual as an approach to helping them find and make meaning of what is happening for them in their lives.

Seven Attitudes of Mindfulness

Non-judging.

Counsellors noted that being mindful enables them to notice when they have automatically reacted out of judgment. They also mentioned how being mindful encourages them to approach clients' experiences with an attitude of *non-judging* and an honest curiosity. In turn, they are then less likely to make assumptions about their clients. Elizabeth believes there is an unconscious communication that happens between counsellors and their clients including the counsellor unknowingly judging parts of their clients' experience, which leads them to become an unsafe presence for the client. She

knows when there is a “flow” in therapy and when there is not, which usually means something has “bogged down” in either the client or herself. She recalled a time when one of her counselling sessions was not flowing, something was not working, and she immediately sought supervision. Her supervisor suspected she may have unconsciously judged a part of the client’s experience and asked her to check in with herself. In doing so, Elizabeth realized that on an unconscious level, she was judging something in her client’s life and wished that this “part” was not there. Elizabeth described how she failed to accept the whole of her client’s experience and made a conscious decision to stop judging her client. She explained, “This is a part of the whole of who she is and granted, it’s not helpful right now, but it’s in her life for a reason and we need to explore that and get curious about it”. To Elizabeth’s amazement, bringing an attitude of non-judging to the next session with her client shifted everything. When she mentioned this to her supervisor, he explained how “the unconscious responds immediately – it’s in the present”, which taught Elizabeth the importance of intentionally bringing mindfulness, curiosity and a non-judgmental attitude to counselling. She does her best to genuinely be this way with her clients which in turn, teaches them to be more curious about their life experiences and have less judgment toward themselves. Elizabeth stated, “I think that’s a big piece of mindfulness, just being with what is – keep studying what is”.

Grace expressed that her most difficult challenge to working in a hospital setting is maintaining an attitude of non-judging because “judgments are flying around all the time on part of the staff about the family”. She struggles with hearing judgments and finds it hurtful, as well as disempowering and discouraging for clients. She explained how the families she works with are always listening for “attitudes” including whether

staff respects and cares about them. Grace explained that she does not know how to “break that cycle of judging because this culture is such a judging culture”, but nonetheless, she tries to give credit to clients for their efforts and empathizes with their experiences. She also creates a respectful and energetic atmosphere where her clients feel supported enough to be vulnerable and share whatever is needed – Grace “gives them the sense that at any level, whatever they are going to say, is okay”.

Patience.

Counsellors described how they bring an attitude of *patience* to their professional counselling practice, surrendering to the notion that everything will unfold in its own time. They notice that they are able to fully listen to their clients’ experience without wanting them to be somewhere else in their process. Ellen explained how she tends to be a very fast thinker and talker and struggles with interrupting people out of excitement. She described how she often has insights and makes connections about her clients’ experience while they are telling their stories and her first impulse is to want to interrupt them, tell them she understands what they are saying, share her ideas with them, make connections with them, and proceed in a particular direction. She realizes this way of being is not helpful in therapy and noted that it is about timing - she has to let her clients finish what they are saying even though she thinks she already has an understanding of their experience. Mindfulness meditation has helped her listen to her clients and be more patient with them, which involves allowing the counselling process to be “more organic” in that she allows clients to “do things at their own speed”.

Acceptance.

Counsellors explored how they bring an attitude of *acceptance* to the therapeutic relationship in that they accept their clients where they are in the present moment. This includes accepting all parts of their personality and their life circumstances. Counsellors also highlighted the importance of accepting their own limitations and vulnerabilities as a counsellor. Counsellors illustrated how they create a space where their clients can feel heard and respected. Having a mindfulness meditation practice enables counsellors to sit with clients in distress and be with whatever emotion or discomfort arises in the present moment. They mentioned that they teach their clients how to slow down and accept whatever emotion, thought, or sensation arises so they are better able to deal with their present experience. Lorraine explained that she not only accepts where her clients are in their process, but also accepts her own weaknesses, vulnerabilities and triggers as a counsellor - seeking support from others when needed. Lorraine accepts the notion that every experience she has and every new person she meets provides her with a valuable lesson in her learning process as a counsellor and she is open to deeply looking at those experiences in order to gain new perspective that may help both her and her clients. Lorraine explored the importance of being able to sit with silence in an individual or group counselling session and to not feel responsible to fill that silence or void – “just to be able to leave it open and let the individual find inside themselves what they need to be happy”.

Similarly, Dawn expressed that mindfulness meditation has taught her how to accept being with clients’ emotions, which she finds essential when working with clients suffering from depression and anxiety. She also explained that as a therapist, she feels

pressure from her clients, especially if they are in distress, to be able to give them the “quick fixes” they are looking for. Having a mindfulness meditation practice has taught her to bring an attitude of acceptance into her work, which enables her to be with clients in distress and teach them ways to accept their emotions or feelings in their bodies and wait for their experience to shift. Dawn confidently explained that through her own meditation practice, she has learned that things will “move” and that client will not be “stuck” in their experience. Dawn stated,

Not taking flight from discomfort is an unusual place to be with a therapist and I think it does make a big difference in the practice...I think through my own practice...it is possible to say that things will move...that you’re not going to be stuck there forever...when you’re able to have shared that experience or to know or have been there, it makes a huge difference in being with clients and exploring that rather than skipping over it. There is a different way of being with clients.

In comparison, Grace lets her clients know that she accepts them where they are in their process and often validates their feelings of anger, resentment or distrust toward the medical team they are dealing with. She also supports and accepts the alternative medicines that her clients are practicing outside of the traditional medical attention they are receiving. Grace critiqued how mindfulness is a humble practice compared to a traditional “medical model” approach. She explained how mindfulness “creates space for something new to come in and that’s what’s so healing, energizing and exciting about it”. In comparing the two approaches, Grace referred to Shunryu Suzuki’s (1988) sediments on *beginner’s mind* and commented, “They say in an expert’s mind [approach of medical

model] there's no options or there's no opportunities, but in a beginner's mind [attitude of mindfulness practice] there's all kinds of opportunities and options".

Beginner's mind.

Counsellors described how they bring an attitude of *beginner's mind* to the therapeutic relationship in that they see every individual as unique and therefore, treat all their clients differently. Ellen noted the importance of bringing a fresh and new perspective to each client and therapy session rather than thinking she has seen and done it all before. Similarly, Lorraine described having an attitude of beginner's mind when counselling,

Beginner's mind - that sense of this is a brand new person in front of me if it's the first time I'm meeting someone or even this story they are telling me has got new things in it...trying not to get so mired in my assumptions because of how this person looks - this is how they should be - trying to just stay open to the freshness of this experience right now.

Trust.

Practicing mindfulness within the therapeutic relationship aids counsellors in being able to *trust* their own intuition and doing the right thing when they are with their clients – mindfulness allows counsellors to better gauge where their clients may be in their therapeutic process. Counsellors referred to trusting that clients are their own best expert, as well as trusting their clients' strengths and surrendering to the unfolding of their life journey, which involves being aware that their role is not to fix their clients. Lorraine stated,

I think a real basic trust - with me or without me, this person is on a journey to become more of who they are in this world...just to trust that they will move on, whether they do it here with me in this moment or in the future.

For Grace, the attitude of trust means trusting her clients' intuition on doing what is right for them. She illustrated the importance of the medical community trusting that clients are their own best expert and having staff approach treatment with this in mind in order to have a better fit between the type of treatment offered and the client.

Non-striving.

Counsellors described how having an attitude of *non-striving* enables them to put aside their own agendas and let go of their urge to fix their clients. For them, non-striving in a session means not pushing clients to be somewhere else in their process, but rather taking a client-centered approach and supporting the notion of just being where you already are, accepting it, and dealing with the present moment. Lorraine described how having a meditation practice and teaching meditation has fostered an unconscious and subliminal kind of awareness of not striving in a session – “not pushing, being very patient with how a person is...how their experience is unfolding in a session”. Lorraine stays with her client moment by moment and tries not to get caught up in what she will say next or where she may lead the session. When her clients are finished talking, she takes a moment to gather her thoughts. She explained,

I think in counsellor training...we get trained to rush into, How do we summarize what they said? How do we paraphrase it? How do we move them on to the next level? Or whatever it is, but just being able to sit with what they've said for a

moment in the room or with whatever emotion they're experiencing and not have to make it something else right away - not have to push them on or myself.

Dawn explored non-striving in regard to clients, especially those who are depressed or anxious, feeling uncomfortable where they are in the present moment and having the desire to be somewhere else. She explained that this mind-set either "fuels" clients' anxiety or "spirals" their despair. In addition, she noted how having an attitude of non-striving in therapy counteracts trying to provide clients with solutions to their problems,

That whole idea of just being where you are, accepting where you are, and dealing in the moment is quite a change for people who are depressed or anxious because in that case, most people coming in here want to be somewhere else. It's an unusual thing to say, "Well, why don't we practice being where you are first"...is a different way of looking at things when it comes to therapy.

Letting go.

Counsellors highlighted the importance of *letting go* of their need to be helpful, to fix their clients, and to know what to do in order for everything to turn out right for their clients. Lorraine expressed that she is constantly working on letting go and struggles with not building up a lot of sadness or grief when counselling clients. Grace explained the importance of not taking things in her profession too seriously or not taking ownership for everything that happens, but rather letting go and not being driven by other people's issues or taking work matters home. She approaches certain situations by telling herself, "okay, that happened - it happened for a reason - I don't need to know why".

Self-Awareness and Insights Through Meditation

Self-Awareness and Insights Through Meditation demonstrated how mindfulness meditation has fostered new perceptions, knowledge and understanding within participants around *Slowing Down, Self-Care* and *Gratitude*. Within the theme *Self-Awareness and Insights Through Meditation*, counsellors highlighted the benefits of having such a practice and illustrated their experience when they do not practice meditation. Meditating has helped counsellors slow down, as well as have awareness around when they need to take care of themselves - mind, body and spirit. Counsellors discuss how they are using the practice of meditation as a self-care strategy in a profession that can be rather draining, stressful and demanding. Counsellors bring a sense of compassion toward themselves by being aware of their personal needs including listening to what their bodies need, paying attention to when are feeling depleted, and giving themselves the time to stop running, rest and restore their energy. Mindfulness meditation has genuinely become a part of who the counsellors are and it seems to cultivate a certain way of being in the world. Counsellors expressed how having a mindfulness meditation practice cultivates a sense of gratitude within them – gratitude toward their profession including a realization of how meaningful their work is for them and how privileged they feel to be involved in their clients' life journeys. They suggest that practicing mindfulness enables them to counsel from a place of integrity, which involves being true to who they are within their work.

Slowing Down

It's important from time to time to slow down,

To go away by yourself and simply Be.

- Eileen Caddy, *The Dawn of Change* (as stated in *A Guide for the Advanced Soul*)

Counsellors described how meditation is a nourishing practice for them in the sense that they have learned how to slow down and just “be”. Through the process of learning how to practice and teach meditation, Dawn noticed that the busy-ness she experienced everyday was starting to decrease and she was able to be more present with her children. She described the benefits of having a meditation practice in regard to her personal relationships by stating, “That was the first thing that really impacted me is being able to be with my kids, read a story with them and not be thinking of the work that I had to do the next day – just be there”.

Early in her meditation practice, Lorraine also noticed that meditating helped her slow down, become aware of how fast her thoughts raced, and be more present with herself. Lorraine described meditation as a “grounding practice”,

It keeps my feet planted in the ground and when I'm not doing it, I can find myself kind of spinning into inappropriate directions and unable to keep connected to what I value. I guess it provides a kind of integrity somehow. So when I am meditating really regularly it's easier for me to make appropriate choices for myself and do things from a place of integrity.

Lorraine illustrated how slowing down is a constant, unfolding process for her. She notices that the more she meditates, the better able she is to catch herself in

automatic reactions. Rather than harshly judging herself for her automatic reactions, she has learned to become aware and curious about them. She asks herself questions such as, “What would it be like if I didn’t react that way?” or “How could I respond differently to that?” Lorraine suggested that we are all caught up in these loops – we go round and round repeating these patterns in our lives and it takes significant awareness to begin to “shake them”. She believes meditation provides her with that “still place”. Lorraine explored how she feels when she has not meditated for a couple of days – she described being more anxious, less open, more defensive, and more likely to take offence, rather than being able to breathe and stay with her present experience. Lorraine mentioned that experiencing the sensation of not meditating helps her make sense of her meditation practice and keeps her going back to it.

Ellen also notices that when she has missed a day or two of meditating, it influences her ability to interact and be fully present with other people - she feels more anxious, worried, is more future-focused and tends to be impatient or dismissive with others. In contrast, she described her experience after teaching a meditation class as a feeling of “opening up and falling away”. Prior to teaching the meditation class, she was feeling frazzled – she had stacks of paper everywhere on her desk and had six projects on the go – her attention was split and she was feeling like the walls were closing in on her. She illustrated how “dropping into stillness” during sitting meditation was like a “spacious opening up” and all of her previous worries faded away. She was able to come back to her office and calmly clean it up. Ellen explained, “I felt much more calm. When you’re anxious and you’re trying to do ten things, you’re going to be far less effective than when you’re calm and trying to do ten things”. Elizabeth expressed the

benefits of having a meditation practice by stating, “Life just seems to go better when I am meditating. I’m more connected to that deeper stillness or the witness that can just be with whatever is”. She explained how mindfulness has taught her to be curious about her life instead of judging it.

Self-Care

Grace highlighted the importance of learning how to concentrate, regardless of which style of meditation one practices, in order to quiet the mind. In addition, Grace discussed how having a personal meditation practice helps her tolerate the level of demand in her work setting, as well as the level of sorrow and grief. She is a therapist at a children’s hospital and believes she could not work there without having a meditation practice. She clearly articulated how her meditation practice is “not really an option, it’s not a luxury, it’s really a necessity”. Grace knows that she needs to be in good shape to work in such a “draining” environment and she cannot afford to be “running on empty”. Having a meditation practice has taught her how to be aware of when she is becoming “depleted” by her work and her “cup is running dry” or “dipping lower” than she would like. Grace is aware of when she needs to have a longer meditation and “de-stress” by taking a long bath, saying no to the next demand of her, or flexing time off of work in order to take care of herself. She is more serious about taking care of herself these days and does not feel guilty doing so. Grace critiqued the environment she works in as she described how everyone seems to take pride in constantly running on automatic pilot and being overworked. She passionately expressed her belief that we live in a culture that fails to support self-care. Grace discussed how she is beyond being affected by the pressure of her work-environment and the attitudes of her co-workers. Practicing

mindfulness has taught her how to acknowledge her feelings, let them go, and move on rather than be driven by the environment she works in. She maintains her mindfulness meditation practice either at home or in the community so she can go back to work with a certain level of energy and a sense of rejuvenation. Grace believes that a morning meditation practice is essential for anyone working in her profession and highlighted the importance of starting each day “being filled up”. In comparison, Lorraine believes that having a combined yoga and meditation practice has increased her awareness of her physical body and what she needs to do to continually take care of herself as a counsellor. As a result, she is able to notice when she is tired or feeling stressed and has developed good boundaries around what she can and cannot do.

Ellen explored how practicing clinical therapy full-time can be draining work. She has found it to be quite exhausting in the past and therefore, has reduced the amount of time she spends practicing clinical therapy. She referred to how much energy it takes to be fully present with every client seen consecutively in a row and believes doing this full-time may be a factor of burnout. Dawn also referred to the notion of burnout as an outcome of doing therapeutic work and suggested that having a meditation practice has helped her cope with the demands of the counselling profession. She expressed, “I think from a mental health perspective, as a therapist, it really has increased my ability to do this work on-going. I think it has increased my longevity”. Dawn believes having a mindfulness meditation practice allows her to be more calm and better able to deal with the stress of being a therapist. She also noted that having a meditation practice has taught her how to step back and make decisions without getting “wound up” in the politics and stress of the work environment or the crisis of someone she is with.

Gratitude

Let us reflect on what is truly of value in life,

What gives meaning to our lives and set our priorities on the basis of that.

- The 14th Dalai Lama, Offerings: Spiritual Wisdom to Change Your Life

Counsellors discussed how meditation has helped them bring a sense of gratitude to their work. They feel it is a privilege to be paid to do something that is meaningful or useful and that meditation keeps them connected to that privilege - to that sense of gratitude. Before she became a therapist, Lorraine avoided hospitals and doctors. Ironically, during her Ph.D. program, her supervisor suggested that a hospital was the right environment for her to pursue her practicum – she felt this was a place Lorraine could do “good work”. Lorraine was astonished to learn that she was accepted as a practicum student at a hospital. She described her experience of running meditation classes for cancer patients. She initially worried that meditation would not be accepted by the hospital community and wondered if this was the right thing to be doing with cancer patients. She mentioned that this population could experience intense emotion when meditating due to their letting go of the control needed to get them through treatment. Lorraine stated,

It’s been an incredible unfolding to watch how useful it is for people and how accepted it’s been – to get to do what moves my own soul – in a setting where I never thought it would be accepted, that has been the most remarkable experience and so unexpected.

Lorraine believes that meditation brings her back to her values and she feels privileged to connect with clients who are open to trying meditation.

Elizabeth also described how grateful she feels to be doing meaningful work. Although she is making a living as a counsellor, she feels blessed that her work has become an extension of herself – she subtly takes on the role of counsellor, but more importantly her role or job is essentially to be herself. She explored how a lot of her clients are suffering because they have occupations in which they cannot be themselves or are struggling with how depressing it is to be spending 8-10 hours a day doing something they know is meaningless. In contrast, Elizabeth is grateful that her job description as a Hakomi Therapist is to become even more of who she is – she referred to a quote by Chogyam Trungpa stating that the role of the therapist is to demonstrate full human being ness. She explained how “there is kind of an integrity” to her work and mentioned how “it’s all of a piece...it just feels like I’m doing what I’m suppose to do”. Many years ago, Elizabeth wrote a mission statement for her life which includes helping people get in touch with or live from their unique spiritual connection or beauty and she believes one is able to do this through mindfulness. When Elizabeth experienced the loss of her friend, she felt very mindful and connected to the idea that she was never going to do anything again unless it was meaningful. At the time, she was a practicing massage therapist and had to live out of her van – she did not know what direction she was headed, but through mindfulness meditation, she was able to be with this uncertainty and “one foot in front of the other present”. In the following statement, Elizabeth described how she explained her experience to others: “Well, I don’t really know what I am doing - I’m just listening inside and I’ll know something when I hear”. In turn, being mindful helped Elizabeth connect with her spirit and be present to what was happening for her in

the moment – the decision to become a counsellor evolved from her experience, for which she is grateful.

Summary

Approaching the research using a phenomenological method, I uncovered the following themes: *The Path of Mindfulness Meditation, Counsellor Presence, Compassion, Bringing Mindfulness and Meditation to Counselling, and Self-Awareness and Insights Through Meditation*. Within these themes, counsellors' described their path toward *discovering meditation* and developing *the practice* of mindfulness meditation. They illustrated that having a meditation practice fosters *being in the moment with clients* and *developing a witness* to both their experience and their clients' process within the therapeutic relationship. Counsellors demonstrated how mindfulness meditation influences their *counselling approach and theory* and highlighted the importance of incorporating the *seven attitudes of mindfulness* into their counselling practice. Counsellors expressed how they have developed a greater awareness of the *universality of being human* through mindfulness meditation. They also illustrated having an increased sense of awareness around *slowing-down, self-care, and gratitude*. In the following chapter, I will discuss my research findings in the context of the literature. I will also explore practical implications of my study for the profession of counselling and present suggestions for future research. In addition, I will share my experience as the researcher.

CHAPTER FIVE: DISCUSSION

A few years ago, I was introduced to a meditation teacher who was instrumental in my path of mindfulness meditation. I continue to be amazed by how that experience has influenced the direction my life is taking. From the moment I discovered mindfulness meditation, I have seized opportunities to learn more about the practice including exploring books, talking with others in the community, attending workshops and retreats, seeking out meditation centres, teaching meditation classes at a women's resource center, and studying meditation throughout graduate school. I realize that my passion for mindfulness meditation has influenced me both personally and professionally which I will elaborate upon further in the discussion. I notice that I am excited to share my experience and knowledge of mindfulness meditation with others, especially throughout the process of this research study. I intuitively felt that I was studying an important topic and although I was unaware of how my research was going to unfold, I was excited to discover and share my findings. I wondered whether my co-researchers' experience of mindfulness meditation would resemble my own experience of the practice and/or correspond with the current literature on the topic. Reflecting on the purpose of this research study, I was curious to know if counsellors find mindfulness meditation beneficial to their professional counselling practice, particularly in regard to counsellor presence. I wondered whether counsellors become more present by having a personal mindfulness meditation practice. I hoped to determine whether counsellors perceive their mindfulness meditation practice as being instrumental in cultivating counsellor presence within the therapeutic relationship and contributing to their achievement of a genuine, accepting and empathetic presence. After having the privilege of interviewing five

incredible women counsellors and immersing myself in the words describing their lived experience of mindfulness meditation, I now have a greater understanding of what it means to have such a practice.

As previously mentioned, my findings reflect various themes that expand beyond my initial research question, “What are the perceptions of five professional counsellors on how a personal mindfulness meditation practice influences their counsellor presence with the therapeutic relationship?” In this final chapter, I will make an effort to explore the research question I have posed and will discuss the findings in regard to how the co-researchers’ experience compares to current literature. I will also address implications for the field of counselling and provide recommendations for future research. I will conclude by sharing my experience as the researcher.

Comparisons with the Literature

In reviewing my last two chapters, I am encouraged to learn that my co-researchers’ lived experience of mindfulness meditation corresponds to the current literature on the topic. In my literature review, I discussed Shapiro’s (1980) suggestions regarding why health care professionals are gravitating toward meditation. In support of Shapiro, counsellors described various benefits associated with the practice of mindfulness meditation and contended that this has been influential to why they gravitated to and maintain such a practice. In support of Epstein (1999), counsellors have gained self-knowledge from being mindful, which has influenced their ability to demonstrate empathy, compassion, and altruism in their work. In accordance with Shapiro, counsellors practice meditation because it mirrors their values and beliefs, which some described as being contrary to those reflected in Western culture. Some counsellors

passionately expressed how they struggle with implementing their values and beliefs around bringing mindfulness and meditation to a work setting that reflects values of a more traditional Western culture. Others expressed being pleasantly surprised and grateful to have had such a warm reception of the practice by their employers. My findings suggest that counsellors specifically gravitated toward meditation because the practice felt right for them and they were interested in being more present in their lives including furthering their self-awareness – mind, body, and spirit. Interestingly, counsellors described embracing the practice of meditation after encountering Buddhist monks and curiosity led them to openly experience the practice, which they now integrate with the complementary practice of yoga. My findings also suggest that the counsellors' path of mindfulness meditation was influenced by significant experiences in their life including the loss of a child, suffering from postpartum depression, and living in East Africa. It seems as though some counsellors turned to meditation as a way to make sense of what was happening in their lives and the practice naturally became an extension of their spiritual path. As the researcher, I believe that mindfulness meditation has positively effected how the counsellors cope with their life experience, which is in agreement with Astin's (1997) suggestions. I am reminded of Elizabeth's poignant story of how she relied on her practice of mindfulness meditation to help center herself while she cared for her dying friend.

In support of Bugental's (1987) suggestions regarding the concept of presence, counsellors described how having a mindfulness meditation practice enables them to be fully aware and present in the moment with their clients. Counsellors expressed developing a witness when they are present, which parallels Bugental's description of

presence in the sense that they have the ability to be sensitive and responsive to both their inner subjective experience and their clients' process. The counsellors offered rich perspectives on counsellor presence and highlighted Bugental's proposed aspects of therapist presence - accessibility and expressiveness. Counsellors described accessibility when referring to the importance of being open to all aspects of their clients' experience and being present to the natural unfolding of their clients' process, including their experience of intense emotion. In addition, accessibility is reflected in their ability to objectively "tap into" their inner process or experience while with their clients. Being aware of what is happening for them when they are with clients, helps the counsellors use their subjective experience to genuinely respond to clients in a therapeutic manner, reflecting Bugental's notion of expressiveness. Robbins (1998) describes therapeutic presence as consisting of a "dual level of consciousness" and suggests this can only be achieved through a "grounded position". The counsellors' description of developing a witness through mindfulness meditation is similar to Robbins' dual level of consciousness in that they have learned how to simultaneously be present to their clients' experience and remain grounded in order to create the cognitive distance needed to objectively witness or reflect on their subjective experience while with their clients. Having a dual level of consciousness enables counsellors to synchronize their minds and bodies and become aware of the rhythm and subtle shifts in the counselling session including changes in their somatic experiencing (i.e. tension in their bodies).

In support of Bugental (1987) and May (1983), counsellors highlighted the importance of being fully present with their clients in order to connect with them as a fellow human being and establish a supportive therapeutic relationship in which healing

can take place. As mentioned in my literature review, Bugental (1987) claims that many therapists and therapeutic approaches overlook the central importance of presence within therapeutic work. In contrast, the counsellors in the present study integrate mindfulness and meditation into their therapeutic approach in which the concept of presence is fundamental. Like Gurman & Messer (1995), counsellors emphasized how being present is essential to their counselling practice and that they continually remind themselves to achieve this way of being with their clients. Moursund & Kenny (2002) and Robbins (1998) propose that present therapists act as a model for their clients functioning. Similarly, counsellors described how their mindful presence influences their clients to slow-down and become grounded and calm. They further expressed how modeling an authentic presence to their clients helps inspire their clients to be who they are and not define themselves by a pathological or psychological label. Expanding on Robbins' (1998) suggestions, counsellors believe that by modeling humanness and a sense of compassion to their clients, they may be able to influence their clients to become more compassionate toward themselves. In my literature review, I explored Welwood's (2000) idea of "unconditional presence" within the therapeutic relationship which includes the therapist and client learning how to be open and present to their experience just as it is, allowing themselves to be curious about it, without trying to change it. The counsellors' holistic approach to counselling parallels Welwood's (2000) "presence-centered counselling" approach in that they incorporate Buddhist principles and focus on dealing with what is there in the present moment - bringing curiosity and acceptance to their clients' experience. In accordance with Welwood (2000), counsellors suggested the

healing power of being fully present with their clients' experience, especially during moments of intense emotion.

Counsellors expressed how having a mindfulness meditation practice helps them to let go of their need to "fix" clients and to want them to be somewhere else in their process. Counsellors suggested that in counselling training the emphasis is on how to summarize and paraphrase the clients' experience, as well as how to move them along in their therapeutic process. They contended that there is less focus on learning how to be comfortable in the moment with clients, particularly sitting with whatever emotion clients are experiencing or sitting with silence in a session without having the need to change it. Similarly, Welwood (2000) suggests that the therapeutic encounter includes unpredictability and ambiguity and that Western education places little importance on teaching therapists how to be present with their clients when faced with uncertainty. In support of Welwood, counsellors described how they sometimes feel the need to fix their clients, but that mindfulness meditation has taught them to feel comfortable with their experience just as it is in the present moment. The counsellors' narratives reflect Layton's (1995) belief that mindfulness allows therapists to connect with themselves and be present with their clients, as well as helps them accept their own humanity and limitations, which enables them to sit with their clients' experience and the ambiguity in counselling sessions. In accordance with Layton, counsellors claimed that mindfulness meditation is an essential practice for them professionally and described mindfulness practice as involving slowing down and more specifically, as an opening of their hearts when referring to loving-kindness meditation. Layton contends that therapists who are "open" allow room for new possibilities in the counselling session. Counsellors

illustrated how the practice of mindfulness and meditation enables them to create a sense of space and openness within the counselling session in order for healing to take place.

In accordance with Epstein (1999), practicing mindfulness enables the counsellors to become aware of their internal processes, attentively listen to their clients, be flexible, and acknowledge their judgments. Supporting Epstein's perspective of mindfulness, counsellors provided rich descriptions of how the practice of mindfulness involves compassion, humility, curiosity about the unknown, and courage to see the present moment for what it actually is. Epstein reviews the benefits of mindfulness for physicians. My findings suggest that the holistic practice of mindfulness has the same benefits for counsellors in that they have learned how to be both aware of and attend to cognitive, emotional, physical and spiritual aspects of their clients. Kutz et al. (1985) suggest that people who meditate are less likely to react and behave out of automatic mental responses, which holds true for the counsellors - they are able to witness the activity of their minds and bodies with detached observation and respond appropriately. In accordance with Kutz et. al, developing a witness through mindfulness meditation enables the counsellors to identify their minds' habits and distortions including noticing when their minds have wandered or their perceptions are skewed with judgment. My findings coincide with Astin's (1997) suggestion that practicing mindfulness is a way of life. Similar to what was suggested in the literature (Kabat-Zinn, 1982, & Roth, 2001), mindfulness meditation fosters the counsellors' ability to be patient and present in the moment, have increased awareness and peace of mind, experience deep personal insights and knowledge, and be able to cope successfully with the stress they endure in their work. In support of Shapiro et al. (1998), counsellors suggested that mindfulness

meditation helps them cultivate listening skills, a greater degree of empathy and compassion, as well as an increased sense of spiritual experiencing. My findings also coincide with Schuster's (1979) proposition that mindfulness meditation can be used to increase empathy in clinical practice and reflect Lesh's (1970) suggestion that counsellors who meditate have a significant improvement in their empathetic ability.

The counsellors in this study had a solid understanding of Kabat-Zinn's (1990) seven attitudinal foundations essential to cultivating mindfulness practice including *non-judging, patience, acceptance, beginner's mind, trust, non-striving, and letting go*. They illustrated practical applications of the attitudes of mindfulness. In support of Kabat-Zinn, having a meditation practice has encouraged counsellors to be themselves in their counselling practice and has fostered their ability to trust themselves as practitioners, which then allows them to trust their clients and connect with their basic goodness – described as seeing their clients' "holiness" or "divine" nature, rather than judging them.

In support of Gelso & Carter (1985) and Hansen, Stevic, & Warner (1986), the counsellors expressed the significance of the therapeutic relationship to the outcome of counselling efforts. It seems as though a mindfulness approach to counselling fosters Greenson's (1976) three components of the therapeutic relationship – the working alliance, the transference relationship, and the real relationship (as cited in Gelso & Carter, 1985). In support of this notion, counsellors described their role within the therapeutic relationship as facilitating their clients in developing mindfulness, self-awareness and self-exploration. They expressed that they work with their clients in a shared enterprise, rather than adhering to an expert-client counselling philosophy. Counsellors illustrated having compassion for their clients and a willingness to help them

face their problems in the present moment. Client-centered conditions or attitudes including genuineness, empathy, and respect toward their clients were also expressed, which are nourishing for the working alliance between counsellors and clients. Garske (1997) and Patterson (1984) propose that therapeutic change is the result of the therapeutic relationship, rather than specific techniques the counsellor implements. Tying into this notion, counsellors suggested that bringing mindfulness and meditation to their counselling practice helps them to be fully present and establish a therapeutic relationship with their clients, which they believe far exceeds the importance of their ability to use various counselling techniques. Gelso & Carter (1985) propose that it is important for counsellors to develop the ability to observe and regulate their reactions toward clients so they are able to respond appropriately and facilitate their clients' growth. My findings imply that having a practice of mindfulness meditation helps counsellors develop a witness to their subjective experience, which in turn may help them avoid counter transference - described by Hansen et. al. (1986) as counsellors displacing their emotional reactions and projections toward their clients. My findings suggest that when counsellors are mindful, they are more likely to have realistic perceptions and interpretations of their clients, as well as genuine and congruent feelings and behaviours. Counsellors illustrated intimate aspects of their relationships with their clients including being honest with them about their subjective experience when appropriate. In support of Gelso & Carter (1985), my findings propose that bringing mindfulness and meditation to counselling helps counsellors develop a realistic understanding of and appreciation for their clients – seeing them as fellow human being who possess magnificence, strength,

and wisdom. As the researcher, I believe that the counsellors are practicing the wisdom offered by the 14th Dalai Lama,

Look at every human being from a more positive angle. I try to look for their positive aspects. This attitude immediately creates a feeling of affinity, a kind of connection.

- 14th Dalai Lama, Offerings: Spiritual Wisdom to Change Your Life

In my literature review, I explored Rogers' (1957, 1965, 1967, 1980) three conditions or therapist attitudes necessary and sufficient for psychotherapeutic change to occur including congruence, unconditional positive regard, and empathy. I was excited to learn that counsellors incorporate a Rogerian approach into their counselling practice in that they believe their clients have the innate potential toward growth and have the ability to heal themselves by tapping into their inner resources. Counsellors provided practical applications of Rogers' therapist attitudes that are essential for cultivating an environment for client change. They suggested that having a mindfulness meditation practice helps them be themselves or congruent, genuine, and real within the therapeutic relationship including openly sharing their true feelings with their clients when appropriate. Counsellors model an authentic human being, rather than putting up a professional facade with their clients and adhering to an expert-client philosophy. They expanded on this notion by illustrating how they have learned humility through mindfulness meditation, as well as a developed awareness of the universality of being human, especially with regard to the experience of suffering. Having a meditation practice enables counsellors to maintain personal awareness throughout the counselling practice, which according to Rogers, is the aim of being a congruent counsellor.

Counsellors described how being mindful in counselling includes having an attitude of acceptance while working with their clients, which Rogers also refers to as unconditional positive regard. In accordance with Rogers, counsellors unconditionally accept their clients where they are in the present moment including their experience of intense emotion. In addition, counsellors expressed how they develop compassion toward their clients through practicing loving-kindness meditation, which Welwood (2000) equates with unconditional positive regard. Similar to Rogers, counsellors suggested that creating a space where their clients can feel heard and respected, as well as modeling an attitude of acceptance and compassion, teaches clients to be more accepting, understanding and compassionate toward their own life experiences. In regard to Welwood (2000), I believe the counsellors in this study are able to respond to their clients with unconditional positive regard because they have learned, through mindfulness meditation, how to extend it to themselves.

Counsellors demonstrated Rogers' third therapist attitude of empathetic understanding within their descriptions of how the practice of mindfulness meditation teaches them to patiently and actively listen to their clients' experience in order to understand what it is like to be in their shoes – perceiving their clients' experience from their point of view. Meditation also helps counsellors continually be aware of their subjective experience, including their somatic awareness, which they rely on to better gauge their clients' subjective experience. Counsellors suggested that having this type of felt-sense helps them determine what interventions may be most helpful for their clients. This highlights the importance of Bugental's (1987) suggestion that therapists need to be

constantly aware of their clients' inner flow of experience; otherwise, interventions may become counter therapeutic if they do not reflect where clients are in their subjectivity.

I was encouraged to discover that counsellors suggested that the seven attitudes of mindfulness correspond to Rogers' therapist attitudes within a client-centered counselling approach. My findings suggest that counsellors bring mindfulness and meditation to their counselling approach and therefore, provide their clients with a growth-promoting environment of facilitative psychological attitudes including non-judging, patience, acceptance, beginner's mind, trust, non-striving, and letting go, which reflect Roger's definitions of therapist congruence, unconditional positive regard, and empathy. By bringing mindfulness and meditation to their counselling practice, counsellors facilitate their clients to reach their full potential and develop self-awareness, self-understanding, a greater capacity to face and deal with their problems in the moment, and the ability to choose their behaviours accordingly. In support of Rogers, counsellors provided examples of how they demonstrate the seven attitudes of mindfulness in their counselling practice in order to create a psychological environment where their clients can just *be*.

Practical Implications and Future Research Recommendations for Counselling

The most promising development emerging from this study is that counsellors find that having a personal mindfulness meditation practice is beneficial to their professional counselling practice. More specifically, their experiences reflect the purpose of this study in that mindfulness meditation helps them be more present with their clients including demonstrating Rogers' therapist attitudes of congruence, unconditional positive regard, and empathetic understanding, which are considered necessary and sufficient to cultivate an ideal therapeutic climate for client change. As previously mentioned, my

findings suggest that the seven attitudes of mindfulness parallel Rogers' therapist attitudes. Therefore, as the researcher, I propose that counsellors who bring mindfulness into their counselling practice create an ultimate environment for therapeutic change to occur. Similar to Rogers (1980), I advocate that counsellors may teach their clients how to be congruent in their experiences and enhance their personal growth by developing a more caring attitude toward themselves, greater self-understanding, and becoming aware of their inner flow of experience. Robbins (1998) proposes that it is often the therapist's ability to be deeply present with their clients that creates a profound and lasting impact on the lives of their clients. I am curious to know if a client's experience of being in a therapeutic relationship reflects this notion. I recommend that future research focus on the experience of clients who have counsellors who practice mindfulness meditation versus those who do not as it would be interesting to learn whether there is a difference in the clients' experience. Counsellors in the present study suggested that clients who learn mindfulness meditation skills have a faster change process than those who receive "talk therapy". Therefore, to verify the accuracy of the counsellors' perceptions, future research could also focus on comparing various counselling approaches to a mindfulness meditation approach in regard to the duration of time for client change.

In accordance with Astin (1997), mindfulness meditation training allows counsellors to observe their preoccupied minds and the effects the continuous dialogue has on their lives and relationships, including the therapeutic relationships with their clients. The findings suggest that meditation helps counsellors notice when they have become swept away into the busy-ness of their lives while with their clients. In bringing a conscious awareness to their counselling practice, counsellors may realize that they

need to decrease their workload in order to maintain a quality of presence with their clients. I believe the essence of this research study is reflected in Welwood's (2000) suggestion that the most effective healers or teachers are those who can portray a genuine presence both personally and professionally. In accordance with Welwood, I propose that the greatest gift counsellors can offer their clients is being fully present with their experience just as it is and one way to cultivate such presence is through mindfulness meditation. In other words, being an effective counsellor may be more about the willingness to be fully present with clients and less about the counselling techniques in which one is proficient.

As previously mentioned, this study provides helping professionals with valuable insight into why and how counsellors are using mindfulness meditation, as well as the potential benefits of having such a practice. Kabat-Zinn (1990) proposes that one of the strengths of mindfulness meditation practice is that it does not rely on a particular belief system or ideology. Therefore, counsellors and their clients can access the benefits of mindfulness meditation without necessarily adhering to Oriental culture or Buddhism. In addition, counsellors can incorporate mindfulness meditation into a variety of counselling approaches and theories. In support of Kabat-Zinn, my findings suggest that meditation can teach counsellors how to simply be themselves within the therapeutic relationship and bring a sense of integrity to their work including being true to their values. Meditation seems to be one way for counsellors to be grounded in the moment, develop a mind-body awareness, tap into their inner wisdom, and understand their limitations as counsellors. Counsellors who have a mindfulness meditation practice can learn to objectively decipher between their experience and their clients' experience (increasing

their awareness of transference issues) and learn how to appropriately use their subjective experience therapeutically, which can be beneficial to their clients. Developing a witness through mindfulness meditation can help counsellors tune into their clients' process and needs, which helps counsellors determine what therapeutic techniques to use, if any. In my opinion, the practice of mindfulness meditation can teach counsellors that the best therapeutic "tool" they have is themselves. In support of Welwood (2000), I believe mindfulness meditation is an essential and useful training for counsellors, especially novice counsellors, because it teaches them unconditional presence including how to be comfortable with their experience just as it is, as well as the importance of bringing a sense of curiosity to counselling sessions, rather than judgment. I propose that mindfulness meditation training be offered in graduate counselling programs because in my experience, novice counsellors often feel overwhelmed by or uncomfortable with the ambiguity, silence, intense emotion, and not knowing what to do with clients in counselling sessions. In accordance with Welwood, I believe novice counsellors particularly worry about what to say to their clients and feel pressured to think of techniques that will fix them. In agreement with Welwood, I believe that novice counsellors may feel inadequate if they are unable to think of techniques that will solve their clients' problems. Learning the attitudes of mindfulness can teach counsellors how to be comfortable counselling from a place of not-knowing and according to Welwood, counsellors who are able to do this are more likely to embody a genuine presence and bring a quality of stillness and vigilance to their work. In support of my findings, I believe it is important for novice counsellors to know that it is okay to take the time to collect their thoughts when counselling and that they do not always have to turn the

clients' experience into something else – they can just be with what is in the present moment and trust that they are doing the right thing with their clients. Mindfulness meditation can teach counsellors how to bring an attitude of non-striving to counselling including patiently accepting their clients' natural process. In addition, counsellors learn to trust that things will unfold in their own time and that clients' experiences will shift, whether it be in the moment with their counsellors or in the future. In turn, counsellors can learn to let go of their need to be helpful and not take on the responsibility of fixing their clients and making the difference their lives. In support of Epstein (1999), I believe being a professional counsellor involves being *mindful when faced with uncertainty, emotionally charged situations, or moments where there is pressure to resolve clients' problems.*

In accordance with Epstein (1999), mindfulness meditation is a practice that can foster a certain way of being with clients including having a compassionate presence, which may help to ease clients' suffering. Future research could further explore the notion of cultivating compassion through meditation and possibly study whether clients' perceive a counsellors' compassionate presence as being instrumental to their sense of coping. Counsellors can learn a sense of humility through meditation, particularly in regard to becoming aware of the *universality of human suffering.* Having a practice that essentially cultivates being human enables counsellors to relate to their clients with greater empathy and to model humanness to them. The attitudes of mindfulness can teach counsellors to perceive their clients as fellow human being who are trying their best with whatever situation they are faced with in the moment, as well as to accept all parts of the clients' experience. Mindfulness meditation can help counsellors become aware of how

they engage with their clients and foster a sense of equality between counsellors and their clients. Counsellors in the present study described how they acknowledge their professional expertise, but recognize that much is to be learned from their clients since they are their own best experts and have their own way of being in the world. My findings propose that it is important for counsellors to bring the attitudes of mindfulness to their counselling sessions, especially when they find themselves being challenged by clients. Mindfulness meditation can teach counsellors the importance of not judging their clients, making assumptions about them, or pathologizing them in any way – clients are not their symptoms or diagnoses. Counsellors who bring mindfulness to their counselling practice may be more likely to see the goodness, strength, and wisdom their clients possess and may focus more on normalizing their clients' experience. Mindfulness meditation can teach counsellors how to see their clients and counselling sessions with a fresh perspective or beginner's mind – treating every situation as unique, rather than believing they have seen and done it all before. I imagine that developing a sense of equality within the therapeutic relationship influences the way clients view themselves and the profession of counselling. Perhaps this philosophy of counselling helps to alleviate the stigma associated with seeking professional help including clients seeing themselves as abnormal.

Another implication of this study is that the practice of mindfulness meditation can be used as a self-care strategy for counsellors. Such a practice allows counsellors to slow down, be aware of their needs, and give themselves the time to rest and restore their energy. Mindfulness meditation can be a very compassionate and nurturing practice for counsellors in which they can honor themselves in mind, body, and spirit. Because

counsellors are in a profession where they are helping others, it is important for them to be aware of when they need to take care of themselves. Mindfulness meditation can teach counsellors to pay attention to when they are feeling depleted, tired, or stressed and do what is necessary to prevent burnout. My findings suggest that mindfulness meditation helps counsellors tolerate the level of demand in their work and be better able to deal with stress and make appropriate choices. Counsellors expressed being less anxious and future-focused, as well as more patient and calm. By having a mindfulness meditation practice, counsellors may increase their longevity and potentially be more effective counsellors. In accordance with the findings, mindfulness meditation can foster a counsellor's sense of gratitude and appreciation for doing meaningful work and increase their awareness of the privilege associated with being involved in their clients' journeys.

My findings imply that counsellors can cultivate a spiritual practice through meditation and begin to appreciate using ritual both personally and professionally. The spiritual component of meditation was beyond the scope of this research study, but it would be interesting to further explore this aspect in future research. In addition, it would be worthwhile to investigate whether it is possible to authentically practice meditation outside of a spiritual or religious context. Some people may practice meditation as a way to foster self-realization. In contrast, the Buddhist traditions have a different approach in regard to the idea of "self" and human nature, particularly in regard to the concepts of suffering and desire-attachment. I would suggest that people do not have to be Buddhist in order to sit with their present moment experience, become aware

of their suffering, and realize what it means to be human. However, I also believe it is important to recognize the rich perspectives offered in eastern meditative traditions.

Another implication of this study is that counsellors can use mindfulness meditation as a therapeutic technique with clients. In accordance with the current literature on mindfulness meditation, counsellors in this study suggested various benefits for clients who learn the skills of mindfulness meditation and noted that such a technique can be used with a variety of clients and client issues in diverse therapeutic settings. According to the counsellors in the present study, mindfulness meditation teaches clients how to slow-down, be more calm and grounded, as well as be themselves. In addition, practicing mindfulness helps clients bring awareness to their experience in the moment and better deal with it, rather than ruminating on the past or future. In learning to live with conscious awareness, clients can connect with their minds and bodies, as well as learn how to be content in the moment, rather than being swept away by stress or driven by their wants and needs. Clients may also learn to accept the uncertainty in their lives, which may decrease their anxiety. Teaching clients how to view their minds from a removed perspective may allow them to shift their behaviours, thoughts, and feelings. A counsellor in the present study suggested that mindfulness meditation is a form of ritual that can be taught to clients to help them make sense of what they are going through and possibly shift their experience. Another counsellor suggested that clients can be incredibly hard on themselves when striving to meet the expectations placed upon them by society. Therefore, mindfulness meditation can teach people how to be kind and gentle with themselves including noticing their experience and letting it go, rather than judging themselves.

Personal Reflections as the Researcher

As I approach the conclusion of my thesis, I am reminded of Isabel Allende's sentiments in Ely et al. (1997) which describe writing as "a long process of introspection...a voyage towards the darkest caverns of consciousness, a long slow meditation" (p.13). Writing my thesis has been like a "long slow meditation" in the sense that I had to practice the seven attitudes of mindfulness throughout the research process. Consequently, I learned to overcome my fears and self-doubts around writing a thesis. I continually reminded myself to listen to and trust my instincts, patiently accept where I was in each moment, not judge myself as a researcher, embrace each day with a beginner's mind, not strive to be somewhere else in my process, and let go of my worries. I found the quotation "We must have the courage to face whatever is present" by Jack Kornfield very helpful. Interestingly, my formal sitting meditation practice significantly decreased while I wrote my thesis. However, I believe that my meditation practice took on a different form in that I continued to practice the attitudes of mindfulness as I developed a certain way of being with my research.

I now have a greater appreciation for the practice of mindfulness meditation and those who have incorporated the discipline into their daily lives. I am grateful to have had the opportunity to connect with such remarkable counsellors. They were eager and more than willing to participate in my research study and welcomed me into their homes and offices, providing a warm atmosphere for interviewing. It was delightful to sit with such humble people and I hold them in high regard. It is encouraging for me to know that others feel as passionate about the practice of mindfulness meditation. Throughout

the research process, I found it difficult to keep motivated, but their personal stories and devotion to meditation inspired me to proceed.

In conducting my research study, I reflected on my personal practice of mindfulness meditation and noticed similarities between my co-researchers' experience and my own. Like my co-researchers, my personal meditation practice has ebbed and flowed over the years and conducting this research study has made me realize the importance of developing a solid meditation practice. I am encouraged to strengthen my practice with the understanding that I will not judge myself when I am not able to be disciplined. I have learned how to conduct qualitative research and through studying the counsellors' perceptions of having a mindfulness meditation practice, I have furthered my understanding of what it means to have such a practice, which normalized my experience as both a novice meditator and counsellor. This invaluable experience has influenced me both personally and professionally. It has confirmed my beliefs and values around what it means to be an effective counsellor. I have gained a new perspective on how to engage with the world around me and understand the importance of bringing a sense of presence, mindfulness, compassion, integrity, authenticity, and gratitude into my personal and professional life. I look forward to continuing along my path of mindfulness meditation.

References

- Anderson, G., & Arsenault, N. (1998). *Fundamentals of educational research* (2nd ed.). Philadelphia, PENN: The Falcon Press.
- Astin, J. A. (1997). Stress reduction through mindfulness meditation: effects on psychological symptomatology, sense of control, and spiritual experiences. *Psychotherapy and Psychosomatics*, 66, 97-106.
- Bishop, S. R. (2002). What do we really know about mindfulness-based stress reduction? *Psychosomatic Medicine*, 64, 71-84.
- Buddha Shakyamuni, Chodron, P., His Holiness the 14th Dalai Lama, Desjardins, A., Rinpoche, D. K., Rinpoche, D. et al. (2003). *Offerings: Spiritual wisdom to change you life*. New York, NY: Stewart, Tabori & Chang.
- Bugental, J. F. T. (1987). *The art of the psychotherapist*. New York, NY: W.W. Norton & company, Inc.
- Carlson, L. E., Ursuliak, Z., Goodey, E., Angen, M., & Speca, M. (2001). The effects of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients: 6-month follow-up. *Support Care Cancer*, 9, 112-123.
- Corey, G. (2001). *Theory and practice of counseling and psychotherapy* (6th ed.). Belmont, CA: Brooks/Cole.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Ely, M., Vinz, R., Downing, M., & Anzul, M. (1997). *On writing qualitative research: Living by words*. Washington, DC: The Falmer Press.

- Epstein, R. M. (1999). Mindful practice. *JAMA*, 9 (9), 833-840.
- Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction* (6th ed.). Portland, OR: Longman Publishers.
- Garske, G. G. (1997). Client perceptions of the rehabilitation counseling relationship: humanistic approaches and related outcomes. *Journal of Applied Rehabilitation Counseling*, 28 (2), 10-14.
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy : components, consequences, and theoretical antecedents. *The counseling psychologist*, 13 (2), 155-243.
- Gurman, A. S., & Messer, S. B. (Eds.). (1995). *Essential psychotherapies: Theory and practice*. New York, NY: The Guilford Press.
- Hackney, H. L., & Cormier, L. S. (2001). *The professional counselor: A process guide to helping*. Needham Heights, MA: Allyn & Bacon.
- Hansen, J. C., Stevic, R. R., Warner Jr., R. W. (1986). *Counseling: Theory and process* (4th ed.). Newton, MA: Allyn & Bacon, Inc.
- Hayward, S. (1984). *A guide for the advanced soul*. Boston: Little, Brown & Company.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation. *General Hospital Psychiatry*, 4, 33-47.
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1984). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 8, 163-190.

- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Bantam Doubleday Dell Publishing Group, Inc.
- Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., Lenderking, W. R., & Santorelli, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, *149* (7), 936-943.
- Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindfulness meditation in everyday living*. NY: Hyperion
- Kelly, G. F. Using meditative techniques in psychotherapy. *Journal of Humanistic Psychology* *36* (3), p.49-66.
- Kutz, I., Borysenko, J. Z., & Benson, H. (1985). Meditation and psychotherapy: a rationale for the integration of dynamic psychotherapy, the relaxation response, and mindfulness meditation. *American Journal of Psychiatry*, *142* (1), 1-8.
- Layton, M. (1995). Mastering mindfulness. *The Family Therapy Networker*, *19* (6), 28-57.
- Lesh, T. (1970). Zen meditation and the development of empathy in counselors. *Journal of Humanistic Psychology*, *10* (1), 39-74.
- May, R. (1983). *The Discovery of Being: Writings in Existential Psychology*. NY: W.W. Norton & Company.
- Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry* *17*, 192-200.

- Moursund, J., & Kenny, M. C. (2002). *The Process of Counseling and Therapy* (4th ed.). NJ: Upper Saddle River.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications.
- Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: a review of reviews. *Psychotherapy, 21*, 431-438.
- Reibel, D. K., Greeson, J. m., Brainard, G. C., & Rosenzweig, S. (2001). Mindfulness based stress reduction and health-related quality of life in a heterogeneous patient population. *General Hospital Psychiatry, 23*, 183-192.
- Robbins, A. (Eds.). (1998). *Therapeutic Presence: Bridging expression and form*. Bristol, PA: Jessica Kingsley Publishers.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology, 21* (1), 95-103.
- Rogers, C. R. (1965). *Client-centered therapy: Its current practical implications, and theory*. Boston: Houghton Mifflin Company.
- Rogers, C.R. (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Madison, Wisconsin: Kingsport Press, Inc.
- Rogers, C. R. (1980). *A Way of Being*. Boston: Houghton Mifflin Company.
- Rogers, C. R. (1992). The processes of therapy. *Journal of Consulting and Clinical Psychology, 60* (2), 163-164.
- Roth, B. (1997). Mindfulness-based stress reduction in the inner city. *Advances: The Journal of Mind-Body Health, 13* (4), 50-59.

- Shank, G. D. (2002). *Qualitative research: A personal skills approach*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Shapiro, D. H. (1980). *Meditation: Self-Regulation Strategy & Altered State of Consciousness*. NY: Adline Publishing Company.
- Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21* (6), 581-599.
- Schuster, R. (1979). Empathy and mindfulness. *Journal of Humanistic Psychology, 19* (1), 71-77.
- Specia, M, Carlson, L.E., Goodey, E., & Angen, M. (2000). A randomized wait-list controlled clinical trial: the effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer patients. *Psychosomatic Medicine, 62*, 613-622.
- Tart, C. T. (1990). Extending mindfulness to everyday life. *Journal of Humanistic Psychology, 30* (1), 81-106.
- Walsh, R., 1989. Asian psychotherapies. In R.J. Corsini, & D. Wedding, (Ed.) *Current Psychotherapies* (407-444). Itasca, IL: F.E. Peacock.
- Welwood, J. (2000). *Toward a Psychology of Awakening*. Boston, MA: Shambhala.
- Williams, K. A., Kolar, M. M., Reger, B. E., & Pearson, J. C. (2001). Evaluation of a wellness-based mindfulness stress reduction intervention: A controlled trial. *American Journal of Health and Promotion, 15* (6), 422-432.

APPENDIX A

*Are you a professional counsellor or therapist
who practices **mindfulness
meditation?***



A researcher at the University of Victoria is conducting a study entitled, **“Counsellors’ Perspectives on how Mindfulness Meditation Influences Counsellor Presence within the Therapeutic Relationship”**.

I am looking for people who meet the following inclusion criteria:

- ❖ Professional counsellor or therapist who has a regular practice of mindfulness meditation consisting of the formal technique of sitting meditation (at least 3 times/week for a minimum of 15 minutes each session).
- ❖ Have practiced mindfulness meditation for at least ten weeks.

If you are interested in participating, please contact:

Laura McCartney: (403) 281-2338
laur@uvic.ca

All inquires will be kept confidential.

APPENDIX B

Informed Consent Form

COUNSELLORS' PERSPECTIVES ON HOW MINDFULNESS MEDITATION INFLUENCES COUNSELLOR PRESENCE WITHIN THE THERAPEUTIC RELATIONSHIP

You are being invited to participate in a study entitled "Counsellors' Perceptions on how Mindfulness Meditation Influences Counsellor Presence within the Therapeutic Relationship" that is being conducted by Laura McCartney. Laura McCartney is a graduate student in the department of Educational Psychology at the University of Victoria and you may contact her if you have further questions either by phone (403-281-2338) or by e-mail (laurmccartney@hotmail.com).

As a graduate student, I am required to conduct this research as part of the requirements for a Master of Arts degree in Counselling. It is being conducted under the supervision of Dr. Geoff Hett and Dr. Norah Trace. You may contact Dr. Geoff Hett at (250-721-7783) and Dr. Norah Trace at (250-721-7840).

The general purpose of this research project is to determine whether counsellors become more present by having a personal mindfulness meditation practice. The specific purpose of this study is to determine whether counsellors perceive their mindfulness meditation practice as being instrumental in cultivating counsellor presence within the therapeutic relationship and whether this practice contributes to their achievement of a genuine, accepting and empathetic presence.

Research of this type is important because it provides helping professionals with valuable insight into how counsellors are using mindfulness meditation and the potential benefits of having such a practice, for both the counsellor and client. This research study will expand current literature on mindfulness meditation by addressing how this eastern practice may be beneficial for counsellors specifically, particularly in regard to how a mindfulness meditation practice influences counsellor presence within the therapeutic relationship.

You are being asked to participate in this study because you are a professional counsellor or therapist, from a Western province, who has an on-going practice of mindfulness meditation, specifically sitting meditation. You have had a mindfulness meditation practice for at least ten weeks prior to the research study and you practice mindfulness meditation at least 3 times per week for 15 minutes per session. Participants in this study voluntarily responded to either an advertisement briefly outlining the inclusion criteria pertaining to the research project or learned of the research study through a colleague, friend, family member, or a person known by the researcher. You have been in contact with the researcher (via telephone or e-mail) who has established that you fit the above inclusion criteria pertaining to this research study.

If you agree to voluntarily participate in this research, your participation will include being interviewed individually by the researcher. The researcher will meet with you on three occasions. During the first meeting (approx. 30 min.), the researcher will go over the informed consent document with you. Any questions you may have regarding the research study will be addressed at this time. You will sign the informed consent document, of which you will receive a copy. You will also be given a copy of the interview questions, which you are to reflect upon for the next week. A second meeting with the researcher will be scheduled at the end of this week, at which time a scheduled face-to-face semi-structured interview will be conducted. The interview will take place in a quiet space at either your home or work setting (which ever is most convenient for you) and will be approximately 60 minutes in duration. Approximately six questions pertaining to your personal mindfulness practice and how this practice influences your counsellor presence within the therapeutic relationship will be explored. The researcher who will be conducting the interview is competent in basic attending and interviewing skills. A third meeting with the researcher will be scheduled in which you will review the transcripts from the interview to ensure the data obtained is accurate and representative of your experience. Any omissions and/or additions to the data may be determined at this time. The third meeting will take approximately 30 minutes. With your permission, your second and third meeting with the researcher will be audiotaped for research purposes.

Participation in this study may cause some inconvenience to you, including meeting with the researcher on three occasions for an approximate total of 2 hours.

There are no known or anticipated risks to you by participating in this research.

The potential benefits to your participation in this research include gaining awareness around how your personal practice of mindfulness meditation influences your counsellor presence with your clients. Your participation in this research study will provide other counsellors with valuable insight into the potential benefits of having a personal mindfulness meditation practice, for both the counsellor and client. In addition, your participation will expand the current state of knowledge on mindfulness meditation, particularly in regard to how this eastern practice may be utilized by counsellors and influence counsellor presence within the therapeutic relationship.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data will only be used in the analysis if you agree to this by signing a release of information document.

In terms of protecting your anonymity, the data collected during the research study will be filed under an assigned research number and will not contain your name. A master key with the participants' names and corresponding research numbers will be created so the researcher can identify individuals; however, this list will only be accessible by the researcher. The data will be stored and protected in a locked filing cabinet in the researcher's office and will only be accessible by the researcher.

Your personal information and data disclosed to the researcher will be held in confidence. Your confidentiality and the confidentiality of your research data for this study will be stored in and protected by a locked filing cabinet in a secured location - the researcher's office. The key to the filing cabinet will be stored in a secure location separate from the data that is stored in the researcher's office. Your data will contain only a research number and not your name. The only person with access to your research file will be the researcher.

Data will be used as required throughout the thesis process and may be utilized for presentations at scholarly meetings or in published articles. Any information that is used for these purposes will contain no information that relates to your name or I.D. number. Participants will be referred to as a group and not individually in any reports. Upon completion of the research, your data will be preserved and protected in a storage container that is only accessible to the researcher. Data from this study will be disposed of within seven years by shredding all paper materials, erasing recorded tapes and deleting all computer files.

Upon your request, the researcher will provide you with a copy of the research findings. Research results will be shared with the researcher's supervisors throughout the thesis process, as well as during the thesis presentation or oral defense. Results may also be utilized for presentations at scholarly meetings and for published articles. The results will be included in the researcher's thesis, which will be bound and accessible to others through the University of Victoria library. Any information shared will contain no information that relates to your name or I.D. number and participants will be referred to as a group and not individually in any reports.

In addition to being able to contact the researcher and the supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you may have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4632).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX C

Interview Questions

How does having a personal mindfulness meditation practice influence your ability to be present with your clients in the therapeutic relationship?

How did you gravitate toward the practice of mindfulness meditation?

What does your daily or weekly practice look like?

How do the principles of mindfulness meditation influence your role as a counsellor/therapist?

What have you learned as a counsellor/therapist through the practice of mindfulness meditation?

What role does mindfulness meditation play in working with clients?