University of Alberta

Sitting and Practice:
An interpretive description of the Buddhist-informed meditation practices of counselling psychologists and their clinical work

by

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The basic work of health professionals in general, and psychotherapists in particular, is to become full human beings and to inspire full human beingness in other people who feel starved about their lives.

Chogyam Trungpa

Abstract

Counselling psychology is increasingly curious regarding the benefits of mindfulness and meditation. This research explores the relationship between the clinical work of psychotherapists and their long-term Buddhist-informed meditation. This is an emerging and cross-cultural field. Thorne's (2008) interpretive description guided this exploratory qualitative study of the experiences of four registered psychologists. This study finds that meditation supports an unconditional, compassionate therapeutic stance that serves therapy through the development of the therapeutic relationship. Further, Buddhist-informed meditation appears to promote integrative functioning in the therapists and is related to integrated clinical decision-making. This study dips into areas of transpersonal and Buddhist psychology that require further culturally-sensitive investigation. Future directions for research are presented.

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Chapter 1 - Introduction

Recently, clinical and counselling psychology[1] has developed a curiosity into the potential benefits of meditation (Ospina et al., 2008). Walsh and Shapiro (2006) broadly define meditation as a group of self-regulation practices that involve training attention and awareness in order to foster development and well-being. Much of the recent interest into meditation relates to some positive clinical results within psychotherapy and other health disciplines, described as "mindfulness-based" (Baer & Huss, 2008). Most of these approaches draw upon meditation techniques and theory that are rooted within Buddhist mindfulness traditions (Kabat-Zinn, 2003). Some researchers have strongly suggested that psychologists wishing to use such approaches should have a well-developed mindfulness meditation practice of their own (Segal, Williams & Teasdale, 2002), yet very little research has been done into the phenomenon of therapist meditation. Some researchers have suggested that the "mindful therapist" may bring particularly important interpersonal skills to the therapeutic relationship (Bien, 2006). However, this suggestion has yet to be supported by a substantial body of work.

This master's thesis represents the culmination of a qualitative research investigation into the relationship between counsellors' personal meditation practice and their clinical work. The research question is: how do counsellors understand and explain the relationship between their Buddhist-informed

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[1] In this thesis, the terms counselling psychology and counselling are used interchangeably with the terms psychotherapy and therapy, just as counsellor is interchangeable with psychotherapist and therapist.

meditation practice and their work with clients? To study this question I have chosen to interview actively registered and working counselling psychologists who have engaged in a Buddhist-informed meditation practice for more than 10 years. This new and emerging area of psychological research involves a meeting of the Asian meditation disciplines of Taoism, Hinduism, Buddhism and Western science. While it has been a 5000-year-old study and practice in Asia, research into meditation and mindfulness in the West is in its earliest stages (Kabat-Zinn, 2003). As such, this thesis is an exploration into largely uncharted territory. It was designed to garner detailed and experience-near descriptions of this phenomenological and complex question.

A Cross-Cultural Exploration

Research into meditation and mindfulness is complicated by a number of definitional[2] and cross-cultural challenges, not the least of which is that meditation has been viewed as primarily a religious or spiritual practice (Bond et al., 2009). Interestingly, the teachings of Siddhartha Gautama (the Buddha) on meditation and mindfulness were firmly secular (Smith, 1994). Mindfulness is the accepted English translation of the ancient Pali word *sati* (Dryden & Still, 2006). *Sati* has connotations of memory, attention and self-possession (Dryden & Still). Some Western researchers describe mindfulness as "the core teaching" of the Buddhist tradition (Germer, 2005, p.5).

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[2] Recent attempts to define meditation (Bond et al., 2009) and mindfulness (Bishop, Lau, Shapiro, Carlson, Anderson, & Carmody, 2004) by Western scientists may be helpful for future clinical research.

Much of North American psychological research has chosen to respond to the religion versus science tension by attempting to operationalize mindfulness using standard Western scientific approaches (see Brown, Ryan and Creswell (2007) for an excellent summary of the current research into mindfulness). Other researchers who are both psychologists and Buddhist practitioners suggest that some of the recent work has been a somewhat reductionist and possibly misguided attempt to decontextualize mindfulness from its philosophical and epistemological roots in the meditation disciplines (Grossman, 2008; Kabat-Zinn, 2003; Rosch, 2007; Walsh & Shapiro, 2006). They suggest that the risk of an etic, or universalist approach to research in mindfulness is likely to misconstrue or ignore completely some of the most important sources of psychological wisdom that these disciplines have to offer.

What is Mindfulness?

In North America the term mindfulness is used in a number of ways: as a theoretical construct, to describe a meditative practice, and to name a psychological process (Germer, 2005). Within the more traditional Western scientific approaches it has also been described as a more purely cognitive phenomenon (Langer, 1989). Confusion regarding the meaning and use of the term mindfulness is also likely related to the fact that mindfulness has become associated with a particular school of Buddhist practice known as Vipassana or insight meditation. Vipassana is a Theravadan Buddhist practice popular in North America that is sometimes referred to as mindfulness meditation (Hahn, 1976). This type of meditation technique, along with Zen-based approaches, is

commonly integrated into secular-based meditation classes and training programs. In addition, meditation has been more generally categorized as one of either two types: mindfulness, "in which the mind observes itself" and concentrative "in which mind focuses on a fixed mental object" (Goleman, 1988, p. 105). To further complicate matters, Theravadan Vipassana meditation, Zen Buddhism and Tibetan Buddhism, three of the most common schools of Buddhism found in North America, have been described as integrative types, bringing together both mindfulness and concentrative aspects (Goleman). Further clarification regarding the many views of mindfulness is provided in the literature review chapter.

Buddhist-Informed Meditation

This research is driven by a pragmatic curiosity regarding the clinical practice of psychotherapists who have made a commitment to a long-term, daily meditation practice. What might meditation have to offer to psychotherapy through the skillful use of the self as therapist? In order to study this question, I chose to listen to meditating therapists themselves. However, there are countless types of meditation practiced in North America, and not all of these are explicitly Buddhist, or explicitly mindfulness-based. The notion of "Buddhist-informed" is an attempt to capture the historical reality that Buddhist philosophy and psychology has informed both the more religious and more secular meditation techniques and mindfulness-based psychotherapies currently taught and practiced in North America.

It is important to further clarify that other forms of contemplative practice, such as yoga and Transcendental Meditation, are more closely related to the

Hindu tradition. However, Smith (1994) suggests that it can be difficult to distinguish between Hindu and Buddhist practices and ideas and that many Buddhist notions have been incorporated into the Hindu religious tradition and practices. The participants in this study were asked to self-select as Buddhist-informed meditators, as a methodological side-stepping of the complexity of the mixed-types of meditation practice found in North America. This approach was deemed necessary by the practical realities of a small study. As such, it poses some limitations to the research that will be discussed further below.

Research Method: Interpretive Description

The qualitative method chosen for this research is based on Thorne's (2008) interpretive description. Interpretive description is a largely phenomenological and constructivist approach particularly suited to applied health research. The findings and conclusions of this research represent an interactive process between myself as researcher and the research participants. Methodological rigour within interpretive description relies upon a transparent research process and a high level of researcher reflexivity. In light of this commitment to reflexivity, I will outline below my personal relationship to the research program and question.

My footprint in the research.

As a mature student, I entered my master's program in counselling psychology with a longstanding but mostly cursory interest in Buddhist philosophy and Eastern approaches to healing that included yoga, meditation and Hindu-informed chanting. I also came to my studies with a long-standing interest

in the mind-body interface and an attraction to body-oriented and process-experiential approaches to psychotherapy. Early on in the program, I embarked on a personal mindfulness-based meditation practice as an attempt to cope with both the stress of graduate school demands and a deep insecurity regarding my ability to become a "good enough[3]" therapist. In the past two years I have had the benefit of some deeply rewarding and transformative experiences related to my meditation practice. I have also been pleased to find that "mindfulness" was a commonly used expression in my academic department, although the uses of the term have varied tremendously.

My curiosity about what might make a good enough therapist took a specific turn towards meditation upon reading the suggestion that therapists who wish to rely upon mindfulness-based techniques require a personal mindfulness practice of their own in order to be effective teachers and coaches (Kabat-Zinn, 2003; Segal et al., 2002). Given the recent popularity of a number of mindfulness-based therapies (Baer & Huss, 2008), this requirement suggests that meditation could become an important aspect of therapist training. My research interest had taken form and was fueled by the following questions: Why should therapists meditate? How might a meditation practice affect the present-moment inter-

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[3] As a parent and a student of psychology, I am aware of the research into attachment theory (Bowlby, 1988) that suggests that perfect parents do not exist, and in fact, parenting errors provide children with the opportunity to navigate necessary developmental challenges. I have used the idea of a "good enough" therapist to describe my understanding of the impossibility of a perfect therapist in a way that provides a measure of comfort to my ongoing insecurities as a beginning therapist / counsellor. I am further comforted by the research suggesting that my fears as a beginning therapist are very common and may also reflect a necessary developmental process (Ronnestad & Skovholt, 2003).

subjective experience of providing therapy? How might it inform a career? Might meditation be an effective training method for therapists, regardless of their approach to therapy? How might therapist meditation change therapy? With many questions and few answers, I became interested in garnering direct accounts from therapists who both meditate and work with clients on a regular basis.

While many researchers suggest the need for emic or insider approaches to research into meditation and psychotherapy, in many ways, I approach these questions as an outsider. I am at the very beginning of my training as a counsellor and I have a very limited amount of actual experience with meditation and mindfulness. However, in other ways I come to this research with some fairly well developed ideas and expectations stemming from some extra-curricular training and experiences. I participated in an eight-week pilot program of Mindfulness-Based Stress Reduction (MBSR) offered to graduate students in my department. I have also had considerable exposure to Hakomi, a body-oriented, mindfulness-based and Buddhist-informed approach to psychotherapy with a strong emphasis on both client and therapist mindfulness (Kurtz, 1990). Following an introductory weekend workshop and some previous work with a Hakomi therapist, I have embarked on a three-year certification process to become a Hakomi certified therapist. To date I have completed 187 hours of professional training with the Hakomi Institute. Recently, Ron Kurtz, one of the founders of the method, has described his approach to Hakomi as "Applied Buddhism" (Kurtz & Martin, 2008). My Hakomi training has provided me with a model of therapy and a picture of the good enough therapist that fits with my

personal worldview and experience of therapy. This is likely important to my development as a therapist (Truscott, 2010), and it also provides me with a lens through which to view the process of therapy and the therapeutic relationship between therapist and client. There is no doubt that this lens has coloured my contribution to the research process and data-construction.

As a qualitative researcher informed by constructivist theory (Thorne, 2008), I also feel compelled to acknowledge that I have a bias towards the benefits of mindfulness-based psychotherapy and other forms of mindfulness training. I also hold the view that all varieties of Buddhist-informed meditation practices are likely to produce mindfulness and that mindfulness may contribute positively to psychological health and emotional and physical well-being. In addition, I have an intuitive sense that the "Four Immeasurable Minds", a component of certain types of mindfulness training, may provide a framework for understanding how Buddhist meditation may be of particular significance to psychotherapy. This teaching addresses interpersonal and intrapersonal relationships (Cohen & Bai, 2008). The Four Minds are: love / loving kindness (in Pali, *metta*, in Sanskrit*, maitri),* compassion (*karuna* in both*),* joy / sympathetic joy (*mudita)*, and equanimity (in Pali, *upekkha*, in Sanskrit*, upeksha)* (Cohen & Bai, 2008). Cohen and Bai describe these as four modes of exemplary consciousness and describe them consecutively, as "being-for", "being with, in suffering", "being with, in joy" and "simply being" (p. 49). Psychotherapy has long acknowledged the importance of certain therapist behaviours and characteristics: ongoing awareness of the best interests of the client, warmth and

accurate empathy, hope and sense of humour, and non-judgmental and non-striving unconditional presence (Hollomon, 2000). I find these qualities to be closely paralleled by these Buddhist teachings. Therapy is an inter-subjective process requiring therapists to monitor their clients' as well as their own subjective experience. Psychotherapists require a coherent and reliable approach for skillful self-use. Many of the key personal qualities of effective therapists appear to lie at the heart of mindfulness meditation theory and practice (Bien, 2008).

The disciplinary interest in mindfulness and meditation.

The goal of counselling and clinical psychological research is to contribute to the effectiveness of clinical practice. The contribution of the uniquely individual therapist attributes to clinical outcomes is an area of increasing interest within the discipline (Bien, 2008). This research sits within the on-going cross-cultural dialogue between traditional Buddhist and Western psychology (Rosch, 2007; Walsh & Shapiro, 2006). Fulton (2005) suggests that therapist mindfulness may be one of the so-called common factors (Sparks, Duncan & Miller, 2008) of successful psychotherapy. Martin (1997) also proposes that mindfulness may be a common factor of many approaches, both Western and Buddhist-informed. Martin and Anderson (2005) suggest that mindfulness may also promote integrative approaches to counselling. Anderson proposes that the integration of Buddhist psychology and meditation into psychotherapy may be part of a broader movement within psychotherapy towards an integration of psychodynamic, humanistic and cognitive approaches. This research will contribute to the

foundational knowledge regarding meditation's role within psychotherapy and will point to future directions for further qualitative and quantitative work.

The Structure of this Thesis

This research project is presented in six chapters. This first chapter introduces the research project and provides some important context and background for this work. A current literature review is included in Chapter 2. Chapter 3 provides a description of the research method, a brief description of the theory upon which the method is based, and an outline of the actual research procedures. Chapter 4 presents the findings of research based on the analysis of the interview transcripts, field notes and research memos. Chapter 5 provides a discussion of the research findings. Chapter 6 completes the thesis with a presentation of the conclusions, the limitations of the research, and proposals for future investigation.

Chapter 2 - Literature Review

Introduction

This literature review provides the context for this study of therapist meditation. It begins with a brief history of Western psychology's interest in meditation and more recently, mindfulness. Secondly, it describes meditation as a practice of the meditation disciplines and provides some definitions of meditation as an object of study within Western psychology. Within this section, the known effects of meditation are also briefly reviewed.

Thirdly, it introduces Buddhism and some of its philosophical and epistemological underpinnings in order to acknowledge the cross-cultural nature of this research. Studies such as this one bridge two very different paradigms - the 5000-year-old Asian meditation disciplines and Western psychology. This section moves from Buddhism more generally to mindfulness and provides some of the most notable definitions of mindfulness. It presents some of the most recent findings regarding mindfulness meditation and some of the more well-researched mindfulness-based therapies.

Finally, this chapter reviews suggestions that the model of the 'mindful therapist' may be a particularly useful one. It surveys the nascent literature regarding the benefits of meditation and mindfulness practices amongst therapists. It concludes with an examination of the proposals by some researchers that the mindful therapist may have a particular capacity to nurture and sustain the therapeutic relationship and the long-term practice of psychotherapy. The research reviewed provides the necessary framework for the main research

question: what might therapist practice of meditation contribute to psychotherapy?

The Meditation Disciplines Come to the West

While all major religious traditions involve some form of contemplative practice, (Walsh & Shapiro, 2006) meditation is most directly associated with the Taoist, Hindu and Buddhist disciplines. These Asian philosophies and meditation methods have been appearing regularly but somewhat unevenly in the West since the 1960's. However, there is evidence of a much longer interest in Eastern philosophical and psychological traditions. At the turn of the century, William James predicted the current interest in Buddhist psychology. At a Harvard Lecture in the early 1900's James offered to give up his podium to a Buddhist monk he had spotted in the audience with the following acknowledgment: "You are better equipped to lecture on psychology than I. This is the psychology everybody will be studying twenty-five years from now" (as cited in Epstein, 1995, pp. 1-2). Although James' dates were slightly wrong, his premonition of Western interest in Buddhist psychology was correct.

Much of the most recent interest in Buddhist psychology can be heard as an echo of the humanistic psychology of Maslow, Rogers, Perls and others (Dryden & Still, 2006). Roger's "unconditional positive regard" sounded very much like the non-judgmental acceptance and compassion of mindfulness theory (Kabat-Zinn, 2003). Victor Frankl, another humanistic psychotherapist, called for "paradoxical intention" or an intentional acting out of bothersome symptoms as a form of non-judgmental acceptance (Frankl, 1967). In hindsight, gestalt body- and

present-oriented approaches to psychotherapy also sound very much like mindfulness-based work: "Try for a few minutes to make up sentences stating what you are at this moment aware of. Begin each sentence with the words 'now' or 'at this moment' or 'here and now' " (Perls, Heferline & Goodman, 1972, p. 31).

Interest in Zen, the Buddhism of Japan, was spurred, in part, by returning psychiatrists and others who had been stationed in Japan following the war (Dryden & Still, 2006). Shoma Morita, the developer of a Zen-based form of psychotherapy, is credited with reversing Western medicine's interest in attacking symptoms in favour of an acceptance-based approach (Dryden & Still). A number of American writers who discovered and wrote about Zen for American audiences were also instrumental in introducing Buddhist approaches to meditation and mindfulness into the North American imagination (Watts, 1961). The term 'mindfulness' first entered the Western vocabulary with Thera Nyanoponika's *The heart of Buddhist meditation (*1965).

More recently, Buddhist meditation practices and philosophy have been brought to the West through the misfortunes of Buddhist scholars forced to flee repressive regimes - bringing the teachings of Tenzin Gyazto, the 14th Dalai Lama and religious leader of the Tibetan Buddhist tradition, and the Vietnamese monk and poet Thich Nhat Hanh to Europe and North America.

Thich Nhat Hanh has been widely credited for bringing Theravadan-vipassana (insight) mindfulness meditation practices to the West. He provides the following explanatory narrative:

> Twenty-five hundred years ago, the Buddha offered certain guidelines to his lay students to help them live peaceful, wholesome, and happy lives. They were the Five Mindfulness Trainings, and at the foundation of each of these mindfulness trainings is mindfulness. With mindfulness, we are aware of what is going on in our bodies, our feelings, our minds, and the world, and we avoid doing harm to ourselves and others (Hanh & Ellsberg, 2001, p.157).

It is obvious from the above that for Thich Nhat Hanh, mindfulness goes far beyond techniques for meditation. For him, mindfulness is at the heart of the Buddhist path, or way of life.

What is meditation?

Worldwide, meditation is likely one of the most practiced and widely-researched psychological disciplines (Deurr, 2004). While Western research into meditation began in the 1960's, it wasn't until the 1990's that the current surge began. Clinical interest in mindfulness meditation was definitely spurred on by Jon Kabat-Zinn's pioneering stress management program, Mindfulness-Based Stress Reduction (MBSR) at the University of Massachusetts Medical School. MBSR is now widely accepted as a respected evidence-based practice and has served as the model for a number of mindfulness-based interventions (Kabat-Zinn, 2003). Previous research has been done on the therapeutic effects of Transcendental Meditation (Wallace, 1970) and other forms (West, 1979).

Although mindfulness meditation shares many characteristics with other forms of contemplative practice, it may be important to clarify its distinct nature

as a study of consciousness. In his now classic work Goleman (1988) distinguished between two main types of meditation practice: concentrative and mindfulness. Transcendental Meditation and certain forms of Zen Buddhist meditation can be seen as concentrative forms, in which the goal is to focus attention on a single point (sometimes described as one-point meditation) such as a word, or mantra. Although mindfulness meditation sometimes uses a focus on the breath or part of the body as an aid to concentration, the goal of this practice is to cultivate an ever-expanding non-judgmental, sustained awareness of *all* cognitive, emotional, physical and spiritual aspects of present experience. Interestingly, there is evidence that concentration and mindfulness meditation may represent neurologically different processes (Germer, 2005). That said, Germer also suggested that both mindfulness and concentrative forms of meditation lead to increased levels of mindfulness, or "awareness, of present experience, with acceptance" (p.7). Martin (1997) proposed that mindfulness represents a core psychological freedom that allows for change within both psychodynamic and cognitive-behavioural models of therapy. He suggested that parallels can be drawn between the concentrative aspects of mindfulness, or a "focused form [of] attention" and the thought-stopping and cognitive restructuring of cognitive-behavioural techniques (p. 306). At the same time, Martin proposed that the non-attached, or de-centred processes of mindfulness are "open forms" of attention that are closely paralleled by psychodynamic free-associative practice (p. 303). Coming from the school of integrative psychotherapy, Martin suggested that mindfulness may provide a framework for

understanding the integration of these two and possibly other approaches to psychotherapy.

In order to facilitate research into meditation, Bond et al. (2009) first surveyed the literature for the range of definitions of meditation and then asked a group of recognized experts to engage in a Delphi process to produce a shared, but not necessarily consensus-based definition of the phenomenon. They are careful to acknowledge that there are no agreed-upon definitions in the literature. Their efforts provided three essential components and five important but not essential features to a definition of meditation. Their findings are presented in the following Tables 1 and 2:

Table 1 - Essential features of meditation (Bond et al., 2009)

Essential features	Description of essential features
1. Uses a defined technique	
2. Involves logic relaxation:	▪ not "to intend" to analyze the possible psychophysical effects; ▪ not "to intend" to judge the possible results; ▪ not "to intend" to create any type of expectation regarding the process.
3. Involves a self-induced state/mode:	▪ refers to a therapeutic method that can be taught by an instructor but

	self-applied by the individual. It must, for instance, be feasible to be done at home, without the presence of the instructor.

Table 2 - Important but not essential features of meditation (Bond et al., 2009)

Important features	Description of important features
1. Involves a state of psychophysical relaxation installed somewhere during the process	
2. Uses a self-focus skill or anchor that is used to avoid sequels of undesirable thinking, torpor, sleep:	▪ concentration ("positive anchor") ▪ or a turning off ("negative anchor")
3. Involves altered states/modes of consciousness, mystic experiences, "enlightenment" or suspension of logical thought processes	
4. Embedded in a religious/spiritual/philosophical context	
5. Involves an experience of mental silence	

These demarcation criteria may support Western researchers' attempts to study meditation and perform comparative research without getting trapped into

the definitional struggles over what differentiates meditation from other forms of contemplative or spiritual practice.

The above tables suggest that there is less than complete agreement amongst Western experts regarding meditation as an exploration of altered states of consciousness. Walsh and Shapiro (2006) agreed that Western psychology recognizes waking and sleep states but rarely acknowledges other states of consciousness as anything other than evidence of psychopathology. This view is in sharp contrast to that of the meditation disciplines for which the attainment of altered states of consciousness is perhaps the central goal of practice (Goleman, 1988). Walsh and Shapiro do provide some evidence of previous interest within Western psychology into altered states including Maslow's "peak" and "plateau" and Jung's "numinous experience". However, they note that within recent Western research into meditation, discussions of consciousness are limited (p. 233).

The effects of meditation.

Studies of meditation are plagued with methodological issues beyond cross-cultural ones. Ospina et al. (2008) reviewed 400 clinical trials of meditation within health care and found poor quality and significant threats to validity overall, with a small but statistically significant improvement over time. In this large review, psychosocial measures were the most reported outcomes. While this work casts a pall over the credibility of current research, progress is noted. This paper also provided evidence of a significant interest in the application of meditation to a wide range of health disciplines.

Walsh and Shapiro (2006) have produced a summary of meditation's effects according to the meditation disciplines and have reviewed the supporting research within Western psychology. While Western psychology has been primarily interested in the pathological, the meditation disciplines address the dysfunction of the non-pathological or normal human mind as "undeveloped" and "uncontrolled" (p. 235). Perhaps the worst of the news, however, was that non-meditators were generally unaware of the distracted and fantasy-filled nature of their inner states. Simply surmounting these normal limited ways of the mind is not the end goal of the meditative disciplines. Instead, the mindfulness disciplines propose a method for the development of a much-enhanced psychological capacity beyond that recognized by Western views. Walsh and Shapiro offered the following list of "enhanced capacities" achieved through meditation: attention, sense withdrawal, thought and cognition, lucidity, emotional intelligence, equanimity, motivation and moral maturity. In addition, they presented evidence for other unique capacities once dismissed as impossible, including: voluntary control of the autonomic nervous system, lucid dream and lucid non-dream sleep, dramatic reduction of drive conflicts, control of binocular vision rivalry and motion-induced blindness, the development of synesthesia, increased cortical thickness, inhibition of the startle response, subjective compassion alongside objective relaxation when viewing severely disturbing images, and the ability to detect fleeting facial micro-expressions more effectively than even those trained specifically in such skills.

While a number of the above listed qualities have an intuitive value to psychotherapy, research into these areas is growing but still nascent (Walsh & Shapiro, 2006). One of the challenges of research into meditation is the small amount of work done with very experienced meditators. Much of the research into mindfulness, for example, has been done with participants new to the practice. Therefore, it is arguable that many of the capacities that come with extended and long term practice are not being studied in this type of research. Walsh and Shapiro suggested that recent interest into work with advanced meditators as "gifted subjects" is likely to greatly enhance the possibilities for a cross-fertilization between the meditation disciplines and Western psychology. Participants with a longer-than-10-year practice for this present study were selected in order to capture, perhaps, the qualities of an extensive meditation practice. While it is unclear whether or not these participants are "gifted subjects" per se, their long-term commitment to the practice and study of meditation is likely to provide a valuable depth to their contribution. In order to more fully understand the foundations of a Buddhist-informed meditation practice, a short explication of some of the key features of Buddhist thought will be outlined next.

The Tradition of Buddhism

As was described above, mindfulness is a new lens through which to study the contributions of the meditation disciplines. Mindfulness as a concept represents a very recent Western framing of the philosophical and psychological teachings of the meditation disciplines. In North America, Buddhist-informed meditation is most easily associated with mindfulness.

There are approximately 350 million Buddhists across the world, comprising 6% of the world's population and making Buddhism the world's fourth largest religion (Chawla & Marlatt, 2006, p. 274). Currently, Buddhism encompasses a dizzying array of practices, philosophical perspectives, religious rituals and traditions worldwide (Wallace, 2002). Danyluk (2003) challenged the description of Buddhism as a religion and contended, given its psychological and ethical nature, that it is as aptly described as a way of life. Wallace (2002) agreed that to describe Buddhism as a religion is to take an etic perspective given that up until very recently Asia did not define religion, science and philosophy as discrete disciplines as we do in the West. He further complicated matters when he noted that many of the current religious practices of Asian Buddhism do not fit within Buddhism's classical canon. Smith (1994) suggested that to understand this canon we need to travel to India to a time well before the appearance of Christ or Mohammed.

The beginnings of Buddhism.

'Buddha' is the name given to the prince born Siddhartha Gautama in Nepal in 563 B.C. (Smith, 1994). Buddha comes from the ancient Indian language Pali word, *budh* which means "to awaken" (Huxter, 2007, p. 45). This prince is said to have abandoned his life of luxury at the age of 29 after having faced the existential realities of aging, disease, suffering and death. He left his princely kingdom for the life of a traveling ascetic in the pursuit of truth. The classical Buddhist canon is based on the discoveries this prince made after undergoing an intense spiritual epiphany during which he was awakened to the true nature of

reality. After his enlightenment (following a very long period of meditation under a tree in India known as the *bodhi* tree) the Buddha transmitted his new found wisdom to a quickly growing group of disciples. These teachings regarding the realities of existence are known as the *Dharma* (Smith, 1994).

The ontological view of the *Dharma* proposes that the three characteristics of reality are: impermanent or continual change (in Pali *dukkha)*; unreliability, ambiguity or uncertainty (*annica)*; and interdependence, no-thing-ness, no-selfness, insubstantiality, contingency or emptiness (*annata)* (Huxter, 2007, p.49). For the Buddha everything is process - a verb (Smith, 1994). The Buddha's teachings describe the transitory nature of all reality, including all aspects of human experience. The Buddha's teachings are also inherently compassionate and psychological as they address the cause of human suffering as our inability or unwillingness to be aware of the true nature of ourselves and existence as a whole (Smith). Huxter uses a medical analogy to illustrate the four basic principles of Buddhism as they relate to human suffering. These are often described as The Four Noble Truths. The First Noble truth outlines 'the disorder' of sentient beings which is *dukkha* or suffering. *Dukkha* refers to the inevitability of existential realities of life: birth trauma, illness, aging, and death. The Second Noble Truth, the 'etiology' of suffering, is *tanha. Tanha* refers to the specific desire for private fulfillment, the goals of the self, or perhaps even as the self-centered craving of ego-desires. The Third Noble Truth, or 'health', refers to the overcoming of selfish desires or *tanha*. Finally, the 'treatment' prescribed by the Buddha is known as the *Dharma* - the Fourth Noble Truth that articulates the Eightfold Path.

Mindfulness, or mental development through meditation practice, is one of the eight steps of this cure. According to Huxter (2007) the Eightfold Path comprises three aspects of right living: wisdom, mental development, and lifestyle or ethics. Smith, (1994) outlined the eight steps as: right knowledge, right aspiration, right speech, right behaviour, right livelihood, right effort, right mindfulness, and right absorption. This prescription provided a training manual for the reduction of individual suffering that is embedded in a moral code of behaviour and an acknowledgement of the inter-connectedness of all beings. This pathway, according to the Buddha, cannot be pursued alone (Smith). The Eightfold Path is pre-supposed by another concept, that of "right association" (p. 72). The Buddha is said to be keenly aware of our inherently social nature and need for community support. Buddhism is often portrayed as a triumvirate of: the *Buddha*, the *Dharma* (the path or practice) and the *Sangha*, or community (Smith).

If an aspirant follows the Eightfold Path *nirvana*, life's goal of enlightenment can be fulfilled (Smith, 1994). To reach *nirvana* is to have achieved the state wherein private desires are extinguished and one experiences the unconditionality of all that is - forever freed from the "boundaries of the finite self" (Smith, p. 77). The Buddha was very reluctant to offer details regarding this ultimate goal, but is supposed to have offered: "Bliss, yes bliss, my friends, is nirvana" (Smith, p. 77).

In its earliest incarnation, Buddhism was empirical, scientific, pragmatic, therapeutic, psychological, egalitarian and directed towards the individual (Smith,

1994). The Buddha is said to have counselled: "Betake yourselves to no external refuge. Work out your own salvation with diligence" (Smith, p. 69). In its earliest period Buddhism was devoid of any supernatural or theistic beliefs - Smith describes Siddhartha Gautama as an existential agnostic. Since the Buddha's passing in 483 B.C., Buddhism migrated to all the corners of Asia where it has evolved in a number of directions, in many cases taking on ritualistic, authoritarian, supernatural and theistic doctrines (Smith).

The many branches of the 'bodhi' tree.

Since the time of the Buddha, Buddhism has branched into a wide diversity of philosophical, ritualistic and traditional practices. Buddhism has been, until recently, largely an Asian phenomenon, with different approaches or schools developing in India, Burma, Tibet, China, Japan, Korea, Vietnam, Laos, Thailand, Indonesia and other Southeast Asian countries. As Buddhism traveled mostly east from India, it evolved through historical, geographical and political influences (Smith, 1994).

Smith (1994) provides a detailed outline of this enormous diversity. Within Asia, Buddhism could be characterized as having three major divisions, the oldest of which is Theravada, (The Little Way, previously known as Hinayana). Theravada is largely the Buddhism known in Sri Lanka, Burma, Thailand, Laos, Cambodia and Vietnam. The second major division is known as Mahayana (The Great Way). Its roots grew from India to Korea and Japan where Zen evolved as a unique style within this division. The third major division, considered by some as a sub-branch of the Mahayana tradition, is known as

Vajrayana (The Diamond Way). Vajrayana is the Buddhism of Tibet and its spiritual leader, His Holiness the 14th Dalai Lama.

Theravada Buddhism is, according to Smith (1994), more directly representative of the Buddhism of ancient texts. These Buddhist teachings are most closely associated with insight or mindfulness meditation. Within this large branch, enlightenment, classically the project of monastics, is achieved through individual exertion towards the attainment of wisdom. Mahayana Buddhism, on the other hand, provides for the progress of the masses through cosmic grace and the efforts of saint-like spiritual guides and compassionate servants, known as *Boddhisattvas*. His Holiness the 14th Dalai Lama is said to be a reincarnation of Chenrezig the ancient Indian *Boddhisattva* of compassion known in Chinese Buddhism as Kwan Yin.

The Buddhist worldview.

From the above it is apparent that a Buddhist worldview lies at variance to many Western ontological positions. Buddhist notions of reality as lacking any permanent and objective existence may be challenging for an individualistic Western positivist. Buddhism is also deeply collectivist and holistic (Huxter, 2007). Ratanakul (1999) described a key aspect of Buddhist worldview as "a belief in the interdependence of all phenomena...based in the principle of dependent origination or the law of conditionality" (p. 18). Everything is connected and co-contributing to the causal nexus of all that is, including the physical, the psychological and the moral. To be healthy is to be in balance with all aspects of one's existence including one's relationships with others. It also

presupposes a mind-body unity. Buddhist notions of health are thoroughly holistic (Ratanakul).

As compared to the world religions, Buddhism is also uniquely psychological (Danyluk, 2003). There is no doubt that Buddhism pays special attention to the power of the mind - the source of happiness lies within our power (Ratanakul, 1999). Both Huxter (2007) and Ratanakul note how Buddhist notions of mental health fit well within a Western cognitive behavioural paradigm - that a healthy mind requires a realistic appraisal and acceptance of the "three traits of existence: impermanence, insubstantiality and suffering" (Ratanakul, p.23). It is the adoption of wrong or un-realistic views that leads to suffering. If we can avoid clinging to either an illusory permanent and identical self or other objects of desire, we will be free from psychological and therefore all sources of suffering (Ratanakul). Mental instability, according to Buddhism, results from unwholesome thoughts characterized by greed, hatred or delusion which block wisdom and result in injury to self and others (Chawla and Marlatt, 2006). The problem is not having the thoughts but over-identifying with them so as to contribute to suffering: "Every mental disorder results from particular combinations of unhealthy or unwholesome factors that have perceptual and affective elements" (Ramaswami & Sheikh, 1989 as cited in Chawla and Marlatt, p. 279). To achieve well-being insight (wisdom), meditation (right mindfulness) and a moral and ethical day-to-day life is prescribed (Chawla and Marlatt). Bien (2008) declares that Buddhism might be quite unique amongst spiritual traditions and better viewed as a "wise, ancient and practical psychology" (p.41).

Buddhism also provides a paradigm for positive psychology, a perspective relatively new to Western psychology. One prescription and description of happiness refers to four sublime states, or the Four Immeasurable Minds of loving-kindness, compassion, sympathetic joy and equanimity which are said to be the result of careful attention to the precepts of the Eightfold path - particularly mindfulness (Ratanakul, 1999). The cultivation of these positive states is considered to be both a goal and result of Buddhist practice (Cohen & Bai, 2008).

Buddhism in North America.

Some researchers suggest that two Buddhisms co-exist in North America (Numrich, 2003). Baumann (2002) contrasted traditional Buddhism with modernist practices. He contended that within certain Ethnic-Asian Buddhist traditions, the temple represents a cultural experience involving folk healing, herbal medicine, astrological readings, and fortune telling. More modernist Buddhist traditions are more philosophical and less embedded in cultural norms and beliefs (Baumann). The focus amongst modernist Buddhist communities of practice, which are primarily but not exclusively non-Asian, is on the philosophical and ethical features of Buddhism with a particular emphasis on meditation as a source of mind/body wellness (Numrich).

Wallace (2002), a Tibetan Buddhist monk and scholar at the University of California-Santa Barbara, described Buddhism as a triad: "a way of seeing the world", a "matrix of meditations or ways of cultivating the mind", and a "way of life" (p.35). This declaration suggested that Buddhism is not simply a set of beliefs but an all-encompassing epistemological approach - a right view. Put

another way it could be said that to be a Buddhist means to be engaged in the world in a uniquely Buddhist way. Wallace also expanded the definition of what it means to meditate far beyond ideas of simple relaxation when he noted that the Sanskrit word for meditation, *bhavana,* is broader than a notion of quieting or calming but refers to a more active developmental process, perhaps better translated as a "cultivation" of the mind (Wallace, p. 35).

It is important to review the Buddhist world-view in order to take into account the philosophical and cultural aspects of a Buddhist-informed meditation practice. This important information also provides a context for the cross-paradigm nature of Western research into meditation and mindfulness.

Mindfulness

It only takes a few moments on the literature databases to discover that mindfulness is a hot topic in counselling psychology (Baer & Huss, 2008; Brown et al., 2007). It is so commonly heard in clinical and counselling psychology hallways that it may be approaching buzz-word status. There can be no doubt that a significant portion of this relatively new-found interest stems from recent empirical evidence strongly supporting the therapeutic effectiveness of certain mindfulness-based techniques (Baer & Huss, 2008).

Germer (2005) suggested that the term mindfulness is used to refer to three different phenomena: a theoretical construct; a practice of cultivating mindfulness (as in meditation); or a psychological process (as in being mindful). Hanh (1976) provides numerous definitions from within Buddhism but designed for the American reader - one of them being: "keeping one's consciousness alive

to the present reality" (p. 11). Kabat-Zinn (1990) was one of the first Western researchers to systematically bring mindfulness meditation practice into mainstream medical practice with his MBSR group treatment model. He defined mindfulness simply as: "moment-to-moment awareness … the complete 'owning' of each moment of your experience, good, bad, or ugly" (p. 11). He outlined seven attitudinal features of mindfulness: non-judging, patience, a beginner's mind, trust, non-striving, acceptance and letting go (Kabat-Zinn, 1994).

Germer (2005) suggested that the following three "irreducibly intertwined" elements summarize both Western and Buddhist psychology's understanding of mindfulness: "*awareness* of *present experience*, with *acceptance"* (p.7).

Operationalizing mindfulness.

In order to study a complex subject such as mindfulness with reliability and validity, it needs to be defined or operationalized. Attempts to operationalize mindfulness requires that researchers bridge or translate Buddhist ideas and practices that are rooted in an ontology and epistemology at variance with Western psychology. There is evidence of a contentious dialogue regarding etic versus emic approaches to this research, which is ultimately a study of consciousness itself and the mind-body debate (Walsh, 1980). Brown et al. (2007) noted the difficulty in operationalizing consciousness and reminded us of the important distinction between the study of the "content" of consciousness and the "context in which those contents are expressed - that is, consciousness itself" (p. 211). They noted that the study of mindfulness, as a study into the nature of

consciousness, poses significant challenges to Western psychological paradigms "that emphasize the primacy of the ego, or the constructed self, as the appropriate guiding force for human behaviour" (p. 211).

Within Buddhism, the notion of self is at the root of suffering. Within this worldview, the source of all suffering lies in the powerful inclination of the human mind to construct and adhere to inherently false conceptualizations of self, other and the world. The goal of Buddhist psychology is to *let go* into impermanence as Rosch (2007) explained

> what the mindful and insightful mind discovers is that all experiences, all moments of consciousness in *samsara* [the cycle of illusion], are marked by suffering [*dukkha*]. Grasping for the permanence of what is impermanent and for self where there is none leads to suffering. Obtaining something one wants only feeds further desire, and vanquishing an object of hatred fuels further aggression. Ignoring is beset by uneasiness (p. 259).

There are a number of different ontologies within the many schools of Buddhism regarding the absolute nature of reality (ranging from complete nothing-ness to an absolute no-thing wisdom), but within all Buddhist paradigms it is humanity's natural inclination to cling to artificial constructions that prevents us from realizing our true nature - a metaphysical and indivisible unity with all that is (Rosch, 2008).

In order to study mindfulness Western researchers have been attempting the daunting, perhaps impossible, task of operationalizing a holistic and ineffable experience (Germer, 2005). Rosch (2007) noted that studies into deep

consciousness, which is by definition beyond or below verbal processing, are very tricky for the Western scientist: "there may be levels (or modes of functioning) of the mind below the surface level of reason, emotion, and ego which are not approachable through the assumptions and logic of our present research" (p. 263).

Brown et al. (2007) acknowledged that Buddhist scholarly literature on the nature of mindfulness "has not been clearly translated into contemporary research psychology" (p. 214). Hick (2008) further expanded upon the difficulty of studying mindfulness and argued that mindfulness is pre-conceptual and pre-symbolic - the type of phenomena that can only be understood through direct experience. Perhaps this explains why traditional Buddhist descriptions of mindfulness are often metaphorical in nature (Hanh, 2001).

Kabat-Zinn (2003) suggested that research into mindfulness and mindfulness meditation should be undertaken in an emic way, as an investigation into an alternate epistemology. Grossman (2008) declared that the quantification of mindfulness faces many "intractable issues" and that Western scientific operationalizations of the Buddhist psychological construct of mindfulness may serve to trivialize and substantially alter its original meaning (p. 405). Grossman also suggested caution and highlighted the challenges of bridging the two very different paradigms of Buddhist and Western psychology and questioned the abilities of researchers, with insufficient knowledge and training in Buddhist-based practice, to authentically reflect the original concept of mindfulness.

Rosch (2007) went further and argued that attempting to "isolate and manipulate single factors [of mindfulness] that actually operate only

systematically is like killing a rabbit and dissecting it to look for its aliveness" (p. 263). She contended that mindfulness studies, as cross-cultural works, need to be carefully contextualized and must be more closely informed by Buddhist scholarship. Mindfulness cannot simply be extracted as an independent variable from the Buddhist paradigm without seriously compromising its inherent value. She argued that many of the instruments in current use are not measuring mindfulness in the Buddhist sense or even "enlightened awareness in its broader sense" (p. 262). She reviewed the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2004), the Freiburg Mindfulness Inventory (FMI; Buchheld, Grossman & Walach, 2001), the Kentucky Inventory of Mindfulness Sills (KIMS; Baer, Smith & Allen, 2004), the Cognitive and Affective Mindfulness Scale (CAMS; Hayes & Feldman, 2004), and the Mindfulness Questionnaire (MQ; see Baer, Smith, Hopkins, Krietemeyer & Toney, 2006) and described them as "measures of Practicality or Relative Sanity or Reasonableness… A reasonable man who gets along reasonably well in society is one who is not too spaced out or emotional or self-critical and has reasonable descriptive facility with language" (p. 263).

Both Grossman (2008) and Rosch (2008) suggested that Western-based researchers need to slow down and approach the study of mindfulness more mindfully by cultivating a Buddhist-inspired 'beginner's mind' - the open, flexible and not-knowing stance that is at the heart of science itself.

Hick (2008) suggested that most researchers do see mindfulness holistically, as a "way of living and being in the world" (p.4) a life-path rather

than a set of discrete techniques. He differentiated formal practices of mindfulness meditation from informal practices of being mindful in all aspects of day-to-day life and suggested that the two are inextricably linked. Bien (2008), comfortable within an explicitly Buddhist worldview, shared this view of mindfulness and described mindfulness as an overall attitude or *stance.* He also provided an explanation of Buddhist non-dualist ontology wherein the part contains all other parts - "a holographic" universe (p. 42). Within such a conceptualization, mindfulness meditation practice cannot be separated from other forms of 'right action'. Similarly, one's consciousness and being are ultimately inseparable from other's consciousnesses and being. On one hand, this perspective may be impossibly annoying to the Western positivist and pose seemingly insurmountable obstacles to methodological rigour in research. Conversely, it may support the creative inquiry required by the investigation into the complexity of consciousness that is mindfulness research.

In their review of the literature, Brown et al. (2007) proposed the following description of mindfulness, presented in Table 3:

Table 3 - Qualities of Mindfulness (Brown, et al., 2007, p. 213-214)

Quality of Mindfulness	Relation to Contents of Consciousness
Clarity of Awareness	• bare attention • mirror-like relationship to reality • un-hindered access to relevant knowledge otherwise hidden due to

	"threats to self-concept or aspects of self that are ego-invested"
Non-conceptual, nondiscriminatory awareness	• a "disentanglement" of awareness from the contents of cognition • awareness of thoughts, feelings, and other objects of consciousness *as* just thoughts feelings and objects of consciousness. • described by others as "distancing or de-centering" (Baer & Huss, 2008) from cognitive processing
Flexibility of Awareness and Attention	• "a volitional and fluid regulation of states of attention and awareness"
Empirical Stance Towards Reality	• objective yet not disengaged from reality • results in increased concern for life, compassion for self, empathy for others and ecological stewardship
Present-Oriented Consciousness	• as opposed to rumination on past and future • gestalt-like "in-the-present" as

	opposed to impulsive, hedonistic, and fatalistic, "for-the-present"
Stability or Continuity of Attention and Awareness	• includes noticing when one is present and when one isn't present • cultivates awareness of automatic, schema-based cognitive processes

Other researchers have argued for the need to study mindfulness by breaking it into its constituent parts. Leary and Tate (2007) contended that mindfulness is comprised of five entangled components: mindful attention, diminished self-talk, non-judgment, non-doing and a set of philosophical, ethical or therapeutic beliefs. They called into question the study of mindfulness as a "monolithic construct rather than an emergent experience that arises from the simultaneously (sic) confluence of some combination of distinct elements" (p. 254). In order to further study the phenomenon, they argued these features need to be disentangled.

Hayes and Plumb (2007) suggested the need for a "bottom up approach" and proposed the use of their Relational Frame Theory (RFT) - the basic analysis used for their empirically supported Acceptance and Commitment Therapy (ACT; Hayes, Luoma, Bond, Masuda & Lillis, 2006), in order to critically review the cognitive components and processes of mindfulness. They illustrated how our symbolic use and over-extension of language in problem-solving leads to a conceptualization of the source of human suffering that parallels Buddhist

descriptions of *dukkha* (suffering): cognitive fusion, experiential avoidance, loss of contact with the present and an entanglement with a conceptualized self. In response, Brown et al. (2007) proposed that such a view, while it may provide an excellent conceptualization of the cognitive and verbal aspects of mindfulness, doesn't provide any way of investigating the sensorial and somatic aspects of the experience.

Mindfulness meditation practice effects.

Mindfulness is an individual ability cultivated by regular and informed meditation practice (Germer, 2005). However, Kabat-Zinn (2003) clarified that few if any North American researchers claim that mindfulness cannot be cultivated through other contemplative methods that are not necessarily Buddhist-informed. Mindfulness is not unique to Buddhist tradition. Rather, Buddhism has provided a thorough and accessible description of its cultivation through Buddhist-informed meditation practice.

Mindfulness meditation practice involves a holistic approach to cognitive training, emotional regulation, and embodied experiential monitoring (Hick, 2007). Kristeller (2007) in her review of the evidence provided the following list of mindfulness meditation practice effects: "attentional flexibility, ability to focus, awareness of minds and thoughts, awareness of body, relaxation response, sustained equanimity, positive emotion, engagement in the moment, awareness of emotional patterns, compassionate behaviour, adaptive behaviour / de-conditioning, decreased impulse control, awareness of behaviour patterns, connectedness to others, empathy, self-acceptance" (p. 398).

Mindfulness-Based Approaches to Therapy

Germer (2005) suggested that mindfulness-based approaches to psychotherapy may provide an "emerging new model of psychotherapy" (p. 19). Others noted that mindfulness-based approaches fit well within current cognitive behavioural, psycho-dynamic, existential and gestalt therapeutic approaches (Baer, 2003; Baer & Huss, 2008; Brown et al., 2007; Kristeller, 2007).

Kristeller (2007) contended that mindfulness meditation practices promote the possibility of "integrated responses…more novel, creative, or 'wiser' perspectives on life's challenges" (p. 396). Brown et al. (2007) juxtaposed this "integrated awareness" with ego-centred or self-reflexive consciousness and noted that many approaches: psychodynamic, humanist, cognitive-behavioural, motivational and gestalt share with mindfulness "an assimilatory, non-discriminatory interest in what is occurring both internally and externally that serves the function of promoting synthesis, organization or integration in functioning" (p. 217).

Kabat-Zinn (2003) warned against seeing mindfulness training as a single technique to be inserted into an otherwise traditional Western program for therapy. He argued strongly that therapists wishing to incorporate mindfulness-based work into their clinical practice need to have well-developed meditation practice to prevent "caricatures of mindfulness, missing the radical, transformational essence and becoming caught by only superficial similarities between mindfulness practices and relaxation strategies, cognitive-behavioural exercises and self-monitoring tasks" (p. 150).

Segal et al. (2002), designers of Mindfulness-Based Cognitive Therapy (MBCT), maintained that mindfulness-based meditation promotes a *being* mode as opposed to the much more common Western-default *doing* mode. They provided evidence that suggests training in the *being* mode may prevent relapse into depression by allowing for the recognition and interruption of negative, patterned rumination.

Evidence-based mindfulness therapy.

New mindfulness-based clinical interventions are appearing rapidly, many of them based on Kabat-Zinn's (1982) MBSR. There is at least moderate empirical evidence for many of the MBSR-based treatments (Baer, 2003; Baer & Huss, 2008; Brown et al., 2007; Kristeller, 2007). MBSR studies produced a long list of positive benefits including: decreases in anxiety/depression, mood disturbance and somatic symptoms of stress and present-moment pain (Schure, Christopher & Christopher, 2008). Client populations that are benefiting include those facing anxiety and mood disorders, addictions including smoking, eating, gambling and alcohol, adjustment disorders, physical ailments, existential and spiritual concerns and relationship issues. See Kristeller for an excellent summary of outcome research (pp. 400-401).

Two other well-known forms of therapy that have incorporated mindfulness techniques are ACT (Hayes et al., 2006), and Dialectical Behaviour Therapy (DBT; Linehan & Dexter-Mazza, 2008). These approaches do not refer directly to Buddhist ideas but instead incorporate mindfulness techniques and practices into the therapy.

The research into therapist meditation practices grows out of the concern that the successful application of mindfulness-based techniques by psychotherapists requires a sophisticated understanding of their purpose and function (Segal et al., 2002). These researchers argue that to teach clients mindfulness-based approaches therapists/clinicians must have a well-developed personal mindfulness meditation practice themselves (Segal et al.). Most recently, research has explored the potential contribution therapist training in mindfulness could make to clinical outcomes more generally (Hick & Bien, 2008).

The Mindful Therapist

The idea of the mindful therapist is not new to Western psychology. Hollomon (2000) noted the long tradition of interest in the cognitive, emotional and relational attributes of therapists within many therapeutic traditions including psychoanalysis, gestalt, and existential approaches. Freud's (1990) famous "evenly hovering attention" bears stunning resemblance to certain descriptions of mindful states: "…simply consists in making no effort to concentrate the attention on anything in particular, and in maintaining in regard to all that one hears the same measure of calm, quiet attentiveness". Alternatively, he notes "deliberate attentiveness" results in "never finding anything by what is already known, and if one follows one's inclinations, anything which is to be perceived will most certainly be falsified" (as cited in Hollomon, 2000). Other notable descriptions include Rogers' "accurate empathy", Bugental's "presence" and Horney's "whole-hearted attention" (as cited in Walsh & Shapiro, 2006).

The concern for careful attention, empathetic responsiveness, non-judgmental or unconditional acceptance of clients and their experience is certainly central to humanist and specifically Rogerian approaches (Brown et al., 2007).

Maslow (1962), described the need for a mindful approach:

> To the extent that we try to master the environment or be effective with it, to that extent do we cut the possibility of full, objective, detached, non-interfering cognition. Only if we let it be, can we perceive fully. Again, to cite psychotherapeutic experience, the more eager we are to make a diagnosis and a plan of action, the less helpful do we become. The more eager we are to cure, the longer it takes. Every psychiatric researcher has to learn not to try to cure, not to be impatient. In this and in many other situations, to give in is to overcome, to be humble is to succeed (p. 184).

In their investigation into the attributes of 'master therapists' or those deemed to be the 'best of the best' in their field, Jennings and Skovholt (1999) identified a number of key cognitive, emotional and interpersonal characteristics of therapists seen by their peers as particularly gifted. They summarized that master therapists tend to be:

> voracious learners who are open to experience and non-defensive when receiving feedback from clients, colleagues, and others….they use both experience and intelligence to increase their confidence and comfort when dealing with complexity and ambiguity….they appear to be quite reflective and self-aware and use these attributes to continue to learn and grow personally and professionally (p. 9).

Given that mindfulness meditation promotes: "attentional flexibility, ability to focus, awareness of minds and thoughts, awareness of body, relaxation response, sustained equanimity, positive emotion, engagement in the moment, awareness of emotional patterns, compassionate behaviour, adaptive behaviour / de-conditioning, decreased impulse control, awareness of behaviour patterns, connectedness to others, empathy, self-acceptance" (Kristeller, 2007, p. 398), it would appear that mindfulness meditation may be an invaluable training method for therapists. It does appear to impart many of the most important therapist qualities known to psychotherapy since Freud (Hollomon, 2000).

If mindfulness is seen as a set of discrete skills, then perhaps acquisition of these skills will lead to positive therapy outcomes. However, Lambert and Ogles (1997) found that while empathetic skills training can be provided to therapists, it does not necessarily result in an internalization of these skills. They argued that the imparting of empathy skills does not directly lead to the attitudinal shift required to put these skills to meaningful use in actual clinical practice. In other words an integration of mindfulness into therapeutic practice may require a deeper personal investment on behalf of the therapist. Anderson (2005) argued that it is important to distinguish between empathy as a strictly cognitive process, and a view of empathy from the humanistic-existential viewpoint. He suggested therapist empathy within humanistic-existential approaches is rooted in not just understanding but also acceptance of the client as they are. This non-judgmental acceptance, Anderson suggested, "helps the client recognize, accept and integrated disavowed aspects of self" (p. 492). This process is central to change

within psychotherapy and may represent the so-called 'common factor' within successful therapy (Anderson). This process, Anderson contended, is identical to the experience engendered by Buddhist meditation and is supported, within the therapeutic relationship, by therapist meditation practice. Both Anderson and Hick (2008) have acknowledged, however, that there is very little research evidence to support this view.

Lambert and Simon (2008) recognized some of the difficulties embedded in such research. Mindfulness training is much more time intensive than interpersonal skills training. It requires long-term study, and many have said mindfulness represents a life-long learning process (Bien, 2008). How much practice might be enough?

Recent research into therapist mindfulness.

As a very new area of investigation, there are few published studies into therapist mindfulness. One of the only investigations into therapist meditation practices and therapeutic outcomes is Grepmair et al. (2007). These researchers tracked 18 psychotherapists in training in a hospital setting with a randomized, double-blind controlled study. Nine of the therapists in training were assigned to a 9-week Japanese Zen meditation course and the others did not complete any meditation training until after the completion of the study. Client outcomes were measured using a number of scales quantifying symptom reduction and overall well-being. Statistically significant and positive differences were noticed in symptom reduction, subjective well-being and positive change measures for the clients of the meditating students as opposed to the clients of the non-meditating

students. These students were practicing a form of Zen meditation and no details are given regarding the mindfulness-aspects of this form of meditation training.

In addition to the paucity of research, many of the recent investigations into therapist mindfulness have involved participants who are not meditators and involved short-term exposure to mindfulness techniques or self-report measures of mindfulness as a trait. In her dissertation, Glaser (2007) recruited 123 randomly selected undergraduate applied psychology students to participate in a 20-minute mindfulness meditation exercise in order to investigate the possible relationships between two mindfulness measures and a number of variables including empathetic identification with a client-like figure. She found that a 20-minute exercise was sufficient to produce a main effect of significantly increased levels of state mindfulness. The 20 minutes of mindfulness training was not related to any other main effects. However, the experiment did suggest a positive relationship between higher levels of state-mindfulness and the likelihood to empathetically identify with the client figure used in the study.

Bentley (2007) undertook a dissertation study with 179 master's level counselling interns and doctoral level counselling students to determine whether relationships could be found between mindfulness measures and counselling self-efficacy as mediated by attention and empathy skills. Mindfulness was measured with the Five-Factor Mindfulness Questionnaire (FFMQ; Baer et al., 2006). A path analysis supported mindfulness as a significant predictor of counselling self-efficacy, mediated by attention. Empathy, conversely, was not found to be a mediator and did not predict counselling self-efficacy.

Bruce (2008) examined relationships between working therapist's mindfulness, the therapeutic alliance and client outcomes in a randomized clinical trial. Twenty doctoral and master's level therapists were studied as they worked with clients suffering from depression. Mindfulness was measured using the MAAS and the FFMQ and no significant correlations were found between the self-report measures of mindfulness and client outcomes or ratings of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). While these types of studies measured self-report state and trait mindfulness, they did not measure the effects of a long-term meditation practice. Bruce noted the potential limitations of self-report measures of mindfulness whereby more mindful individuals may actually be more self-aware of their own mind*less*ness and may therefore describe themselves as less mindful than other participants with a lower level of self-awareness.

The importance of the therapeutic relationship.

While it is generally acknowledged that any questions regarding the potential benefits of psychotherapy have been put to rest, the answer to the question, 'how does therapy help?' is still being actively debated (Wampold, 2001). Given the complexity of human experience, consciousness, and the cognitive, emotional and social aspects of existence it is not surprising that researchers continue to explore the exact nature of the benefits of psychotherapy and the crucial components of the therapeutic process. This investigation is surely to continue for many decades to come. However, a near-consensus has been reached regarding the importance of the therapeutic relationship to successful

client outcomes (Norcross, 2001). The therapeutic alliance is becoming the most studied variable in outcome research (Orlinsky, Ronnestad, & Willutzki, 2004).

Very little is known regarding how mindfulness mental training may contribute to therapy via the therapeutic relationship, although researchers are beginning to hypothesize that it may be a particularly effective method to support and monitor positive therapeutic relationships - those characterized by acceptance, understanding, warmth and mutual respect (Germer, 2005). Hick (2008) and Bien (2008) provided anecdotal evidence that their own personal mindfulness meditation practices have directly contributed to their therapeutic relationships. They contended that mindfulness meditation has promoted their embodied presence, deep listening, compassion and a sense of interconnection between themselves and their clients.

Recent research into mindfulness meditation and the therapeutic relationship.

Three recent dissertations investigated the relationship between mindfulness and the therapeutic relationship and they are presented below.

Wang (2006) used a mixed method approach and compared eight meditating therapists to eight non-meditating therapists. Registered working therapists with a mindfulness meditation practice mean of 4.66 years in duration were interviewed. Quantitative data was obtained through the administration of the MAAS and the Balanced Emotional Empathy Scale (BEES). Quantitative methods supported a significant relationship between mindfulness meditation and empathy but not awareness and attention measures. However, qualitative methods

strongly supported a relationship between the therapists' view of their mindfulness meditation and enhanced levels of attention and awareness, empathy, non-judgmental acceptance, love and compassion.

Aiken (2006) explored the relationship between mindfulness meditation and empathy within the therapeutic relationship using qualitative methodology. Extensive and multiple interviews were conducted with six psychotherapists with a long-term (more than 10-year) practice of mindfulness meditation. Participants reported that their meditation practices had made significant positive contributions to their work in therapy through increasing their ability to achieve: an embodied felt sense of the client's inner experience; communicate their awareness of that felt sense; be more present to the pain and suffering of the client; and help clients become better able to be present themselves to and give language to their bodily feelings and sensations. This work highlights the possibility that therapist mindfulness meditation might make significant contributions to the therapeutic relationship through the fostering of a deep and embodied empathetic response in both therapist and client.

Wexler (2006) used a correlation design in her dissertation on the relationship between therapist mindfulness as measured by the MAAS (Brown & Ryan, 2004) and the therapeutic relationship as measured by the WAI (Horvath & Greenberg, 1989). She found significant positive correlations between therapist mindfulness and the working alliance using a sample of 19 therapist-client pairs. In this study some of the therapists were practicing meditators but detailed data regarding their experience with meditation was not reported.

Mindfulness meditation as a practice of self-care.

Another small but growing body of research is investigating the potential benefits of mindfulness meditation practice in relationship to self-care amongst helping professionals. Schure et al. (2008) completed a 4-year qualitative study of 33 counselling students. First and second year master's students were enrolled in an elective course featuring three mindfulness-based practices: yoga, MBSR and qigong. Over the four years students consistently reported the following benefits:

- increased ability to deal with strong and threatening emotions
- less defensiveness and reactivity
- increased openness and acceptance
- increased meaningful self-reflection
- increased capacity for empathy and compassion

In direct relation to counselling practice the following changes were noted:

- increased ability to be comfortable sharing silence with clients
- more centeredness and capacity to stay present
- an enlarged view of the goals and processes of therapy.

In a similar project, Shapiro, Brown and Biegel (2007) studied 54 master's level graduate students in a counselling training program. The students participated in a standard MBSR 8-week program. A non-randomized pre / post design found significant positive benefits in the student counsellors' overall mental health. Specifically, decreased levels of stress, negative affect, state and trait anxiety and rumination were noted. In addition, increases in positive affect

and self-compassion were found to be significant. It was noted that self-compassion is particularly relevant to the field of counselling (Gilbert, 2006).

Mindful therapy and the Four Immeasurable Minds.

With little research to support the largely intuitive sense that therapist meditation and mindfulness training may provide positive benefits to psychotherapy, I wish to conclude this review of the literature with a return to a particular Buddhist teaching - "The Four Immeasurable Minds" that some researchers consider to be central to the practice of mindful therapy (Bien, 2008; Cohen & Bai, 2008). These exemplary states of being, also known as the "Four Noble Virtues" (Smith, 1994) or the "Four Limitless Qualities of Heart" (*Brahma Viharas)* (Olendzki, 2005) are thought to be automatically realized through the attainment of enlightenment or wisdom "bodhi" (Smith, 1994). They have also been described as unique mental states or personal abilities brought about by meditation practice (Olendzki). Their description as beyond measure captures the ineffable nature of meditation and mindfulness practices (Germer, 2005; Kabat-Zinn, 2003; Walsh & Shapiro, 2006). Their description as "divine abidings" implies an elevation of the mind "to a very subtle and sublime" state (Olendzki, p. 294). They are often presented as analogous to the feelings that a mother may have towards her child (Olendzki).

Bien (2006) is a practicing meditator who has described his mindfulness-based approach as "mindful therapy". For Bien, a mindful therapist has the capacity to produce true presence and deep listening. He suggested that a therapist mindfulness practice contributes to an overall ease and flexibility within the

therapeutic process. Further, he suggested the "Four Immeasurable Minds" may be a Buddhist teaching of particular significance to therapist development (Bien, 2008). These ideas express Buddhist teachings and meditation practices regarding interpersonal and intrapersonal relationships (Cohen & Bai, 2008). Cohen and Bai contended that love, compassion, sympathetic joy, equanimity are modes of exemplary consciousness and they described them consecutively, as "being-for", "being with, in suffering", "being with, in joy" and "simply being" (p. 49). Bien provided a thorough description of these four teachings and was quick to point out that they overlap and cannot be seen as discrete modes of consciousness. As an example, he articulated that the Buddhist idea of compassion is not directly translatable as *com*(with) passion - that being compassionate is not the same as experiencing directly another's suffering. An over-identification with another's pain is unhelpful and referred to as "idiot's compassion" in Buddhist teachings because it results in two drowning people instead of one being assisted by a grounded helper on shore (Bien p. 46). Bien noted that this teaching very closely echoes Rogers' (1957) description of empathy as sharing another's world "as if" it were our own, without ever losing the "as if" quality (p. 243).

This literature review embeds this study of therapist meditation into Western psychology's exploration of mediation and mindfulness. It also provides a brief introduction into Buddhist thought in order to recognize the cross-cultural nature of this research.

Chapter 3 - Research Method

Introduction

How do therapists understand and explain the relationship between their Buddhist-informed meditation practice and their clinical work? This inquiry into meditation and mindfulness is an exploratory study into the deeply subjective nature of consciousness and the mind-body interface (Walsh, 1980). Qualitative research methods are appropriate to this object of study as they address the need for extensive description of complex human phenomenon about which little is known (Richards & Morse, 2007). The method for this research project has been described as "interpretive description", a qualitative approach developed specifically for the applied health sciences (Thorne, 2008). While this type of research is inherently phenomenological, this research project sits within the larger disciplinary interest in therapist development and training with an ultimate view towards clinical outcome. Given the applied nature of this inquiry, methodological cohesion demands an approach that is appropriate to clinical work as opposed to the more well-known theoretically-driven social science methods derived from social theory (Thorne). Interpretive description was developed to provide a substantive and logical framework for qualitative inquiry within clinical and practice-based disciplines (Thorne, Kirkham & MacDonald-Emes, 1997).While research into mindfulness-based therapies is proceeding (Baer & Huss, 2008), there is much work to be done regarding the effects of therapist meditation practices (Fulton, 2005). Further, as seen in the literature review, this is an emerging area of research into a topic complicated by cross-cultural

paradigmatic divides. Meditation has come to psychology from Eastern cultures which hold ontological and epistemological positions at odds with much of Western science (Goleman, 1988). Thus, the complexity and the cross-cultural nature of this topic is well suited to a cautious and 'beginner's mind' approach (Rosch, 2008), which is supported by exploratory qualitative research.

Interpretive Description

Interpretive description research seeks to gain a rich and situated description of its objects of study. The descriptive nature of this approach is rooted in an "explicit valuation of the subjective and experiential as a fundamental source of clinical insight" (Thorne, 2008, p. 74). The goal of this research is to carefully listen to the therapists who meditate, as the best available sources of research data into the relationship between a meditation practice and one's work as a therapist. This epistemological stance developed out of Lincoln and Guba's (1985) naturalistic inquiry tradition within applied health research (Thorne, 1997). This study is fundamentally phenomenological insofar as it seeks to shed light on a deeply subjectivist topic - therapists' intrapersonal experience of meditation and work as a therapist. Yet this project falls short of phenomenology's goal of describing the pure essence of a phenomena in favour of a description that lends itself to the interpretive or hermeneutical[4] determination of 'so what does this mean to clinical practice?' (Thorne, 2008).

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[4] Palmer (1969) defines hermeneutics as a general theory of interpretive activity by which: "something foreign, strange, separated in time or experience, is made familiar, present, comprehensible; something requiring representation, explanation or translation is somehow 'brought to understanding' - is interpreted" (p.14).

Thorne (2008) further clarified that while interpretive description "owes a great deal to phenomenological methods, it reflects quite a different attitude toward knowledge and knowing" (Thorne, p. 79). Interpretive description reflects a commitment to knowing as:

> 'empathizing' or 'understanding' [more] than it is about knowing in the existential sense....We seek patterns and themes within subjective human experience not so much as to grasp its essence as to understand what we are likely to encounter in future clinical practice and to have some meaningful sensitivity around it (Thorne, p. 79).

Interpretive description was chosen as a methodological guide to this research in preference to a more purely descriptive form of qualitative inquiry (Sandelowski, 2000) because it provides an explicit theoretical and philosophical framework for the descriptive, interpretive and applied nature of this research. The credibility of this research rests on my ability to make explicit my intellectual and theoretical trajectories. The hermeneutic aspect of this method represents a social constructivist perspective on knowledge generation (Thorne et al., 1997). By choosing a well-accepted methodological guide, it is expected that this research avoided some of the methodological 'fuzziness' that is common to much of the qualitative research undertaken by beginning researchers (Thorne, 2008).

Inductive logic requires that the research be data-driven as opposed to hypothesis-driven. Interpretive description developed within a social constructivist philosophical tradition which further refines the inductive process to include an explicit acknowledgement that the entire research process, from the

formulation of the research question, through the data collection and analysis to the final production of findings is a contextualized and co-constructed interaction between the researcher and the researched (Thorne et al., 1997). The socially constructed nature of knowledge production within interpretive description requires an iterative involvement with the data to continuously compare and contrast different manifestations of knowledge (Thorne, 2008). Renowned methodologist, Karin Olsen (personal communication, April 27, 2009) supported this view of qualitative research with her contention that as researchers "we always leave our footprints in the data." My goal is to be as aware as possible of the depth and location of these footprints. I do not expect, however, to be completely able to determine the many and varied ways I have unintentionally disturbed or obliterated the participants' own meanings and pathways. My intention is to remain as mindful as possible throughout the research process and in the writing of this thesis. The specific research procedures undertaken are outlined below.

Sampling Strategy

Four registered psychotherapists in active practice with a well-developed mindfulness meditation practice were recruited for the study. A well-developed meditation practice is defined as the duration of at least 10 years of regular on-going meditation (Aiken, 2006).

Phenomenological-based research within qualitative psychology is best served by a small, purposeful, and homogeneous sample (Smith & Osborn, 2008). Small sample sizes are supportable, they argue, because phenomenological

interviews can result in large quantities of data. Aside from concerns regarding large amounts of data, anticipated difficulty in finding willing participants who fit the research criteria led to a initial design based on interviews with 3 participants. Given the interest and willingness expressed by those therapists contacted as potential participants, a fourth participant was added to the sample.

This convenience sample was collected using a modified and informal snowball sampling technique (Cresswell, 2009). This purposeful criterion sampling fits the research question and goals as it supports the generation of descriptive data for complex subjective phenomenon (Patton, 2002). I began with a list of contact names of members of the Buddhist community in Edmonton and therapists known to the Education Clinic to be familiar with mindfulness-based approaches. Introductory email descriptions of the project were sent out. Further emails and face-to-face meetings with therapists who knew other therapists led to a potential list of approximately 8 registered psychologists or clinical social workers. I contacted this list directly and further briefed these potential participants regarding the nature and intent of the research. All of the therapists contacted as potential participants expressed a willingness to participate and many of them expressed an interest in and support for the research topic. One therapist, who was not selected as a participant because her meditation practice did not fit the "Buddhist-informed" criteria, nonetheless spent sixty minutes on the telephone with me discussing the research project. Ultimately, three master's level psychologists and one PhD level psychologist registered to practice in the province of Alberta agreed to schedule a single, 60 - 90 minute interview within

the necessary time frame. These therapists had sustained a regular, mostly daily Buddhist-informed meditation practice for 11 to 35-plus years.

Interview process

Data was collected through single, face-to-face and unstructured interviews with the participants that ranged from 58 to 94 minutes in length (Richards & Morse, 2007). These interviews took place between March 30, 2010 and May 6, 2010. Two of the therapists were interviewed at their homes and two in their offices. Transcribing the interviews substantially increased my familiarity with each transcript. Working for hours with the audio-recordings allowed me the opportunity to relive the interviews. This process promoted a deeper level of comprehension of the participants' meanings. The transcripts took on a nuanced coherence that was not available to me during the interview.

I opened the interviews with a brief introduction of myself, my interest and background in the topic and an explanation of the inductive approach to the research question. The actual interview began with one 'grand tour' (Richards & Morse, 2007) question: "I am wondering if you can talk about what you see as the relationship between your meditation practice and your work with clients". I had prepared the following list of open-ended probes to be used as necessary:

1. What can you tell me about your meditation practice?
2. How might your meditation practice inform your practice of psychotherapy?
3. What contribution might your mindfulness meditation practice make to your relationship with clients?

4. How do you understand the importance of the therapist-client relationship to therapy?
5. Certain Buddhist teachers speak of the Four Immeasurable Minds or the Four Sublime States (Bien, 2008). These are love (loving-kindness), compassion, joy and equanimity. How do you understand these four concepts?
6. What meanings do these concepts hold in relation to your meditation practice?
7. What meanings do these concepts hold in relation to your therapy practice?
8. How do each of these concepts contribute to your relationship with your clients?

While these probes guided my intention, few of these specific probes were utilized and the interviews proceeded in a conversational and interactive fashion.

Data Analysis

Distinct boundaries between data collection and data analysis do not exist within interpretive description as data is seen to be constructed through an interactive and iterative process between the interpreting researcher and the researched throughout the project (Thorne, 2008). The interpretive description method provides a substantive and explicit logical analysis for this inductive investigation into the meanings the therapists hold regarding their meditation and their work as clinicians (Thorne).

NVIVO 8, a qualitative data analysis software, was utilized to code the interview transcripts. The transcripts were analyzed sequentially - that is, the first transcript was read and analyzed before beginning on the subsequent interview. This was done to ensure that each participant's experience was respected as holistic and unique while at the same time allowing for the development of an analysis based on all of the research data (Smith & Osborn, 2008). After the first transcript was interpreted, work began on the second, allowing for the use of similar or different themes. Attempts were made to be vigilant in the search for both the commonalities *and* unique qualities of each participant's experience (Smith & Osborn). Initial coding of the data was done using larger pieces of the transcript as opposed to shorter phrases or single word coding. Thorne provides a list of questions that I relied upon as the interviews were analyzed: "Why is this here? Why not something else? What is happening here? (Thorne Kirkham & O'Flynn-Magee, 2004, p. 7).

Following the analysis of the final transcript, a master table of themes was drawn up, bringing together the themes from all of the transcripts. At this stage of the process, I reduced the number of themes, and grouped and regrouped the themes using visual graphic modeling. The decision to retain themes was made on the basis of their prevalence in the data, their rich descriptive nature, and their ability to shed light on both shared and divergent aspects of the participants' experience.

Researcher reflexivity was supported by the ongoing use of interactive field notes. Immediately following each interview, I wrote memos that

highlighted my impressions and unanswered questions. Following the first interview, I also wrote a longer memo outlining some assumptions I had become conscious of following the first interview. I reviewed these assumptions prior to the remaining interviews in order to provide some form of bracketing of my own beliefs and ideas in order to support an inductive approach.

Other memo writing had begun months early, as the research developed. These memos took the form of reflexive journal writing and were usually done following meetings, trainings, or readings deemed relevant to the research process. It continued throughout the data analysis. These memos, taken together with the field notes, provide an audit trail for the research - supporting the transparency of the research decision-making process and the ultimate credibility of the findings. Early and ongoing interactions with the data supported my aim "to confirm, test, explore and expand on the conceptualizations that begin to form as soon as you enter the field" (Thorne, 2008, p. 99). Review of the field notes and memos continued throughout the research process. These reviews have been important guides to my own meaning interpretation and construction. As the strongest evidence of researcher reflexivity, and clearest explication of my intellectual process, these tools are central to the rigour and credibility of this research.

Rigour

Data collection and analysis within qualitative inquiry does not involve a passive reception of spontaneously emerging objective data (Morse, 1994). Although qualitative inquiry may be seen by some as less rigourous than the

complex statistical or mathematically-based analysis of quantitative methods, qualitative inquiry requires a very active, engaged and reflexive researcher in order to successfully complete the necessary tasks of qualitative inquiry - comprehending, synthesizing, theorizing and re-contextualizing the data in order to produce credible findings (Morse).

Within qualitative psychology, Yardley (2008) suggested that "the validity of research corresponds to the degree to which it is accepted as sound, legitimate and authoritative by people with an interest in research findings" (p. 235). Thorne et al. (2004) similarly proposed that rigour is demonstrated by interpretive descriptive studies that successfully pass the "thoughtful clinician's test" (p.8). This research aims to produce "claims that are plausible and confirmatory of clinical hunches at the same time as they illuminate new relationships and understandings" (p.8). The tests of trustworthiness (Lincoln & Guba, 1985) in this research were met by the production of an audit trail of the methodological and intellectual decisions made throughout the research process.

In more general terms, the credibility of this research is rooted in the methodological cohesion between the research question, the choice of method and the disciplinary agenda (Thorne, 2008). This research into therapist mindfulness is situated within the humanistic psychological tradition that has relied consistently on phenomenology-informed methods for its knowledge generation. Its appreciation for the lived experience of the participants is also consistent with Buddhist mindfulness, which provides for a non-evaluative and open response to

present experience. As such, interpretive description provides a substantive and logical framework for this small, descriptive qualitative research project.

Ethical Considerations

All psychological research involving human subjects requires careful attention to the ethical principles outlined in the Canadian Psychological Association's Code of Ethics (Truscott & Crook, 2004). This research was approved by the Faculties of Education, Extension, Augustana and Campus Saint Jean Research Ethics Board (EEASJ REB) at the University of Alberta. Careful consideration was given to the respect for the human dignity of potential research participants with particular attention to the issues of free and informed consent and privacy and confidentiality. The participants selected for this study did not receive any financial compensation for their time.

Informed consent.

The process of informed consent (Truscott & Crook, 2004) began with initial emails and phone calls outlining the nature and intent of the study, their rights as participants and any potential risks of the study. Research participants were provided with an electronic copy of the Participant Information Letter and Consent Form prior to the face-to-face interviews (see attached Appendix). At the interviews, this information was reviewed and oral and written consent was received. Participants were provided with one signed original and a second was retained with the researcher. Particular care was taken to inform participants of the unpredictable nature of an open-ended interview process (Thorne, 2008) and

participants were reminded of their freedom to withdraw from the study at any point.

Privacy and confidentiality.

The interviews took place in a private setting of the participants' choice. The interviews were audio-recorded using two distinct sets of equipment resulting in one digital copy and one cassette-tape copy of the interview data. The tape copy was retained for back-up and stored in a locked cabinet. The digital copy was transcribed by the researcher and the transcripts were edited to remove all text that could be expected to personally identify either the participant or any other person to which the participant refers. This transcription was stored as a password-protected, encrypted, digital text file on the researcher's personal computer and printed copies were made and placed in the locked cabinet with the cassette copies. These password-protected 'clean' copies of the transcriptions were emailed to the participants for their approval and correction. The participants' full name and mailing addresses have been held in a separate file in order to provide them with a completed print copy of this thesis.

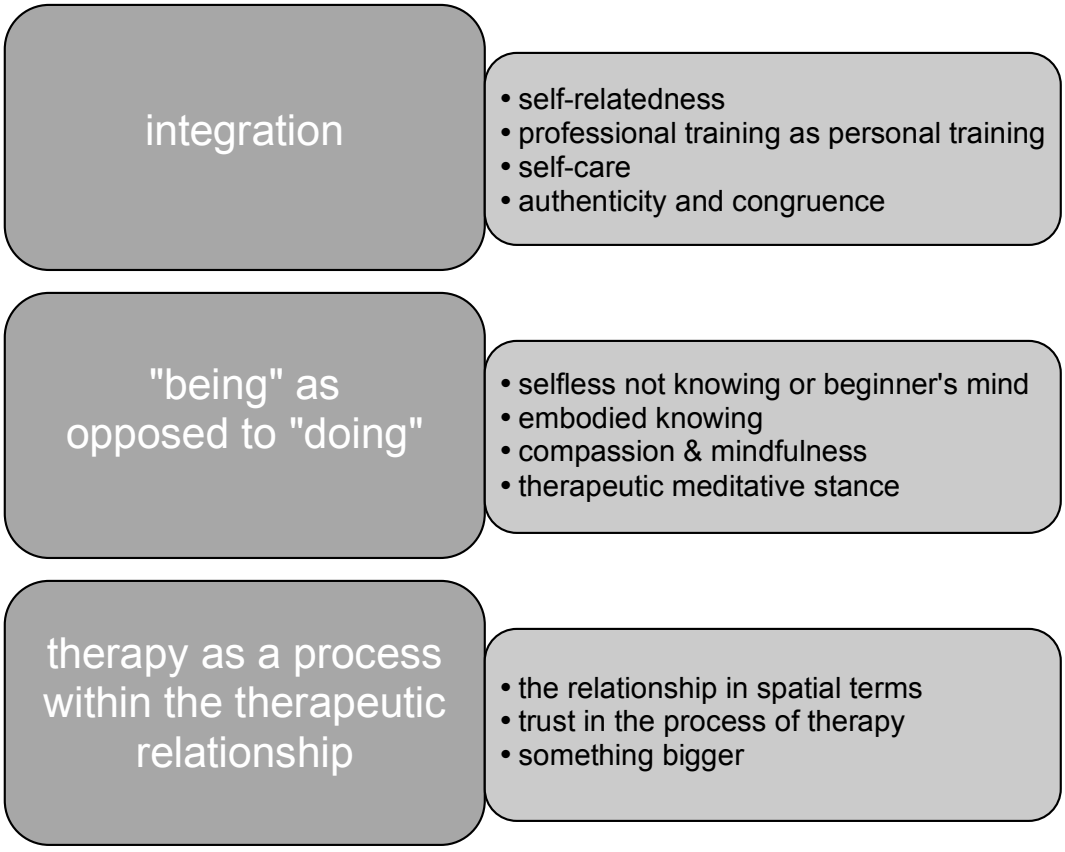
The participants were not identified as distinct individuals in the research findings or discussion sections of this thesis in order to further protect their privacy and the confidentiality of this research. Direct quotations from the interview transcripts are not presented in the order of the interviews but are organized thematically according to the researcher's logical understanding of the data.

Chapter 4 - Research Findings

Introduction

The therapists' responses to the research question were rich and thought-provoking. Following participant checks of the transcripts and a review of the memos and field notes, the sequential analysis of the interview data produced a number of interrelated key ideas. A review of these ideas led to the construction of three larger themes that provide a structure for the organization of the research findings. These three themes are (a) integration, (b) "being" as opposed to "doing", and (c) therapy as a process within the therapeutic relationship. These themes are illustrated and further described by a number of sub-themes. These findings are represented below in Figure 1:

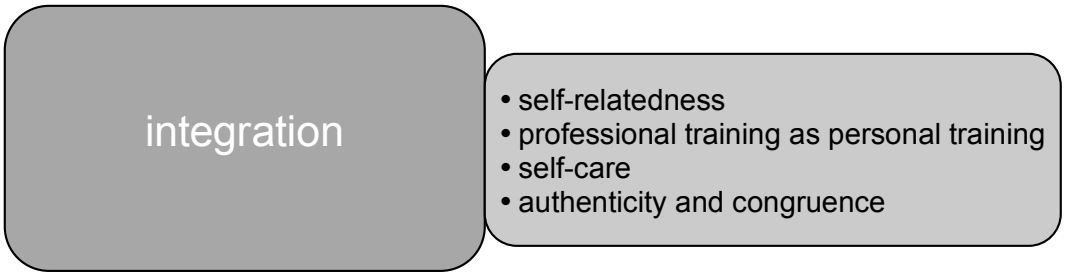
Figure 1 - Major themes and related sub-themes



Integration

This theme describes the almost seamless relationship that exists between both the participants' training and work as therapists and their meditation and personal spiritual journeys. The term "integration" describes this seamlessness and captures the non-dualistic and active process of 'bringing together' that the therapists outlined in their descriptions of their development as therapists and as meditators. The participants described their work as therapists and their meditation practice as integrated into the larger process of their lives. That is, they valued the importance of an integrated self / therapist. The theme of integration also extends into the participants' understanding of the interrelatedness between the mind, the body, the emotions, and the spirit. The therapists described therapy as a transformational process wherein the client is provided the opportunity to integrate their experience at both explicit and implicit levels of consciousness. Finally, integration also captures the participants' view of therapy as a relational process wherein therapist and client share a therapeutic space or container that for some of the participants is integrated into a transpersonal or metaphysical "something bigger".

Figure 2 - 'Integration' and related sub-themes



The theme of integration was represented by both the therapists' words and the reiterative process of the interviews. In order to construct findings with the data, I had to pull apart ideas and concepts which for the therapists appeared to be very connected. There was a simplicity and a circularity to the way the therapists responded to the research question that was captured by one of the participants who began the interview with one paragraph describing the relationship of her personal history to her spiritual journey and her work as a therapist. Following that paragraph, she joked and said, "that's probably all there is <laughing>...we're done".

In the most general terms, all of the therapists made reference to the indivisibility of their individual selves from their therapist selves, and the congruence between their self-development and meditation practice and their day-to-day work and their long-term careers as therapists. All four began meditating before or at the beginning of their training as therapists. One of the therapists noted that the question regarding the relationship between her meditation and her work as a therapist was itself problematic, because she had never been a therapist without a meditation practice. All of the therapists appear to have made a life-long commitment to both meditation and work as therapists, and both of these choices were explored early in life. One remarked that she knew she was going to be a therapist from the age of 15. Three of the four therapists had been exploring meditation before the age of 20. The therapists appeared to offer naturalistic explanations for their personal interest in both therapy and meditation - they view themselves as intuitive, spiritually-interested individuals who are open to non-

linear and non-cognitive-based ways of knowing and being in the world. Their development as individuals and as therapists is unified within their desire to study the process of healing, the nature of consciousness, and for some of them, explore metaphysical and transpersonal realities.

For all of them it was difficult to disentangle the motives for and causes of their personal journey with meditation from their therapist's pathway. One of the participants articulated this difficulty:

> It's all one to me. I mean work has never been work for me. It's always been a passion...I was really passionate about being a therapist. I *loved* it...at 19 when I was in these groups and met these fabulous people...I was introduced to meditation and one thing led to the next, and I was so, enthralled. But you see, I think underneath it all I thought, well therapy. Initially I thought it's the therapy, it's this process that I was hungry for. But underneath it, it was really the meditation. It was really the spiritual part of life. The kind of awakening that can happen in us, and the possibilities for transformation and for change, for going deeper into life, into ourselves, into reality. So that's really what was underneath it all.

The inter-relatedness of the participants' views and approaches to their work and personal development is further illustrated by the following four sub-themes of integration: (a) self-relatedness, (b) professional training as personal training, (c) self care, and (d) authenticity and congruence. These findings are outlined below.

Self-relatedness.

Self-relatedness is a term that Holloman (2000) used to refer to the process that certain therapists pursue through meditation practices. Meditation is a form of self-study - a committed exploration of conscious and unconscious processes and a refinement of one's ability to be aware of and integrate one's individual experience with increasingly finer levels of discernment and moment-to-moment awareness. Self-relatedness here helps to explain how the therapists describe the many different ways their meditation practice is integrated with their lives and their work as therapists. For all of the therapists, their ability to be in relationship to their emotional, physical and cognitive selves was very integrated with their ability to be in relationship with their clients.

One therapist described one particularly difficult session, very early in her career, with a client who had suffered serious abuse. Following this session, this therapist came to the conclusion that the only way she could work with such clients was if she developed a way to become aware of and manage her own emotional and physical responses. It was this single session with a client that prompted her to return to her meditation practice that she has continued daily since.

Likewise, all of the therapists described the need for self-relatedness in order to do good work and to continue in their profession over the long-term. One therapist was very clear: "you have to be self-aware as a therapist in order to be a good therapist. So you have to do your own work".

The therapists described the importance of self-relatedness in regards to the term "triggered", an expression of the psychotherapy vernacular that describes the process wherein a therapist has an internal response to a client in session. This response has its roots in the therapists' experience and therefore it is important that therapists learn to discern when they are being triggered by client material. In Freudian terms, this process has been referred to as a counter-transference response (Holloman, 2000).

The therapists spoke of being triggered as a useful process because it often provides important information about the therapeutic process or the client's experience. A degree of self-relatedness or self-awareness is required for a therapist to become aware of times when they are being triggered. Three of the four therapists made references to examples of being "triggered", having one's "buttons pushed" or becoming aware of their "own stuff". One therapist described: "...where it's like *whoa*, do I ever have to look at...what did she trigger in me, and what did I...?"

All of the therapists spoke about the importance of these responses to the therapeutic process and the benefits of the awareness of being triggered in terms of helping to clarify client issues. The therapists spoke of being triggered in session in terms of a "gift", as heard in this exclamation:

> ...and it was really nice to be able to go, *okay*, *I am going there, this is where he is taking me*, and to trust it. So it was a *huge* gift for me to be able...for him to bring that to me...

Another participant described:

> ...when things like that are...are really important, it's like being triggered, when you know, that there's something else going on, when they're a trigger, a trigger is a gift, because... you gotta know that there is way more here than meets the eye, and how...it's like her gift.

There are two senses of the word gift in the above quotes. One refers to the gift of experience that the therapist herself received as the result of the client material. The second quote refers to the client material as a gift that aids the therapeutic process. I believe it is this two-sided nature of the "gift" that Yalom (2002) referred to when he spoke of "The Gift of Therapy". It is an integration of the complex benefit that both client and therapist receive through their participation in the therapeutic relationship.

Although all of the therapists made reference to their self-awareness and self-relatedness throughout the interviews one participant made an explicit connection between her meditation practice and her ability to respond therapeutically while being triggered by clients:

> So I *really* think that my [meditation] practice has helped me a lot with that, because there's definitely times when I am triggered by clients, and I work with some very difficult clients...I have had situations, in my office where I've been, I think, potentially been unsafe, and I really think that it's that sixth sense, that comes from a lot of meditation practice that has allowed me to really stay calm and diffuse some things. Because sometimes I can certainly feel myself getting pulled into something that's very intense and most of the time I can stay out of that, and return to

> something that's very tangible in myself, and then I think that helps the client also return to something that is quieter and less reactive, less triggered.

Professional training as personal training.

The theme of integration was also illustrated by how the therapists spoke about their backgrounds and the relationship between their professional and meditation training. In response to the research question each of the therapists chose to recount their history of professional training alongside their experience with meditation. The professional training they have sought has been very integrated with their individual development and interest in meditation and contemplative practices.

The therapists have pursued professional training that fits within the process-experiential schools of psychotherapy (Pos, Greenberg & Elliot, 2008). They have pursued Ericksonian hypnosis, gestalt therapy, Hakomi and other forms of body-centred, intuitive healing, and emotion-focused or process-based transformational therapy approaches that have a high degree of congruence with their meditation practice. They have studied tai-chi and yoga, and two of the participants expressed an abiding interest in the outdoors as a source of spiritual renewal. One of the therapists is pursuing formal training in Hakomi, which is a process-experiential form of therapy with explicit associations to Buddhist thought.

Self-care.

Self-care is a term used to describe how psychotherapists and counsellors can practice what they preach by participating in regular activities that nourish themselves as individuals in order to be healthy therapists. All four of the therapists, three of them who are still working after more than 30 years in practice, made reference to their meditation practice as key to their being able to work as therapists and take care of themselves as individuals and therapists: "I got to the point where I couldn't imagine, how could people survive without doing this twice a day...". One therapist made specific reference to her meditation as one thing she does to protect herself from the vicarious trauma she may experience as a result of working with seriously wounded clients. Another specifically mentioned her meditation as her protection against burn-out:

> I feel that I am a little protected, energetically, from the meditation. And it nourishes me, so I have a daily practice that feeds me. And that I can pull on. So I think it really helps in terms of burn-out.

Authenticity and congruence between self and therapist.

One of the therapists related her ability to be authentic in both her life and her clinical work to her meditation. She talked about her personal and work selves as integrated into an authentic "real" self. She articulated this integration in terms of her "real" self "showing up" in all aspects of her life *and* in her work:

> my boundaries are clearer and how I want to be treated and how I want to show up, and how I *haven't* been showing up...I just feel likes it's *so*

connected to my personal life, there is no...to me there's no line, you know I believe in very clear professional boundaries, *absolutely,* but...

Similarly, the other therapists mentioned the importance of maintaining their personal and professional boundaries with clients. These boundaries were not built through a process of bifurcating themselves into their work selves and the personal selves. Instead, their boundaries were possible through authenticity - the recognition of the indivisibility of their work and individual selves. The acknowledgement of an integrated therapist /self who exists in a phenomenological sphere of her own: "Because all I have is my experience, right? To see them through."

Being as Opposed to Doing

The second major theme, 'being as opposed to doing' brings together the many ways the therapists described how they approach therapy and the importance of certain beneficial states that they associated with their meditation practice. "Openness", "careful listening", "clarity", "silence", "the subconscious", "allowing", and "paying attention" were words they used to describe an unattached, meditative or trance-like state that they were able to "drop into" while working with clients. It was the therapists' ability to cultivate an unattached being-ness that allowed for therapeutic possibilities within the therapeutic relationship. These ways of being, according to them, were also important pre-conditions to the ways of knowing that they considered vital to their clinical work.

Figure 3 -'Being as opposed to doing' and related sub-themes

Within these ways of "being" therapists, they described many approaches to knowing, described by the terms "embodied", "creative" and "heart". The participants differentiated their epistemological stances from more purely cognitive or explicit types of awareness when they described the relationship between their clinical work and their meditation practice. To expand upon this theme, being as opposed to doing, the participants' views are further articulated by the following sub-themes: (a) self-less not knowing or beginner's mind, (b) embodied knowing, (c) compassion and mindfulness, and (d) a therapeutic meditative stance.

Self-less not-knowing or beginner's mind.

The therapists often mentioned the importance of "being present". This was described as a willingness to drop pre-conceived notions of what was, or should be, happening with the client in session. "Beginner's mind" is an often-quoted expression describing an intentional willingness to entertain a not-knowing stance considered beneficial to the development of one's Buddhist-informed meditation practice. Not-knowing can be seen as a form of not-doing that requires a de-identification with the egoic self that knows. Not-knowing was frequently referenced by the therapists as important to the process of therapy.

One therapist juxtaposed an inauthentic self, "making everything better for other people" with her authentic self who could just "be here" with her clients. Another talked about the importance of "being present" and following without "doing". For all the therapists, it seemed like a being state as opposed to a doing state also required a willingness to not know - to not know the "right" thing to do in session, to not know the direction a session would take. They described the importance of "being with" a client as related to "letting go of the rational and logical mind", "dropping all the stories and all the fears", letting go of an ego and even a personality. They noted somewhat ironically, that it was a willingness to not know what to do in session that would allow them to become clear about what to do later:

> Not knowing leads to knowing, and just...you have to learn to be comfortable with not knowing...

Another participant illustrated:

> ...but that is a way in which, I think, my meditation practice really helps. If I can shift to that quiet place and move out of the shakiness of my personality in that moment, then I am more likely to do something that's right action in terms of the situation and in terms of the moment.

"Getting out of the way" was another phrase repeated by the therapists to describe a being as opposed to a doing state. They articulated that an over-identification with an ego-based self can be a barrier to a helpful, not knowing and present-focused stance. One therapist described her reliance upon Buddhist symbols and icons to achieve a beginner's mind:

> ... and sometimes somebody [a client] will be saying something and I'll think to myself, 'I don't have a *clue* where to go with this', and at that moment, I will open up to the medicine Buddha and say, 'you know, I have no idea where to go with this' and that opens up the energy, let that move through me, and usually, I think every single time, within two or three minutes there's an opening and I know exactly where to go. But that's not me doing that. That's opening to that."

For this therapist, the Buddhist understanding of "ego" informed her work insofar as her attachment to her egoic self as "doing" the therapy was seen as illusionary: "That's not me doing that...I have been sitting here thinking this was me". Instead, for this therapist the process of therapy was about getting out of the way and allowing herself to be "a conduit of that healing energy, it's a whole different thing, it's something coming through me, that I am open to, that I am sharing, as opposed to something *I'm* doing, which is the ego thing".

Another therapist summarized her approach to being with clients in this way:

> Getting my mind, my ideas, my judgments, if I am triggered emotionally, getting that out of the way so that I can be as present as possible, so that something, something really healing, can emerge. I think that meditation helps me, a lot anyway with that, that ability to *be* present.

One participant was very careful to delineate being open to non-explicit and intuitive sources of important information while at the same time being very connected to the possibility that "I might be wrong too". For her, the not-knowing

stance involved both being open to knowing while always holding the equally likely possibility that what she thinks she knows is incorrect:

> ... it's, just, I don't even question the intuitive, like often it's the right way to go [direction in a session with a client] but I am *totally* open to it being *totally* the wrong way to go, [as in], forget that, that's more about me than you...

Another therapist described how "completely unanticipated things" can happen in session when she is able be in the present - in a place of "stillness and quiet".

For these therapists, it appears that an openness to alternate sources and forms of information is not the same thing as certainty or a knowing in any doing or absolute sense of the word. Instead, they articulated a relationship between not-knowing and knowing in a fluid, present-oriented fashion. Their stance involved opening to therapeutic possibilities rather than clinging to any certainty associated with a knowing self. There was an invitational quality to the space that they appear to hold open for both themselves and their clients.

Compassion and mindfulness.

Compassion was mentioned by all of the therapists as a very important component of their ways of being in session with their clients. One therapist, a practicing Buddhist, compared her present-focused compassion with clients to a central tenet of Buddhism. She elucidated the relationship between compassion and wisdom:

> I feel that compassion....when combined with wisdom is what Buddhism is all about. And having too much compassion with no wisdom is a lot of

> sentimentality and having too much wisdom without compassion is 'going by the book'...but finding that balance...it's changing moment to moment...

This illustration outlines how this therapist integrates her therapeutic wisdom with her compassionate stance while working with clients. For her this stance has been cultivated by her Buddhist-informed meditation.

One therapist described the importance of kindness, "you know, a lot of people need a lot of kindness....I don't think I would be as kind in my practice if I hadn't been meditating for ages".

Another spoke about "the attitudes of mindfulness - the non-judging, patience, beginners' mind, trust, non-striving, acceptance and letting go." For this participant "non-striving" was a particularly meaningful way to describe a "being" as opposed to a "doing" approach. "Non-striving" was an important learning piece in both her personal and her work life:

> ... having to be good, having to be perfect, having to do it right, all those things I learned as a child were a struggle for me as a therapist...these practices [meditation and other spiritual practices] and mentors I have had have really helped me loosen up...[chuckling]

Embodied knowing.

For all of the therapists, the body was an important source of information and was important to therapeutic ways of being and knowing. Being present was associated to a physical awareness and the experience of "being in my *body*". One therapist did not associate the term 'mindfulness' with her meditation or an embodied being state: "To me, it's kind of like, *oh*, okay, just being, to me that's

being in your experience fully. Mindfulness is not a good word for me because I think that's in my head..."

Another explained that in some Buddhist schools the notion of mind is physically situated in the heart, and that an embodied way of knowing, a "heartful and emotionally connected" mode, leads to a non-logical source of important information when working with clients.

Another therapist put it this way: "it's not, like, thinking about it. It's what comes up intuitively, or in your body". This same therapist describes some of her early training in experiential therapy in which she was taught to maintain a connection to her felt sense of her breath, her rhythm and her body. This therapist drew many parallels between her experiential training in body-based and process-experiential forms of psychotherapy and her personal meditation practice.

One therapist provided a very concrete and useful form of embodied knowing that related to her psychotherapy practice. Although she does work with some very difficult, significantly traumatized and even potentially violent clients, she is selective with her caseload and relies upon her own intuitive and embodied knowing to help her choose which clients she should not work with:

> I will find myself, and ... who knows, I don't get to check whether or not it was a good decision, but often on the phone I will get an internal response, it's usually a response in my body and in my solar plexus, that just says - hmmm? - nah. And so I just say no.

For this participant being able to choose which clients are appropriate for her at any given time has been important, she feels, to her longevity as a therapist and her avoidance of burn-out after 30 years of practice.

A therapeutic meditative stance.

All of the therapists made direct references to their meditation practice and their ability to sit with clients in a meditative or trance-like state which involved dropping their analytical or critical mind and allowing for a compassionate openness which was key to the therapeutic process. They had a myriad of ways to describe being with clients that they associated with their meditation. Openness, silence and clarity were terms they used to describe their own state while sitting with clients:

> I think meditating twice a day just helped me be more clear [in session with clients]

Another reported:

> my practice is really about finding a way to return to stillness or quiet, or clarity...So I try to, in session, hold that in myself.

One participant spoke about how her personal therapy and meditative practice has allowed her to remain open and be more compassionate with others, even though she herself has experienced serious wounding: "it feels really nice to feel like I can use suffering I have had, in a positive and constructive way".

The therapists referred to the importance of listening carefully to both themselves and their clients:

> ... really tuning in and hearing those key pieces that are the gifts, then you just have to move in that direction, you just need to move with it...

This therapist emphasized:

> ... and I think we need to listen. We need to listen, because we are also trying to teach our clients to listen, and so, again, I think if we can bring our own examples, just again, that soul-ness of who we are, then, it's more likely to have some integrity, some authenticity when we attempt to shift clients into paying attention...

Stillness, or silence, was a way that the therapists described the not-knowing, not-doing state of being with clients. For these therapists their meditation practice and their ability to enter into a silent meditative place is absolutely connected to their ability to sit with their clients. One therapist described an "internal place of quiet" that allows for, and becomes a part of, the therapeutic space or "circle" of the therapeutic relationship. Within this circle the client is afforded the possibility of transformation through connection and integration.

Interestingly, two of the therapists illustrated their need to be still and silent when providing examples of working with violent or violating clients. One therapist described an extremely dangerous situation with a physically violent client: "it could have gone really bad, really, bad...and that's one very specific time when I knew that I had to go to that place of absolute, absolute stillness...". These therapists emphasized the importance of "dropping into" these silent states,

and "letting go" of the thinking, critical and analytical mind. One participant provided this vignette:

> I let go of all of the story in my own mind about this, any judging, and I went into silence, and into the heart. And I just sat there, and I was in the relationship, listening, and opening, and I think I was actually using the breath in that moment, to soften and expand...it's about opening, it's about opening and letting go of any judging. And that man [a perpetrator of abuse] suddenly stopped talking and smiled... he could feel it. And the work shifted from that minute.

One participant, who had been trained in gestalt, Ericksonian hypnosis and other forms of process-experiential work, talked about the parallels between being in a trance and staying in a creative, receptive and meditative state while working with clients. She described this way of working with clients as an:

> ability to drop into trance, to drop the mind, to drop into the state...that is externally focused but still very present and aware of yourself - so your focus is the client's experience *and* your own....And there's that flow that happens. So I started to trust the intuitive mind, and the mindfulness in myself.

For this therapist there was a congruence between this open receptive mind and the subconscious which she also described as the "feminine mind".

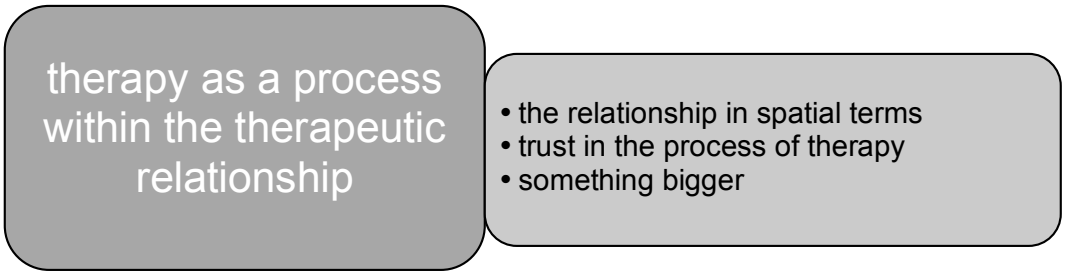
All of the therapists juxtaposed an open, meditative, or creative mind with an analytic, critical or judging mind. One therapist recounted a famous and perhaps apocryphal story of Milton Erickson, who when asked about what he was

thinking when he was doing his hypnotic work, replied, "I am not thinking". This non-explicit, intuitive way of being appears to be an important aspect of these therapists' approaches to therapy which for all of them is related to their experience with their practice of meditation.

Therapy as a Process Within of the Therapeutic Relationship

Whereas the second theme, "being" as opposed to "doing", speaks about the therapists themselves, the third major theme constructed with the data involves a description of how the participants viewed therapy. These therapists describe therapy as a process that happens within a container or a therapeutic space that they equate to the therapeutic relationship. Although not specifically addressed, the interviews evoked the participants' theories of change for clients in therapy. These explanatory models of healing were rooted in the creation of a therapeutic relationship. This relationship was described both as a "space", a "container", a "circle" and a "process". The therapists drew parallels between this therapeutic space / process and their experience of meditation and their personal process as meditators and spiritual seekers. For some of the therapists this space was described as a "sacred space" that allowed for transformational processes involving transpersonal experiences that can only be described in metaphysical terms. This finding is further described by three sub-themes: (a) the relationship in spatial terms, (b) a trust in the process of therapy, and (c) something bigger.

Figure 4 - 'Therapy as a process within the therapeutic relationship' and related sub-themes



The therapeutic relationship in spatial terms.

Therapy was represented in spatial terms by all of the therapists. One of the therapists spoke about therapy as a process of making and "holding the space" for clients to process difficult or previously unresolved material. For this therapist, the Buddhist-defined meanings of compassion were key. The holding and creating of the space for the client was made possible through the holding of compassion for herself as a therapist and an individual. This intentional holding of compassion allows for the possibility of a compassionate space for her clients. She provided an example of her work with one specific client: "where I chose to stand was in compassion...for myself ...and for him". For this therapist her own personal therapy, her meditation and her listening to Buddhist teachers comes together to create a therapeutic space that allows for her client to experience transformation through a compassionate-based process of self-discovery, acceptance and integration. For this therapist, "space" appeared to be an important metaphor for the therapeutic relationship. She described her responsibility as a therapist in terms of "standing in compassion", which is an interesting contrast to her meditation which she describes as "sitting". "Standing in" acknowledges the

mutual and reciprocal aspects of the therapeutic relationship. This is an acknowledgement that both therapist and client share experiences and are, in some important ways, equals. However, her use of the term "standing" as opposed to sitting also evokes a sense that she is standing "for" her clients, or standing in protection of the space created in order to serve the client's change process.

One of the therapists described her work with clients in more explicitly Buddhist-religious terms. She spoke of a "consecration" of the therapeutic space and related this to her meditation, her Buddhism and her trust and reliance on an intuitive way of working. She described her office as a therapeutic space that exists within a "framework of setting the consecration for our highest good... that would come from the spiritual", which for her was informed by Tibetan Buddhist concepts, imagery, and icons.

Another therapist describes the relationship in these terms:

> ... you can feel it in the room. You can *feel* when there's magic happening in therapy, whether it's a formal state of hypnosis or a connection in the relationship. You can feel that the energy changes in the room. And it's not just in *me,* it's in us. It's in the room, it's in the space that holds us.

This therapeutic space wasn't created actively in a doing sort of way. Instead one therapist spoke in terms of "allowing for it" to be created. For her, this allowing connected to the "letting go" and the "dropping in to" ideas that were paralleled in her meditation practice:

> ... all of these experiences are woven together and deepened my experience of meditation and I think of the therapeutic relationship - it

> broadened it for me and it deepened it and it added a spiritual dimension to it, even though that was only implicit and never explicit necessarily in therapy - it was an internal understanding for me.

For another participant, the relationship and the quality of the relationship was the key to the depth of healing possible within therapy:

> ... without that relationship, that heart connection, nothing's going to happen, no really deeper level healing will ever happen. You can fix a small problem, but it's not going to help the person connect to something more profound, in terms of their healing.

Another participant described her interest in becoming a psychotherapist in terms of her fascination with "the connection and the relationship" between therapist and client. She also described the therapeutic relationship as providing leadership -allowing for the mirroring of emotional and transformational states:

> I *really* think that therapy's most effective if the client and the therapist together can create the tangible, lived felt experience, in the session, of whatever the client is wanting... that happens in a lot of really subtle ways, it happens in ways that go *far* beyond the words, but in that more subtle energetic exchange... so I think it's very helpful if I can hold, hold, in myself whatever the client is wanting to access or change, so if the client is wanting a bit of peace or a bit of tranquility or some joy or more contentment as opposed to anxiety, then I think it's helpful if I can hold that state. If I am agitated, I don't think there's any chance of being able to help the client move beyond their own agitation, so, for me, my practice is

> really about finding a way to return to stillness or quiet, or clarity or whatever words you want to use. So I try to, in session, hold that, access that in myself and hold that in myself. So if I am working with anxiety, or working with agitation, which I am working with a lot, or with trauma, you know when the nervous system gets over-aroused, I think, I think it's helpful *in* the relationship, if I can really, really hold a place of quiet internally. And that place of quiet, whether or not it's ever spoken about directly, becomes an anchor in a way and becomes a possibility and becomes something that the client moves towards and, becomes a part of the circle, the therapist-client circle, and so ... it's more likely to become a part of the client's experience. So, I *really* think that my [meditation] practice has helped me a lot with that...

Standing in, being open to, holding, sharing and allowing for are all ways that the therapists describe the relationship and process of therapy. The therapy consisted of the formation of a therapeutic relationship. And within that relationship "trust in the process" was repeatedly stated as key - a "being" approach as opposed to a "doing" or "grasping" approach to change within the space of the relationship.

Trust in the process of therapy.

All of the participants referenced trust as a crucial aspect of successful therapy. The therapists spoke about a variety of forms of trust - trust in non-explicit or non-rational ways of knowing, trust in a being as opposed to a doing state, trust in their clients as their own best experts, and trust in the unfolding

process of therapy. Overall, it was the idea of their trust in the process of therapy as a non-directed, non-outcome-based approach that seemed to be foundational to their ways of working. For these therapists, their ability to trust in the unfolding process of therapy was directly related to their meditation training and practice.

One therapist described trusting the process in terms of "following" and "each session we get to something - a little deeper truth". For this therapist an unattached openness to her own ideas and impressions was important: "well, trusting them and using them when they're appropriate, you know, I don't have to think about it very much, if they come up in the session, they're probably useful, but I always think, I *always* think - I could be wrong". This therapist's willingness to trust, in an unattached way, allows for an experimental and open attitude to the process:

> I think that's one of the ways I have really learned this trade, and that is by being willing to trust the outlandish...because every time it's right, it confirms trusting that place, and if it's wrong, I learn something there too, you know, like, 'where did that come from? That's more about something else, or I just let it go, like, well, that was off-base, there's something else that needs to happen here instead, and it doesn't matter.

For this therapist it was important to trust in the process rather than the content of knowing.

Another spoke about how trusting in the process of therapy was a key piece of her training as a therapist: "it was about trusting yourself, being in the moment...I just learned, pay attention, be present. Process is more important than

content." For this therapist, trust in the process of therapy means relying on non-explicit ways of knowing and being, particularly when working with specific clients doing hypnotic or trance work:

> I am speaking without thinking. And it's all right on. And it's, I am in flow, and I am in rhythm, there's a part of the subconscious mind, that's part of the feminine mind and it works with rhythm and flow and so it just all comes out of that emptiness, it's just there. The understanding is there in a more holistic way, the whole gestalt is there, right? And that's the feminine mind, the rational mind *cannot* get there.

Another therapist drew parallels between trusting in the process of therapy and improvising as a jazz musician:

> My fear of performing, as a therapist and as a musician - dropping to that place where you could trust not-knowing, and trust something else, that something *will* happen. [A mentor] said, something will *always* happen eventually, in the relationship or in yourself or in the person, and you just have to go with the flow.

Trust in the process is reiterated in the following quote which highlights the fact that therapists also expect clients to trust in the process of therapy:

> I think that meditation helps me, a lot anyway, with that, that ability to *be* present. And to trust the process.... that we trust how the process is going to go and what's going to emerge. And that we don't just limit it through our ideas, or our fears...it's a huge thing [for a client] to trust that process. It takes incredible courage. So I think we need to have as much courage,

> and we need to trust what emerges through a respectful relationship, as much as we are asking the client to. And we need to trust that we'll be present and that we'll meet the client, no matter what happens. And we need to trust that we have the resources because we are asking them to learn to trust that they have the resources. And I guess that's the resource I trust the most, I mean apart from my experience, is that more subtle quality that I have learned from my meditation.

This therapist spoke again about the need to trust in the relational process of therapy as opposed to the personality or the egoic self of the therapist:

> I generally don't have a plan. I may have an idea about what direction we need to go, or what themes need to be addressed or what state needs to be nourished. But then I trust that if I can just be present in the relationship that something meaningful will evolve, and so that I think that ability to be present has also been really helped by my [meditation] practice, getting *me*, out of the way.

Another described that trusting, with openness, in the process and the not-knowing within the relationship both informs and enlivens the work:

> So it makes working here, you know working with people, even after 35 years, it's never *boring*, or dull, it's always very fascinating. And the moment it is boring and dull, I learned long ago, that when I start to fall asleep with a client? I know that we're not talking *at all* about what's supposed to be talked about.

For these therapists, therapy is a process that occurs within the container of a compassionate, non-judging and open therapeutic relationship. Trusting in the process means letting go of preconceived expectations or the desire for particular outcomes. To be effective as therapists, they need to trust that healing will happen if they can get their own agendas and egos out of the way and be in relationship with the client in a being as opposed to a doing way. These therapists credit their meditation practice for teaching them these important lessons about how to work with their clients.

Something bigger.

Finally, for three of the four therapists trust in the relationship and process of therapy was connected to their spiritual beliefs regarding energies or forms of consciousness that exist beyond the individual. For these therapists, their meditation practices informed the spiritual beliefs that were central to their understanding of the transformational process of therapy. These therapists were somewhat hesitant when they spoke about these transpersonal or metaphysical concepts and were explicit about the fact that many of these ideas fall outside the current boundaries of the discipline of counselling psychology. They were also careful to discuss the ethical boundaries they drew between their individual beliefs and their work with clients who may not share their spiritual worldview. In most cases, the therapists described the spiritual or metaphysical dimensions of their work with clients as their own personal understanding of the process of therapy as opposed to ways of working explicitly with clients. Those that did work with explicitly transpersonal processes were careful to explain that any such

work was done in a completely transparent way with the informed consent of their clients, and was only appropriate in certain settings and with certain types of clients.

Three of the therapists' meditation practices are incorporated into a larger spiritual practice that provides what many would describe as a religious framework for their meditative experiences. These frameworks provide explanations of meditation as explorations of consciousness that go beyond the individual psyche. The three therapist made references to a unified consciousness in terms of transpersonal "energy", "healing energy", "Buddha nature" and "higher levels of consciousness" that I have chosen to collect into the term "something bigger". One therapist made reference to the something bigger in terms of her clinical work and the therapeutic relationship:

> There is an energetic level to every relationship - that we are consciousness, not just a personality - there is only one mind...

Likewise, she echoed:

> ... these ideas are in a sense coming not just from myself, but from them at another level, and it's without trying, it's without striving for it's, it's without grasping for something, it's just there.

And finally, a participant provided this explanation:

> ... sometimes I can get my limited self out of the way and there's help or there's guidance or there's intuition or there's a direction that comes from what I would call the, I guess, soul, or the part that is connected into the bigger, into the larger...

These therapists hold a worldview beyond the materialist and positivist worldview of mainstream psychology. These worldviews are experientially related to their meditation and spiritual practices:

> I do have a trust that there's more than the physical plane, and there's more than our emotional and mental bodies, and that we can have a relationship, an ongoing relationship with whatever that energy is that is so much, so much bigger, and so much finer...

The therapists expressed the difficulty of describing these ideas using Western psychological terminology and one of the therapists drew specific attention to the fact that these ideas fall outside the disciplinary discourse, "...psychology doesn't accept that there is consciousness yet, and they think that the brain is the mind. And it's not."

The fourth participant, who was not aligned with any particularly spiritual or religious group, did not choose to explain the something bigger of the therapeutic process in transpersonal or metaphysical terms. This therapist, whose meditation practice may be best described in more secular terms, has a previous and personal history with more religious-based or institutionalized meditation schools, but now, after some negative experiences, eschews spiritually-based models. "You know, when people start talking about enlightenment I usually get really annoyed...". This therapist, who would describe her current interest in meditation in terms of a Buddhist orientation, shared with the other participants the metaphors of therapy as a space and a process. However, her metaphors did not branch into what would be considered metaphysical conceptualizations.

Conclusion

The research participants provided a model of therapy as a relational space/process. They articulated the relationship between their meditation practices and their clinical work as related to being-ness as opposed to doing-ness. The therapists' answers to the research question suggested a very integrated view of self/therapist, meditation/therapy, and mind/body/spirit. This integration, or seamlessness, is holistic.

All of the participants welcomed my suggestion in the interview that recently counselling psychology has shown an interest in meditation and mindfulness. They spoke about the benefits of mindfulness and meditation and were particularly interested in the investigation of meditation and mindfulness as practiced by therapists. One of the therapists pointed directly to potential benefits of a cross-fertilization between Western psychology and the meditative disciplines:

> ... that science of meditation, is there for us to draw on, and we need to acknowledge that research has already been done for 5000 years, you know, like, we don't have to re-invent some of these wheels, they're already there. And if psychology can be open-minded I think we can help people more.

Chapter 5 - Discussion

Introduction

This exploratory research project investigated the contribution that an extensive therapist meditation practice brings to counselling. Given the complex and uncharted nature of this topic, my research method endeavoured to bring the experience-near descriptions of therapists who meditate to the current discourse regarding the benefits of meditation, mindfulness and mindfulness-based therapies. This thesis listened carefully to and valued the subjective experience of these therapists as the best available sources of research data on this topic. The interview data was analyzed to produce three major themes: integration, being as opposed to doing, and therapy as a process within therapeutic relationship. An interpretation of these themes and their sub-themes is provided below using a review of relevant literature, the interview transcripts, the audit trail of research memos and journals. This process of interpretation and re-interpretation represents my efforts as a researcher to answer the question: 'so what does this mean to counselling psychology'?

A Good Question

The therapist-participants in this research described a rich relationship between their meditation practices and their work as therapists. Interestingly, for most of them this relationship has been largely implicit. The research question was a welcome one, for the therapists expressed that they rarely had been asked to articulate, in depth, the nature and the ramifications of that relationship. One therapist described the research question: "It's a very good question, actually...It's

a *great* question, you know? Just even just talking about it as really helped me... it connected the dots, more." The participants welcomed the opportunity to discuss what for them is a life-long commitment to their meditation practices. For some of these therapists their meditation is one component of their larger spiritual journeys.

These therapists do not place themselves within the larger movement in psychotherapy to incorporate Buddhist-informed meditation and mindfulness practices. Their interest in meditation and mindfulness is not academic or research-based. Neither is it formally related to their professional practice, although it is thoroughly integrated into their work with clients. Their commitment to a Buddhist-informed meditation practice represented their commitment to positive transformation within themselves, others and their wider world. The cross-cultural nature of their self- and professional development through meditation is evident in that this transformational undertaking extends beyond the boundaries of Western science-based psychology. Fulton and Siegel (2005) proposed that this boundary between Western and Buddhist psychology represents a place along a continuum of self-development. They proposed that "the goals of mindfulness meditation begin where the Western concept of self-development ends" (p. 41).

These therapists were pleased to hear that the topic of meditation and mindfulness was becoming an area of significant interest within counselling psychology, although they did express some concern that the more esoteric, spiritual or non-Western wisdom contained within the meditation disciplines may

be lost in the translation into current psychotherapy practice. One therapist emphasized the need for psychology as a discipline to consider the benefits of mindfulness and meditation and the potential limitations of purely cognitive-based approaches that limit investigation to the explicit and the personality as opposed to the implicit and spiritual aspects of existence. For this therapist, the research question was a good one both for herself and for the discipline. While I, as a researcher, approached this topic as an outsider, the therapists interviewed were rooted firmly within both counselling psychology and Buddhist-informed meditation. Their meditation had a significance to their lives beyond self-care, relaxation, or other specific skill-based professional development enterprises.

Psychotherapy as an Intention Towards Healing

I have come to understand the therapists' meditation practice as an intentional use and development of self, undertaken for both personal and professional motivations. The commitment to their meditation, their personal mental, emotional and spiritual development and their work is unified in its intention towards healing, growth and the nourishment of self and others, which is paralleled by the Buddhist-informed worldview of the interrelatedness of all things. This worldview is inherently collectivist and built on an ontological premise of interdependent co-arising (Huxter, 2007) wherein everything is causing everything else all the time. I would suggest that this worldview, whether or not explicitly held by the therapists, has deeply informed their development through Buddhist-informed meditation. In the broadest sense, these therapists approach life and work with a holistic intention.

Olendzki (2005) suggests that intention, or "right aim", one step of the Eightfold Path, is the "principle tool of transformation" within Buddhist psychology:

> when intention is skillfully crafted in each moment, it guides the mind wisely to its state in the next moment, and, thus, like the rudder of a ship, can be used to navigate through the changes of arising and passing of experience (p. 292).

I contend that the therapists' meditation represents a skillful crafting of their perceptual, cognitive and otherwise psychological capacities in the service of transformational processes within themselves, their clients, and for some of them, the larger world. This movement along a development pathway has been accomplished, in part, by a practice of sitting daily in meditation with themselves.

While intention has a direction and a purpose, it is not an achievement or an end result. The notion of intention as a direction along a path of transformation is helpful in a discussion of these research findings. It also captures the description of meditation and mindfulness as a practice of turning towards the full spectrum of experience and the realities of existence (Morgan, 2008).

Meditation as Training in Turning Towards or Radical Acceptance

A turning towards or acceptance of the present moment and existential realities defines mindfulness (Morgan, 2008). Germer (2005) suggests that mindfulness-oriented psychotherapists see "radical acceptance" as a key component of their approach (p. 7). In Buddhist terms, suffering is the result of a grasping for the impermanent or averting one's gaze from the unwanted or

painful. These meditating therapists have developed their capacity to turn towards their own suffering and that of their clients in service of transformation and healing. They credit their meditation practice with their capacity to sit with and create space for their client's shame, anger and violence in such a way as to promote healing and change. Their ability to sit in stillness and silence allows for a deepening of client experience, which in turn creates the possibility for a re-integration of experience, often at levels below cognitive or explicit levels of consciousness. This nurtured ability, and their intention to turn towards with compassion, kindness and equanimity appears to be a foundation of their work and their meditation.

Throughout this research process I have noted the parallels between the use of the word practice, referring both to a commitment to regular meditation and to the work of a therapist with their clients. A similar parallel is apparent with the word sitting. The therapists sometimes described their meditation practice as sitting: or to mediate as "to sit". I have also heard therapy described as a process of "sitting with" clients. These parallel terms describe how these therapists viewed their work and their meditation as integrated. Parallels are evident between their two forms of sitting and their two forms of practice. Their professional training and development as therapists is highly integrated with their personal development of self. Their meditation pathway mirrors their developmental pathway towards the skillful use of their self both in their personal lives and in their work as therapists. They see their meditation and their work as therapists holistically and as a life-long process.

The above is not to suggest that life-long learning and development is unique to therapists with a Buddhist meditation practice. In fact, this view of development and professional training is not uncommon amongst psychotherapists (Jennings & Skovholt (1999). What is unique about these therapists with a Buddhist-informed meditation practice is that their meditation, as a form of mental training (Walsh & Shapiro, 2006), may be taking them beyond what would be considered the 'normal' limits of psychological capacity according to the terms of Western science. While an emphasis on positive psychology is becoming much more common (Seligman & Csikszentmihalyi, 2000), in general Western psychology has been preoccupied with psychopathology and dysfunction. Buddhist psychology and the meditation disciplines, on the other hand, have spent thousands of years developing techniques and methods that promote levels of cognitive, emotional and physiological functioning well beyond what might be considered a 'normal' level of healthy functioning in the West (Fulton & Siegel, 2005; Walsh & Shapiro, 2006). While these therapists did not, at any time, describe their abilities as exceptional, they do describe ways of being and knowing that push the boundaries of ordinary psychotherapy discourse. While it may be difficult to assimilate some of these views into mainstream non-spiritually based psychotherapy, I suggest these therapists are pursuing a life-long training in the skillful use of self that appears to promotes a highly integrated level of functioning with their clients and in their personal lives.

Integrated/Integrative therapy

There are three uses of 'integrated' or 'integrative' that provide a framework for this discussion of the therapists' work. The first use, and the most abstract, is provided by Kristeller's (2007) contention that mindfulness meditation practices promote "integrated responses...more novel, creative, or 'wiser' perspectives on life's challenges" (previously quoted, p. 396). These therapists described working in very intuitive and open-ended ways, trusting in the process of therapy and their ability to respond therapeutically in the moment to their clients in session. They credit their ability to work in this non-directive fashion to their personal development through their extensive meditation practices. I propose that this way of working represents an integrated approach in Kristeller's sense of the word. While it is impossible to determine, within this analysis, whether or not the therapists' responses were in fact more novel, wise, or creative, the fact that they have built and maintained successful therapy practices, over many years, provides some confirmatory support for this approach.

A second use of the concept provides a useful description of the way in which the therapists described how their meditation has helped them to integrate the different aspects of their experience in service to their practice of psychotherapy. Olendzki (2008) outlines four foundations of mindfulness as mindfulness of: body, feelings, mind and mental objects. The therapists recounted how all of these forms of mindfulness inform their work, in session, with their clients. They described a high-degree of self-relatedness, which they credited to their meditation. They described the importance of authenticity and a strong

congruence between their personal development and their work as therapists. They recounted the importance of an in-the-moment relationship between the physical, emotional and cognitive aspects of their experience and the important information that this awareness brought to their sessions with clients. Furthermore, the therapists related their meditation practice to their ability to create an accepting and open therapeutic space in which clients could heal through a deepening and integration of their experiences of suffering and trauma.

The third use - 'integrative' - refers to the movement within psychotherapy that brings together a number of different approaches to psychotherapy to form an approach that draws from mindfulness, psychodynamic and cognitive-behavioural theory (Anderson, 2005; Martin, 1997). I suggest that this approach to therapy is practiced by many experienced psychotherapists in private practice who are required, with a widely mixed practice, to have a large and assorted toolbox at their disposal. Integrative psychotherapists, motivated in part by research findings that show no significant differences in effectiveness between the specific schools of psychotherapy (Wampold, 2001), are choosing to investigate the benefits of therapeutic approaches that draw from the theory and techniques of a number of different schools.

The therapists in this study described working in a very unattached, open-ended fashion wherein they trusted in the process of therapy as it unfolded, as opposed to being attached to any particular therapeutic outcomes. They credited meditation with their ability to be comfortable not knowing how to proceed, or to be wrong and change directions on a moment-to-moment basis within a session.

Martin (1997) described this way of working as integrative decision-making allowing for integrative treatment planning. As an example of integrative ways of working, he outlined treatment approaches that flexibly utilize the insights and theory from both cognitive-behavioural and psychodynamic approaches. He described integration as a "way of thinking - as a mindful process with an intention, rather than a static integrative framework or methodology", and the mindful therapist as one who works with a "process of attention to therapeutic possibility", a process he claimed "requires great discipline and quiet continuous monitoring" (p. 308). This description of therapeutic possibility closely mirrors the therapists' descriptions of the "gifts" their clients brought to therapy and the therapists' willingness to be open to alternate ways of knowing and not-knowing in session.

Integrative therapy as an intention rather than a static framework appears to be facilitated by these therapists' willingness to get "out of the way" of the process of therapy. Getting out the way captures the therapists' ability to detach themselves from identification with their "mind[s], ideas and judgments" in order to be present and responsive to what is happening in the moment with their clients. As stated earlier, these therapists connected their meditation practice to their ability to stand with and for their clients, open to the possibility of knowing rather than clinging to any certainty associated with the knowing itself. Martin (1997) suggested that this approach to therapy allows the integrated therapist to "bring together all of the therapeutic wisdom available concerning intervention possibilities" (p. 308).

It is beyond the scope of this research to assess the forms of therapy practiced by the participating therapists. It is therefore impossible to determine whether or not the type of therapy they practice is integrative within a narrow definition, as in bringing together theory and technique from a number of different approaches. Nor is it possible, within the parameters of this research, to determine how much therapeutic wisdom the therapists were able to draw upon. However, this research does suggest that these therapists are motivated by an intention that allows for therapeutic possibility in the broadest possible sense. And for these therapists the ability to hold that intention is closely linked to their regular and extensive meditation practice.

The Therapeutic Relationship and the Four Immeasurable Minds

These meditating therapists viewed the possibilities for healing and change as taking place within the context of the therapeutic relationship. As put by one participant: "I really think change happens in the moment in the relationship, and so I'm *really* interested in what happens between my client and I in the moment...".

The importance of the therapist-client relationship is well accepted in the literature (Norcross, 2001). These therapists described the process of therapy in terms of the creation of a therapeutic space within which change is possible. The therapists described the therapeutic relationship as a container and a space whose boundaries they were responsible for building and maintaining. These boundaries were set by the intention to "be" and "stand" with their clients. The therapists suggested that it was the meditation, in large part, that taught them the importance

of a "being" as opposed to a "doing" approach to therapy. It was their ability to "be present" in an embodied and congruent fashion that allowed for the transformational process of therapy to take place within the relationship.

Although only one of the therapists named herself as a practicing Buddhist, all of the therapists made reference to a number of ways of being that are central tenets of Buddhist ethics and psychological health. They suggested that their meditation practice promoted their ability to be "compassionate", be "kind", be "non-judgmental" and "accepting" and to work in "non-striving", "letting go" and "unattached" ways. The Four Immeasurable Minds or "divine abidings" of Buddhism (Bien, 2008; Cohen & Bai, 2008; Olendzki, 2005 and Smith, 1994), as previously suggested, provide a useful framework of analysis for discussing these therapists' ways of being. Cohen and Bai's depiction of being for (love or loving-kindness), being with in suffering (compassion), being with in joy (sympathetic joy) and simply being (equanimity) mirrors the therapists' accounting of their ability to be in relationship with their clients in the ways they considered to be therapeutically helpful. These ways of being with their clients, according to the therapists, allowed for possibilities for healing that otherwise might not have been available.

The importance of a compassionate "being" with, as opposed to a goal-oriented "doing" was frequently mentioned by the therapists. The ability to be compassionate and non-judgmental towards her own shame and suffering was very important to one therapist's ability to create a compassionate therapeutic space for her clients. Others confirmed this contention as they described the

importance of a compassionate and non-judgmental therapeutic space for clients who had both experienced and perpetrated abuse.

Anderson (2005) supported this view and argued that a high degree of correspondence exists between the non-judgmental acceptance of all experience promoted by meditation and the empathy that is a vital component to the therapeutic relationship. He proposed that Buddhist-informed meditation "promotes a self-directed empathy that enhances the interdependence, integration and cohesion of self" (p.483). This core process of meditation is identical, he argued, to the therapeutic change process of clients. He proposed the possibility that training therapists in meditation may be a powerful tool for developing therapist empathy. Therapist empathy, he contended, allows for clients to re-integrate disowned parts of themselves and their experiences in ways that are very similar to the process that a meditator goes through to ultimately recognize the indivisibility of self from consciousness. Barret-Leornard (1997) further argued that self-directed empathy can promote transformational processes that are similar to the immeasurable quality of some of the states promoted by mindfulness:

> the impact of recognizing and accurately articulating the message of signals from a deep, precognitive level of inner being seems to radiate through the whole person-organism. At the moment the dual self is one, there is a peak of integration. It is a unity not of structure but of immediate process of inner connection and communication (p. 109).

According to these therapists, it was a Buddhist-informed "being with", as opposed to a "doing", that allowed for healing within the therapeutic relationship.

Some of them described this as a transformational process that was difficult to describe in terms commonly found within counselling psychology literature. They spoke about an "energetic" relationship and a connection to "something bigger" beyond the individual. They described a joining with their clients in a transpersonal or shared consciousness that promoted healing and growth within their clients. While these descriptions of integrative experiences are not uncommon within transpersonal psychology (Walsh & Vaughan, 1993), they are areas of investigation at the margins of current psychological research. A thorough discussion of these aspects of experience is beyond the scope of this research project. However, these descriptions do support the suggestion that it may be very important to approach the potential benefits of meditation from an emic perspective that allows for Buddhist epistemological and ontological models not currently well-accepted by Western science.

The therapists emphasized the importance of an unattached and non-striving orientation to their work with clients. Their ability to 'simply be' with a present-focus was a vital feature of therapy and the therapeutic relationship and a skill they credited to their meditation practice. Equanimity, the fourth of the Immeasurable Minds, is thought to be a state of unattachment, wherein the full breadth of experience, either wanted or unwanted is allowed for and accepted. This state of simply being with experience is not a "distancing...nor a desensitized neutrality of feeling, but is rather an advanced state of being able to embrace both pleasant and unpleasant experience, without the responses usually conditioned by desire" (Olendzki, 2005, p. 294). Some of the therapists described this state as one

of "silence" and "clarity" that they were able to achieve through a process of "dropping into" or "letting go" of a normal waking consciousness into a more meditative or trance-like state of open-ended awareness. According to the therapists, this unattached state allowed for healing to happen within the container of the therapeutic relationship.

Within this state, the therapists also described a de-identification with a knowing self - a "letting go" and a "getting out of the way" of the process of therapy. To trust in the process of therapy, which they described as an unfolding as opposed to a "doing", meant to be willing to "not know" and "be wrong" in session. It was related to non-explicit and non-cognitive ways of knowing as previously described by this quote:

> I let go of all of the story in my own mind about this, any judging, and I went into silence, and into the heart. And I just sat there, and I was in the relationship, listening, and opening, and I think I was actually using the breath in that moment, to soften and expand...it's about opening, it's about opening and letting go of any judging.

Bien (2008) suggested that the Four Immeasurable Minds may represent a Buddhist framing of the therapeutic attitude, a mindfulness-informed stance for the mindful therapist. He clarified that while love, compassion, sympathetic joy and equanimity are separate ideas, they are best seen as inter-related and reinforcing states of being. For him, they represent an articulation of the contribution that the meditation disciplines make to the "deep listening" and "true presence" found within the therapeutic relationship. This stance, he suggested, has

a long history within psychotherapy, and can be found in the teachings of Freud, Perls, Maslow and Rogers. What the meditation disciplines provide, he proposed, is a method of cultivation of this empathetic, open and unconditional therapeutic stance. Bien's suggestion is supported by the therapists who participated in this research project.

What Does This Mean? A Return to Mindfulness

I wish to conclude this discussion with a return to mindfulness. This framing is somewhat problematic, for, as expressed earlier, the therapists in this study did not describe themselves as mindfulness meditators or practitioners, and the term held a diversity of meanings for them. As Buddhist-informed meditators, they were familiar with the terminology, but they did not necessarily identify with mindfulness as the defining aspect of either their meditation or their therapeutic practices. For some of them, mindfulness provided a useful framework for their meditation and their insights into the relationship between their therapy work and their meditation. For others it was less useful. However, it is clear from the previous literature review that mindfulness is becoming central to Western psychology's interest in meditation and Buddhist psychology. Many of the researchers and well-known Buddhist teachers such as Thich Nhat Hahn describe mindfulness as one of the central teachings of Buddhism and at the heart of meditation. Further, its benefits are viewed as a form of mental training and an ethical approach to living.

One explanation for this discrepancy between the participants' views and practices and the discipline's interest in mindfulness has been previously

explained in this thesis by the fact that these therapists have pursued meditation as a personal and for some spiritual endeavour, as opposed to an academic or research interest. Another explanation is that most of these therapists' meditation practices were begun well before the most recent interest in mindfulness. A further explanation is found in the dizzying array of Buddhist practices in North America that are translations of an even greater variety of schools of Buddhism in Asia. It is easy to take any Buddhist concept, clearly defined within one school, and find countless other, and sometimes conflicting, descriptions and terms within other traditions[5].

While there are few explicit references to the notion of 'mindfulness' within the data of this study, it is easy to interpret the therapists' experience using descriptions of mindfulness. Whereas the Four Immeasurable Minds provide a Buddhist lens through which to interpret the therapists' views of therapy and the therapeutic relationship, Germer's (2005) characterization of mindfulness as comprised of the three aspects of "awareness" of "present experience" with "acceptance" provides another helpful framework in which to integrate the findings of this study. This discussion will conclude with the contention that the therapists' meditation practices contributed to their capacity to work as mindful therapists, by supporting their perceptual, cognitive and integrative abilities to enact and embody mindfulness in their therapeutic work.

This framing of the therapists' experience as mindfulness does not bring new data to this discussion. Instead, it is re-interpretation of the research findings

[5] The multiple descriptions of 'The Four Immeasurable Minds' included in this thesis provides one example of this diversity.

deemed important by the disciplinary interest in mindfulness. In addition, it must be clarified that, just as the Four Immeasurable Minds are best viewed in a non-dualistic and reinforcing fashion, the following three aspects of mindfulness also need to be viewed holistically as interrelated concepts and processes (Germer, 2005).

Awareness.

The therapists' described their ability to finely discriminate the cognitive, affective, physical and transpersonal aspects of experience, and they relate these capacities to their meditation practice. Further, they rely upon an integrated awareness to guide their therapy practice and their moment-by-moment work with clients. Meditation allows them to deeply listen to their clients in both non-cognitive and cognitive ways, using both open-ended and pointed attention as suggested by Martin (1997). These therapists described a flexibility between a reliance upon an open beginner's mind and an ability to draw on their therapeutic training and wisdom. This flexibility represents an integrative process, nurtured by many hours of meditation and silent self-exploration. Finally, some of these therapists describe an openness to aspects of the therapeutic relationship and transformational process that are not currently well-articulated by the counselling psychology literature. They named "healing energy", "energetic levels of experience" a "sacred space" and experiences of a unified and transpersonal consciousness as relevant ideas in their work with clients. For some of these therapists, their meditation practice, as a process of professional and spiritual development, allowed them to access and participate in levels of awareness that

are generally spoken of in purely spiritual terms in the West but which are normalized within the meditation disciplines and Buddhist traditions.

Present-experience.

All of the therapists articulated the importance of an orientation to the present - a quiet, still and open awareness to the moment-by-moment experience of themselves and their clients. They suggested that their meditation experience supported their ability to "be" with their clients in a non-striving and non-outcome-oriented manner. This stance, or mode of 'being', was facilitated by their capacity to "get out of the way" - to loosen the identification with the habits of their personality and their agendas in order to provide for therapeutic possibilities in the present. These therapists proposed that it was their ability to be present, in compassionate and accepting ways, that allowed for the creation of the therapeutic relationship. They described the transformation and healing aspects of therapy and meditation as a moment-to-moment integration of ever deepening levels of experience. They credited their meditation practice with their ability to do therapy over the long term and suggested that their ability to maintain a present focus may have protected them from the vicarious trauma associated with working with deeply wounded clients. More specifically, they suggested that their ability to be still and silent in the moment protected them in more directly dangerous situations and also allowed for healing for both abused and abusive clients.

Acceptance.

Meditation and mindfulness have been described as a turning towards experience (Morgan, 2005). This non-judgmental acceptance of the full range of experience was described by the therapists as a practice of compassion. They proposed that their meditation practices led to the development of a congruent and "larger self" that trusted in therapy as a process of integration of all aspects of their clients' and their own experience. These therapists described an acute awareness of the difficultly of "letting go" and dealing with shameful and destructive feelings. Their ability to empathize with their clients' experience was facilitated by an ability to hold open or stand in a therapeutic space, without over-identifying with the client's suffering. This capacity, to create the possibility for change within the acceptance of therapeutic relationship, was credited to their long-term training in acceptance and compassion through meditation and other forms of personal and spiritual development that they had pursued.

It is apparent from the above that although these therapists do not practice mindfulness-based therapy per se, their approaches to therapy have been deeply informed by their Buddhist-informed meditation practice. I would suggest that mindfulness lies at the heart of their work with clients. Their long-term commitment to self-study and self-development through meditation has cultivated their ability to provide for the three foundations of mindfulness: to be aware, of present experience with acceptance.

Chapter 6 - Conclusion, Limitations and Directions for Future Research

Conclusions

This investigation into therapist meditation was motivated, in part, by the suggestion that therapists wishing to incorporate mindfulness or other meditation techniques into their work require direct experience with meditation and mindfulness in order to grasp and transmit the full range of their benefits. This suggestion led to broader questions - what might therapist meditation and mindfulness practices contribute to counselling psychology? What does meditation offer psychotherapy through the skillful use of self as therapist?

A literature review situated this study into the disciplinary interest in mediation, mindfulness and the cross-fertilization between Western and Buddhist psychologies. The review suggested that mindfulness-based therapies and the mindful therapist have the potential to make some important contributions to psychotherapy theory and practice - a suggestion supported by the findings of this study.

The method chosen to guide this research has been called interpretive description (Thorne, 2008), a naturalistic and constructivist approach to knowledge generation within the applied health disciplines. As such, four registered and practicing counselling psychologists were interviewed to gather their descriptions of the relationship between their meditation practice and their clinical work. These therapists are long-term meditators, with Buddhist-informed practices of 11 to 35-plus years. The therapists who participated in this research provided rich and detailed descriptions of the many ways that their meditation

practice informed their work with clients. They outlined how their meditation promoted their development as therapists, supported their ability to form therapeutic relationships and helped them to maintain their practices over the long-term. They also associated a number of beneficial cognitive, interpersonal and self-regulatory capacities with their long-term commitment to a regular sitting meditation.

These therapists work in integrative ways. Their clinical approach brings together the wisdom of the present moment with their clinical training and experience. They credit their meditation practice with their ability to be in the present in compassion and equanimity in a therapeutic relationship characterized by acceptance and non-striving. They work with a high degree of trust in the process of therapy as an unfolding integration of experience. They understand and are comfortable working in domains of experience and consciousness that are often considered as outside the purview of Western psychology, but which are normalized in Buddhist psychology and philosophy. For some of these therapists, participation in healing involves an integration into transpersonal realms of shared consciousness and energetic exchange beyond the rationalist limits of Western views. Their training in the wisdom of the meditation disciplines encourages them to bridge the ontological and epistemological assumptions of East and West. They expressed concerns that some of the more esoteric, non-cognitive or ineffable potentials of meditation and mindfulness could be lost in the translation into Western outcome-oriented research and practice. This research into mindfulness, with experienced meditators as potentially gifted subjects, draws from the wisdom

contained within the 5000-year-old meditation disciplines and the 2,500 year-old history of Buddhist thought.

I conclude that these are mindful therapists. Intentions of mindfulness define their understanding of the process of therapy and their moment-by-moment work with clients. Their life-long commitment to their self-development through meditation and other spiritual and personal practices is highly relevant to their careers as therapists. Although they may be somewhat unique amongst psychotherapists, their approaches to therapy are not foreign to counselling psychology. Their empathetic, present-focused and unconditional stance fits well within psychodynamic, gestalt, humanistic and person-centred traditions. Their descriptions closely echo the teachings of Freud, Perls, Maslow and Rogers. What is important about these therapists, however, is that they provide evidence that their meditation is a method for the development of some of the important personal and interpersonal attributes of helpful therapists.

Limitations of this Study and Directions for Future Work

This small, exploratory study was limited in scope. It did not probe the specifics of the therapists' practices - either their meditation or their clinical work. Further research is necessary to explore how specific meditation techniques and their philosophical foundations are uniquely relevant to therapist self-study and development. A huge diversity of meditation practices exists. Many are embedded within particular traditions and research is needed to clarify the particular contributions of different approaches to meditation, mindfulness and therapist development.

Research is also required into the methods and modes of learning mindfulness and meditation. Two of the therapist-participants referenced the importance of a living meditation and spiritual teacher. These participants had important things to say about how their work with a living teacher contributed to their clinical work. This finding was not addressed. Likewise, the impact of longer-term retreats or other methods of meditation training were not explored. There is much work to be done to identify specific benefits of the many types of therapist training in mindfulness.

It is also important to probe much more deeply into the specific ways that therapist meditation training contributes to psychotherapy theory and practice. This study provides some groundwork for future investigation. For example, this research proposes that mindfulness may contribute to integrative approaches to psychotherapy and integrative clinical decision-making. However, it does not delve deeply into this proposal.

Another limitation of this research is that it does not address the important question of clinical processes and outcomes from the client perspective. Research is required to determine the specific contributions of mindful therapists to clinical outcomes.

A final limitation of this research is in regards to its cross-cultural features. As repeatedly mentioned above, in order to avoid cultural encapsulation, research into meditation needs to be informed by the perspectives and knowledge base of experts from within the disciplines. This research, by its very nature, ventures into philosophical questions of epistemology and ontology that were not

explored in sufficient depth here. As a Western-trained psychologist, I was required to approach this research with a beginner's mind. While this fresh view may have provided some benefits, it also undoubtedly and unwittingly narrowed the scope of the research.

This study was initially designed as a secular investigation into the topics of meditation and mindfulness. During the data construction process it became clear that I needed to distinguish between the secular and what could be termed the 'spiritual' aspects of meditation and mindfulness, or those that challenge Western science-based assumptions regarding the nature of consciousness and the individual. The participants in this study suggest that future research into meditation and mindfulness must venture more directly into philosophical questions regarding the nature of consciousness and Buddhist and Eastern ontological assumptions. This research provides an invitation to the discipline of counselling psychology to investigate the limitations of purely cognitive-based approaches restricted to the explicit and the personality as opposed to the implicit and transpersonal aspects of existence.

Postscript

Early in this thesis, I posed a query regarding what it means to be a good-enough therapist. As a response to myself and all others struggling with this question I would like to offer this mindful acceptance:

Wild Geese

You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert, repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting —
over and over announcing your place
in the family of things.

—Mary Oliver

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Appendix: Participant Information Letter and Consent Form

Researcher	**Faculty Supervisor**
Jane Wiley, BA Master's Student, Counselling Psychology Department of Educational Psychology University of Alberta Edmonton, AB T6G 2E1 email: jwiley@ualberta.ca General Office: (780) 492-5245	Dr. Sophie C. Yohani Assistant Professor Department of Educational Psychology University of Alberta Edmonton, AB T6G 2G5 e-mail: sophie.yohani@ualberta.ca telephone: (780) 492-1164

In their own minds: An exploration into the meditation practices of counsellors and their sense of its contribution to their work with clients

There is a growing interest within clinical and counselling psychology regarding the benefits of mindfulness training and Buddhist-informed meditation practices. You are being asked to participate in this exploration into the potential benefits of an extensive (longer than ten-year) practice of Buddhist-informed meditation to your development as a professional psychotherapist / clinical social worker and your work with clients. This information letter provides you with information about this research project. Once you understand the study and if you decide to participate, you will be asked to sign the written consent form at the bottom of this document.

Purpose and use of this research
This study is being undertaken as a thesis in partial fulfillment of the requirements of a Master's Degree in Counselling Psychology. The sole researcher has not received any funding for this research project. In addition to the thesis portion of this project, the researcher may publish the research findings in an academic or electronic journal. Research findings may also be presented at an academic conference, in classes and seminars or at other publicly attended events. Any use of the research data collected in this study will be done in accordance with the University of Alberta Standards for the Protection of Human Research Participants. Upon your request you will be sent a copy of the completed research report.

Study Design
If you agree to participate in this qualitative study, you will be asked to complete a single, in-person interview with the researcher at a date, time and location of your convenience. It is anticipated that this interview will last a minimum of 60 minutes to a maximum of 90 minutes. This interview data will be analyzed along with other sources of research data to produce a research report.

During this interview you will asked to reflect on and discuss your experience of your meditation practice as it relates to your work as a counsellor. This interview is intended to be an open-ended and interactive interview and as such, there is no requirement that you complete a pre-prepared list of questions. The open-ended and conversational nature of this interview makes it difficult to ascertain in advance the specific content of the interview, and it is possible that you will be discussing material of a personal nature.

Audio recording and confirmation of interview transcription
The interview will be audio-recorded and transcribed verbatim. This transcript will be assigned an identification number and all reasonable efforts will be made to remove or alter any potentially identifying information from the transcripts. This 'clean' copy of the transcript will be sent to you under the cover of "personal and confidential" for your editing and confirmation. Should you prefer receipt of a digital copy of the interview transcript, the transcript will be encrypted prior to electronic delivery and you will be provided the means to re-encrypt the edited transcript for its return to the researcher. Following receipt of your approval of the transcript content, all further research work will be done with the clean copies of the transcript.

In the unlikely event that there is a significant discrepancy between the interview transcripts and your intended communication you will be asked to participate in a second follow-up interview to address any such discrepancies.

Privacy and Confidentiality
All reasonable efforts will be made to protect your personal and professional privacy at all points during this research process. All reasonable efforts will also be made to protect the confidentiality of any personally identifying information regarding yourself and anyone to which you might refer in the research interview. Data may be altered if necessary to protect the identity of any persons referred to in the interview process.

Your full name, complete mailing address and e-mail address will be collected and maintained for the sole purpose of your editing and confirmation of the interview text following transcription and the delivery of a copy of the final research report upon your request. This personal information, as well as all paper or digital copies of the interview transcripts will be kept in a locked cabinet at the Department of Educational Psychology when not in use by the researcher. Should the researcher require that a copy of the interview transcripts be held on her personal computer, this file will be password protected at all times. All copies of this personal identifying information will be destroyed immediately following completion of the research project.

If an outside transcriber is hired to complete the transcription, the transcriber will be asked to sign a confidentiality agreement and abide by the University of Alberta Standards for the Protection of Human Research Participants. Please see for details: http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm

Benefits and Harms of Participation
There are no foreseeable harms to your participation in this research. Any benefits you may receive are expected to be modest pursuant to a discussion and review of your meditation and professional practice.

Right to Withdraw
You have the right to withdraw from this study at any point without penalty and to have any collected data withdrawn from the data base and not included in the study. In the event you opt out of this study, all electronic and paper copies of any personal information and or interview data will be destroyed.

Ethics Approval

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension, Augustana and Campus Saint Jean Research Ethics Board (EEASJ REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEASJ REB at (780) 492-3751.

Informed Consent

I agree to participate in the above described research project as a research participant. I have read and understood the above information letter regarding this research and I:

1. Understand that if I have any questions, concerns or complaints regarding this research project I can contact Jane Wiley, Researcher and/or Dr. Sophie Yohani, Faculty Supervisor whose contact information is above.

2. My participation in this research is completely voluntary and I understand the intent and purpose of this research.

3. I understand that my identity will be kept confidential and that I have the right to withdraw from this research at any time.

4. I understand that I may decline to answer any questions and that I may withdraw at a later date. Information provided by me can be destroyed at any time upon my request.

5. I consent to the audio-recording of the research interview.

6. I am aware that others will be reading the results of this research and that this research will eventually be published.

7. I have received two copies of this Letter of Information and Consent Form. One will be retained for my own records and one will be signed and returned to the researcher.

Participant Name: _____
(please print)

Participant Signature: _____

Date: _____

Researcher Signature: _____

Date: _____