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An Exploration of the Experience of Open Awareness Co-meditation at the Beginning of Therapy Sessions

Aneeqa Ishtiaq
University of Arkansas, Fayetteville

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by

Aneeqa Ishtiaq
University of Arkansas
Bachelor of Arts in Psychology, 2007
University of Arkansas
Master of Science in Counseling, 2010

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University of Arkansas

This dissertation is approved for recommendation to the Graduate Council.

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Dr. Kristin Higgins
Dissertation Director

_____

Dr. Roy Farley
Committee Member

_____

Dr. Danette Horne
Committee Member

_____

Dr. Ed Mink
Committee Member

Abstract

Mindfulness and meditation have been seen as beneficial for mental health and mindfulness-based therapies have proliferated alongside an increase in popular interest in mindfulness (Germer, Siegel, & Fulton, 2013). However, many therapists are unaware of how to add mindfulness-based interventions. It may seem especially ambiguous for therapists and clients unfamiliar with the concept. In this dissertation, the history and current research on mindfulness-based psychotherapy, and its benefits and contraindications, are reviewed, and the researcher's relationship to the topic is explained. It is identified that one way to add mindfulness to psychotherapy is for the therapist and the client to co-meditate in the beginning of therapy sessions. There are anecdotal reports of this being done (Gilligan, 2012; Kornfield, conference presentation, 2013) but there is no published research on this specific practice. A phenomenological qualitative study to explore the lived experience of therapists co-meditating with their clients in the beginning of sessions was designed and carried out. Five therapists played a five-minute guided meditation audio instruction, and co-meditated with up to four of their clients in up to four sessions. At the end of each session, the therapists recorded their experiences and feedback from clients. The therapists were interviewed about their experience at the end of the study. Questions included whether this is a beneficial practice, did it help with connection and rapport, did their clients benefit, is this a doable therapeutic intervention, and would they recommend it to others. All participating therapists found it beneficial for clients, some found it beneficial for themselves. Some clients favored the activity and reported plans to incorporate meditation and mindfulness in their lives. Some decided to do informal practices, and some reported it is not for them. The therapists said they would recommend the intervention for their trainees and found it to be feasible and accessible. They reported several benefits and

some problems with the practice. The findings from the interviews and feedback forms were analyzed and coded for individual and collective themes. The implications of these findings for therapeutic interventions, therapist training, and trauma work were discussed, and related future research directions were suggested.

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Dedication

This dissertation is dedicated to my daughter Amaya Hope Ibrahim. She is truly a fighter with a larger than life feisty spirit and an infectious smile. Her strife to be alive against the staggering odds of being a 23-week preemie, weighing just 1 lb. 2.9 oz., has been an inspiration to everyone who knows her story, especially her parents. Her curiosity, cheerfulness and acceptance in the face of all circumstances has really shown us the meaning of what it means to live in the moment.

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Chapter 1: Introduction

Meditation and mindfulness have become very popular integrations to psychotherapy (Germer, Siegel, & Fulton, 2013). Although these are ancient Eastern ideas and practices, and psychotherapists such as Carl Jung have used comparable techniques in the past on the fringes of therapeutic practice, mindfulness and meditation have gained stronger scientific credence in the recent past. Empirical studies have demonstrated the beneficial effects of mindfulness and meditation (Chen et. al., 2012; Claessens, 2010; Davis & Hayes, 2011; Germer, 2013; Greeson, 2009). Studies have shown that mindfulness can increase overall well-being, improve moods, increase frustration tolerance, encourage cognitive congruence, improve physical health, improve emotion regulation, and even "re-wire" the brain to become more adaptive (Hanson & Mendius, 2009). *Time* magazine has recently published a cover story about "the mindfulness revolution" and the science of meditation (Pickert, 2014). Mindfulness based therapies like Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Mindfulness Based Stress Reduction (MBSR), and others have based considerable stock in the idea of mindfulness and are known as the third wave of cognitive therapies (Claessens, 2010). Combining body/mind awareness based methods with psychotherapy is gaining traction as being more effective than traditional talk therapy alone (van der Kolk, 2014).

Considerable volumes of research to date have established that mindfulness and meditation can be very beneficial for the physical and mental well-being of human beings and can be a beneficial adjunct to psychotherapy (Germer, 2013). Therefore, this time in the history of psychotherapy is ripe for discovering diverse ways in which these practices can be implemented in psychotherapy to increase effectiveness and outcomes of therapy.

Statement of the Problem

Mindfulness and meditation are beneficial practices and can be incorporated into psychotherapy (Pollak, Pedulla, & Siegel, 2014). Psychotherapists may know that mindfulness and meditation are beneficial, but may struggle with how to add it to their therapeutic practice. Standard methods currently used may be teaching of breathing techniques, instructing clients to practice meditation as homework, the therapist maintaining an open and mindful presence, encouraging increased awareness in clients, and listening to and following guided meditation instruction at home, etc. (Pollak, Pedulla, & Siegel, 2014). Although these methods are available, not many therapists use them on a regular basis, and it may be beneficial to explore and understand why. It is possible that therapists are unaware of how to incorporate mindful experiences. They may also not feel comfortable with their ability to instruct. They may question the efficacy of such practices or they may be overwhelmed by the ambiguity of multiple practices and unsure of which one to choose.

There may also be other ways to incorporate mindfulness and meditation into psychotherapy that has not been discovered or tested yet. Although homework may be beneficial, are there ways to experientially incorporate mindfulness practice into sessions and to demonstrate the effects of the practice within the session? It is important to investigate whether there are easy, clear and evidence-supported ways to add mindfulness and meditation based practices into session.

One specific way of teaching mindfulness to clients is to use the first few minutes of session to co-meditate or to teach the client how to meditate. There are anecdotal accounts of therapists doing this (Gilligan, 2012; Kornfield, conference presentation, 2013) but there have not been studies showing whether this specific practice is beneficial and doable. If this is a viable

and beneficial approach, it may provide therapists a simple and approachable way to incorporate mindfulness and meditation into therapy. This may lead to benefits for clients, and may also possibly benefit therapists, and the therapeutic relationship.

Researcher's Relationship to the Study

In December 2013, I attended the Evolution of Psychotherapy conference in Anaheim, California. Among many sessions presented by the distinguished faculty, psychologist, author and Buddhist teacher, Dr. Jack Kornfield (2013), presented on incorporating mindfulness practices into therapy. In his introduction, Dr. Kornfield mentioned that prior to starting his therapy sessions, he often instructs clients to meditate by themselves in the waiting room. Alternatively, he sits in meditation with them in session for a few minutes at the beginning of each session. This practice piqued my interest. What effects does it have? Is this beneficial? Should more therapists do it? Are there any problems with making this standard practice?

I was contemplating dissertation topics at this time and this stood out to me as a worthy investigation. I have started a mindfulness and meditation practice personally, and have been involved in learning about the benefits and effects of meditation. I have been reading books written by Buddhist teachers about the foundational history surrounding these practices, and books written by contemporary psychotherapists who incorporate mindfulness and meditation into their practice, and their theoretical rationale for doing so. I have also been leading mindfulness and meditation groups in my community and workplace, and have noticed clients and other individuals benefit from engaging in these practices. With my existing interest in meditation and mindfulness, and my knowledge of the benefits of mindfulness, I became very intrigued by the idea of the counselor and the client meditating together, or co-meditating, for the first few minutes of each session.

Rationale for the Study

This study is an investigation of the specific practice of the therapist and client observing 3-5 minutes of a guided open awareness meditation at the beginning of therapy sessions. The ideas and practices of meditation and mindfulness have been used in various therapies and have become increasingly more prevalent. However, based on my research and experience, many therapists do not use it, and may not be clear on how to use it (Pollak, Pedulla, & Siegel, 2014). If mindfulness is beneficial for mental health, and can be incorporated into sessions, it is important to investigate whether there are more accessible and evidence supported ways to incorporate it. It would also be important to explore whether there are ways to incorporate mindful awareness experientially into sessions. I have not discovered scientific studies on incorporating mindfulness and meditation into therapy in this specific way. I inquired by email with Dr. Christopher Germer, an expert, author and psychotherapist in this field (personal communication, March 14, 2015) and he stated he is not aware of studies exploring this particular question and said, "this is a great question to explore." Therefore, my approach in my dissertation is to begin at the ground level asking basic questions about the benefits and viability of this practice and intervention.

Research Questions

As this enquiry has not been carried out before, I wanted to conduct a phenomenological study to carry out the intervention, and to explore how therapists and clients experience the practice. I allowed my data collection (the experiential feedback of participating therapists) to inform questions and areas to explore in the future. I was seeking to answer broad questions about this practice. I asked the participating therapists questions including: Is incorporating a few minutes of meditation at the beginning of session a good idea? Is it doable? How does it affect

the therapist? How does it affect the client? Is this something therapists can do with ease every session? How would therapists feel about doing this every session? What factors would prohibit a therapist from being able to do it every session? How would clients feel about doing this every session? If not in every session, would it be a good idea to do intermittently? Is it always appropriate, or are there contraindications and situations where this practice should not be used? What are the possible benefits of this practice? What are the possible disadvantages of this practice? There were many unknown questions to be answered.

Purpose of the Study

This dissertation study was an attempt to review existing literature on the benefits of mindfulness and meditation, and how these practices can be incorporated into psychotherapeutic practice. My aim in this review was to find support and contraindications for incorporating a few minutes of open awareness meditation at the beginning of each psychotherapy session. To practically answer the questions posed above, I assigned psychotherapists to incorporate this practice into their therapy sessions, and then investigated their experiences with this practice. I asked them questions about their experience to support or oppose the idea of incorporating a few minutes of meditation as a beneficial and viable idea for standard practice.

Expected Benefits

Based on prior research and publications, I expected some possible benefits and they are listed below:

1. If being more mindful creates greater awareness and attention, and leads to greater understanding of inner and outer experiences, it may lead to greater insight in therapy. If the counselor and the client are in a state of open attentiveness, greater insight may be achieved (Germer, Siegel, & Fulton, 2013).

2. The connection and rapport between the therapist and the client may be better due to the sense of presence established by the act of meditating together (Geller & Greenberg, 2012).
3. Therapists should be intentional and present for the client and meditating with the client may increase their sense of presence and intention, and refresh them from their last session with another client or lunch or a meeting that they just attended. This will be including the client into the process of setting up for session (Rogers, 1961).
4. Client may be still working through dealing with traffic or an angry spouse or the nervousness of being in a difficult class, and this may also give them the opportunity to be intentional about being in therapy.
5. If the counselor and client are reminded of the purpose and intentionality of the session. It may create a more "sacred" connected space, what Carl Jung (1968) called a therapeutic "temenos."
6. This experience may show clients that they have the ability to selectively focus attention and allow them to use this coping skill in their lives (Pollak, Pedulla, & Siegel, 2014).
7. This experience will demonstrate to clients the felt experience of meditation and mindfulness and may encourage clients to practice meditation and mindfulness in their lives (Pollak, Pedulla, & Siegel, 2014).

Significance of the Study

The findings of this study can have important implications. If this practice is found to be beneficial and easily adaptable in sessions, this will provide a method to incorporate the beneficial practices of mindfulness and meditation into therapy. It will open the door for further quantitative research on how the practice affects clients and counselors and allow comparison

between sessions that incorporate the practice and sessions that do not. If the practice is not beneficial, it can be rejected as a practice. If the practice is not adaptable, it can lead to further research on how to make it adaptable.

If found to be beneficial and easily adaptable, therapist training programs can potentially add this as a standard session preparation practice, and already practicing psychotherapists can try it out to see whether it is something they can use and benefit from. Long term benefits of this practice on therapists who do it regularly can also be studied as it may add 10-20 minutes of daily mindfulness experience for these therapists. It can also be analyzed whether clients who are exposed to this practice in session are more likely to practice mindfulness and meditation outside of session.

Definition of Terms

Attention: see *Consciousness*

Awareness: see *Consciousness*

Clients: Individuals seeking mental health counseling from psychotherapists.

Co-Meditation: Co-Meditation is the act of two or more individuals meditating together. Surrey & Kramer (2013) write that it is a way to cultivate relational mindfulness and to deepen the relational field.

Consciousness: "Consciousness encompasses both **awareness** and **attention**. Awareness is the background radar of consciously, continuously monitoring the inner and outer environment. Attention is a process of focusing conscious awareness, providing heightened sensitivity, to a limited range of experience. Awareness and attention are intertwined, such that attention continually pulls "figures" out of the "ground" of awareness" (Westen 1999, pg. 822).

Experiential Acceptance: "Experiential acceptance means embracing "private experiences" (eg. thoughts, emotions, memories- experiences an individual has that no outside observer can directly see) and allowing these experiences to be present without trying to avoid or get rid of them" (Ciarrochi, Kashdan, & Harris, 2013, pg. 13).

Meditation: Meditation is the practice of Mindfulness. In this study, it is the act of taking time with the intention of being mindful.

Mindfulness: According to Jon Kabat-Zinn (1994), "Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally. This kind of attention nurtures greater awareness, clarity, and acceptance of present moment reality." (pg. 4)

Presence or Therapeutic Presence: "Therapeutic presence is the state of having one's whole self in the encounter with a client by being completely in the moment on a multiplicity of levels- physically, emotionally, cognitively, and spiritually, [it] involves being in contact with one's integrated and healthy self, while being open and receptive to what is poignant in the moment and immersed in it, with a larger sense of spaciousness and expansion of awareness and perception. This grounded, immersed, and expanded awareness occurs with the intention of being with and for the client, in service of his or her healing process" (Geller & Greenberg, 2012, pg. 7).

Psychotherapists or Therapists: In this study, psychotherapists and therapists include licensed counselors, social workers, psychologists.

Relational Mindfulness: Surrey & Kramer (2013) described Relational Mindfulness as "the ground of the therapists' ability to invite a patient into a new or subtle shift in the direction of the therapeutic inquiry" (pg. 102).

Assumptions Underlying the Study

Mindfulness and meditation practices have been used for thousands of years. In the recent past, the field of psychology has been researching the benefits of these practices and adapting them into therapies (Germer, Siegel, & Fulton, 2005). Acceptance and Commitment Therapy, Dialectical Behavior Therapy and other mindfulness based interventions are becoming more and more popular. Based on the findings of existing research, this study is built on the assumption that mindfulness and meditation are beneficial for mental health. The literature for this evidence is reviewed in Chapter 2. However, given this presupposition, the primary focus for this study was to investigate whether incorporating co-meditation specifically into sessions practiced by both client and therapist is beneficial practice in one or more ways.

Limitations

One possible bias in this study may be that therapists who volunteered to participate in this study may already have been predisposed to mindfulness and meditation practices. They may already have their own meditation practice. It will be important to note how many of the participating therapists already practice meditation. Similarly, clients who agreed to do this activity may already have been interested in meditation or have had the belief that it is beneficial. Therefore, the experiences reported may be biased. It will be interesting to study further how such factors impacted the outcome and interpretation.

Delimitations

I did not explore the quantitative effects of this intervention as this is a novel approach and I wanted to first investigate whether it is a doable and viable practice, and investigate the potential benefits and shortcomings of the intervention. If there is support for the practice

emerging from this study, more quantified controlled studies should follow for further investigation.

Summary

Mindfulness and meditation have been established to be beneficial in many ways. Therapists may suggest the practice to their clients as an aid or coping skill. Therapists and clients may have difficulty practicing it or finding ways to do it as the concept may seem difficult or inaccessible. Therefore, it may be possible that demonstrating how to meditate and experientially doing it with the client may make it more accessible. In this study, the effect of the client and the therapist co-meditating at the beginning of the session was studied as a potential way to introduce mindfulness and meditation. Additionally, whether this method may have effects on the quality of the session was explored.

Based on my research on the effects of meditation and my own experience, I believe that the therapist and client co-meditating in session may have several beneficial effects. However, this needed to be investigated further to determine whether it will be beneficial and possible to incorporate this method in therapy sessions. It was therefore helpful to explore the benefits and the disadvantages of doing this.

For this study, I asked therapists to add five minutes of co-meditation for up to four of their clients for up to four of their sessions. My focus at this point was on the therapist's experience of session, perceived ease and difficulty, qualitative understanding and evaluation of the session, whether this will be something they are likely to use in the future, and why or why not. This study was an exploration to determine whether this can be incorporated as a standard step in therapy sessions. If it is deemed beneficial, it will open possibilities for quantitative analysis about specifics effects on clients and therapists.

Chapter 2: Review of the Literature

The popularity of mindfulness based practices has grown in the recent years (Dunn, Callahan & Swift, 2013). Due to this popularity of mindfulness based interventions in psychotherapy, there is a lot of existing research on mindfulness, meditation and their benefits as part of psychotherapeutic approaches. However, based on my research, there has not been studies exploring the experience of co-meditation by both the therapist and client at the beginning of therapy sessions. I inquired by email to Dr. Christopher K. Germer, a leading author, teacher, therapist and expert in this field, and he also stated that he is not aware of any research on this specific question (personal communication, March 14, 2015). This therefore is a new area to explore in the field of mindfulness and psychotherapy.

It was important to review the theoretical basis and history behind these practices to have a deeper understanding of the concepts and how they may impact people. In this chapter I explore the history of psychotherapy and mindfulness, provide my own viewpoint of how they are linked, explore the basics of mindfulness and meditation in context of ancient Buddhist traditions, and then further explore contemporary research about incorporating these practices into therapy. After establishing the benefits of mindfulness and meditation, I explore how mindfulness is currently used in therapy, and explore research that is similar to this study. I then propose co-meditation at the beginning of session as an idea to explore, and experientially investigate this approach to understand how and why this approach may or may not be perceived to be helpful by therapists.

What is Mindfulness?

Using a definition from Kabat-Zinn (1994), “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally. This kind of attention

nurtures greater awareness, clarity, and acceptance of present moment reality" (pg. 4). Sharon Salzburg defined mindfulness as "clear seeing, yet with undiminished compassion" (1999, pg. 7). Many definitions of mindfulness exist but for the purposes of this study mindfulness is being defined as the intentional grounding in the present moment, non-judgmentally, and with clear seeing, acceptance, and compassion.

Why Mindfulness?

Mindfulness is being integrated into clinical therapeutic practice at an increasing rate, and clinicians and clients benefit from these practices (Fulton, 2013). Lack of awareness and inattention to the present moment can be problematic as it reduces one's involvement in their life. Human beings are often absent minded and dissociated from their outer environment and their inner climate (Qin, Perdoni, & He, 2011). Without awareness, automatic habits, emotions and cognitions can run awry and lead to maladaptive and self-defeating patterns. Being led by automatic thoughts can be convenient in certain aspects of our life and it is important to acknowledge these advantages. However, automatic thought and behavior patterns can also be maladaptive. In fact, in therapy much of the distress clients experience can be attributed to lack of awareness, disconnection from the present, biased views of reality, and distorted views of the world (Hanson & Mendius, 2009). People are also more prone to being taken over by strong emotions when unaware of their internal climate. Neuroscience research also shows that calm, alert and expansive states of presence allows neuronal integration (Geller & Greenberg, 2012).

The lack of awareness that we experience also carries over into the therapy setting. The therapist and the client both may be distracted and unaware, or just running on autopilot. Important shifts in inner or outer climate, such as how a certain statement or event affected the counselor or the client may be lost (Germer, Siegel, & Fulton, 2013). It is important to explore

the ways in which being out of touch or disconnected from the present moment may affect therapists and clients and the quality of therapy.

Mindfulness is being present and attentive in the present moment. It is cultivating a neutral, nonjudgmental and receptive awareness. We know that mindfulness can be a learned skill, and meditation is a way to practice mindfulness (Germer, Siegel, & Fulton, 2013). When people are mindful, they report greater awareness. They learn the skill to pay attention and be open to what is happening without blocking their inner or outer experience. Fulton and Siegel (2013) state that insight is the goal and the vehicle for therapy. They explain that being with present awareness allows deeper insight into how our minds work and this can offer relief from suffering.

History of Mindfulness and Psychotherapy in the West

According to Germer (2013, pg. 11), Henry David Thoreau and William James can be credited with the beginnings of this field. Thoreau wrote "I sat in my sunny doorway from sunrise until noon rapt in reverie… I realized what the Orientals mean by contemplation." While in the early 1900s William James remarked to his class in Harvard "This [Buddhist psychology] is the psychology everybody will be studying twenty-five years from now" (Epstein, 1995 & Germer, 2013, pg. 11). Freud and Jung spoke about these practices too, Freud talked about it as regressive and "beyond the limits of his nature" whereas Jung was fascinated and curious about these approaches. The Second World War brought in more Eastern influence from Japan in the form of Zen Buddhism. Fritz Perls studied Zen in Japan, and more esoteric meditations such as Transcendental Meditation became popularized by the Beatles and Ram Das. In 1977, the American Psychiatric Association (APA) asked for evaluation of the effectiveness of meditation, and in the 1990s the focus moved to Mindfulness Meditation (Germer, 2013). The journey of

meditation and mindfulness therefore started with the foresight of some and fringe acceptance by certain sub-cultures, and it was followed by an introduction to the mainstream field of psychotherapy.

Mindfulness has been shown to be beneficial, cost-effective and accessible and therefore seen as an obvious tool in therapy (Dunn, Callahan, & Swift, 2013). Acceptance and Commitment Therapy, Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Behavioral Therapy (MBCT), and Mindfulness-Based Stress Reduction (MBSR) are some therapies that integrate mindfulness into their formalized practice and mindful awareness is formally taught in sessions (Dunn, Callahan, & Swift, 2013). Others have argued that mindfulness has been integrated into psychotherapy for a long time under different terms and that phenomenological-humanistic psychology (PHP) therapists like Carl Rogers have used these concepts for a long time (Felder, Aten, Neudeck, Shiomi-Chen, & Robbins, 2014). Currently mindfulness can be taught in session (as in the named approaches above), assigned as homework, used in the awareness of immediacy, and practiced by therapists to cultivate mindful presence (Dunn, Callahan, & Swift, 2013; Pollak, Pedulla, & Siegel 2014).

My View of Mindfulness

The following is my opinion based on my experience and readings over the years. These are some of my views about human nature, the mind, suffering, and how I understand psychotherapy to work and interface with mindfulness at this time. After presenting my views in terms of analogies, examples, connections that I use, I will explore and cite literature that supports or contradicts the views presented. This section is therefore not cited as is it an amalgamation of knowledge, insights, and associations. However, I would be amiss to say this is original work because the ideas presented are knowledge accumulated from a multitude of

sources and common knowledge. They include renowned teachers, authors and therapists like Chogyam Trungpa, Pema Chodron, the 14th Dalai Lama, Jack Kornfield, Irvin Yalom, Thich Nhat Hanh, John Welwood, Stephen Gilligan, Mark Epstein, Rick Hanson, Christopher Germer, and countless others. They also include insight obtained from personal communication from my personal teachers, colleagues and friends including but not limited to William Symes, Eric Von Gremp, Jon Medders, Danette Horne, Roy Farley, Ed Mink, Kristin Higgins, Geshe Thupten Dorjee, and many others.

I must begin with my interest in psychology or the nature of the mind. As a therapist, I am constantly exploring means to alleviate mental suffering. I would like to decipher this for myself in my own pursuit of happiness, and to also support and help my clients. It is important to identify the nature of the "mind." Is the mind our brain, is it *in* our brain, is the brain part of our mind, is the mind *in* our body, where does the mind go when we die… these are questions we do not yet have scientific answers to. However, we understand that the mind-body-brain work together as a unit to experience and interpret our experiences. This leads to how we experience things. I will begin with the fact that our experiences are felt through our sense organs- sight, smell, taste, hearing, and touch. These "outer" experiences are then interpreted through our neural networks. Vision from both eyes are assimilated, made right side up, corrected, and then interpreted. I believe the same is happening for "inner" experiences. Experiences inside us such as emotions, mood states, contemplations are also interpreted and "made sense of" by our minds. Our experience of reality is therefore filtered through our beliefs, associations, perceptions and biology. This makes it is important to ask where do our beliefs, associations, and perceptions come from. Are they inherent or learned? Are they always accurate? The nature vs. nurture debate continues, are we born as blank slates and learn everything or are there pre-programmed

ideas and notions? Though we have not settled the debate in exactly attributing to these origins, learning theory provides evidence that our learning processes impact our beliefs, associations and perceptions. For example, many in Asian cultures may learn that making eye contact is disrespectful. However, in the Western cultures, not making eye contact may be seen as disrespectful. How we associate and interpret the information is based on our learning.

This brings us to the question of whether reality is absolute and inherently good or bad, or can reality support multiple viewpoints at the same time. I believe the latter. Albert Einstein said "Whether we can observe a thing or not depends on the theory which you use. It is the theory which decides what can be observed" (Fulton & Siegel, 2013, pg. 36). My analogy to this is seeing alphabets in the night sky. I can see English letter shapes formed by stars in the sky. However, someone who does not know the English letters will not be able to see it. This does not mean the letter is there or it is not there. It is more about the projection of the viewer's perspective and finding evidence in the environment. Even aspects like the colors of objects can be up for debate based on our visual organs and specifically what types of rods and cones we have and do not have. There are many aspects of "reality" or our day to day experiences that can be and are interpreted by the viewer. So, when we are experiencing the world, it is important to remember that our instruments of perception may be impacted by biology and learning. I like to think of learning as forming a reference library that we use to help us understand new phenomenon, which we then use to interpret stimuli based on our biological biases and our experiential/learning history.

If we view the world and use our pre-existing viewpoints and filters of our physiology to shape how we interpret what we see, the next question is what is flawed learning, and who is to determine what is flawed and what is real. Value judgments based on cultures and religions may

impact this greatly. Although it will be an interesting dialectical activity to argue the origins of all ideas, in this study I am concerned with the ideas that make people suffer. I am looking at our mind/brain as a thinking and interpreting organ. This is to say that just as structures in our eye can make us see things differently, structures (the reference library) in our brain/mind can make us think, feel and experience differently.

I see meditation and mindfulness as a way of obtaining a more accurate view of the world and our experiences. By taking a step back from being in the experience and interpreting it in habitual ways, we can observe what aspects of our interpretation make our experiences become suffering. There is a popular saying that "pain is inevitable, suffering is not." The idea is that we will have injuries, death, aging, illness, etc. that are part of the natural world and will continue to happen in the foreseeable future. Therefore, these events do occur and feelings of sadness or pain can be a "natural" reaction to these events. However how we see and interpret these events impact how much suffering we have over the events. If I am set on ideas such as I must never get sick, I must never age, no one I love can die, etc., I will be very miserable and suffer more than if I accept these aspects as the natural course of life. Additionally, if I believe that I am sick because of my past actions or that God does not love me, I might suffer even more. Similarly standing in line may be part of the busyness of modern living. Although that may be inevitable at times, I can change how I act and feel while in that line. I can be mean and grumpy and feel worse and make others feel worse, I can read a book and enjoy the time, I can be neutral and just wait. These options are available to us on a moment to moment basis.

It is important to discuss the idea of "thresholds" (Symes, 2016, pg. 17) at this point. Again, based on our individual experiences, personalities, expectations, moods, we have different thresholds of awareness and tolerance. Five minutes of waiting in line can be

excruciating if I am in a bad mood or I am in physical pain, whereas five minutes may be very short if I was expecting an hour of wait, or if I am reading or engaged in chatting with someone next to me. Excessive rigidity and control over our plans may reduce the threshold such that it is more likely that daily events will trigger suffering. Openness to experience can increase this threshold and help us suffer less. These concepts have been seen in studies of irrational beliefs, logical fallacies and expectation effects.

This brings us to the idea that our perceptions, ideas, habits and associations can be changed. I will discuss evidence in neurobiology to support this later, but anecdotally speaking, we know that skills can be learned and improved with practice, just like skills can atrophy with lack of practice. If I learn French as a second language and practice it, I will become more fluent. However, if I never practice, I will lose my fluency, and perhaps even forget most of it. It is important to ask, can this be applied to viewpoints or mental constructs such as Optimism and Pessimism, that if I practice optimism, I can become more optimistic, or if I have a history of pessimism, my pessimism "muscles" may be stronger and more likely to play a part in my interpretation when I face a situation. We know that sense of well-being and happiness can improve when gratitude and mindfulness are practiced (O'Leary & Dockray, 2015).

The first aspect of this is allowing the idea that our thoughts and feelings are not always facts, and remembering that we are susceptible to suffering even when there is no cause for suffering. It is also helpful to remember that we may be inconsistent from moment to moment based on moods and situations. I like using rivers as an analogy to human nature. Although a river may have a name and somewhat fixed location, the river is never actually the same in terms of its particle composition or particle arrangements. I believe that on a cellular level we are changing every moment, and our thoughts and our mind states are dynamic and open to moment

to moment flux. We have identities and ideas that we maintain, and some are deeper set and more habitual than others, but we have the potential to change. Therefore, when ideas, beliefs and habitual interpretations cause suffering, do we hold on to them or can we change them? How do we know when it is our own ideas and interpretations causing or increasing the pain and suffering? Can we modulate how those "real" happenings are experienced to decrease our level of suffering? My answer to this is yes. My experience and other evidence cited below shows that by becoming more mindful we can improve our relationship to our thoughts, we can accept or reject habitual beliefs that we have that cause/exacerbate suffering, and we can improve our emotional well-being with practice.

This is simple but not easy to incorporate. According to Germer (2013, pg. 9), "Mindfulness itself is not unusual; continuity of mindfulness is rare indeed." William Symes (personal communication, 2014) has said to me many times that although such states are achievable, the struggle is sustaining them for longer periods, and the practice of meditation and psychology allows creating longer and longer intervals of these states. My experience is that it takes time, practice, and clearing of the obstructions to mindfulness, that allow us to become more mindful and suffer less. However, as it is not easy, the perseverance needed for the cultivation of a mental state necessary that is more and more open and aware can seem very difficult. The desire for a quick fix may also frustrate us.

One can inquire about how this is different from changing irrational thoughts as suggested in Rational Emotive Behavior Therapy (REBT) and other forms of Cognitive Behavioral Therapy (CBT). In fact, mindfulness based therapies are grouped into the third wave of cognitive therapies (Germer, 2013; Hayes et. al., 2011). My answer to this inquiry is that the suggestions or solutions of "just change your thoughts" without looking into our neurobiology,

emotional obstructions, acceptance of the prevalence of suffering in humanity, our own predisposition to suffering due to our past learning and culture, the condition of being human, and a deeper understanding of mindfulness and open awareness, it is difficult for the concept to sink in. I believe that without the practice, discipline, insight, it ends up being a shallow "fix-it" strategy or solution instead of being sustainable change that allows growth. Mindfulness and cognitive behavioral therapy are not competing theories. I see them more as different metaphors for explaining similar concepts. The different approaches may seem more accessible to diverse situations and people.

When the concept of the neutral awareness or neutral mind is introduced, it creates a groundwork for change and reminds us that change is possible. Dharmakirti said that "the nature of mind is clear light, defilements are only adventitious" (Geshe Thupten Dorjee, personal communication, class lecture, Spring 2015). Dorjee explained that the mind is like water and it can be muddied up or enriched, yet the fundamental quality of water remains pure and can be separated back to its pure nature. Many family, cultural, or religious traditions emphasize that human nature is corrupt. Media, advertising and societal competitions make us feel there is something wrong with us. With the combination of these views, people can feel very bad about themselves and fight their nature instead of using their nature for "good." This introduces shame and blame instead of encouraging growth. If we can start with the idea that each moment is fresh and new, and we can choose, and we are not predisposed to "bad," it makes us see possibilities and accept and befriend ourselves to move forward. If I can believe I am not doomed to suffering and can be happy, I can clear out the ideas, habits and teachings that cause suffering. On the particle level, every moment is different. Our body is changing and our thoughts are changing constantly. Our brains have the capability of neuroplasticity. Acknowledging that learning and

seeing in a new way, although difficult, is possible, opens us up to the ability to change, and to abate our suffering.

These are all very broad concepts from multiple disciplines and have gained tremendous transtheoretical support in the field of psychotherapy over the years (Germer, Siegel, & Fulton, 2013) and I discuss that in the following sections of this chapter.

The Neuroscience of Mindfulness

Structure, activity and behavior are interrelated (Lazar, 2013) and affect each other. The possibility of change in brain structure which starts with activity and is solidified in behavior, is known as neuroplasticity. It is important to study what happens in the brain during meditation. Lazar (2013, pg. 284) discussed the default mode network (DMN) which is the region in the brain associated with maintaining the "autobiographical self." It can be seen that meditation is linked to focused attention with minimal mind wandering and self-referential activities in this region. Hasenkamp and colleagues (as cited in Lazar, 2013) found that meditation practice allows "a faster or more efficient disengagement of the cognitive processes subserved by this region" (pg. 285).

In the book Buddha's Brain, Hanson and Mendius (2009, pg. 5) cited neuropsychologist Donald Hebb stating, "neurons that fire together, wire together." They are describing the neuroscience of association and discussing the plasticity of the human brain. The brain is analogous to muscles in that the aspects of our brain that are used more frequently become "stronger" and the faculties that are not used can atrophy. Maguire et al. 2000 (as cited by Henson & Mendius, 2009) found that the hippocampus regions of London city's taxi drivers were seen to have enlarged as a result of their repeated use of the visual spatial regions of the brain. Another study found that the density of grey matter in the hippocampus was seen to

increase, and the density of grey matter in the amygdala was seen to decrease after meditating for 27 minutes a day for eight weeks as part of a Mindfulness Based Stress Reduction (MBSR) program (Hölzel, Carmody, Vangel, Congleton, Yerramsetti, Gard, & Lazar, 2011). The hippocampus area is associated with attention, memory, and rational decision making, whereas the amygdala is associated with emotional activity. Others have found that the grey matter density increases in the post-cingulate cortex, temporal-parietal junction, cerebellum, and insula (Germer, Siegel and Fulton, 2013).

Hanson and Mendius (2009) described that our bodies and minds are constantly balancing the needs of remaining dynamic while maintaining stability. Being alive depends on open systems that react to environment and triggers. However, we must also maintain stability and homeostasis. If systems are not open to change, they are considered dead systems. However, change is threatening and we like to operate within stable ranges. Change can therefore threaten stability and trigger panic. Everything that we depend on, from the sun to regions in our brain, are changing constantly. This sense of approach and avoidance is part of our neurobiology. As we are attracted to positive experiences and aversive to negative experiences, we want to change the balance and have more positive. Henson and Mendius (2009, pg. 39) cited Ajahn Chah's saying, "if getting upset about something unpleasant is like being bitten by a snake, grasping for what is pleasant is like grabbing the snake's tail, sooner or later it will bite you." This implies that pain and pleasure are sides of the same thing. This means that positive experiences have a cost, and that even when the cost is not apparent, pain occurs when those experiences end. However as change and impermanence are a part of life, ending of positive experiences are inevitable.

On the level of evolutionary adaptation, we can see why avoidance seems to be stronger than approach. Avoiding a tiger will ensure my genes survive whereas approaching a flower, though pleasant, does not have an advantage in survival. Hanson and Mendius (2009, pg. 41) stated that "the brain is Velcro for negative experiences and Teflon for positive experiences." This explains why we can move past several excellent ratings on an evaluation and become stuck on one aspect that is rated as average or needing improvement. As the same biological systems are being used, on a neural level, it may feel like our survival is at risk. This is beneficial for us in avoiding risks. However, our avoidance may be disproportionately high when compared to our reality and as a result cause suffering. Our brains are more likely to identify, find or interpret things negatively because of this bias. Therefore, it is more likely that neutral experiences may become interpreted as negative. Hanson and Mendius (2009) described how stories or simulations that run in our brain (such as overthinking, day dreaming, worrying) can feel real and impact us. When we play negative scenes or possibilities over and over, it impacts our biology and strengthens those pathways.

Introducing meditation is introducing a new relationship to our awareness. Although our physiology and learning history may be biased, we also have the capacity to use our wisdom, awareness and discernment to see reality. It is the difference of watching a disturbing and scary movie and realizing that although it may make us feel scared, agitated and tense, it is just a movie instead of thinking the movie is real and therefore its threats are real. Sometimes suffering may be created because we run the stories, past events, future possibilities over and over in our head forgetting that we are in the present moment now, in which those events are not happening.

Contraindications of Mindfulness

Mindfulness is not the answer to everything and may not always be appropriate. Kostanski & Hassed (2008) stated that mindfulness is primarily a safe intervention. However, they explored adverse reports from patients with psychosis or those with major affective disorders. The adverse events reported were of experiencing more negative thoughts. This makes sense in the construct of mindfulness as it is about being more present and aware. Therefore, when negative feelings and thoughts are present, they may be felt more strongly. In this way mindfulness is akin to the concept of exposure in therapy. Allowing triggers and threats to be present may cause initial distress, however it increases the ability to tolerate distress and modifies relationship to such distress. However, removing defense strategies and seeing reality as is, may be triggering as removing one's habitual defenses may trigger an individual to experience instability that they are not able to tolerate or experience. Akin to the concept of flooding in exposure therapy, the opening of awareness may be too much to be therapeutically beneficial and may even be harmful if not handled appropriately. This is why mindfulness practices should be used with caution with suicidal clients and those with major affective or psychotic disorders.

Some other complaints about mindfulness that I have heard and read about anecdotally include experiencing feelings of dissociation, seeing it as a way to avoid real problems, and reports of out of body sensations. It is important to take these concerns seriously to understand what is occurring. As mindfulness is defined as being more present and more aware, avoidance and dissociation seem to be contrary. This is why the concept of mindfulness should be understood deeply. When stripped of its philosophical foundation, mindfulness can be seen as relaxation and "zoning-out" of one's life. Mindfulness practices can be misunderstood in these

ways, and can become adopted as strategies like other avoidance or defense mechanisms. It is therefore important to clarify that the mindfulness discussed in this study is about an embodied sense of exposure, cultivating strength, resilience and tolerance. This is an important conceptual and philosophical distinction that should be maintained when teaching and practicing mindfulness.

Where does Suffering Come From?

When we study biology and the history of evolution, we can acknowledge that there are some benefits to suffering. If I have physical pain, my pain motivates me to seek diagnosis and treatment. Without pain, I may become sicker without knowing I'm ill. Similarly, things like fear and anxiety have advantages. Fear and anxiety can help to keep organisms safe by encouraging avoidance of threats, aggression and anger can help fight such threats, and sadness can motivate love and compassion. However, although these suffering states do have evolutionary advantages, they can cause unnecessary suffering in humans (Hanson & Mendius, 2009). This can be attributed to the human brain's capacity for symbolic consciousness. We can symbolically evoke these feelings even when an immediate or proportionate fear trigger is not present. We are able to feel sad about things in our past and worry about things in the future. These feelings can cycle endlessly as the threat does not have to be present. The impact on our body, day to day happiness, relationships, etc. can be significant. I see it as akin to allergic reaction. Our bodies have protective mechanisms to protect our health from harmful foreign particles, germs, illnesses. However, in the bodies of people with autoimmune disorders and other allergic problems, the body seems to overreact and attack itself or other benign chemicals.

Further complexity is created due to maladaptive metaphors that have been used to explain suffering. We may believe we suffer because we deserve it, or that God is punishing us,

or that life has to be painful, or something is wrong with us. Although these ideas can be understandable attempts to explain the phenomenon, just like how thunder was seen as the wrath of God in ancient times, these types of cultural and superstitious explanations can exacerbate suffering. The problem with the first types of metaphors is that it may create further suffering. However, we may be so lost in our efforts that we forget to consider where we got these ideas and whether they are true. There are also strength based metaphors such as struggle creates endurance, that God may be giving us pain because we can handle it, etc. However, such metaphors may not always hold true and can cause confusion.

What is the Mind?

Hanson and Mendius (2009) stated that the nature of the mind is one of the most important unanswered questions. They wrote that as we look for more specific information to further conceptualize it, a working definition can be that "the mind is what the brain does." In Eastern Literature brain and heart both constitute "the mind" and are not separate. Instead the mind includes any observable quality of mind, or consciousness. When I discuss the term "mindfulness," the "mind" encompasses awareness of heart, brain, consciousness, and is not just about the brain or thinking.

What is Missing in Psychotherapy?

Germer, Siegel and Fulton (2013) stated that therapists are in the business of alleviating suffering and clients have the primary goal of feeling better. They discussed how avoidance of "bad" feelings is often used by clients to feel better. Additionally, therapists who only focus on symptom abatement may collude with that strategy by focusing on eradicating the problem. The problem is seen as an enemy to be avoided. This sort of violent attitude towards our feelings or parts of ourselves or a part of our life can end in inner conflict. Moreover, it can reinforce the

idea that the solutions are external. Clients may continue to work on changing their job or their partner instead of acknowledging that their own minds can be trained. In Buddhist psychology, the primary directive is to turn *toward* the problem (Germer, 2013). There is an opening up and creating space around the experience with a compassionate attitude. Sitting with the feeling or "the problem" can allow deeper insight and increase ability to tolerate and perhaps even appreciate the existence of the feeling. He stated that "if the therapist or the patient turns away from uncomfortable experience with anxiety or disgust, our ability to work with that experience significantly diminishes" (pg. 7). In my opinion this is easily understood by people when it comes to interpersonal conflict resolution, It is wiser or better to discuss the issue, shed light on it, and bring understanding and willingness to work with another person. However, this may be difficult for many people and we may sacrifice great relationships by fighting with the person or by avoiding them. Symptom abatement based psychotherapy or solution focused psychotherapy may not allow that wiser or deeper way of being present when dealing with the issues, feelings, people in our lives. We would, of course, like to find solutions and to reduce the suffering and symptom. However perhaps the short-cut ways may circumvent important learning and growing opportunities. Additionally, circumventing the issue can make us more susceptible to future problems. Carl Rogers said (Germer, 2013, pg. 7) "The curious paradox of life is that when I accept myself just as I am, then I can change." This is also the basis of the radical acceptance based Dialectical Behavior Therapy, holding change and acceptance together (Robins, Schmidt, & Linehan, 2004). Buddhist psychology describes training minds like training a horse (Geshe Thupten Dorjee, personal communication, class lecture, Spring 2015). At first the horse may pull us in different directions, but with compassionate and dedicated practice we can change our

relationship, learn to ride the horse, and have a better relationship with the horse. A skilled rider does not kick the horse or abandon the horse, but is able to work with it.

Samples (1976, pg. 26) paraphrased Albert Einstein saying that "the intuitive mind is a sacred gift and the rational mind a faithful servant. We have created a society that honors the servant and has forgotten the gift." Training the mind does not mean to subjugate or undermine the mind. When I give meditation instructions I remind others that the mind is doing its job, such as thinking, just like the heart keeps beating, the stomach keeps digesting, and the lungs keep breathing. These are natural intrinsic functions that we may not always pay attention to. However, our awareness is highly susceptible to being hijacked by the mind and its activities. In best of cases, it can provide great insight and intelligence, but it can also lead to compulsive worrying, over-analyzing, strategizing, and ruminating, and these can keep awareness from experiencing the present moment. Einstein's quote about the intuitive mind and attributions from many other scientists, philosophers, religious leaders lead to the idea that there is an intuition or awareness, or a basic wisdom, or soul. It is a greater awareness that seems ineffable and indescribable and we cannot attribute it to a specific location (Geller & Greenberg, 2012). In his book *Thoughts Without a Thinker*, psychologist and Buddhist teacher Epstein (1995) alluded to the idea that if I am thinking, who is the one that is aware that I am thinking. Open intuitive awareness or the essence of our being includes thinking, feelings, moving, and all our basic functions and something more. The whole is more than the sum of its parts.

There are some significant differences in Buddhist and Western psychology. One point of divergence is that Western psychotherapies may encourage the development and strengthening of an independent, cohesive, stable sense of self, whereas Buddhist psychology encourages the concept of "no-self." Although these seem like opposing ideas, Fulton & Siegel (2013) said the

gap is not very wide. Buddhist psychology describes that there is an abiding awareness or consciousness, and that isolating the individual self is an ego-driven and isolating action that is unnecessary. The idea is that such rigidity and adherence to ideas that are fixed about the self, even positive ones, are problematic. The Western idea of an integrated and cohesive self is oriented to enhancing self-esteem. However, in this case mental health and contentedness is dependent on believing things like 'I am smart, beautiful, moral etc." This can prove to be counterproductive when such subjective assessments change.

The Basis of Mindfulness in Buddhist Psychology

I became interested in Buddhism from my personal journey. As a beginning mental health therapist, I saw that in therapy we are often trying to put out fires. Our main focus becomes treating depression or anxiety, and we consider it a job well done when a client is temporarily feeling better. Our goal is the abatement of symptoms. However, on further introspection I started thinking that we are too focused on the negative aspects of ourselves, we are too concerned with pathology and I wanted to look into wellness, and perhaps even the elusive goal of self-actualization. I started noticing that the depression and anxiety that we see are often just symptoms, that they are not always THE problem. I started wondering if the problem is being out of touch with ourselves and being out of touch with the present moment. I began to think that the anxiety and depression, although inconvenient, are helpful signals, just like pain, indicating that there is something wrong.

As I pursued my own therapy during this time, I found myself looking for answers. I did not want to suffer. I found that a lot of my suffering involved complex story lines about how the world is. I could not understand why I experienced suffering although my life seems to be perfect currently. I realized that I was transferring my childhood experiences to the present

moment. Perhaps I became so convinced of the storyline of how I had to understand the world as a child that I started blindly applying that to the present moment. I lost touch with my inner self, and as a consequence, became unable to identify the true reality of the world. I was seeing everything through colored lenses.

By synchronicity or chance, I came to read about Jungian Depth Psychology and Buddhism in my search. I began to look at psychotherapy as having different layers. On one hand, we can target symptoms and pursue symptom abatement, and arrive at reasonably satisfactory results. However, on the other hand we can go beneath the surface and discover why the symptoms are arising and understand the core of the suffering and address the suffering. I learnt from Carl Jung's theories that much of our suffering emerges from a denial or loss of access to key components of our psyche. I also learned that if we pursue rediscovering ourselves and our potentials, and who we truly are in its complete sense, we can integrate disparate identities in ourselves and the world, and become reunited with the lost reality. This demanded that we look at ourselves and our world truly, openly without judgment and see the world as is. From Buddhism, I learnt the techniques to do it.

As human beings, we can be resilient in the face of unbearable suffering (van der Kolk, 2014). There will always be hopes, fears, disappointments and joys. The common threads of experience run through all our lives, and include events such as the heartbreak in a relationship or torture in concentration camps. As Viktor Frankl (1984) wrote, "Everything can be taken from a man but one thing: the last of the human freedoms- to choose one’s attitude in any given set of circumstances, to choose one’s own way" (pg. 86). This view, having the power to change our attitudes in any given circumstance can be taken as insensitive and overly simplistic if we do not explore deeper into what it means. Is changing our attitude simply a mind game, a form of

mental gymnastics to deny how we feel or is there more to it? I would like to propose that there are unlimited potentials and possibilities available to us at all times and that we simply tune into different experiences. The trouble may lie in the fact that we often forget that we are at liberty to choose. Unfortunately, once we are tuned into a particularly unpleasant possibility, we may become lost in it and focus on it so much that we forget our way out of it. We can dig ourselves so deep into the problem that we feel we have lost our way. We may focus on certain aspects of reality and deny what else is available. We may accept certain things as immutable facts without remembering the possibility that the "fact" that we believe and hold on to does not have to become a life sentence. This can be akin to the concept of self-fulfilling prophecies followed by a sense of learned helplessness. We may become so convinced of the direness of our situation that we fail to notice the possibility of liberation. Buddhism is about liberation through seeing clearly (Trungpa, 1939).

In 2005, The 14th Dalai Lama said “empirical evidence should triumph over spiritual authority, no matter how venerated a scripture may be. Even in the case of knowledge derived through reason and inference, its validity must derive ultimately from some observed facts of experience” (Germer & Siegel, 2012, pg. 3). There is a very scientific and observation based approach to schools of Buddhism and many see it more as a psychology or philosophy than religion. The focus is on attaining happiness and peace, working with suffering and training the mind. According to the Dalai Lama (Tsomo, 2006), "Buddhist teachings are not a religion, they are a science of the mind." Of course, there are many schools of Buddhism and different ideas and interpretations. Some subscribe to it as a religion while others see it as a way of viewing reality. Buddhism is said to be a non-theistic spirituality in which everyone has the capacity of becoming a buddha. Buddhists teachers and scholars instruct people to not become Buddhists,

but to discover "Buddha nature" - a state of being free from suffering and in the service of love and compassion.

In the book *Wise Heart*, Kornfield (2008), described consciousness. He quoted Zen master Thich Nhat Hanh having described our mind is like a television, with hundreds of channels, and that we have a choice of which channel we want to turn on. Kornfield wrote that in his own meditation practice, the most important lesson was realizing the nature of consciousness. He described consciousness as having two dimensions. One is transient states, like individual particles. This side of consciousness is flavored by mental states and moods. He said sometimes we get occupied with this particle like consciousness and we forget who is watching. The other dimension of consciousness he described as a wave. The wave consists of the particle but it is larger- it is open, timeless and pure. When we tune into this broader consciousness we are just aware without attachment to context and details. Resting in the knowing that the particles are fleeting and impermanent, and we do not have to attach to or become fixated or swayed by them leads to freedom. Awareness without judgment and with a pure view of reality (Kornfield, 2008). An example frequently used in the Acceptance and Commitment therapy framework can be used to demonstrate this point. When we say, "I am worthless," we identify with that momentary consciousness. However, we can remove ourselves from this identification by opening up to our larger consciousness and say, "I am having the thought that I am worthless," or we can further remove ourselves by saying, "I am noticing myself having the thought that I am worthless." In this way of realizing our larger consciousness, we do not get tied to ever-changing mood states, thoughts and emotions. We acknowledge and feel the changes, or the particles, while at the same time maintaining the awareness that we do not have to pigeonhole and focus on that one particle. Freedom from the thoughts and emotions that seem to occupy our awareness is possible.

Kornfield (2008) said this is confusing at first, it is like "a fish looking for water." We do not notice consciousness just as a fish does not notice the water. However, our day to day lives are full of those moments that offer us a gap from the storylines that keep us imprisoned.

We often think the path to being happy and content is to change our external environment. If only I have the job I want, the house I want, the partner I want, then I could be happy. This line of thinking has several faults. Firstly, it takes away our individual power. It is a removal of realizing our own potential for growth. It removes our need to introspect. If we are constantly looking at the environment to bring about our change, we have no impetus to look inward to understand or improve our inner experience (Chodron, 2001; Trungpa, 2013). It keeps us from being fulfilled at a sustainable level. When we rely on external changes, we never seem to be satisfied. Once we have the bigger house, we may be temporarily happy, but soon we are seeking an even bigger house or a more expensive car. The search goes on perhaps because we are looking at the wrong place. Extreme versions of looking outside ourselves include obsessions and addictions of any kind. We become so enthralled by our obsessions and the drama surrounding it that we lose sight of reality and the present moment (Chodron, 2009). This can be likened to Plato's Allegory of the Cave. Plato talked about how we are like prisoners chained inside a cave (Gaarder, & Møller, 2007). The prisoners watch shadows on the cave walls and believe that to be reality. He explained philosophers are like prisoners who became freed and explored outside the cave, and saw the true reality. They then return to the cave and tell the other prisoners that there is more out there. He said that our visions on the walls, or the dramas of our lives, are just a tiny fraction of reality.

Buddhism describes our paths as different journeys. The Hinayana journey in Buddhism is the first step and it is called "The Path of Individual Liberation" by Chogyam Trungpa (2013).

It is systematic discipline and practice, guidance and direction on how to become mindful and how to release ourselves from the clutches of fixed reality.

Abhidharma or Buddhist Psychology

Abhidharma or the name used for Buddhist psychology taught 2500 years ago means the study of the way things are or the "laws-of-is-ness(Trungpa, 1978). Trungpa described that abhidharma is based on egolessness, seeing reality (including self) as transitory experiences and not fixed or permanent. He said that when people are able to let go off their projections onto reality, their reality tends to become more and more transparent and fluid and open with possibilities. The faculties or senses of sight, smell, hearing, taste, touch, and the sense of thinking are seen as the gateways of experience. Reality, potent with infinite possibilities, can be overwhelming and impossible to register fully. Becoming one with things as they are is wisdom. However due to the mind-boggling nature of reality and our biases, we may limit what we see. Trungpa (1978) wrote ignorance is not bliss, but ignorance of ignorance can be seen as bliss. When we take our perceptions at the level of the form or solidify it based on just what we see, smell, hear, taste, touch and think, we can settle on a version of reality that may cause suffering. He described this as the first *skandha* or heap. To elaborate, reality is not independent, it is a compilation or heap of things like a brick is not just a brick but many particle. To reduce the overwhelming nature of reality we may label things as heaps just as a brick or a person, but it becomes solid and we may forget and ignore all the parts it is made of. Trungpa described the millionth of a second in which we see, hear or feel something and the fast process in which we record, understand, label and make conclusions about it.

The Ego and the Five *Skandhas*

According to Trungpa (2013), the ego does not exist. It is simply a concept or thought

that is a collection of complexes that we collectively call "I." The goal is not to get rid of the ego, but to acknowledge it and understand it. The problems arise when we see our ego and identity to be fixed. Trungpa said openness, freedom and spaciousness is available to us at all times. However, we constantly try to fit things into categories, make judgments and try to organize the world as solid categories. Based on this view of solidity, five *skandhas* or "heaps" make up the concept that we recognize as ego. A description of this is presented below paraphrasing Chogyam Trungpa's (2013) descriptions and using examples by this writer:

The First Skandha: Form. This is related to solidification of space. The world is interconnected and open. Intelligence and openness is available to us. However, we have a tendency to grasp or cling and as soon as we do that, the spaciousness becomes solid and we have created boundaries. For example, love can be seen as always present around us and within us. As soon as we define love as "I am loved when someone gives me a present"- we have solidified and constricted it. Suddenly there is self-consciousness and we sense a separateness between love and us- and the only way we can access love is through a present.

The Second Skandha: Feeling. Once we solidify the space, we want to possess and grasp it. Now that we have defined love as receiving presents, we want to assure ourselves that we are loved. Because we have separated ourselves from the spacious concept of love, we now want the reassurance and by clinging, grasping and demanding we want to remind ourselves that we exist by the action of the "other" who is supposed to give us love.

The Third Skandha: Perception/Impulse. Once we set up the feelings related to the second skandha, we judge it and act on it. There are three ways we respond to the information. We draw in if we find that feeling seductive, we push away if we find the feeling threatening, and we become indifferent if we find the feeling to be neutral. This skandha is our automatic

impulsive reaction to our feelings. If we perceive getting presents as seductive, we draw into love. If we think it is threatening, we pull away.

The Fourth Skandha: Concept/Formation. Acting one way or the other does not seem to provide enough safety or defense, and we progressively make our ego heavier or more solid. We then start to judge things as "good," "bad," "ugly," etc. We start intellectualizing things and remove ourselves further from the openness of our experience. We may label getting presents as "good" and not getting it as "bad."

The Fifth Skandha: Consciousness. This takes the skandhas before and produces thoughts and emotions. Discursive thoughts and emotional upheavals are a result of this level. We define our consciousness based on the last five skandhas. Using our example, if we do not get presents and we have labeled receiving presents as "good" we come to the conclusion that things are bad, or love is bad, we are bad and get carried away in an emotional upheaval of feeling bad.

Four Marks of View

Described by Trungpa (2013, pg. 13) there are "Four Marks of View" that are four ways of viewing the world or four features of reality. These are described below paraphrasing Trungpa (2013) and using examples by this writer.

Impermanence. Knowing that whatever comes into existence is subject to dissolution. This is the natural order of the universe. No matter how great something is, it is not permanent. We create ideas of permanence by having tornado proof houses, insurance, etc but in reality, everything is impermanent.

Suffering. Everything can be a source of pain. Once we create something, such as build a house, we start suffering from the creation. We worry about it lasting forever, we worry about

what will happen if it gets destroyed, etc. Once we are successful in building the dream house and we live in it for some time, we start worrying about the next thing. We want a bigger house or more furniture or a pool and the suffering goes on and on.

Egolessness. We are non-existent or there is no one home. This is a view of ourselves as not having a self, or a fixed self. We change on a moment to moment basis. One day an outfit looks great on us while the same outfit looks terrible another day. We are not very consistent. Our "self" changes. Many of our problems can arise from the idea of a fixed self- from identification and attachment to concepts. For example, I may think "I am a person who must be taken seriously." This concept then leads me to react to and take personally a joke that was not even directed at me. However, if there is no ego that attaches to and personalizes external event, the joke would not become an issue for me.

Peace. Freedom from being unnecessarily occupied. In Buddhism, peace has nothing to do with pleasure. It is an absence of chaos. It is the being able to let go of obsessions, fixations, neuroses that keeps us suffering. It is the ability to be awake to the present moment open to things as they are. For example, I may notice that I am starting to get grey hair. Fixation would be becoming obsessed and depressed about thoughts of getting older, whereas peace would be noticing it, perhaps having an initial reaction to it, while knowing that is the way things are. Perhaps I can also find some joy in it.

Ignorance, Passion and Aggression

Ignorance, passion and aggression are seen as three roots of suffering (Trungpa, 2013). According to Trungpa, there is a tendency to remain in the comfortable and snug area of not knowing. We hear the teachings, the logic, the reality- but we take it as personal insults. We refuse to accept the possibility of liberation. He defined this as ignorance. He described passion

as running after objects of desire and stripping those objects of their fundamental beauty by reducing them to "objects" to be owned and conquered. Therefore, demanding happiness leads to the constriction of the open quality of happiness into becoming narrowly defined as "I can be happy only if I have this job or that car." Trungpa (2013) described aggression as the reaction human beings have when there is a possibility of us not obtaining the object of desire.

Journeys and the Concept of Being Right Here

An important concept or realization of the Buddhist "journeys" is that we are not going anywhere (Kabat-Zinn, 1994). This can be very unattractive to people looking for alternatives. We can go on this journey and once everything is said and done, we are still where we were. In my work with a client, this may mean they have the same partner, they have the same workload, the same annoying boss, etc. This is a process of shedding our ego and of learning a new type of awareness. Although we do not change the external circumstances, we learn a new liberating way of relating that frees us from struggling with what is. We may look at it as going in a circle and returning right where we started. Therefore, skeptics may ask why go on a journey that goes nowhere? One of my supervisors, Dr. Jonathan Perry (personal communication, 2012) described it as a spiral instead of a circle. He said although we return to the same point, the qualitative experience has evolved to a different level. The liberation is in accepting that it is the journey itself that is important, and it is the relationship to our inner and outer environment that we focus on. This frees us from running after what could be and should be, and allows for space and peace with what is.

Buddhism and Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) was developed by Steven Hayes as an "experiential approach to behavior change." ACT is accepted as an evidence based treatment

approach. The therapy of ACT takes into account that suffering is inevitable (Hayes, Strosahl, & Wilson, 1999).

Eells (2012) identified six primary emphases in ACT:

1. Focus on the present moment: telling ourselves stories about the past and future keep us from being in the present. This is about bringing in flexible and focused attention on the present moment.
2. Focus on acceptance: this is about realizing that uncomfortable emotions are a part of life. It identified that we often cannot move forward because we are so focused on how things should be instead.
3. Cognitive defusion: we create conceptual and phenomenological stories and become attached to them. This is about separating ourselves from the stories.
4. Emphasis on the self as context: this is about moving away from fixed versions of the ego or "I"
5. Emphasis on values: valuing actions and choices rather than feelings and judgments. Values are related to intrinsic efforts and not outcomes.
6. Commitment: it is a process and not an outcome. Goals and actions are agreed upon and pursued as following the process.

Eells (2012) stated that when we cannot accept the truth that life is difficult, avoiding difficulties in life become an obsession and this leads to the "suffering about suffering" that is discussed in Buddhism. He identified that first we need to discern what needs to be accepted- the things we do not have control over versus what can be changed or solved. College students in particular suffer from uncertainty and unpredictability of life. Instead of accepting this ambiguity to be a part of life, student often struggle for safety. He described learning to accept and even

love ambiguity. This is similar to the Buddhist concept of openness to experience, that we may even find joy and delight in our experiences if we are not looking for a narrow, fixed outcome.

Buddhism and Rational Emotive Behavior Therapy

I identified Rational Emotive Behavior Therapy (REBT) as my grounding theory or starting theory as a beginning therapist. I have since integrated other ideas, concepts and techniques into my practice. However, based on my initial attraction to REBT, it is no surprise that I have become interested in Tibetan Buddhism. Holt and Austad (2013) compared REBT and Tibetan Buddhism citing the teachings of the Dalai Lama and Albert Ellis, while having some differences, are very similar. Firstly, both REBT and Buddhism encourage critical thinking. Nothing is taken as a given fact. This is the meaning of non-theistic thinking in Buddhism. It is personal reasoning and experience that serve as ultimate truth. Secondly, both theories are about pursuing peace and eliminating suffering. The idea that human beings have the self-determining capacity for creating and maintaining own mental health and illness is thus present in both. In REBT, self-actualization is about becoming fully rational and in Buddhism, very similarly, it is about seeing the world as is. REBT looks at irrational cognitions as the cause for pathology. Ideas such as I must, I should, people must, etc. lead to suffering as these are fixed views of how the world should operate. This was recognized by Epictetus in his quote "Man is disturbed not by things but by the views he takes of them" (Eells, 2012, pg. 41). The A-B-C framework in REBT clearly states that the activating event A does not lead to the affective or behavioral consequence C. It is actually our belief B about the event that leads to C. Similarly, the four noble truths in Buddhism state that suffering is not caused by "not having" something, but from our attachment to the desire, or the belief that we "must have" something. The goals in REBT and Buddhism are also aligned. Using REBT, individuals seek to let go of irrational

thoughts. Similarly, in Buddhism, individuals seek nirvana by elimination of negative thoughts and emotions that create false perceptions of the way things are.

How is Mindfulness different from other Therapies?

Bessel van der Kolk (2014) discusses top down and bottom up approaches to therapy. Talk therapies, especially most Cognitive Behavior Therapies, are top down approaches. "Top down" refers to how we are expecting the brain/cognitions to inform the body. For example, a person with anxiety is encouraged to think about the rationality of their thoughts, and whether the thoughts are adaptive or maladaptive, and upon realization and self-talk, the goal is they will be less anxious. Bottom up approaches, like yoga or mindfulness, work in the opposite direction. In these approaches, the person with anxiety practices mindfulness, and, as their body becomes grounded and their breath and agitation becomes stable, the body sends signals to the brain/cognitions that they are okay. As our emotions, and drives for survival and security, are hard-wired and more easily accessible than our cognitive centers, strictly top down approaches may not be always effective. Mindfulness thus adds a piece that is missing in traditional psychotherapy.

Modern and Classical Mindfulness

Due to the integration of mindfulness into popular culture in the recent years, there are many variations in what mindfulness means and how it is practiced. Western psychologists who teach about mindfulness have commented that Modern Mindfulness may require further evaluation and clinicians need to be mindful about using mindfulness (Williams & Jon Kabat-Zinn, 2011). As the study of mindfulness started as spiritual practice, there are deeply philosophical undertones to it. Modern mindfulness has many forms and can sometimes be reduced to "just take a few breaths" or "think more rationally." Do these strategies have the same

effect as a deeper understanding of mindfulness and its philosophy? This can partially answer the question of how is mindfulness different from techniques already used in psychotherapy. I would re-iterate that mindfulness is not being suggested as a competing theory but as another metaphor for explaining psychological processes.

Mindfulness in the form of "take a few deep breaths," "be rational" or "zone out of your anxiety" although sometimes helpful, may just be a technique or coping skill that may not have long term benefits. In fact, these methods may also be detrimental when applied without understanding. Taking a few breaths or zoning out may become avoidance strategies and thinking more rationally is easier said than done. To me modern mindfulness is analogous to fast food, stripped of nutrients and sold as a cheap, fast and easy trick towards happiness. The suggestion here is that there is more to Mindfulness than the sum of its parts, and a deeper understanding is important.

Williams and Kabat-Zinn (2011, pg. 4) asked "Is there the potential for something priceless to be lost through secular applications of aspects of a larger culture which has a long and venerable, dare we say sacred tradition of its own?" Williams and Kabat-Zinn discussed that although there is great potential in mindfulness based approaches, there is also potential for misunderstanding and inappropriate usage. This leads to the need to define which factors are important. Dimidjian & Kleiber (2013) have commented that it is unknown what these ingredients are that need to be included when teaching Mindfulness in the modern secular context. They state that experiential familiarity with mindfulness and an understanding of core Buddhist teachings are important, and that "the potency of mindfulness interventions will be reduced" without it. This is the reason for expanding upon Buddhist and philosophical and

existential ideas in this study. Further research is required to understand what the core elements are and how they can be conveyed in more accessible ways.

Types of Meditation

Meditation can be a way to practice mindfulness. There are many different types of meditation with different intentions. Germer (2013) identified three broad categories that may not be all inclusive. The first is meditation of Focused Attention (pg. 16). In this type of meditation, the goal or method is to train the mind to focus or center on aspects of reality, internal or external. For example, meditation observing breath is a form of attention focusing. The meditator selects an anchor point in their environment or body to focus on, and when their mind wanders, they bring their attention back to the anchor gently. The second type is Open Monitoring (pg. 17). These meditations are done with the intention of opening up their awareness to the moment. The meditator sets the intention to be receptive and open to sounds, feelings, movements, etc. without holding on and without resistance. It allows open awareness and acknowledges that thoughts, feelings, activities are like the weather and may pass through our awareness. In this state, a thought that "I'm worthless" is seen clearly as "The thought I'm worthless is passing through my mind" and there is not a jumping to the conclusion that I am in fact worthless because I'm having this thought. This type of awareness and non-judgmental awareness is very useful in psychotherapy. This is the type of meditation instruction used in this study and is described further below. The third type of meditation is Loving Kindness and Compassion meditation (pg. 19). In these types of meditation, the meditator focuses on qualities such as kindness and love and evokes feelings of kindness, love, gratitude and the intention is to cultivate and be connected to these feelings.

Although all three defined categories of meditation can be beneficial, in this study the focus is on Open-Awareness meditation.

Open Awareness Meditation

Open awareness meditation is the type of instruction used for the co-meditation in this study. It is also known as Open-Monitoring meditation. In the book *Sitting Together*, Pollak, Pedula and Siegel (2014) say "open monitoring is invaluable in clinical work as it helps both patient and therapist stay present with the suffering in all its forms… As we begin to open our minds, we become more skilled at noticing our automatic, conditioned responses. We develop a more accurate perception of what is actually happening, rather than relying on stories we tell ourselves… In a calm and accepting way, we learn to observe the functioning of our minds and gain insight into our behavior. We don't run away from our problems and difficulties; we turn consciously toward them" (pg. 83). The concept here is that we are not our experiences, we are the observers of our experiences. It is an acknowledgement that there is much happening in our consciousness that we do not have to be tied to. This idea that our thoughts and feelings are just thoughts and feelings, is ultimately liberating. Awareness of emotions lends itself to the power to label and study emotions. When we label, we deactivate the amygdala and access the medial prefrontal cortex (Pollak, Pedula, and Siegel, 2014). Open-monitoring or open-awareness meditations include being grounded, and being aware of sensations and emotions. Based on these features, in the guided instruction for this study, participants are asked to simply observe all feelings, thoughts, and distractions. The suggestion provided is to be like a scientist observing these inner and outer occurrences to activate higher level brain activity such as labeling

Therapeutic Presence

Therapeutic presence is similar to mindfulness in that it is also an ineffable concept about felt experience that cannot be fully and completely described in words. It is therefore difficult if not impossible to describe presence and mindfulness, yet as these are important components of this study, the effort and intention is to convey as clearly and completely as possible. Geller and Greenberg (2011) described that "doing presence" as an action is not like learning to use a stethoscope. They discussed it as a process of "being together, being with" and allowing a "deeper stillness" to be revealed. In my opinion, the difference of being in the room and being truly present is the ineffable difference between classical and modern mindfulness.

Presence

Therapeutic presence involves feeling a sense of safety (Geller and Porges, 2014). It is important for the therapist to be fully present and engaged with the client for the client to feel that safety that facilitates therapeutic work. Geller and Porges stated that therapeutic presence "involves therapists being fully in the moment on several concurrently occurring dimensions, including physical, emotional, cognitive, and relational." They elaborated that it is a cultivated state tuned into by the therapist before and throughout session. They stated that it involves groundedness, open and receptive awareness in the moment, being in touch with a sense of spaciousness, and having the intention of being with the client for their healing process. They deduced that this deeper sense of presence and purpose helps cultivate safety and provides an environment more conducive to healing. Mindfulness is said to be "a powerful practice that can help to cultivate therapeutic presence" (Geller and Greenberg, 2012).

Neurobiology of Presence

Geller and Greenberg (2011) concluded that "experience imprints the brain with lasting

and enduring effects" (pg. 174). The suggestion is that presence can become a way of being instead of just a momentary state. Neuroimaging has been used to study the effects of experiencing presence and cultivating presence on the brain (Geller & Greenberg, 2012). They wrote that "taking a few moments to set intention and cultivate presence just prior to a session can stimulate an entire physio-neurological process in the body and brain" (pg. 169). Increasing receptivity and openness while being self-observant creates an environment for neuronal integration and allows insight and connection (Geller & Greenberg, 2012). Siegel (2007) wrote that attending to the internal environment of oneself allows attunement to that of others and generates empathy and emotional resonance between the therapist and client. When a therapist is receptive and attuned, it creates "neuroception of safety" and release of oxytocin that contributes to an enhanced relationship (Geller & Greenberg, 2012; Porges, 1998).

Relational Mindfulness and Presence Practice

Surrey and Kramer (2005) described Relational Practice as "the willingness to experience fluid boundaries and to open to the flow and unfolding of relational experience" (pg. 98). Therapists who practice relational mindfulness have the intention of promoting self-discovery by providing an unflinching and compassionate presence. Surrey & Kramer (2013) wrote that the sense of mutuality cultivated allows the feeling of groundedness and enhances the intensity and clarity of insight. They cited Zen master Thich Nhat Hanh as having described "insights obtained in community, compared to solitary meditation, as more clearly experienced, more memorable, more concentrated and more sustainable in the process of awakening" (pg. 100). This allows for inviting the clients into new or subtle shifts in therapeutic inquiry. This relational practice is described as an antidote to the suffering of being disconnected. The presence, congruence and warmth allow a nurturing environment for growth. Daniel Siegel (1999) found that secure

attachments promote neural and personality integration and allows for repairing of disconnections, and the soothing of negative mind-body states.

Existing Ways of Incorporating Mindfulness in Therapy

Pollak, Pedulla, & Siegel (2014) have written their book *Sitting Together* outlining skills for mindfulness based psychotherapy. They outlined ways for incorporating mindfulness into therapy. Suggestions included becoming a mindful person as a therapist by incorporating meditation and focus into the personal life of the therapist. Germer (2013, pg. 22) divided Mindfulness-Oriented Psychotherapy into three types: 1. Practicing Therapist, in which the therapists practices mindfulness themselves and embody an open awareness state in their behavior in session and with their presence without teaching the client mindfulness, 2. Mindfulness Informed Psychotherapy, in which psychodynamic or relational frames of using relationship, mindfulness of body language, immediacy of interactions, etc. are used to inform the progress of therapy and 3. Mindfulness Based Psychotherapy, in which therapists teach clients mindfulness and they practice meditation between sessions.

Similar Research

I have found no existing studies on the experience of the therapist and the client co-meditating in session. Dunn, Callahan, Swift, & Ivanovic (2013) studied the effects of therapists taking five minutes to center themselves. The client was not included in the study and the five minutes were taken *prior* to session. Therapists assigned to the intervention group listened to a 5-minute audio of a guided centering activity and those in the control group did not. Results showed that therapists found themselves to be more present in the intervention condition and clients found the sessions to be more effective in the intervention condition. Clients found the therapists to be present in both the control and the intervention conditions. This study also

showed that using the five minutes immediately before session to be more mindful and centered led to positive outcomes. The sessions were randomized instead of assigning therapists to conditions and this allowed for the observation that for the same therapists using the five minute centering activity increased effectiveness.

Mindfulness in therapists is beneficial for therapy. Therapists report more comfort and awareness in session (Dunn, Callahan & Swift 2013), more empathy, openness and acceptance (Bruce, Manber, Shapiro, & Constantino, 2010), increased attentiveness to clients (Ryan, Saffran, Duran, & Moran, 2012) and increased self-compassion (Dunn, Callahan & Swift, 2013).

Summary

The goal of this review is to provide an overview of literature that shows that mindfulness and presence are important constructs and can impact therapeutic effectiveness. An in-depth review of the historical and philosophical origins of these concepts are provided so that readers and therapists who may engage in these practices have a deeper knowledge and understanding of these ideas. It is important that mindfulness and presence are felt mentally, physically, emotionally and spiritually to enhance the depth of experience of the meditation activity proposed in the next chapter. This understanding and deep sense of being mindfully present is what distinguishes this approach from being a quick technique and makes it a way of being present. The purpose of this proposed study is to investigate the qualitative experience of therapists when practicing a co-meditation of open awareness with their clients at the beginning of the session. The aim is to understand whether this is perceived as beneficial to the session and investigate if it created differences in session and how. The method used in the study is outlined in the next chapter.

Chapter Three: Methods

The purpose of this study was to explore the experience of the therapist and the client co-meditating at the beginning of each therapy session. In this study, therapists who agree to participate were asked to play a five-minute meditation instruction that the client and the therapist both practiced. The experience of the therapists and some feedback from the clients were collected to provide direction on whether this is perceived to be a viable and beneficial practice by therapists.

Rationale for Qualitative Study

A qualitative inquiry was chosen for this study because this intervention has not been empirically studied before. The purpose was exploratory and it was important to first establish phenomenologically whether the intervention is seen to be viable and beneficial by therapists and clients. It was important to have an in-depth understanding of the lived experience. Based on these findings, further quantitative and controlled studies can be done to study exact effects. Additionally, my interest was in understanding the felt experience of the therapists and a qualitative inquiry seems to be the best tool for this investigation.

Participants

Participants included five therapists in the Northwest Arkansas area who agreed to participate in the study. Initially nine therapists had signed up to participate but four therapists dropped out. They included counselors, psychologists and clinical social workers. Volunteers were gathered by e-mail requests, Facebook announcements, and word of mouth. The participants' settings of practice were private practice, cancer resource center and a university counseling center. Participating therapists were given a $10 coffee-shop gift-card for their participation.

Exclusions

The therapists were asked to use the activity only with clients who are of ages 18 years and older. They were also asked to exclude clients who are currently suicidal and/or homicidal and/or have symptoms of psychosis.

Procedures

Each therapist who agreed to participate in the study signed a consent form (included in Appendix F). They then asked a number of their clients if they would be willing to try a mindfulness activity at the beginning of session. This selection was based on the therapist's judgment of appropriateness and the willingness of the client. The therapists showed the clients what information will be submitted and it was clarified to the clients that their identity will remain anonymous. The therapists each had one to four clients who agreed to participate. They assigned numbers to them respectively (eg. Client 1, Client 2, Client 3, and Client 4). Only the therapists were aware of the identity of the individual client and their corresponding number. As the researcher, I only received the number assigned to each client. The participating therapists gave the clients the informed consent document provided by me (included in Appendix G). These were not signed or collected to protect client privacy. The therapists were provided with a five-minute recording of a guided meditation, and they played it at the beginning of up to four of their next sessions with the participating clients. The instruction was recorded in the voice of the researcher and the recording was given in an .mp3 format file and could be played on a computer, compact disc player, or on a cell phone, based on what was convenient for the therapists. The therapist and the client were both instructed to follow the instruction and meditate for the duration of the recording.

The exact length of the recording was four minutes and 50 seconds. Below is the script of the recording:

> "(Beginning Bell). Start the meditation in a relaxed and upright posture. Feel your feet connected to the floor. Experience a sense of groundedness and stability. (pause). Allow your back to be comfortably upright without being rigid. (pause) Your hands can rest on your thighs. (pause) Your eyes may be closed or partially open in a downward gaze. (pause) For a few moments notice your breath going in and out... (long pause)... Now, allow your awareness to observe your experiences. These may be inner or outer experiences and distractions. (pause) Allow any feelings, thoughts and your bodily sensations to arise and pass through your awareness. (pause) Observe your experience with an open and non-judgmental awareness, almost like a curious scientist looking into someone else's experience. (pause) Notice where your thoughts, feelings and sensations emerge from and where they disappear to. (pause) For this time allow your experience to pass through your awareness like clouds floating in the sky or like changing weather... without holding on to them or pushing them way. Rest in this relaxed awareness... rest in the relaxed awareness of your experience... (long pause)... And when you are ready, begin your session. Discuss what you noticed. (Ending Bell)."

After playing the recording, the therapist and the client started their session and the therapists asked their clients how they experienced the activity.

Data Collection and Instruments

Each therapist was provided with five folders labeled 1, 2, 3, 4 and 5. In each folder there were four copies of the questionnaire attached in Appendix A, one for each session. The therapists wrote down what the client said they experienced and what they themselves experienced, and any other observations they wanted to note. At the fourth session (or last session if the client terminated before this) the therapists asked their clients whether they are likely to practice meditation in their daily life as a result of the intervention. The therapists also recorded whether the clients meditated between sessions.

When all the therapists completed their collection, they handed in their Appendix A sheets in the folders to me. I met with each of them for 30-45 minutes for an interview about their experiences. They were asked the questions attached in Appendix B.

Data Analysis

The answers written in by the therapists in Appendix A were recorded in tables. The answers from the interviews were recorded and transcribed. I then read through each section analyzing themes line by line. The themes were coded and reported in collective and individual themes (Berg, 2009).

Organization of Data

An interpretive approach was used to analyze the data. Interpretive approach in phenomenological studies is said to be an "attempt to uncover or capture the telos (essence)" of accounts (p. 339). As a method, content analysis is "any technique for making inferences by systematically and objectively identifying special characteristics of messages" (Holsti, 1968, p. 608). There are different opinions on whether content analysis can be used for qualitative studies, Berg (2009) argues that content analysis is just a method of identifying, organizing and interpreting of data and combined with data interpretation, it is a legitimate approach to working with textual and qualitative data.

It is important to look at manifest data (what is actually stated) as well as latent data (underlying concepts and meanings that are understood). In order to maintain objectivity of analysis, the reporting should indicate what is spoken or written by participants, and what is an expansion or interpretation made by the researcher. The interpretation of the data in this study is grounded in the theories and findings about mindfulness and psychotherapy discussed in Chapters 1 and 2. Categories were developed based on these theories and questions asked of the participants. Based on Mayring (2000), categories can be determined "inductively, deductively, or by some combination of both." Inductive categories emerge from the data, of what is explicitly mentioned by the participants, and deductive categories are taken from the theoretical

perspective. As a qualitative interpretation is influenced by the researcher's own background, experience, and perspective, it is important to distinguish inductive objective findings and deductive interpretive meaning for readers. Deductive categories should be derived from the theoretical perspective as it "provides a means for assessing the hypothesis" (Berg 2009, pg. 347).

In Chapter 4, the manifest content is reported and in Chapter 5, discussion and interpretations are added. Categories are created to organize the data. In this study some of the categories are what is known as common categories (like gender, occupation, age) that are commonly known and others are theoretical categories (like presence, desire to meditate, insight) that emerge from the data based on the theoretical background and are not immediately knowable. Theoretical categories are explained to allow understanding of the data (Germ, 2009).

Analysis of Data and Coding

Open coding was used to initially understand the data. Guidelines provided by Strauss (1987) was used to inform the method I used. In summary, the guidelines are to ask specific and consistent questions of the data, to the analyze it minutely, to make theoretical notes during the process, and to not assume relevance for traditional variables like sex, age, social class. Various types of coding can be used, including descriptive coding, topical coding and analytic coding (Berg 2009). In qualitative research, codes emerge as the data is collected based on patterns, ideas and categories that emerge. Hypotheses made by the researcher must include reports of contradictory evidence and inconsistencies in patterns. Examples of how the data follows the hypothesized patterns should also be listed (Berg, 2009). In this study, descriptive manifest content is reported in Chapter 4 and interpretations and their contradictions are discussed in Chapter 5.

Ethical Concerns

The proposal and methods proposed were reviewed by the Institutional Review Board (IRB) at the University of Arkansas, and all requirements were fulfilled before data collection. The IRB approval letters are attached in Appendix E. All client data was kept anonymous. The therapist data was not anonymous to the researcher as factors such as area of practice, mental health discipline, mindfulness experience, theoretical orientation, etc. were used to inform data. The individual participating therapists were not identified by name and their reports were labelled by numbers (Therapist 1, Therapist 2, and so on). However, as disciplines and practice sites were listed, it may be possible for readers familiar with the locale and local therapist to speculate on who the therapists were. Some of the therapists spoke publicly about their participation in this research and therefore they may not remain anonymous.

Summary

The proposal of the study was reviewed by IRB and approved. Announcements were used on Facebook, e-mail listservs, and through word of mouth to recruit participating therapists. Those who agreed to participate were given the folders with appropriate forms. They were also provided with a 4 minute, 50 second recorded meditation instruction. They played this recording for up to four sessions with up to four of their clients, and in those sessions the therapist and the client co-meditated. At the end of the meditation the therapists asked the clients about their experience. At the end of the data collection the therapists answered questions in an interview with this researcher. The responses on the forms and the interview answers were analyzed and coded and the results found are presented in detail in Chapter 4.

Chapter 4: Results

Participants

Nine therapists had consented to participate in the study but four dropped out. One dropped out due to changing his job, two realized they would not have enough clients to carry out the study, and one did not respond to follow up requests. The five who participated work as therapists at various settings. Three work at a college counseling center, one at a cancer resource center and one is in private practice. The five final participants were all female. Two were Licensed Professional Counselors, two were Psychologists and one was a Licensed Clinical Social Worker. They received a $10 coffee-shop gift-card for participation.

The five participating therapists each recruited up to four clients for the study. There was a total of 16 clients who participated and the mindfulness activity was carried out in 51 sessions. Client demographics were not collected to protect confidentiality. Clients were seen at the three settings: college counseling centers, cancer resource center, and private practice. The pronoun of "they" is used for the clients as their genders were not requested or reported.

Data Collection and Report

As the therapists reported to me of their completion of data collection, I collected their completed Appendix A forms. I met with each therapist to interview them about their experience for 30-45 minutes. I recorded their interviews with their permissions, hand noted their answers as they spoke, and later transcribed the interviews.

The first section of this Results section consists of the information I gathered from the therapists filling out the Appendix A forms about the client. The therapists were instructed to ask and write down what their clients reported at the end of the activity, whether they meditated between sessions, and whether they plan to use mindfulness and meditation in the future as a

result of participation in this study. These reports were then analyzed line by line for emerging themes and coded.

Although the Appendix A form also included a question about the therapist's experience, these findings are reported along with answers to questions during the interview, in the latter part of this Results section under the Therapist Experiences section.

Client Experiences

Organization and Analysis

I typed in all the responses on the Appendix A forms into a spreadsheet, grouped by therapist. The original nine therapists were labeled with numbers one through nine (Therapist 1, Therapist 2…. Therapist 9). The clients were labeled with numbers one through four (Client 1, Client 2, Client 3, Client 4). The responses were further organized by client number and session number. This allowed for comparison within each client, each therapist, and also between clients and therapists.

Client Experience Reports

This study was mainly focused on the experiences and feedback of the therapists using the mindfulness activity in their sessions. However, some information on how the clients experienced the activity was also recorded. At the end of the activity each session, the therapists asked their clients about their experience and whether they meditated between sessions. At the final session of the study, the therapists also asked their clients whether they plan to meditate or incorporate mindfulness into their lives as a result of experiencing this study. The therapists recorded this information on a session record sheet each session and they turned these in to this researcher. The exact responses or manifest content from the session record sheets can be found in tables 1, 2, 3, 4 and 5, on Appendix C.

This study is based on phenomenological research design to investigate the lived experience of sharing a mindfulness activity at the beginning of sessions. Based on line by line reading of the client reports across different therapists and sessions, some collective and individual themes emerged. Certain ideas and concepts were shared by more than one client and those are organized as collective themes, and the content analysis of all the clients of each therapist is included under individual themes. A combination of inductive and deductive approach was used.

Collective Themes

Expected outcome and evaluation of experience. One theme that emerged is that clients stated assumptions that they are supposed to become more relaxed and calm. They made comments such as "I was not able to become calm," "I was able to relax," "I was able to let go of thoughts," "wasn't able to calm physically," and "I could not get still." They called their experience good or bad based on their judgment of whether they were able to accomplish calmness or relaxation. Evaluations were made such as "better, easier than last week" and "harder today, did best but still hard."

The evaluation of experience can be further separated into negative and positive experiences. The positive experiences included some reports such as "helped me be more present," "enjoyed sounds of room," "very relaxing," "breathing allowed me to actually relax," "I like it," "I really like this," "really good," and "much needed." The negative experiences included being uncomfortable during one session and wanting it to be over. Some reported resistance to the activity such as "don't like letting go of thoughts," and "not really for me." Some reported judgmental thinking and critical thoughts about past such as "why can't (*sic)* forgive self for suicide attempt," thoughts about eating habits, weight gain and eating too much,

and thoughts comparing self to others. Therapist noted that the client evaluating life and comparing self to others had tears in their eyes at the end of the exercise. The word "weird" was also used to evaluate experience but due to ambiguity in what meaning was implied, a separate label is being used for this response.

Bodily sensations. Clients reported becoming more aware of their bodily sensations, such as tightness, tenseness of muscles, tiredness, jitteriness etc. They reported things like "very distracted by body (stomach)," "upper lip sweating," "increased awareness of side of body and back tension," "realized (*sic*) tension from yesterday's workout," "aware of tension in shoulders, sleep in eyes," "legs were tight," "fingers on leggings," and "self-soothing hand on arm/back." Two clients mentioned bodily sensations more than others.

Awareness of emotions. One client said they had some apprehension about session and also anxiety while counting breaths. They were aware of their irritation and quality of focus or attention. Some other phrases used to describe emotions were "felt calm," "less anxious," "anxious pressure to get to work in therapy," "nervous about upcoming session," "fear of hearing what I don't want to hear," "anxiety about being in therapy," and "aware of irritation." For several clients, the emotion experienced seemed like anxiety or nervousness about the therapy session.

Sense of realization. Two clients were surprised to see their own thoughts and one said it was "interesting to see thoughts from a distance." A few noticed being more relaxed or being less anxious, such as "didn't realize I was tense." Two clients mentioned becoming aware that tea or coffee made them fidgety or nervous. One client reported thoughts of celebrities during 3 out of 4 sessions. They "got tickled at self-ridiculousness" due to the random topics that they

thought of. One said “don’t like letting go of thoughts.” Some of these realizations overlapped with the themes of bodily sensations and awareness of emotions.

Weird. The word “weird” was used by several of the clients to describe how they felt. Some phrases used were “a little weird, but I like it,” “that was weird, weirder than last time,” “weird, focused more on body than usually would.” The word “different” was also used a few times in a similar way.

Individual Themes

Therapist 1. Clients of Therapist 1 seemed to state their experience concisely but with reflections. They appeared to compare before and after, and to evaluate their experiences. They seemed introspective and provided moderate depth of experience. A sample report from a Therapist 1 client was “Little better, closed eyes and felt more calm this time.”

Therapist 5. Clients of Therapist 5 provided more lengthy and detailed descriptions of their experiences. They provided feedback on specific instructions and how the recording affected them. They seemed to provide the most depth of experience and they also reported more sensations in their bodies and awareness of their emotions. One example of a client experience from Therapist 5 was “Very relaxing, realized tired, didn’t have tea, less anxious pressure to get to work in therapy. Helped clear reality. Increased awareness of body and back tension.” The clients of Therapist 5 appeared to describe more bodily sensation when compared to clients of other therapists.

Therapist 6. Therapist 6 only had one client. The level of description and depth for that client was moderate. That client shared their experience and provided some evaluation. A sample report was “Breathing allowed me to actually relax. Didn’t realize I was tense. Released mind-about to float. Legs were tight until focused on relaxing. Instructions helped.”

Therapist 7. The clients of Therapist 7 gave very short and shallow descriptions. They were statements of "I liked it" or "I feel calm" or "It was ok." They did not offer explanations or comparisons. It was difficult to gauge level of involvement or thought processes.

Therapist 8. Client responses of Therapist 8 were like those of therapist 5. There seemed to be depth, comparison, evaluation and introspection. One example from one of her clients was "less anxious than has been, didn't count breaths, didn't even think about. Beginning was restless, able to calm self; lots of thoughts came up. Kept self from getting judgmental, visualized self-soothing hand on arm/back." The clients appeared more engaged and active in the process and provided glimpse into personality and thought process of participants.

Did Clients Meditate Between Sessions?

The session report form included a yes/no question asking, "Did the client practice meditation at home between sessions?" One of the clients of Therapist 1 meditated twice between sessions, the other two did not. All clients of Therapist 5 meditated one to three times between sessions. Therapist 6 had only one client participate and they reported meditating twice between sessions. Therapist 7 had three clients who practiced twice between sessions. Therapist 8 had four clients who practiced mindfulness one to three times between sessions.

Client Plans to Meditate or Incorporate Mindfulness in Future

These are responses to the question "Does client plan to meditate or incorporate mindfulness into their life as a result of experiencing this study." This question was only asked at the last session of the study. Therapist 1 had one client who said "maybe" and one said "I don't know but I do incorporate it when I remember to." Therapist 5 had one client who already meditated before and will continue, though they said, "not necessarily" due to the study. Another of her clients reported doing meditation as parts of groups they are in and will "use it

occasionally." One of her clients said no, although they know it will be beneficial, they do not want to commit to formal practice. They said they will do "mindful activities." For Therapist 6, the one client she had said "yes." Therapist noted that client "wishes she would have learned about this earlier to cope with stress" and that she downloaded a meditation app on her phone. Therapist 7 reported that one client said "maybe," one said "absolutely," one said "yes," and another one dropped out after the first session because it was not for them. Therapist 8 reported one client will continue practice and they will continue to use the activity in their therapy sessions. Another of her clients said they will continue meditating as a core skill (part of their Dialectical Behavior Therapy protocol) but not as a result of this study.

Therapist Experiences

This section is focused on the participating therapists and their responses. I will report the feedback the therapists wrote in on the Session Report Sheet (Appendix A) and then their answers to my questions during the interview (Appendix B).

Session Report Sheet Feedback

These responses were written in on the session report form by the therapists following their sessions. Some entered detailed descriptions of their experience and internal processes, whereas others simply stated whether it was good or not. The patterns of responses were consistent with the quality of responses they reported for their clients. Therapists 1, 5 and 8 were detailed and introspective in their descriptions and Therapists 6 and 7 were shorter and lighter on content. All of the therapist responses to the Session Report Sheet form are included in tables 6, 7, 8, 9 and 10, in Appendix D listed by therapist number, client number and session number. As I read through line by line, certain common themes or topics emerged. I sorted the responses into the collective themes of therapist reactions and feelings, anxiety and awareness about client

experience, feelings of being grounded, thoughts about other things, and thoughts about intention. The topical coding of collective themes is as follows:

Therapist reactions and feelings. Therapist 1 wrote "found it calming" and "calming and peaceful." She also reported noticing distractions, noticing she was holding her breath and her concerns about her client. Therapist 5 noted being "more bodily aware," and "struggling to let go of thoughts." She also experienced "struggle letting go of thoughts," and noticed herself reflecting on someone's invalidating comment at work that day. Therapist 6 wrote about being anxious because her client never meditated before, and also feeling more relaxed in a different session when the client seemed comfortable with the exercise. Therapist 7 wrote responses stating this was a "great way to transition between clients," "great way to start my day," and "I enjoyed it." In a different session with a different client, she also reported "energy in the room was a bit off" and being "unsure of what to do" as her client seemed fidgety and self-conscious. Therapist 8 wrote "this was very centering," "visualized thoughts... myself as serene figure surrounded by bubble/aura of bright light, serenity, stillness," and "felt very still, relaxed." She also noted things like "rigidity in my body" and "anxiety lingering from previous session."

Anxiety and awareness of client experience. Some therapists reported having anxiety about what their clients were experiencing. Therapist 1 wrote "concerned about client's experience" and Therapist 6 wrote "a little anxious about how client was receiving recording." Therapist 7 noted in a session that client seemed fidgeting and self-conscious and therapist was unsure of what to do. Therapist 8 noted in one session "exercise appeared to increase discomfort for client."

Feelings of being grounded. One common theme was feelings of relaxation and

being grounded. Therapists noted things like “body relaxed,” “found myself becoming present,” “settling body awareness,” and “able to really ground self.” All except Therapist 6 reported at least one instance of feeling grounded/centered.

Thoughts about other things. Some of the therapists reported thoughts about other topics. Some reported thinking of previous clients or the rest of their day. Others found an emergence of thoughts about their personal lives and workplace issues. One therapist found herself thinking about the research design and purpose of the study.

Thoughts about intention. A couple of therapists wrote they wanted to be present for the client and wrote that they made efforts to come back to the room. Others stated they tried to focus on the client. Therapist 5 wrote she thought about how the exercise would be useful for her clients.

Interviews

My complete list of planned interview questions can be found in Appendix B. There was some variability during the actual interview as I found that the answers to some of the questions overlapped or the participants answered a question as part of previous question. I will report the manifest content of the answers to the questions asked, followed by themes and topics that emerged as a whole.

Questions and answers.

Do you think incorporating a few minutes of meditation at the beginning of session is a good idea? Why and why not? All of the therapists answered in the affirmative to this question. They elaborated that it seemed to be a good idea as it seemed to benefit/help their clients. Three therapists said it was an uncomfortable experience for some of their clients, but that the information the therapist and the client learned about the process and the client’s discomfort was

beneficial as it brought up new issues to address in therapy. Therapist 1 reported having a client who is normally very verbose and appears "put together." The experience of quieting down was very uncomfortable for that client and it revealed an underlying anxiety that the client covered up well. Therapist 1 clarified that it may be dependent on client. She said it would have been good to have different versions as some clients may not know what "centering" is and may not respond to it. She said because it is a learned behavior, they may be fighting with their thoughts if they did not have exposure or experience with mindfulness.

Therapist 5 said it really helped her clients drop into the moment. She shared confusion about her own participation because she did not know why seeing what comes up for her personally would be useful for the client. She said having a prompt to think about the client would have been a better idea for her. She said she does not have "the leisure to have thoughts about my husband or dinner." She clarified that it may be helpful for therapist to process and get rid of thoughts but she said it did not work out as when discussing their experiences, she did not want to self-disclose about her personal thoughts. She said she often does a quick scan through her own thoughts and plans by herself and she said she is "more on my game when I do it." She said she is "100% on board" with doing it for clients. Therapist 6 said it seemed to be beneficial for her client, and helped her as well. She said it was better for herself after she knew her client was enjoying it. She said her client was visibly more relaxed and "you could see it in her body language." She described that it helped her as the therapist to slow down and to stop to take a breath. Therapist 7 said that it is a good idea "for sure for certain clients." She said it is good for those that are interested, and it helped them reduce stress. However, she was not sure if clients who are skeptical about mindfulness and meditation would benefit from it. Therapist 8 said this was a good idea for her because it helped her make mindfulness more routine for her, and helped

her hone her mindfulness skills for her DBT practice. She said it helped center and organize her clients' thoughts. She said for one of her clients the activity was a very emotional and shame based experience, and grounding helped focus on what the intensity of the anxiety and depression was about.

What did you notice in the sessions that you started with meditation compared to your other sessions? Therapist 1 said she had practiced meditation in different ways and this time she noticed she was not aware of "how much chatter there is in my head." She said she noticed "stuff come up from my personal life" and thinking "oh no!" She said she became aware she always has these thoughts going on in the background and was not aware of this before. She reported fear that she may focus too much on personal things, but she said she was able to change her orientation "quickly after a few times of doing it." She also stated noticing that her clients were "hands down more present" when compared to other sessions. Therapist 5 said this activity cut through the small talk when compared to other sessions. She described that clients often come in and warm up by talking about current events, but the mindfulness activity helps cut through that or is "a nice segue to the work at hand." She also stated that for her clients who are more cognitive, this activity gives them an exposure to "sitting with ambiguity" where they can learn to tolerate the feeling of "I don't get this." She said this was useful for clients who normally "talk, talk, talk, talk, talk."

Therapist 6 said the activity helped with the flow of session as it can be awkward for people to warm up and get started in a therapy session. She said doing this was a nice transition and this made it different from other sessions. She said her client did not feel like she had to ask a bunch of questions and say pleasantries to get started. Therapist 7 said for two of her clients the activity was an improvement from their previous sessions, she said it was a way to ground them.

They were better able to understand things and their sessions seemed to "flow better." She said one of her clients was trying too hard to please the therapist, and with her the sessions seemed "a bit off." She had another client who preferred to do it by themselves. Therapist 8 stated that the sessions with the meditation activity were "more productive sessions" and "they went deeper." She said the sessions got "a lot more interpersonal" and helped "my thinking clear too." She described that she uses mindfulness in her sessions several times a week, but doing it in the beginning as this exercise was different and better.

Were you familiar with mindfulness/meditation before participating in this study? Therapists 5, 7 and 8 had prior experience in mindfulness. Therapists 5 and 8 are trained in Dialectical Behavior Therapy (DBT) and reported being very familiar as mindfulness is one of the core foundations of DBT. Therapist 7 has experience in mindfulness and meditation through her exposure to yoga and her spiritual exploration. Therapist 8 said although she was familiar with mindfulness, this exercise made her more aware and helped her "buy into it more" and exposed her to more of mindfulness. Therapists 1 and 6 reported that they know what it is and are interested in it because of the benefits, but they do not have much exposure to it and want to learn more. Therapist 1 clarified that she had experience with it in various forms but not formally.

Was meditating with your client a positive experience for you? Why and why not? All the therapists except therapist 5 said it was a positive experience for themselves. Therapist 5 thought it was positive for the clients but that she found herself wondering about what the study is about, and about research design and found it distracting. She stated that it was "weird for me." Therapist 1 reported that it was a little stressful at first because she found herself thinking about her personal life although normally at work she is in "work mode." However, she said after

doing the activity a few times she was able to observe those thoughts and it did not bother her to have them. She also used the word "neutral" to describe her experience. She said she found it helpful and interesting to observe how her clients responded to it. Therapist 6 said it was positive for her except she had technological problems. She had to play the meditation instruction on her phone and her phone would go to sleep from inactivity. She stated that it was better for her when she knew her client was comfortable. She shared hesitation and anxiety about how her client was receiving it in the beginning. Therapist 7 said with her two clients who enjoyed it, it was a positive experience for her. However, with her other two clients it was "not as much." She said it was still ultimately helpful with one of the two latter clients, because they got to discuss the client's pleasing and dependent nature. However, during the activity, she clarified her experience was not positive as she said the "energy was off."

What resistance did you notice to doing this activity? The therapists all said they did not notice resistance to doing the activity. Some of them were already involved in other research projects and said doing this was not an additional burden. As mentioned in the previous question, Therapist 5 had some questions about the research design and found that she could not remember why she was doing the activity this way (the co-meditating) and wondered how observing her own thoughts will benefit the client. She stated she did not want to share certain thoughts with her clients, like "I'd rather be anywhere but here today" or "I am thinking about research design." Therapist 1 stated "not really" to having resistance but went on to describe how some clients may have religious reservations, and that created some hesitation for her to bring it up. She gave an example of a client who said they don't do yoga because doing yoga would mean practicing Buddhism. She clarified that she did not experience any "personal resistance." Therapist 6 said her client had some resistance in the second session as she did not want to do it.

She explained that her client said she did not have enough energy as she had gotten some bad news that day. Her client was able to verbalize that it was not this particular activity, but that "engaging in a new activity takes too much energy." When Therapist 6 was asked about her own resistance, she said it was different for her as she normally just gets into talking in sessions. She explained that doing this was different because it had a "weird transition" as she had to stop client from "getting started." Therapist 7 said she did not have any resistance. She also mentioned that it was a way to connect that was different from the "small talk bullshit." Therapist 8 said she did not have resistance but at the start of the study she had to remember to do it.

What attracted you to participate in this study? The therapists were all known to this researcher as colleagues and friends, and some stated that they participated to "help out" the researcher. Additionally, some shared that they have an interest in research and want to participate. All the therapists stated that they find mindfulness beneficial and/or intriguing. A couple of therapists stated that they had been interested in mindfulness but did not know how to incorporate it into therapy. The structured approach and the guided instruction of this study was attractive to them as a potential way to add it into their work. Therapist 1 stated she has been to seminars on mindfulness, and she knows of health benefits of it, and she wanted to try out the study. She said that talk therapy is not always enough to reach core issues and experiential activities like this may enrich her treatment approach. Therapist 6 said she knows this is useful and every time she has done mindfulness she has found it beneficial. She also stated that she has been wanting to use it with clients but she did not feel equipped to do it before. Therapist 7 said she loves meditation and mindfulness, and that she has many clients with anxiety. She shared that she would like her clients to be able to learn about it too as it can help with anxiety.

Therapist 8 shared that she is interested in mindfulness, wanted to help a fellow colleague, and that she tries to contribute to data collection whenever she can.

How did you select which clients you would ask for permission to do this study? The therapists had varied responses to this. Two stated they chose the clients because those clients are more interested in mindfulness and meditation. Two others stated they went with who they were comfortable asking and chose clients they have been working with for some time so that there was enough rapport. One stated that she asked those who she knew would feel comfortable saying no and would not feel pressured to participate. A couple of therapists alluded that there are certain clients who they anticipate will not be open to something like mindfulness, such as those who have religious reservations. Therapist 5 said she tried to pick clients who she was in initial stages with, so that "it wasn't random." She also considered whether the client could have a trauma reaction and if they could tolerate it. Therapist 6 had only one client. She said she based it on who she thought would be willing to try it and be open to it. She also discussed that she can think of it being beneficial about people dealing with cancer and other diseases when they cannot be in the moment because they are always thinking of cancer. She also discussed hesitation using it with clients who may be overly religious. Therapist 7 said she knew one of her clients was already interested in mindfulness, and another does yoga, and these factors helped her select those two clients. She also picked clients who have anxiety symptoms so that they can "get out of their head." She also stated she picked people who she knew would be there consistently. Therapist 8 said she picked clients based on who she was already thinking would benefit from mindfulness. She said it would be helpful for clients who were emotional or "anxious people." She picked one client who was likely to say yes as that client is also a doctoral student and "understands" the need for research.

Would you rather have a guided instruction played by audio or would you rather instruct the clients yourself? Why and why not? One therapist stated that she would rather have a guided instruction because that way she can customize the instruction for the client. Another said the silences/gaps at times felt too long and she might have made it shorter. The others said they would rather follow along a guided instruction as that way they can both meditate. One therapist said she is not comfortable with her knowledge of mindfulness and meditation, and therefore feels more comfortable following along. She said with more training she might be able to do it herself eventually. She also said having the guided audio makes it "much easier" and also "easier to observe" the client. Another said she likes the meditation to be guided so that she is "less self-conscious" and so that she can "participate too." She said, "it made me a better therapist to be able to do it… like I was joining with the client." She explained that being able to say, "me too" about the shared experience as a therapist helps to reduce the stigma for clients.

Reflecting on your therapeutic setting and practice, is it feasible for you to do a meditation activity at the beginning of each session? Why and why not? The therapists stated that it is feasible in every session based on their setting but they are not sure if all the clients would want to do it. They stated that they would do something like this for certain clients who they know will benefit or who will want to do this. Therapist 1 said it would depend on availability of time. Therapist 5 stated she uses some aspect of meditation/mindfulness in most sessions already but she may not do it in a "structured, redundant way." She clarified that she prefers to do something different every week. Therapist 6 said it will definitely be useful to use it in her setting. She works with cancer patients and she said she can see it being very useful for people going through chemotherapy and those getting anxiety-provoking scans/tests. Therapist 7 said for certain people it would be "absolutely" feasible, and she would want to do it because she

believes in a "full body approach." Therapist 8 said it is helpful every time, but it takes a little bit of planning. She said she generally runs out of time in her sessions and this would involve planning time to incorporate it. She said she already uses it with clients where it is indicated, like those experiencing anxiety. She shared her desire to do it more and said sometimes she skips it because she wants to "get a lot done."

How would you feel about doing this every session? This question seemed to be a segue from the one before. They stated they would feel good about doing it with the clients they identified as benefitting from it. Most answered it as part of the previous question and did not have much to add to this answer.

How did it affect you to do the meditation? Therapist 6 shared feeling anxious about whether the client wants to do it, and questioning if she was forcing client to do this. Therapist 7 said she already does something grounding before getting her clients, like deep breathing. She said it was good for her because she has clients from 9 am to 9 pm back to back, and taking this breather helped her. Therapist 8 said it helped her relax and helped her be grounded. She said she found herself noticing thoughts about future and past clients. She said it helped reduce her anxiety about sessions. Most referred to the answer about whether this is a good idea because they had stated how it affected them in that answer.

How do you think it affected your clients? This question was skipped as the therapists already answered this question in the previous answers. The consensus seemed to be it affected half or most clients positively. Some shared clients being uncomfortable or anxious about the activity.

How do you anticipate most of your clientele will feel about doing this sort of an activity every session? Therapist 1 said majority of her clients would do it, but that not all of

them would do it every time. Therapist 5 said considering her clients, about half would like it and half would not. She said clients who are "on Axis II" or are "very concrete" do not tend to like this type of activity. She said for her other clients this will "add to the therapeutic process." Therapist 7 said her client's reactions would be half and half, there will be clients "really into it" and others would say "this is too woo-woo." Therapist 8 said she would predict most of her clients will be hesitant at first but relieved later. She said some may have discomfort closing their eyes for the activity, but with time it would get easier. She said looking back on this study, there were two times her clients were uncomfortable. She also mused whether meditation is an intimate activity that people may want to do on their own.

What are situations in which you would predict this intervention may be inappropriate or be contraindicated? Some of the therapists stated that they would be concerned about clients who have suicidal ideations. Therapist 1 said she would want to know more research on what those contraindications would be. Therapist 5 mentioned that she has learned from doing an anxiety group that clients with a trauma history in initial stages of treatment do not want to close their eyes for safety reason. She also mentioned hesitating about those with elevated levels of self-injurious or suicidal thoughts, and those who experience dissociation. She said those who have very distressing thoughts going on may get more distressed paying attention to those thoughts. She recommended adding something more directive. She provided examples like walking meditation or focusing on breathing for clients in those situations. Therapist 7 said it may be hard with "pleasers" referring to her client who was trying to please her by doing a good job at meditating. However, she said when the dynamic was discussed, it was useful for this client. She also said it may not be useful with anti-social clients. Therapist 8 said it may be difficult in trauma cases in which the clients have not established safety with the therapist and if

they are afraid of what would come up or afraid to close their eyes. She also stated it may be avoided with someone who is actively suicidal or "full on panicking," or someone who is actively resistant.

What would you predict are the possible benefits of this practice? Therapist 5 said one benefit of this practice is introducing exposure to clients who avoid their anxiety and other feelings. She said this activity helps them to elicit the feeling "in this room." She also stated that a lot of clients find these activities relaxing, even if they do not notice/introspect much, it serves as a relaxation piece for stress reduction and it feels like a "tangible" activity in therapy, "like they are doing something concrete." Therapist 8 said benefits are being oriented to session, being centered, more intentional about what to be addressed, bringing therapist into more contact and collaboration with client. Others referred to their stated benefits in previous questions of the interview.

What would you predict are the possible disadvantages of this practice? Therapist 1 said some clients experienced distress, but it is a matter of perspective because although it was uncomfortable, it was beneficial to reveal patterns and to discuss the dynamic. She said another possible disadvantage may be if there is a power differential and the client may not be able to say no to participating. Therapist 5 said doing this practice may cut away from time needed to focus on something else in session. Therapist 7 first said she did not think of any disadvantages, and then said maybe if it was an intimidating experience for some clients. Therapist 8 said time may be the only disadvantage she can think of. She also gave the example of a client who comes in with a list of things to talk about and does not want to get distracted by meditating. She said this client would say "I don't want to lose it" about what she came in to talk about.

Did the experience help achieve any greater insight for your sessions? Therapist 1 answered this in a different question and said it did provide insight as some of her clients were uncomfortable and they normally did not show their anxiety by being verbose and active in sessions. Therapist 5 said "I hate to say- no." She said she would have gotten more out of it if there was a prompt for her to focus on professional issues or to focus on the client. Therapist 6 reported that her client was able to identify that she does not like doing new things, as a response to this activity. She shared that it became a helpful conversation and gave insight into the client's resistance to engaging with her life after recovering from her cancer. Therapist 7 said she already has a great connection with the clients so she is not sure if there was more insight, but she said she enjoyed the flow of session. In a previous answer, she said the activity helped reveal the pleasing tendency of one of her clients. Therapist 8 said it did help gain insight but did not elaborate.

Did you feel a difference in the quality of connection or rapport as a result of the activity? Therapist 1 said it created a "bonding" experience as they could share things like "I had a lot of thoughts too." She said she did some self-disclosure of the shared experience and that this opened up a space for the therapist to say, "it was hard for me today" and this allowed her clients to be open. Therapist 5 said she tries to be very genuine with her clients and the activity helped normalize speaking of real experiences and made discussion of immediacy more routine. Therapist 7 said she picked "safe people" who she already had good connections with and did not feel a difference because of the activity. While discussing a different answer earlier in the interview, Therapist 8 said she had more of a connection because she was more attuned to what her clients were feeling. She gave the example that if the client was agitated, she felt agitated.

Did you feel that you were more intentional and present as a result of the activity? This question was answered in an earlier question of how these sessions were different. Some of the therapists reported feeling more grounded and centered, and others said the already have a centering activity and therefore it was the same. Therapist 5 first said "not necessarily." She then hesitated and changed her response by saying "maybe... with some clients we fall into supportive therapy, and doing this reminded me to stay on track with treatment plans and models." Therapist 8 said "yes," she was more intentional and present.

If you were training other therapists, would you recommend they adapt this activity into their sessions? Why and why not? Therapist 1 said she would recommend it, and that she has already recommended it, and asked if she has permission to share the recording with her supervisees. Therapist 5 said "yeah, I think so." Therapist 7 said "absolutely" to whether she will add it to training for others. Therapist 8 said yes, it is like teaching Cognitive Behavior Therapy. She said if she was supervising she would advise doing this instead of thought record. She also said this activity helps the therapist be vulnerable to join the client. She said it lets therapists put their guard down.

Did you feel a difference in how hurried or stressed you felt at the beginning of the sessions compared to other sessions? Therapist 1 said "yes". She clarified that she realized she is hurried or has thoughts and this experience was "very helpful" because she did not realize how much thoughts she had. Therapist 5 reported "I don't think so." She said in some cases when she had a lot of other things to address, she felt hurried as she wanted to debrief on other issues that week. Therapist 7 said not really as she already does a deep breathing exercise and gets centered before sessions. Therapist 7 said she wondered how the timing was for her clients, but she did

not feel any difference or pressure about time. Therapist 8 said it is hard to remember, but she thinks she was less hurried and stressed because it gave her time to orient herself to session.

Did you have the urge to try this in session with other clients? Therapist 1 said she did and she has used similar things with other clients. She said she did not use the recording as she did not know if this was allowed in my study. Therapist 6 stated they would like to use it in the future if she has permission to use it. Therapist 8 stated she would like to use it with other clients. The others stated they did not.

Did you share about this study with anyone else and what did you say? Most therapists mentioned discussing it briefly with other therapists and trainees. Therapist 5 said she did not. Therapist 7 said she told a friend who is also a therapist that she is participating.

Did you feel your clients were more engaged or intentional about their session as a result of this practice? Therapist 1 said that her clients were more engaged and intentional. Therapist 8 said her clients who wanted to do this so they were "into it." She said one of her clients said they don't want to do it anymore and said, "it isn't for me" and had appeared disengaged. As part of earlier answers, some therapists said their clients engaged in less small talk and got right to therapy.

Do you anticipate your clients will be more likely to practice mindfulness and meditation in their life as a result of this? Therapist 1 said "I think so." She said even it is not this exact same activity, they might do something modified like "walking mindfully." Therapist 5 said some of them would, not the ones who were not ready but others would "certainly use it." Therapist 6 said her client started practicing mindfulness at home and downloaded a meditation app. Therapist 7 said yes, her clients are more likely to do it. Therapist 8 said this study taught two of her clients how to do it and she feels they will continue it.

Did you notice any benefits in your clients as a result of this activity? Therapist 1 mentioned that her client with an eating disorder was benefitted because she can now have more hunger awareness. She said the client is doing much better with spending time with herself and being aware of cues in her body as a result of this. Therapist 6 said her client became more open to trying new things.

What would you add or take away from the activity? Therapist 1 said she will not change it. Therapist 5 said she may prefer there to be separate instruction for the client and the therapist although she said it would be difficult logistically. She also recommended changing the script to focusing on the session such as "what do you hope to get out of the therapy process?" and "what do you hope to achieve today?" She also said maybe doing the activity at the end of session may be useful as then the session will be on their minds instead of personal/unrelated topics. Therapist 6 said she might consider making the gaps shorter for people just beginning as it may be too long. She shared some anxiety during long pauses about whether her client was uncomfortable. She also stated that she wishes she was more prepared to answer questions or had more knowledge about why and what of the activity so that if the client asked questions, she could answer it. Therapist 7 said the timing in the instruction was good and that it was good to have spaces and instructions. Therapist 8 said she would not make any changes, but that it would be interesting to see how timing of the activity might affect it (beginning, end, middle of session) or trying it with clients of different diagnoses. She also mused that it will be interesting to research how different therapists from different theoretical orientations would experience the activity.

Any other comments? Therapist 6 said that with her client, on one session, the client jumped right into talking about something. As a result, they did not do the activity until the end.

She said her client told her that she found it better to do in the beginning because it helps her into session. She said her client said she was "ready to sleep" when done at the end of the session. Therapist 7 suggested trying co-meditation with couples and varying the timing of the activity.

Thematic Summary of Results

The preceding section was a detailed summary of each answer obtained from the participating therapists and included mostly the manifest content of what was stated. The next section is the data from the session report sheets and the interviews, organized by collective and individual themes that emerged. Here, deductive coding grounded in theories of mindfulness and psychotherapy was used to identify categories.

Collective themes.

Benefits for clients. Based on therapist reports, some common benefits were apparent. Two therapists reported that the experience allowed their clients to have exposure to their own feelings and emotions. These are feelings that they would normally avoid, and therefore the mindfulness activity allowed it to come to the forefront and brought it up for discussion. Several of the therapists felt it helped relax their clients. One therapist said, "it seemed to help my client really drop into the moment." Another reported that the experience was very emotional for a client and helped the therapist and client address core issues that would not normally come up. Two reported a reduction in "small talk" and getting to address therapeutic issues sooner as a result of doing this study. They reported it helped to set the tone and seemed like a warm up activity. Therapist 1 had one client who was so "put together" that they were never able to get into her anxious "frenzy." However, she said the activity helped reveal the client's inner anxiety and they were able to get to and process a depth they have not reached before. One counselor said it sped things up for session as she felt she got to work sooner with her clients instead of

having small talk. One therapist said with her client who is very emotional, it helped center and understand what her anxiety and depression are about. Therapist 7 said the benefit would be they would experience it and then do it at home as it is an introduction. She shared that many are scared of doing it wrong, so having this exposure to the activity will encourage people to start.

Problems for clients. Therapist 1 noted that the activity was distressing for her client with Obsessive Compulsive Disorder and made her worked up because she did not want to let her thought just disappear. She reported that they modified the prompt to putting the thought away in a box. She said that ultimately the activity was beneficial because it brought out this discomfort that served as material to discuss in therapy. The same therapist also had another client who seemed to really struggle with the activity. The therapist said normally client is very verbal so it was "really interesting" to see her unravel. She said they were able to work with it, and although it caused discomfort, it was helpful in the long run. Another therapist mentioned that in one session a client came in wanting to say something and did not want to lose it by doing the meditation. Another therapist reported that one of her clients did not go into why but said "this is not for me."

Benefits for therapist. One therapist found it intriguing because she did not realize how much background thoughts she has. Others stated that because they have been curious about mindfulness, one benefit to doing this study was to get an exposure and a formal practice to incorporate mindfulness in their work. Some therapists reported feeling more grounded/centered. One reported that this was a great way to start the sessions and it gave her a nice breather as she has many clients back to back. Two therapists reported that it was beneficial for them to be able to be vulnerable or to be able to say, "me too" to clients as they practiced. They explained that

this made them more approachable to their clients. Due to the short-term duration of the study, long-term benefits were not captured.

Problems for therapists. One of the problems that came up for therapists was an awkwardness of incorporating the activity. It seemed that they are used to the tempo of their sessions and adding something new was off-putting. Another issue that the therapists mentioned was thoughts about their personal lives. One said it was distracting and she was worried about it, but over the duration of the study it was helpful to see her background processing and she learned how to work with it. The other therapist who had thoughts about personal life said it was inconvenient and she did not see why that was helpful and she recommended adding a prompt for therapists to focus on the client instead of delving into open awareness. Some therapists reported having anxiety about their client's reactions to the study. Therapist 5 stated it was distracting to do this in the beginning, but said "not any more distracting than usual chit-chat."

Suggestions for future. Some of the therapists made suggestions for trying this in the future. One said it would be helpful if the prompt was more guided to the therapy process, such as focusing on what they want to work on in therapy or what progress they have made. Another suggested possibly trying in with couples. She discussed that the same concept of shared space and becoming intentional may be beneficial in couples' work. Two therapists suggested studying the effects for different therapeutic styles and for different client diagnoses. Another mused about how it would be to try it out in the middle of session or end of session. One therapist made the statement that at the end of session the content that comes up for the therapist and client is more likely to pertain to therapy.

Small talk. The topic of small-talk emerged for all the therapists. The consensus seemed to be that most clients start sessions asking questions and making small talk as a way of warming

up or easing into sessions. The therapists who incorporated mindfulness in the beginning of their sessions found that doing this activity cut through the need for small talk. They said they were able to set the tone for the work of session and get right to it after the activity. One therapist said although this activity took a few minutes to do, she felt it saved time because the small talk/pleasantries take longer.

Transpersonal. Three of the therapists alluded to things like "trance," "magic" and "energy." One described that she was connected to her clients in a way in which she was able to experience what her client was experiencing by attuning to them in this activity. Another said, "I don't know, it was kind of magical" to describe the feeling she was experiencing. She also called it "transcendent." Another described it as the "energy in the room." These observations and descriptions were about the felt experiences of the therapists. They demonstrated some discomfort talking about it and prefaced it by saying this is "weird," "woo-woo," or "new-age-y."

Reservations. Two of the therapists mentioned that when selecting clients, they were cautious about religious reservations clients may have. Therapist 1 had a client who does not do yoga because that would mean practicing Buddhism. She said this client plans to look for meditative activity in her faith tradition. Therapist 7 said she would not do this activity with clients who think this is religious. She said in this area (the locale of the study, a college town in northwest Arkansas) people may be closed off to the idea of mindfulness or meditation because of religious reasons.

Another reservation was that this activity would be seen as "new-age-y" or "woo-woo." Two therapists said that they have some clients who would be against doing mindfulness and meditation because these reasons. Therapist 7 said she has clients who would call it woo-woo

and think it is too out there. Therapist 8 stated she would avoid doing it with people who push it aside because it is too new-age. She then discussed how the she heard the insurance company Aetna is using mindfulness as one of their online modules. She said, "science is catching up to the new-age-y feel."

Individual summaries.

Therapist 1. I met with Therapist 1 in her office. She is a Licensed Professional Counselor in a college counseling center. The interview lasted about 42 minutes. She was forthcoming with information and apologized for saying "too much" in terms of details. She was very organized in her approach. The last few questions and answers were hurried in her case as she had another appointment after this meeting.

Therapist 1 reported this was a beneficial activity for her and her clients. She said she was surprised by how much background thoughts she had in the first few sessions. She said it was helpful for her to realize this and she noticed it got easier as she progressed to do more sessions with the mindfulness activity. She stated some of her clients really enjoyed the activity and even for those who seemed uncomfortable it was beneficial as they got to discuss the source of the discomfort. She said she had been interested in mindfulness and has tried it in different forms and this activity allowed her to do it more formally. She stated she would like to learn to do more of it on her own. She shared that she recommended it to her supervisees, and will continue using the recording.

Therapist 5. I met with Therapist 5 in her office. She is a Licensed Counseling Psychologist in a college counseling center. The interview lasted about 40 minutes. I had to reschedule my appointment with her due to a scheduling conflict and she was able to quickly

squeeze in an appointment with me to do the interview. It appeared that she had some other tasks to complete and the pace of the interview felt rushed.

Therapist 5 reported that the activity was beneficial for her clients. However, she said that it was a frustrating exercise for her because she found herself wondering the purpose of the study and how meditating on her open thoughts could possibly help the clients. She recommended including a prompt for therapists to focus on the client in the room. She said she had thoughts about her husband, a co-worker, and dinner, and did not want to discuss the content of her thoughts with her clients. She shared having former experience and exposure with mindfulness.

Therapist 6. I met with Therapist 6 at a local burger restaurant. She is a Licensed Clinical Social Worker at a cancer resource center. The interview lasted about 30 minutes. The setting was a bit loud and we were interrupted several times by the waitress. Therapist 6 apologized because she was able to do the activity with only one client. She explained being out sick and being out of town were her reasons for not being able to do it with more of her clients.

Therapist 6 spoke about her experience with her client. She said she was anxious in the beginning as she wondered how her client was feeling and whether she felt pressured into doing it. She said she could relax once she knew her client was enjoying it. She discussed one session in which her client got some bad news and went on to talk about that. She said in that session they did the mindfulness activity at the end. She said her client gave the feedback that doing it before was better as it made the client sleepy at the end of the session. She said although this client had resistance in the beginning, she seemed to be glad to do the activity in the end and she downloaded apps for meditation so that she can do it at home.

Therapist 7. I met with Therapist 7 at a local coffee bar/brunch restaurant. She is a Licensed Professional Counselor in private practice. The interview lasted about 22 minutes. The

setting was busy and loud and we were interrupted several times by servers. However, the interview seemed to go on smoothly without problems. She spoke and answered the questions very fast and I struggled to write down everything she said. After some time, I stopped trying to write and relied on listening to the audio recording of her interview later.

She stated that her experience with her clients was about half and half. She said two of her clients seemed to really engage and benefit, one did not seem to get much out of it, and another refused to do it after the first time. She shared the two that benefitted were already into mindfulness before. She said at first she wondered how her clients are perceiving the experience. She shared that she is perceptive of energetic shifts in the room and she was aware that the energy in the room was off with the two latter clients. Therapist 7 was very short in her responses on the form and gave general evaluations such as "I liked it" or "not for me" about her clients and her own experiences, but did not offer reflections. However, she gave more depth of her and her clients' experience during the interview.

Therapist 8. I met with Therapist 8 in her office. She is a Licensed Clinical Psychologist in a college counseling center. The interview lasted about 30 minutes. She shared that she has exposure to mindfulness through doing Dialectical Behavior Therapy (DBT). She offered a lot of depth and reflections in discussing her experience with the activity.

She stated she and her clients were more emotionally present. She alluded to feeling a connection with her clients that was more transpersonal and she felt the energy in the room. She gave the example that she felt agitation during the session her client was also agitated. She shared that this activity helped hone her skills for DBT and introduced a way to do formal regular interventions using mindfulness. She mused about why people do not engage in mindfulness more often although they tend to enjoy it or feel better after doing it. In her notes,

she described the feelings of being mindful as “trance-like” and described having some visualizations about light and serenity during the meditations.

Chapter Five: Discussion

This study was focused on a phenomenological qualitative investigation of the experience of therapists and clients co-meditating at the beginning of therapy sessions. My goal was to explore the lived experiences of therapists incorporating co-meditation in the beginning of their therapy sessions. I wanted to know answers to questions like how it would be experienced, is it a good idea, is it doable, what are possible advantages and disadvantages, etc. Based on prior research, discussed in Chapter 2, I started with a few assumptions about possible benefits of the practice. I was able to ask the questions, and received answers from the participants about most of the assumptions. Due to the qualitative nature of the study, the answers were varied and far from formulaic. The feedback I received from these therapists was about their own experiences and also included some feedback from their clients. Due to the small scope and the qualitative nature of the study, these answers cannot be generalized to all therapists and all clients, and causal relationships cannot be established. However, the data can provide some description of the experience, directions for the future and serve as a test run for this intervention in psychotherapy. The experiential descriptions allowed for rich data, and provided more insight than the assumptions I started with. In this section I will use the results to discuss each of my starting assumptions and then include further insights about the process, future recommendations, and implications of this study.

Re-Visiting the Assumptions about Benefits

1. If being more mindful creates greater awareness and attention, and leads to greater understanding of inner and outer experiences, it may lead to greater insight in therapy. If the counselor and the client are in a state of open attentiveness, greater insight may be achieved (Germer, Fulton, & Siegel, 2013).

I directly asked the question, “Did the experience help achieve any greater insight for your sessions?” Here I will include those answers as well other content coded as insight during the analysis. One therapist said “no” to the direct question and another said it was not very different because she already had a good relationship with her client. The others indicated yes. All of the therapists also mentioned things that they found out about the clients or the clients found out about themselves as they did the activity. One counselor realized the client was more anxious than they had known before, another client realized how her coffee was affecting her, one therapist felt a connection to the client that was new for her, one therapist realized how much small talk she and the client have to go through to warm up and get started for session. The discomfort and reservations that some of the clients showed also illuminated more content about how the clients operate. Three therapists stated that the demeanor of clients about the activity led to fruitful discussions about factors that were not apparent before.

Part of mindfulness is being curious and taking alternative perspectives of experiences. Due to the nature of doing something new, and the instruction to observe and ground, it is possible for new insights to emerge. However, this cannot be generalized and some of the therapists did say they did not feel the activity led to insight.

2. The connection and rapport between the therapist and the client may be better due to the sense of presence established by the act of meditating together (Geller & Greenberg, 2012).

Some evidence for this emerged from the study. Two therapists mentioned experiences of feeling more connected with their clients. One said that by joining in on the activity and being vulnerable, she was able to say “me too” and she was able to self-disclose. She said these experiences made her feel more connected with her clients. Another therapist said she felt a

connection to her clients in that she was able to pick up the feeling in the room or what the client was feeling. She said when the client said she was anxious and the therapist felt it too, it created a moment of connection. One of the therapists said she did not necessarily feel anything different and clarified that she already had a great rapport and relationship with her clients.

Pollok, Pedulla and Siegel (2014) state that relational mindfulness lends itself to interpersonal attunement and posit that mirror neurons are perhaps at play at this enhanced empathy. These concepts are difficult to study as such phenomena is not concretely observable. Further research is important for generalizable results, but therapists own experiences with attunement during co-meditation can be a deciding factor for individual therapists who try the intervention.

3. Therapists should be intentional and present for the client and meditating with the client may increase their sense of presence and intention and refresh them from their last session with another client or lunch or a meeting that they just attended. This will be including the client into the process of setting up for session (Rogers, 1961).

This was an interesting question to explore. I assumed that the activity will allow more focus and intentionality, that therapists may be distracted with lunch or another client, or a meeting. A few of the therapists said they did feel more focused. One said she wishes there was a prompt for the therapist to focus on the client and the therapy. She reported that this was because she found herself thinking about her personal life, food, husband, research questions, etc. Another therapist reported that she tends to be in a work mode when she is at work. My personal interpretation of this is that when she gets to work, she puts on the "therapist hat" and stays in that role without gaps in her experience. However, the mindfulness activity provided a gap where she did not necessarily have a plan, it was a new experience. She found herself flooded with

thoughts and admitted to panicking about this at first. I understood it to be as if a vacuum was created. This phenomenon seemed very interesting to me. It showed a sense of willful but not fully conscious selectiveness of experience and a putting on hold of the personal. I wondered about what that means, do those unattended thoughts create any pressure, do they need to be acknowledged, is it better to keep them at bay, etc. In our busy lives we do tend to be on auto-pilot so her experience made sense. She said that this happened the first few times but then she knew that it is ok to let those thoughts go and it became easier to focus on the client. It is important to consider if such a prompt would be helpful. This leads to the philosophical question, do we want the therapist and the client to be open to all experience, whatever comes up, or do we try to limit it with prompts.

One of the therapists said it created a good tone for her day and it helped because she has back to back clients all day. However, she said she already had a deep breathing practice that she does between clients to be ready for her next client. Another therapist stated that she feels her act of putting up her coat, sitting down at her desk, getting the room ready for the client, were practices that were already built into her schedule where she gathers herself and becomes ready to see a client. She described these rituals as a meditative and intentional tool. My instructor for Basic Counseling Techniques, Professor Judy Stephen (Counseling Techniques Class, Fall 2007), had taught us in class that setting up for session is an important ritual, and includes actions such as straightening a chair and fluffing up a pillow while becoming mentally ready for the next client. The mindfulness co-meditation can be seen as a similar type of ritual geared to the same purpose of being ready and open for the client.

4. Client may be still working through dealing with traffic or an angry spouse or the nervousness of being in a difficult class, and this may also give them the opportunity to be intentional about being in therapy.

Two therapists reported that there was less small talk in the beginning of the session. One said some clients take time to warm up and the activity was short and took the place of that and allowed them to get going right away after the activity. She said that although this took five minutes, it actually helped to save time. Another therapist reported that when she saw the client being in discomfort, it gave them the focus area to discuss. She said that normally this client is so verbal that this side of her does not emerge. It sounded like the silence and space opened up by the activity allowed a different facet of the client to emerge.

As I was discussing my conceptualizing of this study while I was planning for it, my mentor, a therapist in the community (William Symes, personal communication, 2014) had pointed out to me that this intervention may take away the urgency of emotion from the client. After grounding and centering, the client may not be able to access the emotional depth or experience that they came in to process. I was curious about this suggestion. One participating therapist brought up this idea herself. She said her client came in wanting to discuss something and said she "did not want to lose it." Another therapist had a similar experience in which the client decided to do the activity later in session because she wanted to talk about something very relevant right away. With one of the therapists I brought up this idea in the interview, and said she does not envision this to be a problem. She said if the emotion/content was relevant it will not just go away, and if one does, perhaps it was not important.

Borrowing from Stephen Gilligan's Self-Relations theory (1997), the cognitive self and the emotional self both should be able to connect and interact. He suggests that wisdom and

insight may not occur without that connection. Therefore, perhaps having the distance or objectivity that mindfulness brings may be useful. However, if mindfulness is understood as getting rid of emotions, the problem is apparent. In this study and in my approach, what I have suggested is not getting rid of emotions, but simply becoming aware, present and non-judgmental. However, we know from research on different brain areas (Hanson, 2009) that simply naming or observing employs a different part of the brain and can lessen the emotional valence. These are some very important and interesting emotional and cognitive dynamics, and should be studied further to deeply understand the effects of mindfulness on emotions. Therapists will have to make discernments on whether it will be beneficial to engage the cognitive centers of the clients based on other clinical factors.

5. If counselor and client are reminded of the purpose and intentionality of the session, it may create a more "sacred" connected space, what Carl Jung (1968) called a therapeutic temenos.

Two therapists discussed a felt sense of connection. One said she felt she and her client seemed to share moods, that they picked up on each other's feelings. Another said, "it might sound like I'm talking about magic" but "even in those five minutes there's an element of healing that I cannot do in traditional therapy." She continued "talking is great but there is this piece that opens up." When asked if this was a transpersonal phenomenon or just better communication, she said it is the latter, "I think it will help reach something I'm not able to reach in just talk therapy," "might help open up a stream of, like chiropractic work, to realign and open up mind-body communication that is nonverbal, that all of a sudden your sinuses can drain." This therapist appeared nervous about discussing what she could not describe with words and she seemed self-conscious of sounding "magical" or woo woo (as others have noted).

As human beings, we use words to communicate, yet words are descriptions of things and not actually the things being represented. Words are an imperfect and reduced description of the real experience. Therapists often work in the realm of emotions and felt sense. We try to be descriptive of emotions and process, we try to condense phenomena into theories, yet there is much to therapy that does not translate well into words or theorem. Describing the experience of mindfulness and meditation is difficult, just like other felt experiences such as presence and connection in therapy can be difficult to describe. There is also a divide, perhaps in therapist's theoretical frame and personality. In my experience people can tend to be more concrete or more intuitive. The first is seen as more fact based, the latter more mystical. One side is derided for doing manualized therapy and the other is blamed for being "woo woo." Carl Jung's description of the therapeutic temenos is on the mystical side and it seems to be more appreciated by certain types of therapists. Just like Jung struggled with being seen as less scientific and more artsy (Haule, 2011), contemporary therapists also feel/demonstrate nervousness and hesitation in describing phenomena that is not easily described or replicated. This state of connection may simply be communicating at a deeper level because there is a shared connected space created in the room by meditating together.

6. This experience may show clients that they have the ability to selectively focus attention and allow them to use this coping skill in their lives (Pollak, Pedulla, & Siegel, 2014).
7. This experience will demonstrate to clients the felt experience of meditation and mindfulness and may encourage clients to practice meditation and mindfulness in their lives (Pollak, Pedulla, & Siegel, 2014).

I am discussing #6 and #7 together as the answers overlapped. I realized after the completion of the study that I did not include a question to probe these issues specifically. I did

have the therapists ask clients if they were more likely to practice mindfulness/meditation as a result of the study. However, I did not have enough data to understand the qualitative experience of the client. Did it show them that they have the ability to shift their attention? There was some evidence of this in the client's having a sense of realization. They were able to observe their emotions and comment on it. Some found it surprising to have the experience of viewing their own thoughts. For those who were able to have the perspective, the experience may have showed clients that they can do this exercise to manipulate their focus and attention. The therapists seemed to think it helped most of their clients and many of the clients said they will continue meditating or try to be mindful in their activities. In future research, the qualitative experience of the client and whether they were able to selectively focus their attention, should be explicitly asked. There were a few reports of clients being overwhelmed or uncomfortable by the experience while others reported feeling relaxed. I can speculate that if it was uncomfortable and unpleasant, they may not want to do it unless they were able to reframe or understand that uncomfortable experience as beneficial. However more research is needed to understand this assumption.

Implications

Use as a Standard Practice

There were mixed reviews on this. Some therapists reported it is helpful and they recommend it for use. Therapists also stated that it is helpful, but only for certain types of clients. I believe psychotherapy should always be an individualized process using research and clinical intuition. Therefore, I hesitate to recommend anything as standard practice. I recommend further studies to examine quantifiable benefits and disadvantages. At this time, it can be tried by

therapists and based on their personal experiences with the practice they may decide to use it as frequently as they see fit.

Implications for Therapist Training

Therapist training encourages getting ready for session, and some of the therapists in this study stated they already have rituals to set up. Due to the busy schedule of many therapists, it may be difficult to find time. Working in a few mindful minutes at the beginning of sessions may be a very practical, beneficial and uncomplicated way of accomplishing the purpose setting intention. Therefore, therapist training programs and supervisors can add the practice of grounding, getting centered, and being mindful as a standard part of session.

Implications for Trauma

In the book, "The Body Keeps the Score," leading trauma specialist and researcher Bessel van der Kolk, (2014) discusses how "people can recover from trauma when the brain structures that were knocked out during original experience… are fully online. Visiting the past in therapy should be done while people are, biologically speaking, firmly rooted in the present and feeling as calm, safe and grounded as possible." He goes on to state "Being anchored in the present while revisiting the trauma opens the possibility of deeply knowing that the terrible events belong to the past… Therapy won't work as long as people keep being pulled back into the past." This states in very clear terms that being anchored and grounded is indispensable, and therapy will not work without in the case of trauma. Therefore, trauma treatment can be an approach in which practicing mindfulness and becoming grounded in the present moment can be seen as a natural addition to the standard practice of trauma work. Additionally, if clients practice mindfulness and become better at grounding themselves, it can serve as an accessible coping tool. Van der Kolk (2014) explains that traumatized people experience trauma symptoms

as if the trauma is happening in the moment. Clients can become less vulnerable and more efficacious if they can gain some mastery over these powerful and overwhelming feelings. Trauma sufferers drop out of treatment due to their desire to avoid re-activating feelings associated with trauma. Van der Kolk (2014) reports dropout rates to be as high as 50% due to the intensity of exposure. Therapy can feel overwhelming. Rehashing details of the trauma can be re-traumatizing. Therefore, beginning therapy by empowering clients to have their own antidote or connection to the present may increase treatment follow-through and lead to more success.

Implications for Therapist Well-Being

As this study was conducted over just 4-8 weeks, long term effects on therapists could not be seen. Some of the therapists reported having more mastery and greater grasp on mindfulness. However, if therapists feel less rushed between sessions, if they can take a breather in this activity, if they feel more connected with their clients by doing this activity, it is important to further research whether therapists who do this activity with their clients several times a day would have greater well-being, less burnout, and more efficacy at treatment.

Resistance and Reservations

The therapists in the study were asked about what resistance they experienced. The participants of the study mostly seemed to be on board with the protocol and did not report much resistance on their part. It is important to consider how many therapists would do it on a regular basis if it was not for a set number of sessions in this study. Some of the barriers or reservations that came up were therapists' perception of how the clients will experience it. Some reported anxiety about not knowing how their clients will react. They may avoid certain types of clients who they sense will not be open to the practice.

Limitations

The study was conducted in a relatively small college town community. As a result, all the therapists who participated were known to me as colleagues and friends. The participants were assured that there were no right or wrong answers and I stated to all that I am genuinely curious about the efficacy, feasibility and experience of the activity. However, due to my interest in mindfulness, and my relationships with the participants, it is a possibility that participants may have answered more favorably about their experiences. Another limitation is that it is likely that people who volunteered to participate were already open to and interested in mindfulness. Most of the participants had prior experience and training in mindfulness. Therefore, they may not be representative of therapists who are unfamiliar with mindfulness or those that are not attracted to the concept of mindfulness. This is a qualitative study and I cannot generalize based on the experience of the participants. However, the study is a first attempt at exploring experiences of carrying out this activity and may inspire and encourage therapists interested in incorporating mindfulness to try this intervention.

Future Research

In this study, client demographics were unknown and it may be helpful to study how the experience of this intervention varies with client demographics. Diagnosis or therapy focus for the clients will also be useful to know as the intervention may have different pros and cons based on presenting concerns. Future research on this intervention that is focused on clients will be useful. There were comments jotted down by therapists in this study that warranted follow-up questions as they would help to clarify what the client meant or experienced. Also, as there was so much variability in experiences reported for the same client between sessions, it will be interesting to see in a future study what factors mediated the variability. Effect of therapist on

client should also be studied such as what therapist factors play a role in the client's experience of the activity. It will be interesting to see whether therapists convey expectations and/or enthusiasm. More research on the relationship between this intervention and different therapist personality types and different theoretical orientations will also be helpful. In this study, the co-meditation was carried out at the beginning of sessions. One possible thread to explore is how timing of the intervention will impact outcomes. One of the participating therapists suggested doing the activity with couples. It will be interesting to see whether the factors such as attunement and connection in relational mindfulness allow couples or families in relationship counseling to have more conducive sessions, empathy towards each other, and better communication.

Conclusion

There is agreement in the scientific community that mindfulness is beneficial (as discussed in Chapter 2). There is hesitation and confusion among many therapists about how to incorporate it into therapy, and whether those means are beneficial. The purpose of this study was to explore the lived experience of therapists adding a brief co-meditation at the beginning of therapy sessions. Participating therapists carried out the study and reported the experiences of themselves and their clients. Due to the qualitative nature of this study, the findings cannot be generalized. Based on this research, most of the therapists found the practice beneficial most of the time. There did not seem to be any foreseeable harm. I therefore conclude that the practice and its implications are promising. Adding a brief meditation at the beginning of sessions can be an easy, doable, cost-effective, accessible, and beneficial practice. Clients and therapists may feel more grounded, more attuned, and they may have a greater sense of having a shared experience. The practice provided helpful insights on several occasions, and many of the clients

said they will be incorporating mindfulness in their lives formally through meditation or informally by being mindful in their daily activities. Many of the clients reported it to be a positive experience. However, it should be noted that the practice is not for everyone. As the therapists noted, certain clients had reservations about the practice and did not want to do it or thought it was "weird." The therapists also speculated that certain types of clients may not be open to it because they would find it too esoteric or they may perceive it to be at odds with their religious views.

The need for training and an understanding the background and rationale of the practice appeared to be important. Those that felt they understood the purpose seemed to report more benefits and depth of understanding, whereas there was some ambiguity in the therapist who was confused about the goal. It became apparent that clients and therapists often had the pre-existing idea that the purpose of mindfulness is to relax and/or let thoughts go. Although relaxation and subsiding of thoughts may be a by-product, based on the literature on the philosophy of open monitoring mindfulness, relaxation or clearing the mind is not the goal. Despite non-judgmental awareness being one of the main principles of mindfulness, many labelled their experiences as good/bad, successful/difficult. This is another reason why understanding of philosophy and rationale seemed important. Psychoeducation about the goal, method and background of the practice should perhaps precede the activity to reduce self-criticism and to increase open awareness.

At this time, the practice should be avoided in case of active suicidal ideation, flooding/overwhelming trauma symptoms, and psychosis. Focused meditations may be more beneficial in these cases than open monitoring as there is more control and the focusing anchor will allow for avoidance of overly distressing thoughts and experiences.

For practical application, I recommend that interested therapists learn about the philosophy, history and science of mindfulness and meditation, as described in the scope of this dissertation. If this practice fits with the individual style and approach of therapists, they may try out this intervention in their practice as they see fit. Due to the lack of published findings on this specific practice, further research and data will be beneficial and more anecdotal evidence will also be useful. I, therefore, encourage therapists who try this intervention or variations of it to add to the literature by publishing their own experiences with the practice.

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Appendix A

Session Record Sheet: (please exclude any identifying information on client)

Client # ____ Session# 1 2 3 4

Was the recording played and observed by both therapist and client this session? Yes No

Client's experience:

_____

_____

_____

Therapist's experience:

_____

_____

_____

Any other observations:

_____

_____

Did client practice meditation at home between sessions? Yes No

Only complete IF fourth or final session of study, does client plan to meditate or incorporate mindfulness into their life as a result of experiencing this study?

_____

_____

Appendix B

End of Study Therapist Questionnaire

Please take 30-45 minutes and answer as many questions as possible with as much detail as you deem appropriate. This is a beginning level exploratory study on this intervention and there are no right or wrong answers. Please allow your answers to be genuine reflections of your experience with this intervention as your feedback will inform future directions in research and practice. **Please exclude any information identifying yourself or your clients.**

- Do you think incorporating a few minutes of meditation at the beginning of session is a good idea? Why and why not?
- What did you notice in the sessions that you started with meditation compared to your other sessions?
- Were you familiar with mindfulness/meditation before participating in this study?
- Was meditating with your client a positive experience for you? Why and why not?
- What resistance did you notice to doing this activity?
- What attracted you to participate in this study?
- How did you select which clients you would ask for permission to do this study?
- Would you rather have a guided instruction played by audio or would you rather instruct the clients yourself? Why and why not?
- Reflecting on your therapeutic setting and practice, is it feasible for you to do a meditation activity at the beginning of each session? Why and why not?
- How would you feel about doing this every session?
- How did it affect you to do the meditation?
- How do you think it affected your clients?

- How do you anticipate most of your clientele will feel about doing this sort of an activity every session?
- What are situations in which you would predict this intervention may be inappropriate or be contraindicated?
- What would you predict are the possible benefits of this practice?
- What would you predict are the possible disadvantages of this practice?
- Did the experience help achieve any greater insight for your sessions?
- Did you feel a difference in the quality of connection or rapport as a result of the activity?
- Did you feel that you were more intentional and present as a result of the activity?
- If you were training other therapists, would you recommend they adapt this activity into their sessions? Why and why not?
- Did you feel a difference in how hurried or stressed you felt at the beginning of the sessions compared to other sessions?
- Did you have the urge to try this in session with other clients?
- Did you share about this study with anyone else and what did you say?
- Did you feel your clients were more engaged or intentional about their session as a result of this practice?
- Do you anticipate your clients will be more likely to practice mindfulness and meditation in their life as a result of this?
- Did you notice any benefits in your client as a result of this activity?
- What would you add or take away from the activity?
- Any other comments?

Appendix C

Client Experiences Reported in Appendix A

Table 1.
Therapist 1 responses listed by Session Number and Client Number

	Client 1	Client 2	Client 3
Session 1	Fidgety, don't like letting go of thoughts, upper lip sweating, enjoyed sounds of room, calm I think.	Trouble with thoughts, by the end able to let them go. less anxious and more grounded than when I first came into session.	Helped me be more present, less thoughts about the to-do list. Relaxing, it felt short.
Session 2	Very distracted by body (stomach), feeling neck pain and distracted. Noticed and then focused on sounds and that was nice, thoughts calmed down and that was nice.	Need to concentrate, a lot going through my head.	Thoughts and feelings were already in the background, easier than last time.
Session 3	Little better, closed eyes and felt more calm this time.	Tension in arms and legs, consciously relaxed muscles.	
Session 4	*Pensieve** image was helpful, felt more relaxed with body posture, felt a reduction in need to be perfect in the meditation.	Zoned out to think about work, then came back to present. Tension in thighs-focused on relaxing that. little more relaxed than when she arrived for session.	

Note: **Pensieve* is the name of an object mentioned in the Harry Potter series. The object is a device that is used to save and retrieve thoughts and memories (Rowlings, 2000).

Table 2.
Therapist 5 responses listed by Session Number and Client Number

	Client 1	Client 2	Client 3	Client 4
Session 1	Soothing, reminiscent of martial arts/tai chi classes in childhood. Likes relaxing voices, watches Bob Ross for similar soothing voices. Increased sensory awareness (sounds/smells).	Very relaxing, realized tired, didn't have tea, less anxious pressure to get to work in therapy. Helped clear reality. increased awareness of side of body and back tension.	"Weird" focused on body more than usually would. "Why" can't (*sic*) forgive self for suicide attempt.	Used to cushion, asked permission to sit cross-legged on couch. Used to struggle with meditation because unable to quiet mind, but now able still unless something's up (coffee, recent big exp.). noticed thoughts of story idea.
Session 2	Controlling breathing, applied visual to prompts "scientist looking through magnifying glass." No awareness pf thoughts, keeping count of breaths, tai chi training.	Realized tension from yesterday's workout, thoughts about activities before session- some critical thoughts, often rationalizing, couldn't pass out of awareness until thoughts are completed.		Wasn't able to calm physically (coffee), nervous about upcoming session, fear of hearing what I don't want to hear.
Session 3	Less still than usual. shouldn't have had coffee. Yeah right I can't relate this week. Aware of tension in shoulders, sleep in eyes. Planning day with initial apprehension followed by reassurance. Remember to call mom.	Tension from yesterday's workout. Jumbled racing thoughts- fell asleep. Aware of irritation and reduced focus.		Need more time to settle, some days easier than others.

	Client 1	Client 2	Client 3	Client 4
	after. Some 4 count breathing.			
Session 4	Counting breaths, noticed body parts progressively got heavier. Relate it to tai chi, channeling energy to body build strength. Trailed to thoughts if friend from tai chi and then some thought, didn't listen to guided instruction, did own meditation.	Racing thoughts to keep alertness. Didn't fall asleep. Memory of convo*(sic)* with ex-classmate came up followed by feeling of anxiety (confronting changing majors) wasn't aware of anxiety until discussion of meditation.		Was able to let go of thoughts, not hold them too rigidly- physical tension remained- some anxiety about being in therapy- place to approach things that have been avoided.

Table 3.
Therapist 6 responses listed by Session Number and Client Number

	Client 1
Session 1	Breathing allowed me to actually relax. Didn't realize I was tense. Released mind-about to float. Legs were tight until focused on relaxing. Instructions helped.
Session 2	So relaxed I about went to sleep. Let face muscles relax and shoulders. Visualized being on the beach and looking up at the sun and clouds.
Session 3	Found mind drifting more. Had to be mindful bringing it back. After practicing a couple of times before that helped to focus when mind drifting. more beneficial when done at beginning of session. *did at end due to crisis

Table 4.
Therapist 7 responses listed by Session Number and Client Number

	Client 1	Client 2	Client 3	Client 4
Session 1	Different. a little weird but I liked it.	I feel calm and ready to talk.	Different.	Not really for me. I may try it at home by myself.
Session 2	I really liked it this time.	I feel grounded.	It was ok.	
Session 3	I feel more calm and ready to talk.	I feel calm and ready for our session.	I'm getting use *(sic)* to it. feel calm today.	
Session 4	I really like this.	I feel good.	Really good.	

Table 5.
Therapist 8 responses listed by Session Number and Client Number

	Client 1	Client 2	Client 3	Client 4
Session 1	It was good, noticed was pretty judgmental, did try to let thoughts go though at end by trying to count breaths, noticed anxiety, noticed let go, anxiety reduced a little.	I feel really relaxed, that was really good. Noticed was tense, clenching jaw, noticed I let go. Not dividing now. Interesting to see thoughts from distance, not important now.	Harder than usual, kept thinking about responsibilities for tomorrow, felt sleepy, more relaxed. More activity in thoughts than physical sensations.	Weird moment where Francis Underwood popped up. Noticed judgment thought about eating habits, weight gain, heart burn, eating like a hole was there, why eating, why not sleeping couldn't come up with anything anxious, noticed feeling tired, feeling not thinking psychologically enough.
Session 2	Better, easier than last week, no hard emotions upsetting thoughts, some anxiety noticing counting of breaths, started going in and out of thoughts, random thoughts about to do, romantic interest.		Much needed, good bringing back to base level. Was all over the place, lot of caffeine, studying, by the end was calm, focused on breaths, physically.	That was weird, weirder than last time. Never got calmed down, started at Dr. Quinn medicine woman, fertility, thought about family, guilt re: aunt-importance of being earnest, dad's name is earnest, have a small event, got tickled at self-ridiculousness.
Session 3	Harder today, did best but still hard. Noticed counting breaths, kind of metronome, lot of thoughts, anxious, in and out, trying to stay focused, with fingers on leggings, button, chair. Not as		Fidgety, mind all over the place, ready for (sic) to be over, uncomfortable.	Thought about Prince Purple. If I hadn't been messed up my sexuality I would be like prince. Wait no one's sexuality is like Prince. Why am I upset. He could be religious and sexy at same time, both are

	Client 1	Client 2	Client 3	Client 4
	calming, still mindful. Noticed getting riled up, visualized comforting, hand on arm, resistant but allowed it.			true, envious of confidence.
Session 4	Less anxious than has been, didn't count breaths, didn't even think about. Beginning was restless, able to calm self; lots of thoughts came up. Kept self from getting judgmental, visualized self-soothing hand on arm/back.			Tears at end, random thoughts at first-sexuality age started to try for baby, thought I'd be further along, running out of time to find best self, feel like doing anything with my life, self-comparison to others, lots of time, feeling behind, pressured.

Appendix D

Therapist Experiences Reported in Appendix A

Table 6.
Therapist 1 Responses by Client # and Session #

Client#-Session #	Experience Reported
1-1	Concerned about client's experience, distracted by thoughts, slightly afraid to fully engage b/c of wanting to be present for client. Calm in breathing, less rushed feeling.
1-2	Body relaxed, felt relief from tension. Thoughts tend to think about workplace issues rather than present moment, but also able to let them float out of the room.
1-3	Concerned about how to help client benefit from meditation. Interested in the anxiety that arises in client when she quiets herself. Greater comfort with process, less judgment on self for thoughts that arise that are not related to work.
1-4	Calming and peaceful. Less anxious than ever before primarily b/c client and I have discussed meditation experience and I felt more free to just engage with the meditation rather than worry about the experience of my client.
2-1	Started session with tension headache, felt clearer and ease of mind after meditation. Concerned about how my thoughts are about life outside of work and how that might effect my ability to be fully present with client.
2-2	Increased awareness about my worries and distractions- was able to mentally place them outside of office/session room.
3-1	Observing self with curiosity increased my awareness about my openness and basic technique. I found myself coming present, relaxing and focusing on my posture and thoughts can help my client today. during the long pause my thoughts wandered to family and then I had to bring myself back to present moment.
3-2	Far more thoughts in my head than I realized before session. There was an excited, jittery feeling. Noticed halfway through I was holding my breath. Was able to do a deep breath and allow some of the thoughts to flow more freely. More calm at the end.
3-3	Noticed a lot of distraction, was able to let most of my thoughts go. Felt like I wanted to rush through the meditation and move on to session.
3-4	Found it calming, easiest time releasing thoughts and coming present to focus on client, body tension reduced.

Table 7.
Therapist 5 Responses by Client # and Session #

Client#-Session#	Experience Reported
1-1	Thoughts about fatigue, trailed into other thoughts about other people who talk about fatigue- noticing that thoughts are other focused.
1-2	Settling body awareness- research methodology thoughts- split second recalling dream about dad (pleasant rather than angry), curiosity about getting to deeper thought beyond surface thoughts.
1-3	Initially a lot more jumbled thoughts than usual. Followed by stillness of thought much earlier in meditation than usual. Some thoughts of work, after work obligations passed up into awareness, but passed out of awareness quickly.
1-4	Began reflecting on something someone said before work (invalidating) which led to thoughts of other times I felt that wat- then had moment of peace (it's my journey, it's ok)- then thoughts of day later (gym, dinner, etc.).
2-1	More bodily aware- jaw and slight elbow movement.
2-2	Trouble letting go of thoughts of obligations after session and activities before session. Noticed able to get still in last 30-45 seconds of meditation.
2-3	Thoughts of previous meditation. Increased awareness if tension in neck. Noticed memory of old training site and curiosity about why that thought popped in.
2-4	Initial calm quiet- about halfway some distracting thoughts about vacation and intention for the day's therapy.
3-1	Uncomfortable, noticed questions about purpose of study and therapist's role in joining in mindfulness. What do my distractions have to do with the upcoming sessions.
4-1	Struggle letting go of thoughts of pre-session, became aware of gladness of making time for self on lunch break. Eventual stilling of thoughts in last moments of meditation.
4-2	Unable to be free of thoughts- 1 or 2 main thoughts- no racing or changing thoughts. Deep soothing breath throughout.
4-3	Began to settle in last few minutes.

4-4	Time seemed to slow down, a little distracted- thoughts about purpose of research, weekend plans, body sensations, mind became fixed and easily passed.

Table 8.

Therapist 6 Responses by Client # and Session #

Client#-Session#	Experience Reported
1-1	A little anxious about how the client was receiving recording as she had never attempted meditation in the past.
1-2	More relaxing than initial session. a little more difficult to begin as client came in ready to process. some anxiety about pt. not wanting to participate.
1-3	Most relaxing session for me as pt. seemed more comfortable.

Table 9.
Therapist 7 Responses by Client # and Session #

Client#-Session#	Experience Reported
1-1	It was good. I knew this client was interested in meditation, so we were both more comfortable.
1-2	It set a good tone for session.
1-3	I enjoy starting sessions this way, especially with this client. Session flowed.
1-4	Really good. Works well at setting the tone with this client.
2-1	I enjoyed it. Client was very interested in incorporating meditation into her life.
2-2	First client of the day- great way to start my day,
2-3	Great.
2-4	Great way to transition between clients.
3-1	Energy in the room was a bit off- client seemed nervous.
3-2	Client seemed less anxious. I enjoyed it.
3-3	It was good. Client more open.
3-4	I enjoyed it today too.
4-1	Client was fidgety. Appeared self-conscious. Unsure what to do.

Table 10.
Therapist 8 Responses by Client # and Session #

Client#-Session#	Experience Reported
1-1	This was very centering, allowed for release of tension from previous session, I noticed lingering thoughts about previous clients w/ goal of letting go, directing focus to this client's needs, experience.
1-2	Exercise worked to really center me in the room, process. Able to notice thoughts about past and future clients, let go and focus on present client. I also noted moments of transcending, observing stuckness if body and mind while continuing to breath- almost trance like.
1-3	I felt a lot of tightness in my chest that lessened some over exercise, didn't leave completely. Noticed thoughts leaving from top of head like birds flying from a tree. I was more aware of anxiety/tension in room from client.
1-4	Noticed immediate grounding, almost slumped so centered, straightened back felt very centered. Thoughts, feelings, took presence as pressure (light) on shoulders/upper back.
2-1	Noticed a lot of body scanning- visualized thoughts, emerging from stomach/chest, myself as serene figure surrounded by bubble/aura of bright light, serenity, stillness.
3-1	Noticed rigidity in my body, almost closed- attempted to open up to experience, helped some. I was aware of thoughts about responsibilities later in day, able to bring back, focus on moment, observing process between myself and client.
3-2	I too was disorganized, tangential in thinking, scanning for tension. found knot in stomach, anxiety about various concerns, centered on breath, tension in stomach lessened.
3-3	Very aware of not much happening in mind, some awareness of body discomfort- thoughts weren't fully formed, emerged from gut/chest but pushed down before getting out. Not aware of what thoughts were.
3-4	Exercise appeared to increase discomfort for client, seemed more restricted than previous session when over.
4-1	Difficult to distract thoughts from prev. clients, mind kept drifting to prev. session. Able to really ground self towards end, felt very still, relaxed, near trance like body.

Client#-Session#	Experience Reported
4-2	Very grounded from feet up. Noticed pretty shallow breathing, difficult to expand deeper. Achieved more body grounding, mind not as active, got very centered and sleepy towards end.
4-3	Noted anxiety lingering from previous session, lots of body scanning, intentional release of discomfort, grounding feet on floor is very helpful-centering.
4-4	Noted rigidity in body, lots of thoughts that were easily let go. Felt uncomfortable in clothes, focused mindfully on compassion, continued breathing.

Appendix E

IRB Approval: Original

UNIVERSITY OF ARKANSAS

Office of Research Compliance
Institutional Review Board

August 27, 2015

MEMORANDUM

TO:	Aneeqa Ishtiaq Kristin Higgins
FROM:	Ro Windwalker IRB Coordinator
RE:	New Protocol Approval
IRB Protocol #:	15-07-040
Protocol Title:	*Beginning Therapy Sessions with Mindfulness*
Review Type:	☐ EXEMPT ☒ EXPEDITED ☐ FULL IRB
Approved Project Period:	Start Date: 08/26/2015 Expiration Date: 08/10/2016

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (https://vpred.uark.edu/units/rscp/index.php). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 35 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.

109 MLKG • 1 University of Arkansas • Fayetteville, AR 72701-1201 • (479) 575-2208 • Fax (479) 575-6527 • Email irb@uark.edu

UNIVERSITY OF ARKANSAS

Office of Research Compliance
Institutional Review Board

October 26, 2016

MEMORANDUM

TO:	Aneeqa Ishtiaq Kristin Higgins
FROM:	Ro Windwalker IRB Coordinator
RE:	PROJECT CONTINUATION
IRB Protocol #:	15-07-040
Protocol Title:	*Beginning Therapy Sessions with Mindfulness*
Review Type:	☐ EXEMPT ☒ EXPEDITED ☐ FULL IRB
Previous Approval Period:	Start Date: 08/26/2015 Expiration Date: 08/10/2016
New Expiration Date:	08/10/2017

Your request to extend the referenced protocol has been approved by the IRB. If at the end of this period you wish to continue the project, you must submit a request using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. Failure to obtain approval for a continuation on or prior to this new expiration date will result in termination of the protocol and you will be required to submit a new protocol to the IRB before continuing the project. Data collected past the protocol expiration date may need to be eliminated from the dataset should you wish to publish. Only data collected under a currently approved protocol can be certified by the IRB for any purpose.

This protocol has been approved for 45 total participants. If you wish to make any modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.

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APPENDIX F

Beginning Therapy Sessions with Mindfulness
Consent to Participate in a Research Study: For Therapists
Principal Researcher: Aneeqa Ishtiaq, MS, LPC
Faculty Advisor: Dr. Kristin K Higgins

INVITATION TO PARTICIPATE
You are invited to participate in a research study about using a mindfulness activity at the beginning of therapy sessions. You are being asked to participate in this study because you are a mental health professional and you can evaluate and provide feedback about the experience of using this Mindfulness activity with your clients.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY
Who is the Principal Researcher?
I am Aneeqa Ishtiaq, MS, LPC. You can reach me by email at aishtia@uark.edu or by phone at 479 575 5276.

Who is the Faculty Advisor?
My faculty advisor overseeing this study is Dr. Kristin K Higgins. She can be reached by email at kkhiggi@uark.edu or by phone at 479 575 3329

What is the purpose of this research study?
The purpose of this study is to explore the experience of the therapist and the client co-meditating for about 5 minutes at the beginning of each therapy session. In this study, therapists who agree to participate will be asked to play a 5 minute meditation instruction that the client and the therapist will both practice. The experience of the therapists and some feedback from the clients will be collected to provide direction on whether this is perceived to be a viable and beneficial practice by therapists.

Who will participate in this study?
The primary participants will include mental health professionals in Fayetteville, AR in private practices and agencies. The secondary participants are 3-5 adult clients of these therapists.

What am I being asked to do?
Your participation will require the following:

> You will be asked to ask 3-5 of your clients whether they would like to participate in a mindfulness activity at the beginning of up to the next four therapy sessions. For clients who agree to participate, you will provide them an informed consent (provided by the researcher) and they will give you their verbal consent to participate in the study. At the beginning of the next four therapy sessions with the clients you will be asked to play a recording of a guided mindfulness activity. At the end of the recording you will ask your clients how they experienced the activity. For those four sessions you will complete the attached form. At the end of the data collection, you will be requested to meet with the researcher, Aneeqa Ishtiaq, for an interview about your experience of using this activity. You may also be asked to participate in a focus group at a later time with other therapists who participated. You may discontinue the study at any point.

What are the possible risks or discomforts?
There are no anticipated risks of this activity. If the activity if perceived to cause distress or discomfort at any point, it may be discontinued.

What are the possible benefits of this study?
The benefit of this study is the experience of adding a new intervention to your therapy sessions. If you find the activity to be beneficial you may continue to use the recording or create your own mindfulness activity. The researcher will also share with you the findings of this study and this may be useful for your practice.
How long will the study last?
The length of study will vary based on your rate of sessions. After you complete four sessions with 3-5 of your clients, you will be asked to participate in a one hour interview with the researcher to share your experience.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?
You will receive a $10 Starbucks gift card as a token of appreciation for your participation.

Will I have to pay for anything?
No, there will be no costs associated with your participation.

What are the options if I do not want to be in the study?
If you do not want to be in this study, you may refuse to participate. Also, you may refuse to participate at any time during the study. You will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?
All information will be kept confidential to the extent allowed by applicable State and Federal law. Only you will have access to the information from your clients. The researcher will be aware of your answers as you will participate in an interview, but you will not be identified by name or other identifying information in the published study.

Will I know the results of the study?
At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. Kristin Higgins, or Principal Researcher, Aneeqa Ishtiaq. You will receive a copy of this form for your files.

What do I do if I have questions about the research study?
You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Aneeqa Ishtiaq, MS, LPC, aishtia@uark.edu, 479 575 5276.
Dr. Kristin K Higgins, kkhiggi@uark.edu, 479 575 3329

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator, Research Compliance, University of Arkansas
109 MLKG Building
Fayetteville, AR 72701
Ph. 479.575.2208 Fax 479.575.6527 irb@uark.edu

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by signing the consent form. I have been given a copy of the consent form.

_____

Signature Printed Name Date

APPENDIX G

Beginning Therapy Sessions with Mindfulness
Consent to Participate in a Research Study: For Clients
Principal Researcher: Aneeqa Ishtiaq, MS, LPC
Faculty Advisor: Dr. Kristin K Higgins

INVITATION TO PARTICIPATE
You are invited to participate in a research study about using a mindfulness activity at the beginning of your therapy sessions. You are being asked to participate in this study because your therapist is a mental health professional who is participating in this study. He/she will provide feedback about your and his/her experience of participating in this activity.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who is the Principal Researcher?
I am Aneeqa Ishtiaq, MS, LPC. You can reach me by email at aishtia@uark.edu or by phone at 479 575 5276.

Who is the Faculty Advisor?
My faculty advisor overseeing this study is Dr. Kristin K Higgins. She can be reached by email at kkhiggi@uark.edu or by phone at 479 575 3329

What is the purpose of this research study?
The purpose of this study is to explore the experience of the therapist and the client co-meditating for about 5 minutes at the beginning of each therapy session. In this study, therapists who agree to participate will be asked to play a 5 minute meditation instruction that the client and the therapist will both practice. The experience of the therapists and some feedback from the clients will be collected to provide direction on whether this is perceived to be a viable and beneficial practice by therapists.

Who will participate in this study?
The primary participants will include mental health professionals in Fayetteville, AR in private practices and agencies. The secondary participants are 3-5 adult clients of these therapists.

What am I being asked to do?
Your participation will require the following:

> You will be asked to participate in a mindfulness activity at the beginning of up to the next four of your therapy sessions. You will listen to a guided audio recording of mindfulness instruction and follow along with your therapist. At the end of the recording you will be asked by your therapist how you experienced the activity. Your therapist will complete a questionnaire about the experience with no identifying information about you. You may discontinue the study at any point.

What are the possible risks or discomforts?
There are no anticipated risks of this activity. If the activity if perceived to cause distress or discomfort at any point, it may be discontinued.

What are the possible benefits of this study?
The benefit of this study is the experience of adding a new intervention to your therapy sessions. This may give you an experience of mindfulness.

How long will the study last?
The length of study will vary based on your rate of sessions. The study will end after you complete up to four sessions. However you and your therapist can decide to stop the study anytime.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?
No.

Will I have to pay for anything?
No, there will be no costs associated with your participation.

What are the options if I do not want to be in the study?
If you do not want to be in this study, you may refuse to participate. Also, you may refuse to participate at any time during the study. You will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?
All information will be kept confidential to the extent allowed by applicable State and Federal law. Only your therapist will have access to your identity. The researcher will not have access to your identity.

Will I know the results of the study?
At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. Kristin Higgins, or Principal Researcher, Aneeqa Ishtiaq, or your therapist. You may keep this form for your files.

What do I do if I have questions about the research study?
You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Aneeqa Ishtiaq, MS, LPC, aishtia@uark.edu, 479 575 5276.
Dr. Kristin K Higgins, kkhiggi@uark.edu, 479 575 3329

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

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You are not required to sign or submit this consent form to protect your identity. **Please provide your verbal consent to participate to your therapist.**
