

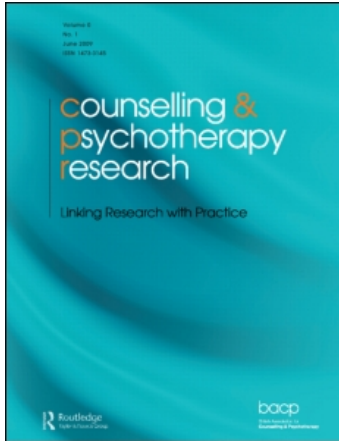
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John Chambers Christopher ^a; Judy A. Maris ^b

^a Montana State University, Bozeman, Montana ^b Private Practice, Bozeman, Montana, USA

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RESEARCH ARTICLE

Integrating mindfulness as self-care into counselling and psychotherapy training

JOHN CHAMBERS CHRISTOPHER^{1*} & JUDY A. MARIS²

¹Montana State University, Bozeman Montana, and ²Private Practice, Bozeman, Montana, USA

Abstract

Aim: Within the last 10 years, mindfulness has quickly moved into the mainstream of behavioural medicine, psychotherapy, and counselling. This article examines the potential of applying mindfulness practices to the training of counsellors and psychotherapists. *Method:* Several qualitative research projects conducted over the past nine years are summarised. *Findings:* Mindfulness training can enhance the physical and psychological wellbeing of trainees. *Implications for training:* Mindfulness training is a specific way that training programmes can teach students strategies of self-care that can help prevent burnout, compassion fatigue, and vicarious traumatisation.

Keywords: mindfulness-based stress reduction; meditation; yoga; qigong; counsellor education; training; self-care; burnout; compassion fatigue

Introduction

The professional development of counsellors and psychotherapists is fraught with a number of risks. Indeed, ‘burnout’ which has been found to affect psychologists working in a variety of different settings (Kahill, 1988; Vredenburg, Carlozzi & Stein, 1999) was a term originally coined specifically for healthcare workers (Maslach, 1978). In addition to burnout, mental health professionals are at high risk for ‘compassion fatigue’ and ‘vicarious traumatisation’ (Baker, 2003). These kinds of stressors not only impact seasoned professionals, they can deeply impact counselling students and can hamper clinical training. Shapiro, Shapiro, & Schwartz (2000), for instance, found that stress may have harmful effects on counselling students’ effectiveness and success by reducing their capacity for attention, concentration, and decision-making.

Educators have begun to recognise the importance of providing counsellors with tools for self-care early in their careers, and even while they are being

trained (Baker, 2003; Kuyken, Peters, Power, & Lavender, 2003; Weiss, 2004). In an extensive review of research on stress management in the education of healthcare professionals, Shapiro et al. (2000) stated that many interventions demonstrated promising results, such as lower levels of anxiety and depression, greater capacity for empathy, and improved immunologic functioning. Despite these findings, few mainstream accredited counsellor training programmes have provided courses or education in self-care and stress management.

In this article we consider how training in mindfulness practices is a promising way of addressing self-care and helping to prevent burnout, compassion fatigue, and vicarious traumatisation. We begin by providing an overview of mindfulness and how it is being integrated into Western health care and into higher education. We then describe our experiences introducing mindfulness practices into counsellor training over the last 10 years through a graduate course entitled ‘Mind/Body Medicine and the Art of Self-Care’ and summarise qualitative

*Corresponding author. Email: jcc@montana.edu

research that we have conducted to explore the students' experiences.

Mindfulness

Mindfulness is a type of awareness that entails being fully conscious of present-moment experience and attending to thoughts, emotions, and sensations as they arise without judgment and with equanimity. Mindfulness also refers to the practice of intentionally cultivating awareness and acceptance of each moment, typically through meditative or contemplative disciplines. According to Kabat-Zinn (1993), mindfulness is based on cultivating awareness 'with the aim of helping people live each moment of their lives – even the painful ones – as fully as possible' (p. 260).

Within the last 10 years, and especially the last five, mindfulness has exploded onto the landscape of psychotherapy, counselling, and behavioural medicine (Baer, 2006; Germer, Siegel, & Fulton, 2005). Mindfulness has its roots in the indigenous psychology of Buddhism and the practice of insight meditation, but arguably the experience of mindfulness is universal and found in virtually all cultural, spiritual, and religious traditions.

Currently mindfulness is of interest to practitioners from almost all theoretical orientations from psychoanalysis to cognitive behavioural therapy and is central to such approaches as mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2002), dialectical behavioural therapy (Linehan, 1993), acceptance and commitment therapy (Hayes, Follette, & Linehan, 2004), self-compassion training (Germer, 2009), and Hakomi therapy (Kurtz, 1990).

The current popularity of mindfulness and its new-found legitimacy in modern health care is largely due to the work of Jon Kabat-Zinn, who 30 years ago began applying mindfulness training to patients with chronic health conditions and researching the effects. Kabat-Zinn (1990) recognised that cultivating awareness through mindfulness could be therapeutic and developed an eight-week group intervention, mindfulness-based stress reduction (MBSR), training people in mindfulness through the practice of meditation, yoga, and the body scan. Kabat-Zinn's Center for Mindfulness at the University of Massachusetts has now seen over 17,000 patients (Kabat-Zinn & Santorelli, 2008). Initial research from the centre found mindfulness training to be helpful to a variety of different

populations and groups, both clinical and non-clinical.

MBSR is also being applied in higher education, especially with students going into health care. For instance, Shapiro, Schwartz, and Bonner (1998) found that MBSR training with medical and pre-medical students resulted in reductions in anxiety and depression as well as increased empathy levels. Another controlled study of medical students showed a significant decrease in total mood disturbance (TMD) among participants as compared to the control group (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). A study of nursing students found a significant drop in psychological symptoms, and higher levels of life quality after participating in a MBSR program (Bruce, Young, Turner, Van der Wal, & Linden, 2002).

The only quantitative study of teaching MBSR to trainees in counselling or psychotherapy is a recent study by Shapiro, Brown, and Biegel (2007). They found that, compared to a cohort control group, counselling students taking a MBSR program reported a significant decrease in stress, negative affect, rumination, state and trait anxiety, and significant increases in positive affect and self-compassion. Moreover, the degree to which students practised was correlated with increases in mindfulness.

Perhaps the most remarkable study related to meditation and clinical training in recent years is that by Grepmaier et al. (2007). This study, while not of MBSR training, explored the impact of meditation instruction for psychotherapy trainees upon the trainee's patients. Grepmaier et al. provided half of the trainees (nine of 18) with one hour of Zen meditation instruction each morning before their clinical work. All other aspects of the clinical training, supervision and types of interventions practised were the same between the two groups of trainees. Unique to this study was the focus on the impact of this training on the patients.

Astonishingly, at the end of nine weeks, the patients of the meditating trainees reported higher levels of global functioning and subjective experience and lower scores on a symptom checklist. These patients were also found to be more secure about socialising, to have less obsessiveness, anger, anxiety, and fewer phobias. They also better understood the goals of therapy and their own development, and were more optimistic about their own progress.

History of mind-body medicine and the art of self-care

The origins of my work in introducing counselling students to mindfulness training occurred serendipitously. I (Christopher) had been teaching MBSR at the local hospital for a year when one of my colleagues, Rick Johnson, pointed out that our training programme, like most, did not do anything to foster student self-care and that I could offer a graduate course applying MBSR; I didn't need to be asked twice.

The course I developed, Mind-Body Medicine and the Art of Self-Care, was initially offered as a three-credit 15-week elective class that met twice a week for two and a half hours each time. The course had two goals: first to teach students self-care practices that they could use while in graduate school and during the rest of their careers, and second, to educate them about the growing field of mind/body medicine and the ways that meditative and contemplative disciplines were being integrated in behavioural medicine, psychotherapy, and counselling.

The two goals of personal and professional growth were subdivided into six course objectives: (1) to provide students with techniques and skills for self-care; (2) to foster students' understanding of indigenous traditions of contemplative practice from both Eastern and Western cultures; (3) to foster students' awareness of mind/body medicine and contemporary attempts to adapt contemplative practice to health care; (4) to foster students' awareness of mind/body research regarding the effectiveness of contemplative practice in behavioural medicine; (5) to foster students' awareness of ethical considerations in the application of mind/body medicine; and (6) to foster students' awareness of the impact of culture and cultural understandings of wellbeing on the counselling process.

The course was loosely based on Kabat-Zinn's MBSR training. The first 75–90 minutes of each class was spent learning and practising meditation, yoga, the body scan, and qigong (an ancient Chinese mind-body practice of which tai chi is a martial arts form). In addition to the time spent practising in class each week, the students were expected to practise four other times during the week for at least 45 minutes.

The second half of the class involved didactic instruction and discussion. Interdisciplinary in nature, the course draws on source materials from health psychology, psychological and medical

anthropology, behavioural medicine, cross-cultural psychology, and religious studies. The academic aspect of the course included an introduction to readings about the mindfulness practices (including both authors indigenous to the specific traditions as well as contemporary Western interpreters), recent applications to psychotherapy and behavioural medicine, and current research.

Students presented four 15-minute overviews of self-selected empirical research on aspects of mind/body medicine (e.g. contemplative practice, meditation, yoga, the relaxation response, tai chi). A major component of the course was an intellectual and experiential journal, providing students with the opportunity to process and discuss both their reaction to the ideas and concepts in the readings and discussions and also their reactions to the contemplative practices. Journal writing had to total a minimum of 60 typed pages over the semester.

Based upon my (Christopher) own experience of practising in meditation and yoga, I anticipated the class would be beneficial to the students. However, I was unprepared for the magnitude of the changes, and the extent to which these changes rippled outward to encompass so many domains of the students' lives, including their work with patients. These changes appeared so dramatic to me that I felt compelled to begin research with the students.

A qualitative programme of research

Working with former students and colleagues, we decided to primarily conduct qualitative research with the students because we want to explore their experience in as open-ended a manner as possible. One of the limitations of quantitative research is that the object of study has already been parcelled out into the variables the researcher finds of interest. Furthermore, these variables are then supposedly captured by pre-existing measures, typically based upon a number of self-report statements. The result can be similar to what cross-cultural psychologists term an imposed etic, an imposition by the researcher of his or her own framework of meaning that may miss or distort the structures of meaning that the study participants would spontaneously generate and employ on their own. Based upon these considerations, we believe that existing research on MBSR and mindfulness need to be supplemented by qualitative inquiry that can explore participants' experience in their own terms, perhaps revealing dimensions of change that have been

ignored or are not able to be captured by pre-existing measures. Narratives (i.e. oral accounts and journals) offer a unique avenue of inquiry that can help to reveal and qualify an individual's or a group's experience (Patton, 1999).

For the studies below, with the exception of study four, the interviews and focus group were tape-recorded, and field notes were taken during and immediately after the sessions were completed. The tapes were transcribed verbatim. Inductive content analysis was used to identify themes in the data (Patton, 2002; Strauss & Corbin, 1994).

Ethical issues

In the first three studies data was collected either in class or from the students' journals, which were part of the class assignment. To minimise the professor's power and influence, several strategies were undertaken. First, students were informed that their involvement was voluntary; all identifying information would be removed before analyses commenced and that they could opt out of the studies. Second, students were informed that they would be largely self-grading their performance over the semester and that all data analysis would be conducted after the semester was over and grades were submitted. In the fifth study, former students chose whether or not to participate and the interviewee was not the professor. Across all the studies one student opted not to participate.

Narrative summary of our qualitative research

Our qualitative research findings are consistent with the quantitative research findings of Shapiro et al. (2007) and Grepmaier et al. (2007) and the quantitative research on students in allied health cited earlier. All suggest the transformative potential of mindfulness practices for mental health professionals. One of the limitations of qualitative research is that it does not capture the magnitude of change, only the range and types of changes that students report. However, our research indicates that graduate counselling students notice noteworthy changes in both their personal and professional lives as a result of learning mindfulness practices.

Influence of mindfulness practices on personal wellbeing

The concepts of awareness and acceptance emerged as meta-themes across the five qualitative studies

we've conducted (Table I). Through increased awareness and acceptance of their own experiences, students reported increased wellbeing in a variety of domains, particularly the physical, emotional, mental, and interpersonal. In developing greater consciousness and compassion towards themselves, the students reported increased confidence and competence in their relationships with both themselves and others, including their clients.

Mindfulness practices, as we teach them – from meditation to qigong – begin with awareness of the body. Insight meditation (Vipassana), for example, begins with arranging the body in a position of relaxed alertness, then focusing attention on awareness of the breath. Yoga, qigong, tai chi and body scan all require the practitioner to pay close attention to what his or her body is doing and experiencing moment by moment. By starting from a base of sensation awareness along with conscious proprioception, these practices can break the trance with which our 'chattering minds' (Gunaratana, 1992) habitually hold us in thrall.

As one would expect with physical exercise, the study participants reported increases in physical strength, flexibility, fluidity, balance, and energy. However, the students also reported greater awareness of the messages continually flowing from their bodies. For example, many developed more sensitivity to their body's need for rest, hydration, and movement, noticing what their bodies needed before they became ill, exhausted, parched or stiff. Students also reported an increased sense of calmness and groundedness.

After the first 15-minute introduction to qigong, one student wrote, 'I then felt a sense of silence and calm. I had the sensation that my feet were deeply rooted to the ground and my breath lacked the urgency and irregularity that I sometimes feel when thinking about the past or future' (Chrisman et al., 2009, p. 241).

Over the course of the class, students encountered physical challenges, discomforts and sometimes even pain. In all cases, they were encouraged to pay attention to their bodies so as not to injure themselves, but also to experiment with staying in that state of relaxed awareness from which it is possible to observe one's experience and then meet it with acceptance. This practice challenged the students' habitual, instant, unconscious movement away from discomfort, sometimes at any cost. Students were asked to observe this impulse in themselves and to wait patiently to see what developed next. Very often

Table I. Summary of the five qualitative studies previously conducted.

| Study | Method | Main themes derived from qualitative analysis |
|---|--|---|
| <p>Study 1: Christopher, J.C., Christopher, S.E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. <i>Journal of Humanistic Psychology</i>, 46, 494–509.</p> | <p>Focus group conducted at the end of the semester with graduate counselling students who took a semester-long course introducing them to mindfulness practices. Questions: <i>Why did you take this course?</i> <i>What is the first thing that comes to mind when you consider the course?</i> <i>What do you like most about the class?</i> <i>What did you like least about the class?</i> <i>Discuss the strengths and weaknesses associated with the class organisation.</i></p> | <p>Students reported they took the course to learn about the mind-body connection, self-care techniques, and ways of applying these techniques with clients. Students described physical, emotional, mental, and spiritual changes. Students described being more patient, aware, conscious, and able to focus. Students discussed how the course changed how they conceptualized and pursued their work with clients.</p> |
| <p>Study 2: Schure, M.B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. <i>Journal of Counseling & Development</i>, 86, 47–56.</p> | <p>Qualitative analysis of 4 different cohorts' experiences at the end of the semester-long course. Questions: How has your life changed over the course of this semester in ways that may be related to the class? <i>Of all the practices learned in class, which one are you drawn to the most and why? How has it impacted you?</i> <i>How, if at all, has this course impacted your work with clients, both in terms of being in the room and thinking about the treatment?</i> <i>How do you see yourself integrating, if at all, any of the practices from class into your clinical practice (or career plans)?</i></p> | <p>Students reported life changes related to the class in the following areas: 1. Physical Changes 2. Emotional Changes 3. Mental/Attitudinal Thought Changes 4. Spiritual Awareness 5. Interpersonal Changes</p> <p>Reported impacts from the various mindfulness practices: 1. Yoga a. increased awareness of body b. increased flexibility and energy c. increased mental clarity and concentration 2. Meditation a. increased awareness and acceptance of emotions and personal issues b. increased mental clarity and organisation c. increased tolerance of physical and emotional pain d. increased sense of relaxation 3. Qi gong a. increased feelings of centeredness b. increased energy c. increased sense of mind/body/emotion connection d. increased sense of fluidity</p> <p>Reported influence on work with clients 1. Increased comfort with silence 2. More attentive to therapy process 3. Change in how therapy is viewed</p> <p>Future plans for integrating Mindfulness Practices: 1. Integration of class ideas 2. Recommending specific practices 3. Incorporating practices in therapy 4. Continuing personal practice</p> |

Table I (Continued)

| Study | Method | Main themes derived from qualitative analysis |
|---|---|--|
| <p>Study 3: Chrisman, J.A., Christopher, J.C., & Lichtenstein, S.J. (2009). Qigong as a mindfulness practice for counseling students: A qualitative inquiry. <i>Journal of Humanistic Psychology</i>, 49, 236–257.</p> | <p>Students were asked to write narratives discussing their experiences practicing qigong after their first introduction to the practice and at the end of a semester-long course. The study includes two different cohorts.</p> | <p>After the first session students indicated having feelings of calmness, relaxation, a sense of being ‘grounded’, and positive changes in energy level, balance, and body temperature. Students also commonly reported an increased sense of calmness or peacefulness and having mental focus. Many students described being initially judgmental of their ability to learn something new, but that this judgmental attitude quickly dissipated. After practicing qigong at least twice a week for fifteen weeks the initial themes were still present but students also discussed an awareness of a group “energy” or “consciousness.” Students indicated an awareness of the group as its own entity and experiencing a sense of synchrony and harmony within the group.</p> |
| <p>Study 4: Maris, J.A. (2009). The impact of a mind/body medicine class on counselor training: A personal journey. <i>Journal of Humanistic Psychology</i>, 49, 229–235.</p> | <p>First-person case narrative.</p> | <p>Reduced fears of inadequacy and incompetence. Enhanced ability to trust herself as a therapist. Increased ability to be present to herself and her clients. Increased ability to tolerate ambiguity. Increased ability to relinquish control.</p> |
| <p>Study 5: Christopher, J.C., Chrisman, J., & Trotter, M. (2009, March). Long-term impact of mindfulness-based self-care on psychotherapists and counselors. 7th Annual International Scientific Conference for Clinicians, Researchers and Educators: Investigating and Integrating Mindfulness in Medicine, Health Care, and Society, Worcester, MA.</p> | <p>Semi-structured interview with students who had taken the course two to six years previously.</p> <ol style="list-style-type: none"> 1. What were the most important things you learned in the class? 2. How has the class affected your personal life in the areas of awareness, relationships, interactions with others, health, and psychological development? <ol style="list-style-type: none"> a. Do you attribute these changes to the class? b. Have these changes stayed with you since you took the class? What has changed? 3. Describe the history of your mindfulness practices since you took the class? <ol style="list-style-type: none"> a. What self-care practices do you currently practice? How often for each? b. How did the class influence these practices? 4. The next few questions cover how the class affected your professional life. <ol style="list-style-type: none"> a. In what ways did the class change how you think about clients’ issues or problems? How have your ideas about what is therapeutic, or healing, changed since taking the class? Do you see mindfulness techniques as healing? How? | <p>Course continues to influence personal lives in terms of enhanced physical, emotional, and mental health, increased awareness and acceptance of themselves, improved interpersonal relationships including being more aware, more compassionate, and less reactive. The course influenced their professional life. Most former students incorporate some form of mindfulness practice into their clinical practice. Mindfulness training still encourages more awareness and acceptance of themselves as a therapist and of their clients. Mindfulness positively affects the therapeutic relationship and the class continues to shape their theoretical and conceptual framework.</p> |

Table I (Continued)

| Study | Method | Main themes derived from qualitative analysis |
|-------|---|---|
| | <ul style="list-style-type: none"> b. Have the mindfulness practices (or the class) influenced who you are as a therapist or what it's like for you to be in the role of the therapist? Have mindfulness practices helped you cope with being a therapist? How? c. Have you tried introducing mindfulness concepts/techniques with a client? Which techniques? What was the experience like? What was your level of comfort with introducing the mindfulness techniques? 5. Did you experience any negative consequences/outcomes from the class or the mindfulness practices? (elaborate) | |

they discovered that the distress momentarily intensified and then gradually subsided as they maintained awareness and acceptance. This training was designed to increase the students' ability to remain relaxed and focused, even in the presence of their own or their clients' distress. Ironically, it is clear that the ability to remain relaxed and focused actually decreases the experience of distress by activating the parasympathetic nervous system (Sapolsky, 2004).

For a number of students these changes contributed to a new sense of confidence in their bodies. Students indicated feeling more accepting of their bodies with less need to engage in self-critical remonstrances. Instead, they reported greater appreciation for their bodies – including weaknesses, imperfections, and limitations. This higher level of self-acceptance encouraged students to use the information they received from their bodies in more productive and proactive ways.

For instance, as students began to become more sensitive to the way that stress manifested in their body, such as tense shoulders or necks, they reported being able to check in with these areas of their body to get feedback on their current psychological state. The awareness of how stress and tension manifested in their bodies gave students a means to monitor and then change their stress response. In retrospect they discovered how being tense had been a 'bad' thing, an indicator they were doing something wrong and provided ammunition for self-judgment. This only increased the tension they were feeling and prevented them from taking advantage of an

opportunity to use the awareness of tension as information about their current state that could positively modify it. In other words, they were able to attend to, rather than ignore or react in emotionally constricted ways to their experiences as embodied beings.

A number of students also reported significant changes in their lifestyle. As one student wrote after one month of mindfulness training: 'I've noticed that I choose healthier foods with more texture and eat them in smaller amounts while trying to be mindful. I've stopped drinking coffee and instead have tea. I've been able to sleep for the first time in eight months without medicating myself' (Personal journal, 2010).

The wisdom of a calm, quiet, centred connection with one's own body opened the door to similar experiences in the realms of emotions and of mental habit patterns and attitudes. Again, awareness and acceptance formed the basis for a range of changes. Utilising mindfulness, especially meditation, the students discovered a number of important characteristics of their emotions and thoughts. They became aware of their tendency to react in automatic and repetitive ways when they experienced certain emotions or thoughts. This reactivity often derived from experiences in the past that had little or nothing to do with their actual experience in the present.

As students became more aware of this reflexive pattern, they reported a reduction in reactivity. Similar to the ability to sit with physical discomfort without mindlessly reacting to it, the ability to observe one's own emotions and one's own thoughts

increased the students' capacity to remain present and aware, even in the face of stressful emotions and critical interior monologues. In a recorded interview after the course had ended, one student stated, '... I was able to re-centre myself ... I was able to focus on things that are in the present and not necessarily stress out about things that are in the future or things that have already happened. I could just focus on what is real instead of letting the stress overwhelm me' (Christopher et al., 2006, p. 502). As they found themselves less reactive, the students also reported feeling less defensive and more emotionally open and flexible. They also described being better able to tolerate ambiguity in their emotional life, such as the ability to have a variety of feelings and reactions about people and events in their life.

Students described a number of changes in terms of their attitudes, worldview, or cognitive style. In terms of cognitive process they reported increased mental clarity, concentration, focus, and attention. They found themselves better able to be present with themselves and others, spending less time dwelling on the past or anticipating the future. A number noticed an increased awareness of how their mind, body and emotions were all interconnected.

Another cognitive change reported was a new ability to disidentify from the internal dialogue, voices, and perspectives that combine to constitute the self (Richardson, Rogers, & McCarroll, 1998; Taylor, 1991). Rather than seeing themselves as being a unified, consistent, solitary self, what Hillman (1975) evocatively termed a monotheistic sense of self, they began to see that they encompassed a variety of different outlooks, perspectives, or ego states, or what Hillman referred to as a pantheistic sense of self. The ability to notice and observe, and sometimes be suspicious of these internal states, facilitated for some students response flexibility where instead of just letting these states take over and run rampant, they had some degree of control about what internal perspectives to identify with. This seems consistent with the research of Segal, Williams, and Teasdale (2002) on the importance of learning 'decentering'.

Where this seemed to make the most difference was in the students' new awareness of an often 'vehement internal critic' who offers ongoing judgmental commentary. Many students expressed astonishment that there was a constant stream of chatter going on in their minds, a stream that seemed to have a mind of its own. As Gunaratana (1991) states, 'Somewhere in this process [of meditation],

you will come face to face with the sudden and shocking realization that you are completely crazy. Your mind is a shrieking, gibbering madhouse on wheels barreling pell-mell down the hill, utterly out of control and hopeless. No problem. You are not crazier that you were yesterday. It has always been this way, and you just never noticed' (p. 82).

Among the most difficult challenges of the course for many students was coming to recognise and accept that, although this is what the mind does, they do not have to be subjugated by 'the gibbering madhouse'. Many indicated ways they became more skilful observers of their emotions and thoughts, which created a small but critical space between the feeling/thought and the habit of reactivity. In that space, students reported a new sense of openness and an increased ability to tolerate ambiguity, coupled with a more compassionate and less judgmental view of themselves.

Many students described learning to let go of the need to know in advance or control what their internal experience was. Some reported developing a new ability to follow body sensations wherever they might lead, in a way similar to Gendlin's (1981) focusing technique. So in general, they developed the ability to adopt a stance towards their internal and external lives that we might call 'following' (Kurtz, 1990). This stands in contrast to what Winnicott (1965) referred to as the tendency to 'impose coherence' upon our inner life. In one study, a student stated it this way, 'This course has given me the time, space and urging to increase awareness, slow down and be more present, and to continue to let go of fears, anxiety, self-criticism, and doubt ... allowing me to just be in the moment, feel, accept, and trust' (Schure et al., 2008, p. 50).

As their ability to be more aware and accepting increased, students reported less need to be 'in control' or, perhaps more accurately, were better able to release their illusion of control. In doing so, they reported less internal pressure to 'know', to be 'right', to be 'perfect'. They reported a new appreciation for their own complexity and at the same time experienced a greater sense of integration of body, emotion and mind. They reported a new ability to let themselves explore their emotions, their thoughts and their experiences before having to understand them and fit them neatly into a predetermined conceptual framework.

As one student stated in an interview, 'I really became aware of how disconnected I can be from myself, especially, all of these extrinsic motivations,

until I'm here and I start breathing. I suddenly realise the difference, and the difference being that I've been in this completely defensive, "get out of my way" type of mode. I'm closed up. I'm not greeting the world at all. I'm more looking at it like "you are in my way", and I get around them and hurry to class.'

As the students practised mindfulness and became more aware of their own sensations, emotions and thoughts, many indicated that they were beginning to notice some significant shifts in their interpersonal relationships. The ability to observe their internal experiences facilitated their ability to differentiate their anticipated interactions with others from their actual experience in the moment. They could begin to see others for who they are in themselves and less in terms of projections from their earliest relational templates. This allowed students to notice their countertransference and personalisation reactions. Bringing their new knowledge of their own patterns of reactivity to their interpersonal relationships, they found themselves less frequently emotionally triggered, leading to more flexible responses.

As the students increased their awareness of and compassion for themselves, they began to notice they were extending the same attention to others. The tendency to view others as obstructions – 'get out of my way' – began to subside as students practised consciously noticing others as they actually were in the moment. They also became aware of the ways in which they enacted patterned behaviours within their relationships. A student wrote in her journal:

My increased awareness and acceptance, which seems to be growing as I pay attention in the moment, seems to help me slow down to be more insightful in the moment. For example, when a friend tells me she will call, and she does not call, and I feel this disappointment, I can sense what that emotion is, what it does to my self-esteem and how I use it to project my dark side onto the relationship. When I can pay attention to that feeling of disappointment as it arises, several things happen for me ... then with awareness I can tell myself that I am not a disappointment, I have options like I can call my friend, and this may have nothing to do with me personally. (Personal Journal, 2010)

Students reported that this enhanced ability to be present with others resulted in many more satisfying and authentic interactions, even if they were brief

and casual. A student wrote, 'I feel less of an impulse to correct, inform and guide friends and family in their own journeys. I can witness and support without rushing in to take charge.' (Personal Journal, 2004)

Students noticed feelings that they may have ignored or suppressed in the past and learned how to use these feelings as information about their interpersonal dynamics. Recognising this at a conscious level allowed them to modify their responses or come up with new approaches and strategies. Additionally, they reported that they were able to better notice the influence of others on them, for instance, feeling another's sadness, what Siegel (1999) has called 'interpersonal attunement'.

Influence of mindfulness practices on their professional lives

Not surprisingly, the students also reported that their mindfulness practices were influencing their clinical work in positive ways. Practising meditation for 15 weeks reduced student discomfort with silence. Many students reported that they were much more at ease in sessions with periods of silence, even when the client was clearly ill-at-ease. Having cultivated greater observing capacity in themselves, they were able to be more attentive to the therapeutic process and less enchanted with the 'story'.

At the same time, when students did experience feelings of anxiety, irritation or confusion, for example, in session, they were better able to recognise the feelings and observe them with less internal pressure to enact them. Their own emotions were more consciously felt and known and, therefore, less threatening to them. Students reported that they were better able to relax the internal tension that is commonly experienced by beginning therapists. They recognised their fear of their clients, the fear of not knowing everything or anything, the fear of their own incompetence and the fear of inner emptiness.

Students reported becoming less preoccupied with themselves, dwelling less on the past moments in the therapy, and worrying less about what they were going to do. As a result they felt they were more present and sensitive to the client's experience and nonverbal communications. Drawing on this sensitivity, the students reported developing greater skill at helping their clients to more fully experience themselves in the moment, to notice their current reality, and to notice the habit patterns that create

suffering for them. Just as they had become more aware of their internal critics, they were able to notice that same dynamic in their clients and help them shift from automatic negative self-evaluation to a stance of compassionate witnessing.

As they were better able to tolerate difficult emotions, they became better able to create welcoming 'holding environments' (Winnicott, 1965) for their clients' difficult emotions. At the same time, they were better able to help their clients experience their emotions in more embodied ways. These changes in the professional lives persisted after the class was over: students who had completed the course an average of 4.5 years earlier reported that mindfulness practice continued to influence their experience being a therapist, the therapeutic relationship, and the way they conceptualized client issues (Christopher et al., 2009).

Conclusion

The findings of these different studies all point to similar conclusions about the effect of mindfulness practices on psychotherapy and counselling training. The results, which were based on qualitative inquiry, would benefit from experimental studies that would assess the magnitude of these changes. It would also be useful to see how well students' reports of changes in the room with therapy clients match with outsider evaluations of these sessions.

While not a part of our research thus far, as a supervisor, I (Christopher) began to notice a pattern in supervising first year students who were just beginning to see clients and who were concurrently taking the mindfulness class. In supervision, it is relatively easy to help students identify where they are becoming stuck, where their personalisation and countertransference issues are being enacted. Helping them to become actually less automatic and habitual is far less easy. My experience supervising those students who had mindfulness training is that they had a different kind of experiential foundation, one in which they were able to experience less reactivity, less automaticity. Supervision began to involve reminding supervisees of their experiences of non-reactivity in the mindfulness class, and that just as they could observe their reactions in yoga or meditation, they could do the same thing while with clients. For instance, I can remind the students to 'just breathe' when they feel stuck or paralysed in a session. At perhaps a deeper level, I can invite students in supervision to notice in their bodies

where they are experiencing a particular confusion or stuckness with their clients; and attending to these sensations helps the students explore both the client's issues as well as their own countertransference.

Students with a background in mindfulness also seem to have an experiential background that allows them to integrate clinical feedback more immediately: they can identify within themselves a whole mental-emotional-physical gestalt that is activated when they are in a particular mode that interferes with therapy (like fearing their own inadequacy or feeling a need to make something happen) and then shift into a space of self-acceptance and self-compassion (Germer, 2009). Not only did the students taking the mindfulness class seem to have more inner awareness, but they also seemed able to incorporate changes more quickly and with less self recrimination than students who hadn't been exposed to mindfulness training. In short, students with mindfulness training were in general easier to supervise because they were more open, aware, self accepting, and less defensive in supervision.

Most graduate counselling students are exposed to the core conditions advocated by Carl Rogers (1980): acceptance, genuineness and empathy. As Rogers emphasised, these are not techniques, but ways of being in the world. Mindfulness-based practices seem to help students to embody these ideals in all their relationships, including their therapeutic ones. They help counsellors-in-training to meet the challenge of being fully with themselves and fully with their clients. Many students reported that bringing awareness and acceptance more consciously into their lives improved their relationship with themselves, increased their capacity to be truly dialogical with others, and enhanced their therapeutic work. In this way mindfulness training may be an antidote to the instrumentalism of the managed care mentality (Cushman & Gilford, 2000) and encourage beginning counsellors to cultivate an 'I-Thou' relationship' with their clients (Buber, 1970).

I (Christopher) feel blessed to have been able to develop this course at Montana State University. Based on the results of the research, the course was moved from an elective to a required class for the Mental Health Counseling students in 2006. As the instructor, I feel deeply touched to be a part of the transformation that the students go through; it is truly humbling to realise that the experiences that allow them to grow the most as therapists have much more to do with engaging in the mindfulness

practices than anything I can teach them about how to do therapy. Like many who have had a long-standing personal commitment to mindfulness practices, we experience joy, excitement, amazement, and a sense of grace that these practices are beginning to work their way into the mainstream of psychotherapy and counselling, and into Western culture more generally.

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Biographies

John Chambers Christopher is a Professor of Counselling Psychology in the Department of Health & Human Development at Montana State University and a senior staff psychologist at MSU's Counseling Center.

Judy A. Maris is a licensed counsellor in private practice in Bozeman, Montana. She holds a master's degree in Humanities from Florida State University and a master's degree in counselling from Montana State University.