

Mind–Body Medicine and the Art of Self-Care: Teaching Mindfulness to Counseling Students Through Yoga, Meditation, and Qigong

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A 4-year qualitative study examined the influence of teaching hatha yoga, meditation, and qigong to counseling graduate students. Participants in the 15-week, 3-credit mindfulness-based stress reduction course reported positive physical, emotional, mental, spiritual, and interpersonal changes and substantial effects on their counseling skills and therapeutic relationships. Students expressed different preferences for and experiences with the 3 mindfulness practices. Most students reported intentions of integrating mindfulness practices into their future profession.

Unmanaged chronic stress can have deleterious effects on the physical and psychological health of individuals. Stress may lead to or worsen disorders and diseases such as heart disease, anxiety, depression, hypertension, substance abuse, and gastrointestinal disorders (Astin, 1997; Brennan & Moos, 1990; Levy, Cain, Jarrett, & Heitkemper, 1997; D. Shapiro & Goldstein, 1982; Treiber et al., 1993; Whitehead, 1992). Stress is also a contributing factor for lifestyle behaviors that increase vulnerability to diseases such as lung cancer, cardiovascular disease, and obesity (Brennan & Moos, 1990; Roth & Robbins, 2004; Treiber et al., 1993; D. R. Williams, 1999). Stress has an impact on absenteeism rates and job performance, effectiveness, and satisfaction (Burnard, Edwards, Fothergill, Hannigan, & Coyle, 2000). Given the prevalence of these stress-related health conditions in the United States, their costs to the nation's health care system, and the loss of quality of life for individuals, it is no surprise that public health professionals are increasingly concerned over the effects of stress. For instance, the U.S. Department of Health and Human Services (2000) lists stress reduction as an objective in its publication *Healthy People 2010*.

Health care workers are particularly vulnerable to stress overload because of high demands and unique challenges (Harris, 2001; Sharkey & Sharples, 2003; Wall et al., 1997). Burnout, defined as exhaustion of physical or emotional strength, is the most often-noted consequence of chronic stress in the workplace (Harris, 2001; Sharkey & Sharples, 2003). Moore and Cooper (1996) found that mental health professionals experience emotional exhaustion alongside the usual organizational sources of stress, and Baker (2003) described the potential for "compassion fatigue" and "vicarious traumatization" (p. xi). These stressors may have harmful effects on counseling students' effectiveness and success by reducing their capacity for attention, concentration, and decision-making skills (S. Shapiro, Shapiro, & Schwartz, 2000). Educators have recognized the importance of providing counselors with tools for self-care

early in their careers and even while they are being trained (Baker, 2003; Brems, 2001; Kuyken, Peters, Power, & Lavender, 2003; Weiss, 2004). In an extensive review of research on stress management in the education of health care professionals, S. Shapiro et al. (2000) stated that although many interventions demonstrated promising results, such as lower levels of anxiety and depression, greater capacity for empathy, and improved immunologic functioning, more research is needed.

One of the most well-researched stress management programs is mindfulness-based stress reduction (MBSR). MBSR teaches mindfulness, which is the ability to attend to thoughts and emotions as they arise and to be fully conscious of the present-moment experience. Taught to more than 5,000 medical patients since its inception more than 20 years ago (Kabat-Zinn, 1990), MBSR is typically run as an 8-week course instructing mindfulness through the practice of meditation, body scan (a type of guided awareness), and hatha yoga. One of the strengths of MBSR, in contrast to most stress-reduction programs, is that it offers participants different mindfulness practices from which to choose. Research indicates that participants often find one of the three practices more beneficial or preferred for personal reasons; consequently, having options can improve compliance (Kabat-Zinn, Chapman, & Salmon, 1997). This may help to explain why MBSR has been found to have high compliance rates, even after 3 years (Kabat-Zinn & Chapman-Waldrop, 1988; Miller, Fletcher, & Kabat-Zinn, 1995).

MBSR studies with varied populations have found significant decreases in anxiety/depression, mood disturbance, somatic symptoms of stress, and present-moment pain (Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn et al., 1992; Kabat-Zinn et al., 1998; Kaplan, Goldenberg, & Galvin-Nadeau, 1993; Kristeller & Hallett, 1999; Reibel, Greeson, Brainard, & Rosenzweig, 2001; Roth, 1997; Speca, Carlson, Goodey, & Angen, 2000; Teasdale et al., 2000). Other mindfulness-based studies have demonstrated improvements in quality of life, health-related quality of life,

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general health, sleep quality, and immune function and decreases in psychological distress and physical symptoms and conditions (Carlson, Speca, Patel, & Goodey, 2004; Davidson et al., 2003; Lawson & Horneffer, 2002; Roth & Robbins, 2004; K. Williams, Kolar, Reger, & Pearson, 2001). Findings from a 3-year follow-up evaluation revealed maintenance of reduced levels of anxiety and depression, thus demonstrating the long-term effects of this program (Miller et al., 1995).

Although MBSR was developed to introduce healthy-coping mechanisms for those experiencing ill health, increasing attention has been given to its proposed ability to help prevent stress-related illnesses and diseases. Researchers have evaluated MBSR as a tool for helping college students cope with stress. A controlled study of undergraduate students showed that MBSR participants had statistically significant decreases in levels of depression and anxiety and a greater sense of control and more adaptability skills compared with a control group (Astin, 1997). S. Shapiro, Schwartz, and Bonner's (1998) study with medical and premedical students revealed similar 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 among participants as compared with the control group (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). Using both qualitative and quantitative methods, a study of nursing students found a significant drop in psychological symptoms and higher levels of life quality after participating in an MBSR program (Bruce, Young, Turner, Vander Wal, & Linden, 2002). Although his study was not a controlled study, Holland (2004) reported that college students, including those with disabilities and chronic illness, found MBSR to help them cope with daily stressors.

Despite limitations noted by S. Shapiro et al. (2000) and Bishop (2002), evidence continues to point to a notable positive effect of MBSR-based programs on many clinical and student cohorts. However, one shortcoming of quantitative research, which relies on preselected measures and scales, is that respondents are not able to freely express outcomes experienced because of the programs. Narratives (i.e., oral accounts and journals) offer a unique avenue of inquiry with the aim of qualifying an individual's or a group's experience (Giorgi, 1985; Patton, 1999; Van Manen, 1990). Consequently, existing research on MBSR needs to be supplemented by qualitative methods that can explore in a more open-ended manner the range of possible effects of an MBSR program on the different domains of participants' lives. In addition, more nuanced research is needed to detail the specific practices that have a positive effect on participants. Bruce et al. (2002) provided the only identifiable study that used qualitative techniques (focus groups) to collect process, impact, and outcome data on an MBSR program.

No study has been conducted examining the influence of mindfulness practices on counseling students. The current study seeks to address this by using qualitative methods to explore counseling students' perceptions of the influence of mindfulness practices on their lives (broadly defined) and their work with clients. In addition, this study examined which of three mindfulness practices the students found most influential and how students envision integrating mindfulness practices into their future career.

Method

Participants

Participants in this study were 1st- and 2nd-year master's-level graduate students in mental health counseling, school counseling, and marriage and family counseling who were enrolled in an elective graduate course titled "Mind/Body Medicine & the Art of Self-Care." Data were collected from 33 participants over a span of 4 years. The age of the participants ranged from early 20s to mid-50s. There were 27 female and 6 male students; 30 were White, 2 were Japanese, and 1 was Native American. A total of 35 students were enrolled in the class over the 4-year period; 2 students were excluded from this study because they were not in a counseling program.

Course Description

The 15-week, three-credit elective course had a twofold purpose of (a) familiarizing students with mindfulness and contemplative practices and their relevance for the fields of counseling, psychotherapy, and behavioral medicine and (b) providing students with practical tools for self-care. This course was loosely based on the MBSR program. The course was taught by a core faculty member of a counseling graduate program accredited by the Council for Accreditation of Counseling and Related Educational Programs. The instructor (second author) was a licensed counselor and psychologist who had been practicing yoga and meditation for more than 20 years. The instructor had been a licensed yoga teacher for 20 years and began teaching MBSR in a community hospital 2 years prior to developing and teaching the counseling class.

The course included twice-weekly, in-class, 75-minute mindfulness practice using hatha yoga, sitting meditation, qigong (ancient Chinese method combining gentle physical movement with meditation), and conscious relaxation techniques. On the basis of the instructor's previous experience teaching MBSR programs, qigong exercises were adopted instead of the body scan exercise. Participants were required to practice outside of class for at least 45 minutes, four times a week. The course also included readings from disciplines such as psychological and medical anthropology, behavioral medicine, religious studies, cross-cultural psychology, and psychiatry. Participants were assigned relevant readings, conducted research on related empirical studies, and completed a continual journal-writing exercise for reporting and reflecting on readings, practice, and related personal experiences. Class time was also spent discussing and sharing thoughts and feelings about readings and practice. Students were graded on attendance and participation, journal writing, and research presentations.

Procedure

As a final journal assignment, students were given four questions to respond to and submit in writing:

1. How has your life changed over the course of this semester in ways that may be related to the class?
2. Of all the practices learned in class, which one are you drawn to the most and why? How has it affected you?

3. How, if at all, has this course affected your work with clients, both in terms of being in the room and thinking about the treatment?
4. How do you see yourself integrating, if at all, any of the practices from class into your clinical practice (or career plans)?

Students received no direction on how long their answers should be, and they were informed that completing the assignment would result in a passing grade for that portion of their journal (i.e., they received no letter grade for this assignment). Students had the option of not having their responses included in the study. No students chose to withhold their data.

Analysis

Students turned in their responses either as hard copy documents or as word processing files. The course instructor removed identifying information from the documents and word processing files and forwarded them to the first author. Student responses were stored anonymously and were entered verbatim into word processing software and analyzed using NVivo (Software in Qualitative Research NVivo Version 1.2) qualitative data analysis software. Responses to the four questions were analyzed by the first author through the use of qualitative methods described by Guba and Lincoln (1992), Strauss and Corbin (1994), and Patton (1987, 2002). Cross-case analysis was conducted in which responses from each question were analyzed across the case or individual (Huberman & Miles, 1994). Analysis was focused on the participants' answers to the four open-

ended questions. The first author read through all transcripts, first, to become familiar with the data and get a general understanding of the text. Next, he conducted content analysis by reading the transcripts again and deciding on labels for the phenomena identified. Data were analyzed inductively, meaning that themes emerged from the data instead of being decided a priori (Patton, 1987). Emerging themes were examined, compared, and revised by the first author as new text was analyzed. The third author independently coded a random 10% of the coded text for validity and congruence. The two authors convened to discuss the results of their separate coding. To eliminate bias and protect anonymity and confidentiality, the course instructor did not code the data. When analyzing themes across course years, the first and third authors did not find any notable differences in participant responses. Both coders had extensive training and experience coding qualitative data.

Results

Questions and themes are shown in Table 1. Five general themes emerged in response to the question of how the course had affected students after 15 weeks: (a) physical changes, (b) emotional changes, (c) attitudinal or mental changes, (d) spiritual awareness, and (e) interpersonal changes.

Question 1: Short-Term Effects of Course

Physical changes. Many students noticed changes in their bodies as a result of class practice. Positive changes included

TABLE 1

Questions and Related Themes and Subthemes Associated With Student Participation in Mind–Body Medicine

Question	Theme and Subtheme
How has your life changed over the course of this semester in ways that may be related to the class?	Physical changes Emotional changes Attitudinal or mental changes Spiritual awareness Interpersonal changes
Of all the practices learned in class, which one are you drawn to the most and why? How has it affected you?	Yoga Increased awareness of body Increased flexibility and energy Increased mental clarity and concentration Meditation Increased awareness and acceptance of emotions and personal issues Increased mental clarity and organization Increased tolerance of physical and emotional pain Increased sense of relaxation Qigong Increased feelings of centeredness Increased energy Increased sense of mind–body–emotion connection Increased sense of fluidity
How, if at all, has this course affected your work with clients, both in terms of being in the room and thinking about the treatment?	Increased comfort with silence More attentive to therapy process Change in how therapy is viewed
How do you see yourself integrating, if at all, any of the practices from class into your clinical practice (or career plans)?	Integration of class ideas Recommending specific practices Incorporating practices into therapy Continuing personal practice

increased strength, flexibility, and balance and the ability to trust their bodies. One student expressed the following:

I also think my body is changing. I notice more balance, leg strength, overall flexibility and a slight weight loss. I have more aerobic capacity, which I have particularly noticed with biking or hiking. My ability to balance on my left leg, which had the nerve damage, is continuing to improve a bit at a time.

Some students shared that their bodies initially reacted negatively to practice but that ultimately they saw positive outcomes as a result of committing themselves to their practice.

At first when I started the practice, my body ached and my shoulders became even stiffer. I felt uncomfortable and wanted to quit the practice. However, as I kept practicing, I noticed that my shoulders are getting better. My body became more flexible. I did not catch a cold at all in the last winter regardless that I usually get a cold at least a couple of times in winter. I feel that my body is more energized even in the morning. These are many positive physical changes that I am grateful for.

Several students mentioned how their increased bodily awareness, and its connectedness with the mind, has enabled them to take better care of themselves.

As far as physical ailments, I feel as if I know my body a lot better and I am able to recognize when I am starting to feel ill and then I slow down and take care of myself.

Participants experienced a variety of physical effects: (a) improvements in balance, strength, and flexibility; (b) other health benefits that they associated with practice; and (c) increased bodily awareness and sensitivity.

Emotional changes. Students commonly mentioned having to deal with multiple stressors in their lives and the resulting consequences of stress overload (e.g., anxiety, depression, fears). The majority of students reported that, as a result of the course, they developed an increased ability to deal with strong and threatening emotions.

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.

In addition to giving students the time and space needed to turn inward and experience their emotional reactions, students indicated that the mindfulness practices also offered techniques for being less defensive and reactive and for being less attached to their emotional responses, as the following person explained:

I was surprised at how emotional the class was on many levels. My experience with slowing down and letting go was something I have not done for years. . . . Class gave me a tool to work with in terms of letting go of things. I feel as though now I process and reflect on things until I have some sort of peace with them. I have a lot of room to grow, but it is nice to have a start.

Students indicated that the course offered new ways of responding to fears, anxieties, doubts, and other strong negative emotions. Furthermore, the ability to experience but also let go of these feelings allowed room for more positive feelings of trust and peace in their lives.

Attitudinal or mental changes. Students often expressed changes in their thinking and attitudes as an effect of being more “open” and “conscious” of themselves and their surroundings. For example, one student stated simply, “I am opening myself up to see beyond the grind toward alternative ways of living and thinking.” Another expressed the correspondingly positive outcomes: “Personal benefits include a greater ability to observe and process.”

Related to self-understanding, *acceptance* was a common term used by students to express their thought and attitude changes.

Through exploring the required readings, I have become more aware of what it means to be “whole” and have begun to see the importance of integrating the aspects of myself that I had previously abandoned. Although the process of reintegration is a long and arduous process, I have begun to explore this abandonment and what it would mean to reintegrate aspects I consider to be difficult and painful and through this, beginning to accept my “flawed” self.

Students indicated an increased capacity to make meaningful reflections regarding themselves. These mental changes were often discussed in terms of changes in attitude and perception. For others, these changes resulted in a better understanding of themselves and incorporating aspects that made them feel more whole as an individual.

Spiritual awareness. The course content and subsequent discussions seemed to affect students by challenging their beliefs and/or causing them to reflect on deeper aspects of their lives. The resulting personal dialogues also covered ideas of direction or purpose in one’s life, as one student illustrated:

Regarding spirituality, my connection with a higher power seems to have been strengthened, in a sense, renewed throughout the semester. I came to believe more that I am here for some purpose, to fulfill something meaningful in my life and in this world.

The class also led some to evaluate their own beliefs and values.

This class has also led me to explore my own belief system and has expanded my knowledge about differing views of the world, life and spirituality. I can honestly say that this class has caused me to think about the kind of person that I am, and also the kind of person that I want to be. This class has been an important reminder of the things that matter in life in the middle of the craziness of school.

Consequently, students frequently discussed an increased trust of themselves and a greater self-confidence. As one student explained, “I feel more grounded and I’m trusting my own perceptions more. . . . I feel more confidence in my decision making.”

Another student stated,

This class has definitely aided in my self-exploration. I feel like I have finally regained some of the confidence that I was lacking. I now know that life is a journey, and I am the leader of this expedition.

The course seemed to have a profound effect on some students' lives, giving them purpose and direction. It caused students to reflect on and evaluate their own belief system and values. In addition, this exploration of self subsequently instilled a greater sense of confidence and trust in some individuals.

Interpersonal changes. Students often reported changes in relationships and their ability to handle social situations that they normally might react to negatively.

I am learning to take responsibility for my own feelings, and at the same time, not to take things personally. Disagreements with my partner appear no longer threatening. I am able to express my feelings more straightforwardly to him recently, because I believe that my thoughts and feelings matter. Also, if he does not like what I say to him, I know that it does not mean he rejects who I am. Finally, I believe that I can work on my own issues and improve my relationship with myself as well as with my partner. This class truly changed my life. Every relationship I have seems to be improving dramatically—my parents, clients, peers, partner, coworkers and friends.

An increased capacity for empathy toward others was mentioned frequently.

I have been noticing my capacity for empathy has increased as I have been engaged in this class. I have a notion this is the result of becoming aware when I am being judgmental of others or myself. I have increased my compassion, which in turn, has given me an increased capacity to have more genuine compassion for others.

Many students perceived positive effects on their relationships and stated an increased capacity for empathy and compassion.

Question 2: Preferred Practices for Self-Care

The main practices in this course included yoga, meditation, and qigong. Students were asked which practice(s) they were most drawn to and why. Results are presented under each practice type.

Yoga. As a mind–body exercise, hatha yoga seems to have offered multiple benefits to students of this course. Through its gentle, yet demanding physical postures, yoga offers opportunities for participants to become more aware of their bodies. One student summarized it this way:

I like Yoga because I feel as if I am learning more about my body. I am learning about its capabilities, limits, cycles, and changes. I feel as if I am finally connecting with my body and learning how to use it. . . . It is great to learn that I am capable of more than I thought, and not just on certain days.

For many students, the challenge of yoga had benefits in terms of increased flexibility and energy.

What I like the most about yoga is not only how good it feels, but the sense of satisfaction I get when I get into a particularly difficult pose and am able to hold it. When we release the pose I feel so loose and free. It just works for me and the emotions are difficult for me to describe, but I guess I can equate it to energy being able to flow more freely.

Another student stated multiple benefits of yoga that included increased mental clarity and concentration.

I have said before that Yoga is an amazing high yield investment. The investment of an hour a day makes an immeasurable difference in the rest of my day. For a little investment, I receive high yields. This includes high energy, fluidity and mental clarity. This baseline allows me to relate better to other people and especially relate to my clients.

Yoga offered different and sometimes multiple benefits across individuals. Perceived benefits ranged from consciousness of one's body and its capabilities, satisfaction from challenging oneself physically, and increased energy and mental clarity and concentration.

Meditation. Because mindfulness meditation practice is concerned with paying attention to arising thoughts and emotions, it is not surprising to find that many students discussed their meditation experiences as being emotionally and mentally involving. For example, one student described her practice in terms of being "powerful":

Meditation has given me the most powerful experiences emotionally. I have found myself face to face with my inner issues while meditating, which has been powerful. I have felt not only the struggle with them, but more of an acceptance of them.

Meditation seemed to allow a space for dealing with difficult emotions that arise or, as this student described, creating a "therapy room":

Meditation especially helps. Sitting quietly and concentrating on self are useful in order to clear and organize my mind. When I meditate, what I am really concerned would come up toward my mind, then all feelings along with it would show up. I can look at my feelings that I do not want to notice. I am able to observe them more objectively during meditation. I feel safe because nobody can read my mind. Meditation creates my own therapy room.

Finally, a student illustrated how meditation affected his own self-concept, ability to practice patience, and ability to tolerate physical discomfort:

I believe that my effort at practicing meditation has led to some important insights about myself. I think it has helped in my ability to consciously slow my thoughts and to an extent note and let go of arising emotions. It has been effective at relaxing and calming myself in the evening. I think it has taught me greater patience and given me more resilience to physical pain and discomfort.

Like yoga, meditation appeared to have different benefits to each individual. Meditation offered a tool for dealing with

powerful emotions. For certain students, this led to self-acceptance and insights about themselves and increased awareness for their own capacity of pain.

Qigong. The gentle fluid movements of qigong had a positive impact on several students. For example, this student compared its qualities with dancelike movements:

I think innately I am most drawn to qigong. I love the fluidity and feel of doing it, the sensuous movement, almost as though my body remembers. I particularly love how quickly it changes me—my breath, mood, energy, and awareness. I love the feel of the energy moving through my body, like a dance. It's a practice I can do in a short amount of time, ten minutes before a meeting or out of doors. It centers me.

Another student emphasized the mind–body connection she felt and how it affected her emotions:

On the most conscious level, I have practiced qigong the most (on my own). It is here that I feel the most organic flow of energy, and the aesthetics of dance in the movements. It is here that I feel the conscious connection of my mind, body, and emotions, and that emotional component is of great importance to me.

Compared with the other practices, qigong seemed to evoke a sense of fluidity from which positive feelings and energy flowed. For certain individuals, the movements positively affected mood, emotion, and consciousness.

Question 3: Influence on Counseling Practice

All students taking this course were seeing clients in a supervised clinical setting. The course affected students' therapy practice in several ways. It allowed many to be increasingly more comfortable with silence during sessions. Students also were able to focus more on their clients and the therapeutic process. Finally, some students expressed how ideas from the course changed their views about therapy and the healing process.

Increased comfort with silence. A number of students described an increased ability to be with clients in moments of silence or discomfort and not feel a need to control the situation because of their own anxiety. One student wrote,

As a result of my work in this class, I feel as if I am less reactive to my clients. . . . I also find that I am more comfortable with confronting clients now than I ever have been. . . . I am finding that it is much easier to sit with a client when they are having a difficult time, or not wanting to talk.

Another student explained how an increased comfort with silence allowed her to be more present and aware of what was happening with a client:

I feel less pressure to “fix” or talk so much in session. I am more comfortable with listening, sitting in silence, and just being present. Mindfulness is after all about being present and aware. In other words the course has helped me focus more on the client, instead of believing I have to “do” something to change the client, or relieve their pain.

More attentive to therapy process. Many students responded that they had an increased ability to be more attentive and responsive to their clients during the therapy process. For example, one student expressed the following:

I think that this course has helped me to feel less anxious in the room with clients. I think that this results in me being able to be more present, and being able to have more empathy for experiences they share with me. I think before this class my anxiety would override other feelings at times, and it was harder to be in touch with these. And even beyond the affective realm, I think that being mindful and more “centered” allows me to look outside of myself more, and observe my clients and my relationship with them more.

Similarly, another student described how the class positively influenced counseling relationships:

I am more in-tune with myself, my body, and my reactions and pulls to clients which I may choose to act on or simply take note of. Also in being more in-tune as well as trusting, I am taking more risks, being more vulnerable. I believe this directly impacts the sense of trust and connection with clients and serves as a model to them. It also seems that I am in a better position to help clients be in touch with their feelings, their needs, moments of truth, their defenses and coping mechanisms and triggers for all if I am better at this process myself and in the position to see what is happening for them in the room.

Change in how therapy is viewed. Finally, the course seemed to significantly affect many students' attitudes and ideas about counseling. For example, the following student recognized the roles of both physical and spiritual dimensions in the nature of well-being:

I think that I have been aware for quite a while that sometimes doing something physical can bring on therapeutic issues, and this class definitely reinforced this for me—mainly by watching some of my classmates who had emotional responses to different practices. I find this very encouraging, as this has seemed to provide another example of a mode of treatment that may be therapeutic for some people. I also think that my view of counseling has changed somewhat in that this class seemed to emphasize the importance and power of having a spiritual orientation and practice on my well-being. This seems to highlight the importance to at least explore with people about their spirituality.

The course seemed to have positively affected students in three distinct ways. First, many felt more comfortable sitting with silence in the room with clients. Second, it allowed some to feel more centered and capable of staying tuned with the therapeutic process with clients. Third, it changed the scope of how some view therapy and its components.

Question 4: Plans for Integrating Mindfulness Into Future Practice

Most students indicated that they would make positive use out of ideas and practices learned in class and apply them to their own profession. One response category that emerged was the idea of

integrating specific practices into therapy sessions. For example, one student explained how certain practices could help clients through the therapeutic process:

I would definitely like to use relaxation and meditation techniques during sessions with a large variety of clients: those who are anxious, depressed, in chronic pain, and so on. I can see these techniques being especially useful for people who are working through intense emotional stuff so that clients have a supportive way to endure the pain. In cases where clients are feeling very stuck in therapy, relaxation, yoga, and meditation could be useful in opening these clients up to themselves.

Other responses seemed to indicate the incorporation of ideas and concepts from class into therapy.

The way I see myself using meditative practices with my clients is mainly indirectly. I foresee that this practice will make me more likely to incorporate opportunities for silent reflection and internal processing within groups. It may encourage me to push clients to just sit with things and see what arises, rather than always doing something and avoiding space.

Some students were more comfortable with suggesting certain practices to clients as a means of empowering them to cope with the personal struggles.

With more practice and hopefully more training I see myself recommending alternative practice to assist with their treatment. I believe it has been tremendously helpful in my life and I would like to help my clients find a way that they can gain more freedom in how they deal with their struggles.

Finally, many students expressed the importance of continuing their personal practice because it translated into being a more effective professional.

Students suggested a variety of ways they plan to integrate practices into their clinical practice or career. For some, simply continuing personal practice contributes to being an effective professional. Integrating ideas from class into their field offered another possibility to several students. Still others indicated recommending specific practices to clients or incorporating them into their practice.

Discussion

The purpose of using a qualitative design in this study was to gain insight into the influence of an MBSR-based course on counseling graduate students. We wanted to allow the students to share their information in an open-ended format in order to gain a deep understanding of their experiences. This course had the dual purpose of introducing students to the concept of mindfulness and contemplative practices as well as providing them with practical methods for self-care. The instructor asked students at the end of the semester to answer questions about the effects of the course

on their lives (see Table 1). No notable differences in participant responses were noticed when analyzing themes across years of course attendance. The data were particularly meaningful given the consistency of positive outcomes over time and with multiple groups of participants for which this course was offered. We note that not all students experienced each of the 15 themes.

Student responses to short-term physical changes of the course revealed meaningful effects on physical, emotional, mental, spiritual, and interpersonal aspects of their lives. In the first theme of physical effects, many responses supported the idea that yoga promotes flexibility, strength, and balance. Several participants expressed an additional benefit of getting sick less frequently than normal while taking the course. This statement appears to suggest that mindfulness practices may improve immune systems, which is similar to what was reported by Davidson et al. (2003). Students also expressed an increased awareness and sensitivity to their bodies. Such findings are congruent with those in Bruce et al.'s (2002) study with nursing students. It is encouraging to see these results given that these practices encouraged mindful attention and sensitivity to bodily movements and states.

Emotional changes—the increased ability and capacity to deal with so-called negative emotions—composed a second theme of short-term effects. Through this course, students were given the time, space, and tools to address fears, anxieties, and doubts that contributed to their stress. Students indicated making progress in both accepting and letting go of these negative emotions and thought patterns. For some students, this process was a challenging and sometimes frustrating task. Yet almost all students indicated that the process ended in an overall positive outcome. Findings from this study are congruent with controlled MBSR studies that found lower anxiety and depression levels (Astin, 1997; S. Shapiro et al., 1998; Speca et al., 2000; Teasdale et al., 2000) and increased quality of life because of program participation (Carlson et al., 2004; Roth & Robbins, 2004).

Increased clarity of thought and capacity for reflection were often mentioned as beneficial mental effects of practice. Many students experienced changes in attitudes and perceptions. By engaging in course-taught practices and exploring ideas from readings, students tapped into previously unexplored modes of awareness and experienced new ways of relating to themselves and their worlds. Such effects may be a direct result of the process of slowing down the mind and its constant thought patterns—an often-stated occurrence of meditative practices (e.g., Goleman, 2003; Kabat-Zinn, 1990; Welwood, 2000).

Students also reported effects on their belief and value systems. Given that course content included readings from different cultural traditions, it is understandable that students would feel challenged to reevaluate their own beliefs about themselves and their world. Yet this effect seemed to strike deeper among some participants by instilling a greater sense of reported trust and confidence about themselves. Several individuals also reported an increased sense of purpose and direction in their lives. Similar responses were reported in Bruce et al.'s (2002) study. These statements are supported by the concept of feeling “grounded,” a frequently mentioned concept among participants.

The last theme of effects, interpersonal changes, is illustrated by students' reports of a greater capacity for empathy and compassion. This increased capacity is related to previously mentioned changes in perception and attitude, mental clarity, and enhanced listening abilities. In counseling sessions, this translated into feeling more comfortable sitting in silence with clients and being able to stay focused on the therapeutic process at hand.

Clearly, participants came away with positive outcomes from participating in the course and stated potential implications for continuing practice and integrating the course concepts into their profession. Although many believed that they could incorporate practices or ideas into their work either with future clients or work associates, others were more comfortable in simply recommending ideas and resources related to course practices. Finally, some students simply believed that their professional lives would greatly benefit by continuing with their own personal practice. We also believe that given the recent popularity of mindfulness practices, particularly yoga, it is beneficial for counselors to have firsthand experience with the kind of self-care techniques that their clients may already be using. This is particularly significant given the potential of these practices to facilitate personal growth or be used defensively to avoid confronting personal issues or psychopathology (Rubin, 1996; Welwood, 2000).

It would be beneficial to conduct a longitudinal study of students who took this class to explore (a) the use of and obstacles to mindfulness practices as a form of self-care; (b) the perceived influence of mindfulness practices on their counseling skills, practice, and theory; (c) the influence of mindfulness practices on stress and burnout; and (d) the use of mindfulness practices with clients. In addition, given our preliminary findings and the lack of empirical research, there would be merit in undertaking additional studies with counseling students that include larger sample sizes, control groups, and the use of quantitative measures. One advantage of qualitative studies is that they enable the identification of themes that may be used in future quantitative studies. We recommend future quantitative studies to verify if the themes identified in this study are found with other groups in other settings, which would offer evidence of the reliability of these study findings.

In addition, it would be important to assess the effect of mindfulness training with counseling students with measures used in other MBSR studies, including (a) measures of physical health such as salivary cortisol, blood pressure, and pulse and (b) measures of psychological health including subjective well-being (the Satisfaction With Life Scale [Diener, Emmons, Larsen, & Griffin, 1985] and the Positive Affect Negative Affect Scale [Watson, Clark, & Tellegen, 1988]) and the Ryff Scales of Psychological Well-Being (Ryff, 1989). We also believe that it would be useful to include the Social Interest Scale (Crandall, 1975), the Life Attitude Profile (Reker & Peacock, 1981), the Revised Ego-Identity Status Scale (Adams, Shea, & Fitch, 1979), the Therapeutic Reactance Scale (Dowd, Milne, & Wise, 1991), the Differentiation of Self Scale (Bowen, 1978), the State-Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), the Empathy Construct Rating Scale (La Monica, 1981), the Mul-

tidimensional Measure of Religiousness/Spirituality (Ables et al., 1999), and the Index of Core Spiritual Experiences (Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991). Finally, in-depth individual interviewing might provide more depth of understanding regarding participants' perceived results.

This study has two main strengths. First, qualitative studies such as this one can provide an open-ended exploration of the influence of mindfulness practices across all domains of a person's life and are an important first step in identifying areas for future research. Second, this study was based on data collected over a 4-year period, and results were consistent across class cohorts.

A limitation of the study is reliance on self-reported information. In addition, students had to respond to these questions as a part of their course requirement. Students may have felt pressure to provide positive answers to the questions, knowing that their responses would be viewed by the course instructor. However, students did not receive a letter grade for the assignment and were informed that their responses would be stored and analyzed anonymously at some point in the future. Because this was an elective course, students who took this course may have had a preexisting interest in the subject, which may have affected their responses. It is also possible that personal characteristics may have influenced the results. We did not gather personal information, other than gender and ethnicity, and did not compare data across these categories. However, we did not note any substantive differences across years of data collection or across participants. Finally, although students reported that the changes they experienced were because of the course, we did not have a control group in the study for comparison and thus verification.

This study has demonstrated that counseling students enrolled in this MBSR-based self-care class experienced positive influences in their personal and professional lives. This supports findings that students in other health care professions, such as medicine and nursing, also benefit from MBSR (Bruce et al., 2002; S. Shapiro et al., 1998). Counseling training programs often emphasize health promotion, self-transformation, and spiritual balance, but the demands of the curricula and clinical training often leave little room for self-care. Our experience teaching MBSR and the reported responses from the student participants suggest that training programs can benefit from incorporating mindfulness practices as specific tools for self-care. Mindfulness practice has the potential to transform counseling trainees in a number of ways, including helping them to become less reactive to stress-related or anxiety-provoking events such as when clients are in crisis or are discussing painful emotions. Counseling students can also conceivably gain new ways of relating to their emotional life that include awareness and tolerance. Instead of responding with defensiveness and reactivity, mindfulness disciplines can assist counselors to become more present and connect more intimately with themselves, their clients, and their supervisors (Epstein, 1995; Magid, 2002; Rubin, 1996; Safran, 2003). To conclude, we can do no better than turn to the words of one student:

I suppose it is this experience of connectedness that has affected my thoughts and questions about healing most significantly. Whether it's moving forward or back, I ask more frequently and,

I think, more deeply what is therapy, anyway? How do we heal ourselves and what can we provide for one another that can help? From the first tears of a client to my *DSM* diagnosis [i.e., diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text rev.; American Psychiatric Association, 2000] to the last handshake or hug, contemplation, which I think of as a spiritual awareness, is at the center of my relationship to them; I hope that it will remain at the center of my work.

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