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The Influence of a Personal Practice of Meditation on One's Therapeutic Practice

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THE INFLUENCE OF A PERSONAL PRACTICE OF MEDITATION
ON ONE'S THERAPEUTIC PRACTICE

by

William W. Fitzgerald

A Dissertation
Submitted to the
Faculty of The Graduate College
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Advisor: Alan Hovestadt, Ed.D.

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THE INFLUENCE OF A PERSONAL PRACTICE OF MEDITATION ON ONE'S THERAPEUTIC PRACTICE

William W. Fitzgerald, Ph.D.

Western Michigan University, 2011

The focus of this study was to examine counseling professionals' personal experience with meditation and how it influences their clinical work, including the formation of a therapeutic relationship. Using phenomenological methods, data were gathered from 10 psychotherapists and then analyzed.

There has been a great deal of effort devoted to investigating what contributes to positive counseling outcome for clients. One constant in the therapeutic process is the person of the therapist. While the person of the therapist is frequently mentioned in the literature, much less attention has been given to the examination of personal development paths of the therapist. Little effort has been put forth to examine how practicing meditation influences one's work as a counselor. In addition, this research examined how participants defined meditation, along with how they described their meditation practice.

A pool of 10 psychotherapists was identified as engaging in the practice of meditation. They were asked to participate in a study in which they described the effects of this practice on their work. Along with an in-person interview, participants completed a demographic questionnaire. Using a phenomenological approach, these data were then analyzed.

Participants reported a variety of definitions of *meditation*. Common among the responses was the idea that there cannot be one definitive definition that is applicable to all people. They offered a variety of descriptions of their meditation practice.

Participants noted that one's attitude, rather than behavior, is paramount to a meditation practice. The data from the study indicate the belief that engaging in meditation while simultaneously working as a professional counselor does have perceived beneficial influences on the therapeutic process. Areas of influence include increasing one's level of empathy for a client and oneself, increase in the level of acceptance for the client as well as for oneself, and the use of micro counseling skills. Practicing meditation also influenced the type of interventions used, one's ability to listen to clients, the counselor's attitude toward clients and oneself, genuineness with clients, theoretical orientation, and awareness of countertransference issues. Participants also reported that their therapeutic relationship with clients was stronger as a result of practicing meditation.

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CHAPTER I

INTRODUCTION

As counselors we are trained and equipped with a large variety of “tools” to use in our practice. We spend several years as students being taught by those who often have many years of experience working in counseling. This experience has led many of them to know firsthand what helps clients in counseling. In addition to this firsthand knowledge, there is a wealth of research into what behaviors on the part of the counselor contribute to healthy client outcomes.

One of these “tools” at the disposal of counselors that is receiving an increasing amount of attention in the literature is the use of various meditative techniques. There is an ever-increasing amount of literature reporting empirical findings that support the teaching of various meditative skills to clients with a range of psychological disorders. Khong (2009) states, “Meditation and mindfulness are no longer perceived as alternative, but rather as complementary, approaches. And in psychotherapy, these Buddhist practices are regarded as a significant and important adjunct to therapy” (p. 118). What is garnering little attention is the use of these skills by a counselor himself/herself.

This dissertation will focus on the experiences of those working as counselors who also have a personal practice of meditation. Specifically, it will provide information regarding the influence that this practice of meditation has on their work as

psychotherapists. In doing this, it will also provide definitions and descriptions of this practice.

The dissertation consists of five chapters. This, the first chapter, provides an introduction and context for the study. The second chapter provides a literature review regarding the intersection of psychotherapy and meditation. The third chapter gives a rationale and description of the type of research employed, namely, a qualitative inquiry using phenomenological methods. The fourth chapter describes data gathered from the participants. The final chapter, Chapter V, addresses the implications from the findings, strengths and limitations, and recommendations for future research.

Statement of the Problem

Over the years, standard training in psychotherapeutic intervention has placed a great deal of importance on theories, techniques, and skills of counseling. Many professional programs, with the goal of preparing students for a profession in counseling psychology and related fields, ensure that the students are exposed to various ideas, concepts, and knowledge. Among these standards are those set by the American Psychological Association (APA), the American Counseling Association, the American Association for Marriage and Family Therapy, and the American Council of Social Work. Acquiring this knowledge is extremely important. Many would argue that knowledge and skill development is essential to all counseling professionals and makes a significant contribution to the outcome of counseling (Atkins & Christensen, 2001; Lambert & Ogles, 1997; O'Donovan, Bain, & Dyck, 2005).

A variety of professional associations, including those mentioned above, accredit graduate programs that train counseling professionals. These accrediting bodies traditionally require exposure to a variety of theoretical orientations, clinical skills, and knowledge about the profession. The knowledge base for these professions includes various explanations for behavior change and best intervention practices to facilitate change in clients. Increasingly, training experiences include data from outcome research that explores what is productive in facilitating change in counseling. After scrutiny of outcome research, some counseling professionals have raised questions about the efficacy of many of the accreditation standards in terms of increasing the likelihood of positive outcomes in counseling (Aveline, 2005; Kindsvatter, 2006; Whiston & Coker, 2000).

While it is understood that incorporating techniques, skills, and theories of counseling into counselor training is vital (Whiston & Coker, 2000), some question the completeness of this approach. Chung (1990), Nanda (2005), and Stein and Lambert (1995) suggested that skills training may overemphasize one area of counseling professionals' development while minimizing another important aspect. These authors noted that, in this training approach, the inclusion of the development of the person of the counselor is underemphasized.

Sexton (1998) argued that instruction deemed necessary in clinical training is primarily based on "professional/political consensus" (p. 37), while research regarding counseling outcomes has been largely neglected. He further emphasized that "history and tradition have been the primary pedagogical guidance for counselor educators" (p. 69). In an interview with Kindsvatter (2006), Scott Duncan and Barry Miller indicated that the training of professional counseling students is based on traditional cultural influences

regarding what is taught, rather than on what empirical findings indicate is essential in facilitating change in clients.

According to the foundational work of Rogers (1957), intellectually learning the skills associated with competent counseling is beneficial in many ways for beginning counseling professionals, “but becoming a therapist is not one of them” (p. 101). Rogers suggested that learning various skills, theories, and knowledge in counseling is important but is not sufficient in preparing one to be a counselor. He stressed that what was necessary to produce change in people was a solid relationship between the therapist and client. Furthermore, creating this solid relationship with another is likely increased if one is first aware of and accepting of one’s own feelings (Rogers, 1961). As noted, doing so may expedite the ability to form a strong relationship with clients, which the literature consistently indicates is a significant indicator of counseling outcome (Blow & Sprenkle, 2001; Greenberg, 2004; Hentschel, 2005; Horvath, 2005; Puschner, Wolf, & Kraft, 2008). Lambert and Barley (2002) indicated that this relationship accounts for as much as 30% of successful client change.

Person of the Counselor

The therapist-client relationship is established between two individuals (or more in couples or family counseling). Therefore, how the therapist contributes to the foundation of this relationship is crucial. What characteristics that the therapist contributes to the relationship are often referred to collectively as the “self of the therapist” (Reupert, 2006). This concept encompasses all aspects and characteristics of the person’s personality (Aponte & Winter, 2000).

Throughout much of today's professional training, students are exposed to various theoretical models that attempt to explain, in part, how client change takes place.

Although there are as many different attempts to explain change as there are theoretical models, what remains consistent is that each model requires the presence of a counselor, a point emphasized by Aponte and Winter (2000). In order to determine what factors contribute to outcomes of counseling, this ingredient must be accounted for in outcome research as it is present in all therapist-client interactions (Reupert, 2006; Sprenkle & Blow, 2007).

A number of authors have suggested various methods to develop the person of the counselor (Clare, 2007; Faith, Wong, & Carpenter, 1995; Johns, 1996; Lennie, 2007; Wheeler, Goldie, & Hicks, 1998; Young et al., 2002). These authors contend that this personal development is done in hopes of strengthening various personal characteristics of the person of the counselor. In turn, having these enhanced characteristics will then increase the likelihood of producing positive counseling outcomes.

An additional method that encourages development of the person of the therapist that has been receiving attention in the literature is the practice of meditation (Kabat-Zinn, 1982, 1994; Wachs & Cordova, 2007; Walsh & Shapiro, 2006). Numerous studies have shown that, through meditation, one can enhance many skills identified as necessary in counseling (Lesh, 1970; Schure, Christopher, & Christopher, 2008; Wachs & Cordova, 2007; Walsh & Shapiro, 2006).

Background of the Problem

Contemporary Counselor Training

By following a curriculum required by counseling and other related training programs, students receive training in the foundation of how to do counseling. Educators have long believed that possessing various counseling skills and techniques is essential to beginning therapists (Egan, 2006). In teaching counseling skills to future counseling professionals, many programs base their approach on texts that emphasize skill development (Levitt, 2001).

Such programs teach students the micro skills of counseling with the belief that, when learned, these skills will be used by competent students who are soon-to-be counseling professionals. The belief is that once having acquired these skills, students develop both the skillfulness needed to be a counselor along with an increased likelihood of providing clients with counseling that will lead to positive outcomes.

Contemporary training programs focus much attention on the technical skills, sometimes referred to as the micro skills, of counseling and base this approach on current research (Levitt, 2001). Commonly used texts on counselor preparation, such as Ivey and Ivey (2003), Corey (2009), and Egan (2006), teach professionals-in-training the skills necessary to be competent counseling professionals. Once acquired in the educational setting, these microskills can then be carried over and applied in a clinical work place with clients (Schafle, Smaby, Maddux, & Cates, 2005). Possessing these skills seems advantageous in that much research indicates that knowing and being able to implement

the counseling skills referenced in these texts proves instrumental in facilitating client change.

Studies reported by Whiston and Coker (2000) indicate that possessing these basic skills plays an important role in counseling outcome. According to these authors, students trained following a curriculum based on conventional ideals gain a deeper understanding of many aspects related to counseling, such as theories, specific psychological disorders, and the history of the profession.

Further evidence of the benefit of receiving graduate training in counseling was provided by O'Donovan et al. (2005). These authors measured various outcomes of counseling provided by those receiving graduate training in counseling and those who had not. Findings from the study indicate that those who were receiving graduate training performed better on many of the measures used in the study.

Opposition to Contemporary Training

In opposition to the support that this traditional approach to education has received, there is some question as to what extent these skills and techniques influence counseling outcomes. For many years, the literature has highlighted the importance of the therapist as he or she contributes to the counseling process (Carkhuff & Berenson, 1977). In graduate training, to become a counselor, as noted, a person learns the technical skills of doing counseling (i.e., skills and techniques). This acquisition often comes at the expense of losing sight of the significance of the individual's role in the counseling process. Rogers (1961) put forth that one cannot adhere to such skills and techniques in a

mechanical nature without “destroying” the personal qualities that greatly influence client growth.

A limitation of contemporary counselor training is that it emphasizes the individual’s learning of skills, techniques, and knowledge and minimizes the therapist’s influence (Chung, 1990; Nanda, 2005; Stein & Lambert, 1995). Therefore, the student focuses on learning how to do counseling the “right way” and thus runs the risk of losing touch with his/her authentic self. Rogers (1957) advocates being authentic as necessary and sufficient in counseling. If students blindly adhere to the skills, techniques, and knowledge and believe these skills will automatically make a good therapist, they run the risk of falling into a state where everyone is alike and no one is uniquely himself or herself (Moustakas, 1994a). According to Moustakas, Heidegger used the words *Mitwelt* and *Eigenwelt* to describe the process of losing touch with one’s own inner, authentic self and giving into, or “falling,” into the expectations of others. Counseling professionals-in-training would appear to run the risk of doing so if they strictly mimic professors and supervisors who are often seen as experts in the field.

It is this author’s belief that training programs that follow a traditional curriculum train a person *how* to do something rather than preparing the individual to *be* something. Possessing the skills and knowledge as taught in traditional programs to counselors-in-training does not itself ensure positive therapeutic outcomes (Aveline, 2005). For example, teaching individuals to show empathy in the workplace with techniques and interventions differs vastly from developing genuine empathy (Carkhuff & Berenson, 1977; McConaughy, 1987). One is a much needed skill, and the other reflects the genuine attitude of a person.

Numerous studies have shown that possessing counseling skills does not by itself lead to more positive counseling outcomes (Binder, 2004; Vakoch & Strupp, 2000). Whiston and Coker (2000) referred to literature that indicates that clinical work provided by trained professionals is no better than work by those without this training. According to Whiston and Coker, professional training fails to focus on what is empirically conducive to positive outcomes in counseling. These authors called for an increase in the inclusion of outcome data in the training provided to counseling professionals. Addressing training in marriage and family counseling, Blow and Sprenkle (2001) called for a movement away from training based on traditional instruction and instead argued for a greater emphasis on the common factors literature.

Impartial Stance

Another position regarding the contemporary training of counselors is that some authors argue that relatively little difference exists in the work of trained versus untrained professionals. Initial work examining the difference between trained and untrained professional counselors was done by Durlak (1979). He reviewed 42 studies comparing the outcomes of the counseling work done by paraprofessionals (i.e., students, psychiatric aides, and community volunteers) and that done by professionals (i.e., those who received professional training in counseling skills). Durlak found no significant difference in short-term counseling outcome when comparing the two groups. Since then, other researchers have reported similar findings indicating there is little difference in the outcomes of trained and untrained counseling professionals (Atkins & Christensen, 2001).

By emphasizing the technical skills of counseling (i.e., skills and techniques), professional programs relying on a traditional model of training risk training individuals in a way that overemphasizes techniques, procedures, knowledge, and methods (Smith, 2000). In addition, students are often encouraged to adopt or associate with a theoretical orientation. Although such an orientation may give direction to one's approach to counseling, its significance in influencing counseling outcomes has been challenged (Kindsvatter, 2006; Luborsky, Singer, & Luborsky, 1975; Sprenkle & Blow, 2004; Wampold, 2001). These authors indicated that only a small portion of client change can be attributed to the theoretical orientation of the therapist. They further suggested that the relationship between the therapist and client and the therapist's own belief in the model largely contributes to client change.

Personal Development

Prior to the contemporary discussion regarding common factors movement, Truax and Carkhuff (1979) indicated a need for the integration of experiential development of the person of the therapist in addition to skills training in professional counselor training. In one study, Torres-Rivera, Phan, Maddux, Wilbur, and Garrett (2001) compared the possession of counseling skills alone to the possession of counseling skills along with personal development exercises during supervision with counselors-in-training. Their study included 17 master's students who were in the final stages of a graduate counseling program. The findings indicated that the inclusion of personal development during supervision greatly enhanced the student's counseling skills. Skynner (1981) argued that

developing the person of the therapist is as important, and maybe more so, than developing and teaching the skills of counseling.

By developing one's self through engaging in various personal development activities, a person training to be a clinician is more open to the process of personal change that often comes as a result of engaging in counseling (Johns, 1996). Echoing an earlier statement by Ram Dass (1973), Sinason (1999) suggested that a client can engage in activities that lead to personal change only to the extent that his or her counselor has personally done so. Furthermore, therapists who themselves participate in personal counseling, which often leads to personal growth, are often seen in a more favorable light than those who do not (Carroll, Gilroy, & Murra, 2003). Elsewhere it has been shown that participating in one's own therapy encourages the establishment of a therapeutic alliance (Gold & Hilsenroth, 2009). Engaging in personal development activities is one way to promote the personal development of the counseling professional, which will then assist the counselor in guiding his/her clients in this process.

Beginning with the work of Rogers (1957), some therapist variables have been identified as necessary and sufficient for client change to take place. Among these necessary components of counseling, according to Rogers, are therapist genuineness, unconditional positive regard, and empathy. According to Mahon and Altmann (1977), Rogers' claims of necessary and sufficient conditions were not based on actions of therapists to be learned but rather on underlying attitudes of the therapist. The authors contended that these conditions were not based on learning skills but rather on being a skilled learner. Possessing this attitude increases the likelihood of establishing a positive

working relationship between the therapist and client (Rogers, 1957). Without this relationship, none of the other variables mentioned can exist and no change can be made.

Meditation to enhance the personal development has received increased attention over time (Ardelt, 2008; Kabat-Zinn, 1994, 2003; Walsh & Shapiro, 2006). Through such contemplative practices as meditation, a person can strengthen his or her inherent abilities, such as empathy, which research indicates has a positive influence on counseling outcome. This, in turn, leads to a greater likelihood of positive outcomes in counseling. As a result of research and anecdotal reports of personal experiences with mindfulness meditation, some authors have argued for the inclusion of this practice in the training of counseling professionals (Andersen, 2005).

Purpose of the Study

This research project attempts to examine a counseling professional's personal experience with meditation and how it influences his/her clinical work, including the formation of a therapeutic relationship. This research does so in a way that differs from previous attempts to identify this influence in a significant way. Rather than relying on previous literature to define meditation, participants were asked to do this for themselves. This is done to create richer information regarding the practice of meditation.

There appears to be a similarity between graduate counseling programs' goals in producing competent counseling professionals and the results of practicing meditation, as indicated by research such as that previously noted and that reviewed in Chapter II. The literature on the training of counseling professionals suggests that training needs to focus more on the contributions of outcome research to positive counseling outcomes. Although

the influence of graduate programs to counseling professionals-in-training is valuable, exploring the potential benefits of including some form of meditation in counselor training is likewise advantageous. In particular, according to the literature, the personal traits enhanced by meditation seem to be related to the practitioner's ability to develop a more facilitative relationship with a client.

If the current research shows that the practice of meditation by psychotherapists contributes in a positive way to their counseling experiences, then a central objective of graduate counselor training programs could be significantly enhanced. It follows that those who practice as counseling psychologists and other counseling professionals could wisely spend time engaged in a self-development activity such as meditation.

Definition of Terms

Counselor-in-training: This term refers to the student who receives training that will enable him/her to provide psychotherapy in a variety of contexts. This student may be studying counseling psychology, marriage and family therapy, social work, or any academic field that will lead to serving the public in various mental health service professions. Throughout this manuscript, the term *therapist-in-training* may be exchanged with *counselor-in-training*, referring to the same population.

Contemporary training: Counseling professionals-in-training receive a thorough introduction into the techniques, theories, and skills of counseling. Research has shown that with this knowledge they are increasingly likely to produce positive change in the clients they work with. This manuscript will refer to contemporary training as that training which places emphasis on the teaching of various techniques, theories, and skills

of counseling. Throughout this manuscript, the term *traditional training* may also be used in reference to contemporary training.

Meditation: Various forms of meditation have been practiced for many years. Behavioral repertoires classified as meditation have been defined differently by different people at different times. Therefore, it is difficult to provide a definitive definition and description of what meditation is. However, to do so for this study, various sources were examined for an operational definition of *meditation*. For the purpose of this study, meditation will be defined as a set of behavior(s) that a person engages(d) in to focus attention, thoughts, and awareness, while also freeing the person from daily distractions that may impede one's ability to maintain focus.

Counseling professional: For the current study, a counselor is any person that engages in the service of providing personal guidance or counseling to an individual, family, or group of people. The terms *therapist*, *clinician*, *psychotherapist*, and *counselor* may be interchanged with *counseling professional* throughout this manuscript to refer to the same person performing psychotherapy with clients.

Self of the therapist: What comprises the "self" is difficult to clearly define. To do so thoroughly would require much more discussion than is allowed in the current manuscript. For the current study, the *self of the therapist* will refer to those qualities that a counselor brings into his/her work with clients. This includes all the aspects of the therapist's personality, as well as all previous experiences that have contributed in some way to the personal growth of that person. This growth is then presented as a part of the person when he or she interacts with clients in the practice of psychotherapy or

counseling. Throughout this manuscript, the phrase *person of the counselor* may be used in place of the phrase *self of the therapist*.

Therapeutic relationship: All therapy involves a minimum of two participants. Therefore, all therapy includes some type of interpersonal interaction. This interaction results in what is often referred to as the therapeutic relationship. For the current study, *therapeutic relationship* will refer to the interaction between the clinician and the client. This relationship includes several variables, each to some extent, including empathy and genuineness.

Formal training: This term will be used as a description for the type of meditation training received by each of the participants. It will refer to training that includes, but is not limited to, being taught by teachers of meditation and attending retreats geared toward the practice and contemplation of meditative techniques.

Informal training: Like the above terminology, this term will refer to the type of training one received in meditative practice. It will include such things as being self-taught, reading topical books, and participating in peer groups practicing and discussing meditation.

CHAPTER II

LITERATURE REVIEW

This chapter provides a review of the literature that is pertinent to the current study. It will begin with a review of the literature regarding the recent upsurge in the interest in spirituality as it applies to psychotherapy. A select portion of literature reviewing outcome studies will then be presented. This will show the significance of outcomes in counseling and will also provide relevance for the current topic being studied. The chapter will then cover literature exploring the significance of the therapeutic relationship in counseling. It will next discuss the topic of developing the person of the therapist. The chapter will then delve into the history of meditation, including a brief review of empirical studies examining the consequences of engaging in meditation. It concludes with a brief description and literature supporting the scientist-practitioner model of training.

Spirituality

Over the years there has been an increase in the role that religion plays in the lives of Americans. According to a Gallup poll conducted in 2004, 61% of Americans say that religion is a very important part of their lives, while an additional 24% say it is fairly important (Newport, 2004). At the same time that the importance of religion is increasing, religious participation is dwindling (Newport, 2004). As indicated by this trend, it seems

that some people possess a spiritual need that is not being met by traditional means. This need has in part resulted in a variety of quests made in order to meet this need. This searching is evidenced by, among other things, the upsurge in popularity of books by authors such as Dyer (2010), Tolle (2004), Warren (2002), and others.

In relatively recent years, the subject of spirituality has also gained increased attention in scientific literature. Spirituality can be seen as “the very cornerstone of health and well-being” (Wirth, 1993, p. 69). In the process of reviewing previous research and while indicating a need for continued efforts in this area, Miller and Thoresen (2003) argued that it is “hardly news that spirituality and religion can have an important influence on human health” (p. 24).

Numerous research findings regarding spirituality have elicited widespread interest from psychotherapists (Front, 2008). Front highlighted that many professional disciplines, including counseling psychology, have begun to explore the ways in which mindfulness meditation, one way to develop one’s degree of spirituality, can enhance relationships. He further believes and promotes the idea that this upsurge in the interest in the topic of spirituality is much more than a passing fad (Front, 2008).

This attention to spirituality may have several motivating factors. Some authors contend that addressing human needs, as is done in counseling, cannot avoid aspects of spirituality (Aponte, 2002). To emphasize this point, Aponte described spirituality as being at the “heart of therapy” (p. 26). The reason for this, according to Aponte, is that a person’s spiritual and religious beliefs often form the basis of their values, giving them some direction in life. Therefore, he says that, to address issues in counseling, the

psychotherapist must take into account the personal values that are at the heart of all issues that clients present with.

Helminiak (2001) talked of the necessity to include spirituality in counseling. He noted that “psychology cannot pretend to deal with the whole human being” until it addresses spirituality (p. 7). Additional support for this point can be found in the writing of Souza (2002). She posited that, without accounting for a client’s spiritual-related issues, counselors run the risk of missing essential components of the client. The widespread agreement regarding the incorporation of spiritual issues into counseling has resulted in the recent release of several books, articles, and chapters on the topic (Francis, 2009; Johansen, 2010; Morrison, Slutter, Prichett, & Demmitt, 2009).

Some counselors have adopted a holistic perspective in working with their clients. A holistic approach incorporates the spiritual and religious aspects of a person’s life into his/her care (Fulder, 2005). Haynes (2009) notes that a holistic perspective places as much emphasis on a person’s spirituality as on their biology, cognition, and other more commonly studied domains as a means of understanding him/her.

This upsurge in the popularity of a holistic world view has contributed to a call to question the separation of mind and body (Mills, 2002). Rather, the author notes, in place of this mechanistic approach, there is a call to reexamine the relationship between spirit, mind, and body. A holistic approach supports taking a wider perspective and says that individuals are made up of many components that combine to create who they are (Fulder, 2005). Fulder claimed that exploring one’s spirituality and religiosity is a necessary component of this.

For many years there has been an emphasis on the need to account for a multicultural perspective in counseling psychology. Multiculturalism calls for a greater understanding and

acknowledgment of the variety of cultural factors that influences a person's behavior (Sue & Sue, 2008). With globalization, people are developing interests in a wide variety of ideas of spirituality and religions that are different from the one they grew up with. As part of this multicultural awareness, there is an expanded way of looking at health and what it means to be healthy (Wiggins-Frame, 2003). According to Wiggins-Frame, this new look includes taking into account alternative approaches and natural remedies to illness, including accounting for a person's own definition and involvement in spirituality.

There is a growing body of literature that highlights a link between a person's level of spirituality and religiosity with their mental, physical, and emotional health. Reviews of the literature indicate that there is a positive relationship between one's religious/spiritual involvement and their health (Koenig, 2009; Sloan & Bagiella, 2002). George, Larson, Koenig, and McCullough (2000) highlighted several studies that have shown this link. As George et al. indicated, one aspect that contributes to greater health, in addition to recovering from diseases or setbacks, is the letting go of control and giving it to a higher power. The authors noted a "strong" (p. 109) connection between religious involvement and such mental health issues as anxiety disorders, depression, and drug and alcohol abuse/dependence. Another review of the literature noted that research has indicated that "aspects of religious involvement are associated with desirable mental health outcomes" (Ellison & Levin, 1998, p. 702).

Counseling Outcomes

A great deal of effort has been put forth to examine what works in therapy through outcome research. For years researchers have explored what factors contribute to clients'

experiencing positive growth in counseling. Like many areas of research, the focus was initially broad and directed much of its attention on the larger scope of counseling, namely, theoretical approaches. Over time, several studies have shown that no one theory always leads to better counseling outcomes than another (Ahn & Wamphold, 2001; Kindsvatter, 2006; Luborsky et al., 1975; Sprenkle & Blow, 2004).

Other researchers have conducted methodologically robust research to determine what factors contribute to positive counseling outcomes. Findings have shown that some of these factors include therapists' variables such as acceptance, a nonjudgmental attitude, flexibility, and warmth (Greenberg, 2004; Patterson, 1984). These same variables also play a vital role in establishing a strong therapeutic relationship that itself contributes to counseling outcome (Casper, Grossman, Unmussig, & Schrama, 2005; Greenberg, 2004).

Self of the Therapist

Although many variables, such as those mentioned above, are introduced by the presence of the therapist and are a major contributing factor to counseling outcomes, relatively little attention has been given in the research literature as to how this occurs. Together, these many variables have been referred to as the "self of the therapist" (Reupert, 2006), referring to those qualities that a professional counselor brings into his or her work with clients. This encompasses all aspects of the person's personality, including previous experiences in his or her personal life that contribute in some way to the individual's personal growth (Aponte & Winter, 2000). Because of the presence of the therapist's self, two counseling professionals following the same manualized approach to working with a client may have differing outcomes of their work (Smith, 2000). Smith

concluded that it is the personal characteristics of individual therapists, rather than techniques used, that produces change in clients. Much earlier, Carkhuff and Berenson (1977) highlighted the importance of the therapist himself/herself when they noted that counseling skills and techniques are acquired and then *integrated* into the personality of the therapist.

This inclusion of the self of the therapist is an integral part of therapy (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Aponte, 1992; Aponte & Winter, 2000; Baldwin, 2000; Blow; Reupert, 2006; Satir, 1987; Smith, 2000; Sprenkle & Davis, 2007). A great deal of research indicates that the therapist can introduce many contributing factors that promote a strong, positive working relationship in counseling (Beutler, Givener, Mowder, Fisher, & Reeve, 2004; Greenberg, 2004; Luborsky et al., 1975; Sexton & Whiston, 1991). Emphasizing the monumental role of the therapist in counseling, Simon (2006) posited that it should be a focal point of therapy in that the person of the therapist influences the outcome of therapy to such a large extent. Therefore, examining what contributes to client change without considering what factors the person of the therapist adds to the equation is misguided and inadequate (Reupert, 2006; Sprenkle & Blow, 2007).

When discussing the common factors regarding the outcome of counseling Virginia Satir (1987) said, “The person of the therapist is the center point around which successful therapy revolves. The theories and techniques are important. . . . But, I see them as tools to be used in a fully human context” (p. 24). This “fully human context” would seem to require an interaction between at least two people, client(s) and

therapist(s). Through this interaction a context is developed, and it is within this context that the people involved grow and change.

Developing the Self of the Therapist

Learning information mandated by governing bodies in counseling is important in the education of counselors-in-training. However, developing the person of the therapist appears equally important. A review of the literature reveals a variety of means to enhance the development of the person of therapist. A number of authors have suggested various methods to develop the person of the counselor. Among these are personal group work (Lennie, 2007), exploration of personal issues via one's own family-of-origin group counseling (Young et al., 2003), outdoor adventure education (Wheeler et al., 1998), personal development groups (Clare, 2007), sensitivity training (Faith et al., 1995), and journal keeping and reading books on self-development (Johns, 1996). These practices encourage the individual to strengthen his or her traits and abilities in ways that complement more traditional educational methods (Andersen, 2005). One of the current contemplative practices that can assist in the development of the person is the practice of meditation (Ardelt, 2008; Kabat-Zinn, 1994, 2003; Walsh & Shapiro, 2006).

A vast amount of research points to the potential benefits of including meditation in counseling. For the client, it can be a form of mental training that can prepare the individual for cognitive challenges that he/she may encounter (Bishop et al., 2004). Regarding the therapist, mindfulness meditation is a stance from which the therapist can approach a client (Kabat-Zinn, 2003). Kabat-Zinn also mentioned that mindfulness can be

seen as a means of clarifying an individual's mindset in a way that can then be transferred into daily life.

Meditation is not merely another technique to be learned and then used in counseling. It is sometimes described as a technique in the counseling literature only in an attempt to simplify the concept (Hayes & Shenk, 2004). Hayes and Shenk indicated that this is done as a result of a widely held need to rely on technological and theoretical explanations to assist in our understanding of unfamiliar concepts. Also, because the practice is prescientific—it existed long before scientific terms were used—it cannot be easily defined or explained using scientific terminology (Hayes & Wilson, 2003). Doing so, Hayes and Wilson indicated, places confining limits upon it.

The practice of meditation contributes to the strengthening of various traits of the individual in several ways. Walsh and Shapiro (2006) reported that, through the practice of meditation, one can further develop openness to one's own emotional experiences, as well as develop a greater sense of identifying and describing those experiences in a nonjudgmental way. By developing this capacity to get in touch with one's own emotions, it would seem that the ability to do the same with others is also strengthened (Andersen, 2005). Therefore, researchers have reported that a practice of meditation is deemed beneficial to both the client and therapist (Andersen, 2005; Walsh & Shapiro, 2006).

Lesh (1970) was one of the first to show evidence for a link between meditation and empathy, a central component of counseling (Feller & Cottone, 2003; Greenberg, Watson, Elliot, & Bohart, 2001). Lesh examined this link in a sample of 49 students studying to be counseling professionals. He found that those who practiced meditation over a 4-week period significantly improved their level of empathy. Other research

reports a similar link between meditation and the enhancement of empathy (Shapiro, Schwartz, & Bonner, 1998). Shapiro and her colleagues examined the effect of mindfulness meditation on 78 medical and premedical students participating in an 8-week course. The authors found that the students who practiced meditation significantly increased their scores on an instrument measuring overall empathy. Wachs and Cordova (2007) also found this relationship between mindfulness and empathy. In their study, 33 married couples completed questionnaires regarding their relationships. Findings from this study indicated that an association exists between a participant's level of mindfulness and his or her emotional repertoire, or level of empathy.

Meditation has also been associated with an increased calmness, self-acceptance, enhanced concentration, increased levels of acceptance and tolerance of others, a greater freedom from prescribed perceptions from which to view others' and one's own experiences, and a feeling of greater compassion toward others (Germer, Siegel, & Fulton, 2005; Kabat-Zinn, 2003; Walsh & Shapiro, 2006).

Therapeutic Relationship

Findings from research indicate that the person of the therapist can influence the direction of counseling. Research consistently has found that one factor frequently surfaces as being key to the outcome of counseling: the quality of the relationship established between the counselor and the client (Casper et al., 2005; Horvath, 2001; Hubble, Duncan, & Miller, 1999; Puschner et al., 2008). Lambert (1992) found that the relationship accounts for 30% of successful client change. According to Lambert, technique factors account for an additional percentage of client change, 15%. However,

these factors are significant in the establishment of a strong therapeutic relationship (Hilsenroth, Clemence, Ackerman, Strassle, & Handler, 2002).

In a review of the literature regarding the importance of the therapeutic relationship, Lambert and Barley (2002) noted that “research strongly and consistently supports the centrality of the therapeutic relationship as the primary factor contributing to psychotherapy outcome” (p. 17). These authors also noted that the quality of the relationship is perhaps the best predictor of counseling outcome, better than other factors, including the application of any specific theoretical orientation. Therefore, it is essential that counselors are able to establish such a relationship.

The APA created a division with the sole purpose of examining the role of the client-therapist relationship in psychotherapy. A task force of this division was then established to do this. The findings of this task force were disseminated via a special issue of *Psychotherapy: Theory, Research, Practice, Training, Research, Theory, Practice, Training* (Norcross, 2001). In addition to this, the results were summarized in a book, *Psychotherapy Relationships That Work: Therapist Contributions and Responsiveness to Patients* by Norcross (2002). In sum, the findings supported the idea that the relationship is essential to counseling outcomes. Furthermore, the text noted that the ability to form this relationship can be improved via specific therapist contributions.

Although there is debate regarding the degree of impact the relationship has on the outcome of counseling, there is almost universal agreement among most researchers that it does play a central role in counseling (Bachelor & Horvath, 1999). In examining what factors contribute to a strong relationship between the counselor and client, much of the research conducted points to qualities that Rogers first identified as being necessary and

sufficient. Very prominent among these is the counselor's level of empathy and warmth. This suggests that graduate programs should focus adequate attention on developing an individual's ability to form relationships with clients that include empathy and warmth.

History and Definition of Meditation

A wide variety of meditation has been practiced for thousands of years (Walsh & Shapiro, 2006). The study of meditation's application to psychotherapy has only fairly recently been investigated. In 1976, Benson reported on the effects of transcendental meditation as it may influence the practitioner. In recent years, mindfulness meditation has been the focus of the majority of literature concerning meditation. Perhaps most notable is the work by Jon Kabat-Zinn and his colleagues at the University of Massachusetts Medical School. He defines mindfulness as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 1994, p. 4). Other forms of meditation include various insight techniques and assorted meditations that include imagery or visualization (Gilbert & Procter, 2006; Walsh, 1983).

As an attempt to distinguish between the many types of meditation, most types of meditation can be grouped into one of two distinct categories (Walsh, 1983).

Concentration meditation aims to develop the ability of the mind to focus. Awareness meditation looks to explore the depths of the mind along with increasing awareness of the various moment-to-moment experiences we have. Elsewhere, the many various practices of meditation are put into even different categories. Field (2009) distinguished between concentration meditation and mindfulness meditation. The aim of concentrative meditations, according to the author, is to promote the skill of concentration by repeatedly

redirecting one's concentration back to a chosen object when the mind wanders. On the other hand, mindfulness meditation promotes a neutral, observing awareness of thoughts, feelings, and sensations as they arise in the body and mind.

With this wide variety of meditative practices come various definitions of the very concept of meditation. Walsh (1983) defined meditation as a "family of practices that train attention in order to heighten awareness and bring mental processes under greater voluntary control" (p. 19). It has also been defined as a means of assisting in "self-regulation and retraining of attentional habits" (Bogart, 1991, p. 385). Marlatt and Kristeller (1999) described meditation as a way that a person can "become more comfortable with the experiences of compassion, acceptance, and forgiveness" (p. 68). More recently, it has been described as "the practice of self regulating the body and mind to induce relaxation and altered states of consciousness" (Field, 2009, p. 127).

It is clear that the concept of meditation may vary from individual to individual. Furthermore, Andersen (2000) argued that to attempt to create a precise definition of meditation places artificial limits on the idea and therefore negates one's personal experience with the phenomenon. Because of this, it seems that any research attempt to explore meditation's influence in counseling must take into account a person's own definition of meditation.

Empirical Findings of the Effects of Meditation

Relatively recently the practice and utilization of meditation has slowly made its way into the practice of mental health counseling. Research on meditation practiced by clients has repeatedly shown that meditation can be beneficial when dealing with a variety

of emotional and physical maladies. Reviews of literature indicate that it has proven beneficial in treating issues related to insomnia, eating disordered behavior, phobias, anxiety, aggression, depression, reduction of legal and illegal drug use, hypertension, fears, asthma, chronic pain, fibromyalgia, epilepsy, and psoriasis (Bogart, 1991; Field, 2009; Perez-de-Albeniz & Holmes, 2000; Walsh & Shapiro, 2006). Via these findings, it is evident that one can experience both emotional and physical benefits through the practice of meditation.

In addition to a psychological and emotional impact on the practitioner, research has also demonstrated that meditation has a physiological effect as well. Sheikh, Kunzendorf, Sheikh, and Baer (2003) reported that meditation has empirically been shown to lower blood pressure, lead to an increase in galvanic skin responses, decrease cortisol secretion, increase total protein level, and decrease reaction time. In exploring a specific type of meditation involving visualization, the authors also found that the practice influenced heart rate, affected the rate of blood flow as indicated by vasoconstriction and vasodilation, influenced sexual response in sex organs, contributed to the change in the composition of numerous body chemistries, and influenced pupil dilation and ocular motor reaction.

Aftanas and Goloskeikin (2003) conducted a study looking at changes in cortical activity associated with meditation. Results indicated stronger alpha and theta brain waves. The authors note that alpha brain waves are associated with relaxation, alertness, and introspection. Theta brain waves are rare and often experienced when coming out of or entering sleep.

Much of the research in the counseling literature on meditation has focused on how meditation can serve as an intervention for counseling professionals to use with clients. Research shows the benefits of practicing meditation for clients dealing with various mental health issues. The practice of meditation has been shown to be advantageous and could be a possible intervention to use with many clients. Nonetheless, there is a paucity of research on the use of meditation in counseling. Only a limited amount of research indicates how the benefits of practicing meditation can be valuable to counseling professionals who practice it themselves.

CHAPTER III

METHODOLOGICAL FRAMEWORK

The current study was designed to examine the influence of a personal practice of meditation on a counselor's clinical work. This chapter presents literature in support of the choice to use the selected procedures.

Overview of Methodology

For this study, a qualitative research design was implemented as a means of answering the research questions. Miles and Huberman (1994) indicated that using this approach focuses on events in their natural setting. Qualitative methodology, as opposed to quantitative methodology, was employed for this study to gain a better understanding of the individual experiences of the phenomena being studied—the influence of a clinician's personal practice of meditation on one's clinical work with clients.

An additional advantage of using qualitative methods is that the participants are allowed to explain their experiences and apply their own meanings to these experiences (Marshall & Rossman, 2006). In achieving this, the researcher avoids, to the highest possible extent, applying his own biased worldview and coding system on data collected from the subjects. By not interjecting one's own worldview on the data, there is a greater likelihood of interpreting the data accurately and without bias (Giorgi, 1997).

Phenomenological Approach

From the qualitative genre, the current study employed phenomenological methods. Perhaps the single most important reason for doing this is explained by Creswell (2007). He suggests that the phenomenological method is appropriate for a study that looks to explore and get a better understanding of one phenomenon that has been experienced by many people. Creswell claims that, by utilizing this method of research, the researcher goes far to avoid a “subject-object dichotomy” (p. 59). According to Creswell, this dichotomy may result in imposing one’s own definition of the phenomenon being studied rather than allowing the participants to define the phenomenon.

Phenomenology looks at events and experiences that individuals have. As a research approach, it necessitates exploring the lived experience of the research participants through extensive study of a small number of individuals (Moustakas, 1994b). Through this small number of participants, according to Moustakas, there is a greater likelihood of receiving a more accurate perception of the phenomenon being explored.

Rooted in the early work of Edmund Husserl (1931/1962), phenomenology looks to credit the individual with giving meaning to his/her experiences based on one’s own idiosyncratic interpretation of that event. A phenomenological approach attempts to interpret events as if they are happening and being described for the first time. This allows those who have experienced the events to give meaning to them, rather than

having the meaning of the experience imposed upon them by an external source (Giorgi, 1997).

All scientific inquiry is made in an attempt to gather information and to attain a deepening of knowledge about the subject being studied. In an attempt to gain this deeper understanding, phenomenology looks to the individual as the source of this knowledge. Moustakas (1994b) is clear on this source of information when he states that “knowledge of objects resides in the subjective sources of the self” (p. 44). He further describes a phenomenological approach as one that:

1. focuses on the appearance of things, a return to things just as they are given, removed from everyday routines and biases, from what we are told is true in nature and in the natural world;
2. is concerned with wholeness, with examining entities from many sides, angles, and perspectives until a unified vision of the essences of the phenomenon or experience is achieved;
3. seeks meanings from appearances and arrives at essences *through intuition and reflection on conscious acts of experience, leading to ideas, concepts, judgments, and understandings*;
4. is committed to descriptions of experiences, not explanation or analysis.

Descriptions retain, as close as possible, the original texture of things, their phenomenal qualities and material properties. Description keeps a phenomenon alive, illuminate its presence, accentuate its underlying meanings, enable the phenomenon to linger, retain its spirit, as near to its actual nature as possible. (pp. 58-59, italics added)

Data for this study were collected via open-ended, in-depth interviews with participants, as described by McCracken (1988). In addition, a brief questionnaire was developed to collect various types of demographic information (see Appendix E). Relying on the in-person interviews with the participants permitted any needed clarification regarding any of the demographic information. This information was collected by both initial phone screening interviews and face-to-face interviews with participants.

Research Questions

The study looked to answer the following questions regarding a clinician's own practice of meditation:

1. What is your definition of meditation?
2. What is your practice of meditation like?
3. What is the influence of your past/current personal practice of meditation on your work as a psychotherapist?
4. What is the impact of your personal practice of meditation on the development of the relationship between you and your clients in your psychotherapeutic work?

Pilot Study

A pilot study was conducted as part of a graduate class in a doctoral program in counseling psychology. This study was performed by this researcher in the summer of 2007 and was designed to investigate how the practice of meditation influences one's work as a clinician.

Description of Participants

There were a total of 4 participants for the pilot study. They comprised a convenience sample taken from the researcher's own social connections within the community. Participants ranged in age from 38 to 64. The participants had been working as clinicians between 15 and 30 years and had been practicing various forms of meditation between 10 and 30 years. All of the participants were Caucasian and lived and worked in a mid-sized Midwest city. For the pilot study, there were 1 female and 3 male participants.

Research Procedure

Phenomenological methods were used in the research process for the pilot study. Each subject participated in a semistructured interview. This interview took place in the work location of each participant so as to increase the level of relaxation. This was done to increase the disclosure of information on the part of the participants regarding their experiences with meditation and counseling. Each interview was audiotaped and then transcribed by this researcher. After transcribing the interviews, the researcher read through the interviews and selected quotes and themes that seemed relevant to the study.

Findings

Several themes emerged via the interviews for the pilot study. For the pilot study, it was of interest to determine why or what led the participants to engage in meditation. It was commonly mentioned that participants were attempting to fill a void that not was

being met by their religious/spiritual involvement at the time. The participants felt that there was something more to their life experience, something that was not being met by their current religious/spiritual practice.

Regarding their descriptions of the various forms of meditation that they practiced, there was agreement among the participants that there was no one clear way to engage in meditation. Descriptions of their practices ranged from traditional sitting practices to weekly walking or hiking in nature as a means to meditate. The frequency also varied from daily to occasional practice.

It was commonly mentioned that practicing meditation led to a great reduction in the amount of stress experienced in daily life. In addition to this, participants reported an increased ability to observe their thoughts without judging them. Participants also mentioned that they saw little difference between the part of themselves who is not a counselor and the part who is. In this way it was very difficult for them to separate the two.

Participants were then asked to describe how meditation has influenced their work as counselors. Common among their responses was a description of how meditation helped them detached from preconceived thoughts, ideas, and opinions regarding what they were hearing from their clients. At the same time, they were less confined by the limitations and prescribed techniques of certain counseling theories. Meditation also helped them develop a greater openness. The practice made it easier for them to trust what was frequently described as the process and direction of counseling. Also, regarding their work as counselors, it was noted that meditation helped them portray the micro-skills of counseling in a more genuine fashion. Included in this was a greater capacity to

portray empathy. Finally, because of the helpfulness of a personal practice of meditation, participants unanimously agreed that it should be included as a part of counselor training.

Discussion

The results from the pilot study are indicative of findings expected when reviewing the literature on the use of meditation in counseling. However, where they differ is the fact that this pilot study was aimed at exploring the use of meditation by counselors themselves as opposed to the use of meditation as prescribed to clients. Results indicated a clear positive influence attributed to practicing meditation while working as a counselor. Making the results more meaningful was the type of study being done. The themes that emerged were those reported via the firsthand experience of the participants.

This pilot study clearly warrants a more elaborate examination regarding the phenomena being studied, particularly in a work culture that constantly looks for and expects maximum benefits from any effort. Results from this pilot study point to an avenue in which these benefits are more likely to be attained.

Influence of Pilot Study on Current Study

Results from the pilot study informed the current study in several ways. Based on the participants' responses to the questions that were asked, it was deemed to be most appropriate to maintain an open format when talking with participants for the current study. Rather than entering the interviews for the current study with a predetermined

definition of meditation or asking about specific areas of possible influence, it was determined to allow participants to identify this.

In the pilot study, demographic information was not collected from the participants. This information was determined to be significant factor that was identified to be necessary in the current study. This information was determined to be important in terms of providing valuable data for the current study. It was further determined that gathering this information via a questionnaire collected prior to the interviews would allow for more face-to-face time to discuss the questions and answers that were part of the interviews.

Finally, answers provided by participants in the pilot study confirmed the questions to be asked during the interview section of the current study. By taking into account the responses of the participants in the pilot study, it was determined that the questions asked were sufficient to gain the information that was sought after for the current study.

Data Collection and Analysis

Regarding the phenomenon of meditation, for the current study interviews were conducted, rather than using other methods of data collection (i.e., surveys, questionnaires). This was done to gather a more complete understanding of the meanings that study participants apply to the phenomenon being studied (Marshall & Rossman, 2006). The use of interviews rather than questionnaires, for example, allowed the researcher to be present and ask for any clarification that was needed regarding a participant's comment. This helped maintain the accuracy of data collected.

Phenomenological Interviewing Style Introduced and Described

The interviews were based on the work of Kvale (1996), who introduced a seven-stage model for collecting and analyzing data in phenomenological research:

1. *Thematizing*. This stage involves the formulations of purpose and scope prior to considering methods. It includes conducting a pilot study in which themes to be explored are identified via input from pilot study participants, as well as examining the results of the pilot study.
2. *Designing*. This stage involves engagements with all seven stages of the interview process with the intention focused on the knowledge and information to be gathered by conducting the research. It entails formalizing the design of the research by preparing the research proposal with the assistance of the researcher's doctoral committee.
3. *Interviewing*. During this stage, interpersonal relationships are established with regard to the interview situation. This stage entails using a guide to interview participants and includes reflecting upon the information gathered. In the present study, the interviews were conducted in person, with a follow-up phone conversation, to ensure accuracy of the transcription of the data and themes identified. The interviews were a key component of this research in terms of gathering data from the participants.
4. *Transcribing*. This stage involves transforming the interview data from spoken and recorded conversation to written data to assist in data analysis. It

also allows for reflection upon the data gathered via the interviews. The data were transcribed from the recorded interview into Microsoft Word files.

5. *Analyzing*. Taking into account the purpose of the study, the data were analyzed manually and by using MAXQDA computer software. Coding transcript data and cross-case comparison greatly enhanced the capabilities of the software package. Major topics from the interview guide, along with emergent themes from the interviews themselves, were designated as codes in the form of both independent and hierarchical “nodes” within the software framework. Information from the demographic questionnaire was also considered when forming these hierarchical nodes.
6. *Verifying*. This involves ascertaining the accuracy of the results of the analysis. (It is important to note that this verification process also took place during and following interviews with participants to ensure accuracy of data prior to analysis.) Issues of generalizability, reliability, and validity of the analyzed data were addressed in the course of the analysis and discussion of results. Qualitative research traditions often eschew such operations as these that stem from quantitative data analysis. This research, however, was conducted with such verification issues in mind to enhance the utility of the work for the particular purposes of the dissertation. An auditor with a background in both counseling and meditative practices was used to point out shortcomings, inconsistencies, and other limitations of the research in general. Additionally, a draft of the findings was shared with the participants to solicit their feedback in the preparation of the final version of the dissertation.

7. *Reporting.* This stage involves the writing and reporting of the findings in a way that is easy to understand for the reader, following ethical standards regarding research in counseling psychology. It includes standard dissertation formatting as an archetype in reporting the results of the research. Findings are reported to maintain the confidentiality of the participants as noted in the initial consent form.

In an effort to draw out and explore the participants' own experience of meditation and its influence on their work as a counselor, the interviews provided prompts to lead the interview discussion in this direction. This allowed the participant to further reflect upon the experience he or she has had with the phenomenon being studied (Gifford-May & Thompson, 1994). In addition to permitting the participants to further reflect on their experience, open-ended questions were asked to allow them to express their opinions (Giorgi, 1997).

Interviews took place at a location deemed appropriate and convenient for all involved. The interviews lasted approximately 60-90 minutes. In addition, participants were provided a preliminary copy of the results section of this study. This provided a way to gain further clarification of participants' responses once they were transcribed and analyzed by the principal researcher. It also ensured accuracy of interpretation of the participant's previously shared thoughts and ideas, while gaining additional information from the participant as needed.

Of the 10 participants, 4 of them returned their copy of the findings section of this study with comments. These comments were not done in an effort to change or correct any mistakes in the findings pertaining to their interviews. Rather, they were aimed at

clarifying or expanding on their comments. It was noted by the participants in their feedback that they agreed with the findings but were only attempting to expound on some points they had made during the interviews.

The data analysis process employed the MAXQDA computer software to assist in identifying, coding, and grouping data based on themes that were repeated throughout the data. As part of this analysis, various techniques were used to gather and interpret the data. Among these are data immersion, offering interpretations, and searching for alternative understandings (Marshall & Rossman, 2006).

Sample Inclusion Criteria

In this phenomenological study, the sample of participants has experienced the phenomenon being studied. The selection of participants was, in part, based on their level of expertise (Marshall & Rossman, 2006). Initial phone interview contacts were conducted to identify those that met the requirements for involvement in this study. Participants were included in the study if they had practiced meditation for a minimum of 5 years. In addition, to be included in the study, they must also have practiced psychotherapy for a minimum of 5 years. This time period was chosen after a thorough review of the literature revealed that this cutoff point was used in many studies examining meditation. The underlying belief is that, after a period of 5 years, the participant will have developed a specific way of counseling that is free of the many uncertainties and anxieties that often accompany a beginning counselor. Regarding one's practice of meditation, after 5 years it is assumed that an individual has incorporated the concepts and experiences of meditation into his/her own life.

Other inclusion criteria were that participants had earned at least a 2-year graduate degree in one of the helping professions, such as psychology, counseling, social work, or marriage and family therapy. Participants were also required to possess a license to conduct counseling and/or psychotherapy. It was not necessary for the participants to engage in the regular practice of disclosing to their clients a personal practice of meditation.

It was important that the participants possess a high level of knowledge about the subject being studied (Odendahl & Shaw, 2002). Thus, the participants were able to provide valuable data for the study, which allowed for a vast knowledge of both topics of this study: meditation and counseling. These initial participants comprised a convenience sample from a population taken from the researcher's own connections in the community.

Following this, as a way to increase the number of participants to 10, a snowballing technique was employed. This involved referrals for additional participants from those who were initially invited to participate in the study. Participants were limited to those with a grounded knowledge of both topics explored in this study and who met the criteria for participation.

Bracketing of Presuppositions

In conducting phenomenological research, it is important to attempt to control for the researcher's own bias regarding the topic being studied. Moustakas (1994b) addressed the importance of this bracketing to control for interviewer bias. Gifford-May and Thompson (1994) gave an example of this in their research dealing with various states of meditation. They indicated and acknowledged the researcher's previous experience with

meditation in an attempt to limit the extent to which this prior experience influences the interpretation of the data.

Although impossible to completely negate this bias (Gifford-May & Thompson, 1994), I will first acknowledge my prior experience with both meditation and counseling in an attempt to minimize it. For 16 years, I have engaged in various meditative practices and in research regarding this topic. I have also worked as a professional counselor in a variety of settings for 13 years. A challenge I face in conducting the current research is to not allow this prior experience to affect my interpretation of data gathered from participants. (More elaborate information regarding the researcher's own background with the phenomena being studied can be found in Appendix A, titled "Researcher's Story.")

Another possible influence on interpreting the data is my previous experience working and interacting with some of the participants of the study. Along with increasing the number of participants by employing snowball sampling techniques, I engaged participants from the surrounding regional area with whom I have had little, if any, prior contact.

Also possibly influencing the interpretation of those data are my own beliefs regarding the impact that meditation may have on the therapeutic process. Strong beliefs regarding the use of meditation in developing skills that are shown to enhance counseling outcomes may influence the interpretation of data. I have a sound personal belief in how the integration of meditation can positively influence psychotherapy. A portion of this belief is rooted in the value that I see in including the person of the therapist in any

counseling relationship. As noted in the literature, the person of the therapist is one of the most effective instruments available in the psychotherapeutic encounter.

CHAPTER IV

FINDINGS

The answers to the research questions compose the majority of this chapter. This chapter brings to light findings from the current research as it informs the reader regarding the research questions:

1. What is your definition of meditation?
2. What is your practice of meditation like?
3. What is the influence of your past/current personal practice of meditation on your work as a psychotherapist?
4. What is the impact of your personal practice of meditation on the development of the relationship between you and your clients in your psychotherapeutic work between you and your clients?

In order to present the data in an accessible format, every attempt has been made to preserve the authentic qualities of the voices of the participants. In the broadest sense, this presentation is a collective representation of the experiences of individuals. This is done in an attempt to move beyond any single participant's experience toward a phenomenological report of the influence of a practice of meditation on one's work as a psychotherapist.

The first part of this chapter provides a collective presentation of data gathered from demographic questionnaires completed by each of the participants who took part in

the study. This is followed by contextual and phenomenological information for each of the participants interviewed in the current study. The chapter concludes with a phenomenological analysis of interview data across cases.

Summary of Participant Cases

The beginning of this chapter provides a cumulative summary of all participants who took part in this study. The second part of this section of the chapter provides summary and contextual information for each participant.

Cumulative Summary of Participants

This portion of this chapter provides a summary of all individuals who participated in this study. All 10 participants took part in in-person interviews that took place in their place of work. Tables 1 and 2 provide a summary of information gathered in the demographic form completed by each participant (see Appendix E: Demographic Questionnaire).

In the current study, there were 4 males and 6 females with a mean age of 56.4, ranging from 51-62 years old. All 10 of the participants identified as “White” and all were located in the Midwestern region of the United States. The interviews ranged in length between 62 and 82 minutes with an average length of 71 minutes.

All participants held graduate academic degrees, including 4 doctoral degrees and 13 master’s degrees. Participants practiced under licenses that included social work, counseling, psychology, and marriage and family therapy. Four of the participants practiced under multiple licenses. The mean time working as a psychotherapist was 22.1

Table 1

Research Participant Data – Part A

Participant # and Name	Gender	Age	Ethnicity	Years Psy. Prac.	Type of Degree	Type of License	Years Med. Prac.	Theoretical Orientation
1. Cheryl	F	53	White	25	MA	LLP, LLC	18	Eclectic
2. Kathy	F	52	White	23	MSW	LMSW, LMFT	7	Eclectic
3. Mary	F	60	White	17	MA, PhD	LP	10	Integrative
4. John	M	56	White	31	MA, PhD	LP	28	Eclectic
5. Mark	M	59	White	6	MA, Med	LPC	15	CBT
6. Sarah	F	51	White	14	MA, MSW	LLP, LPC, LMSW	9	Relational
7. Nancy	F	52	White	10	MA	LPC	12	Eclectic
8. Mike	M	59	White	35	MA, PhD, MSW	LP, LMSW	29	Internal Family Systems
9. Shelly	F	58	White	10	MSW	LMSW	30	Eclectic
10. Scott	M	54	White	22	MA, PhD	LP	25	Integrative

Table 2

Research Participant Data – Part B

Part. #	Type of Med. Training	Avg. # Clients/ Week	Avg. # of Times Med/Wk	Avg. Minutes of Med. Weekly	Influence of Med. on Psych. Practice (1 to 5)	Influence of Med. on Personal Life (1 to 5)
1.	Formal/Informal	20>	6	30+	5	5
2.	Formal	20>	6-7	40-60	5	5
3.	Formal/Informal	20>	7	5-60	5	5
4.	Informal	20>	5	5-15	4	4
5.	Informal	20>	3	15	5	5
6.	Formal/Informal	20>	4-6	15-20	5	5
7.	Formal/Informal	20>	5-7	30-60	5	5
8.	Formal/Informal	6-10	7	20-30	4	4
9.	Formal/Informal	10-19	6-7	15-30	5	–
10.	Formal/Informal	20>	5	30	5	5

years, ranging between 6-29 years. Participants' duration of practicing meditation had a mean of 19.3 years, with a range of 7-31 years.

Summary of Individual Participants

The second part of this section of the chapter includes summaries of each individual subject that participated in the study. To protect the participant's identity, pseudonyms have been used rather than their names. The name chosen for each subject reflects the actual gender of the participant.

Participant 1: Cheryl

Cheryl has a Master of Arts in counseling from a Midwestern university. She is a White female who is 53 years old. Cheryl described her theoretical orientation as being eclectic and drawing on humanistic, depth, interpersonal, cognitive-behavioral, and Buddhist psychology including aspects of mindfulness. She has been practicing counseling for 25 years and practicing meditation for 18 years.

Cheryl indicated that she had been both formally and informally trained in meditation. She reported attending various meditation trainings over that past 15 years. In addition to this, Cheryl indicated reading books and listening to CDs. She reported being initially attracted to meditation in an intellectual manner because of a "natural curiosity about how we work as human beings." Cheryl indicated being involved in religion at the time and this "felt dry and empty."

Cheryl defines her practice of meditation as being one in the mindfulness tradition. She describes meditation as a practice in which one engages in "kind of an

inward focus of calm and reflection, stillness.” She reported that via meditation she is not “hooked up so much in thinking about things or feelings.”

For this interview, I met with Cheryl in her office. It was well lit with natural lighting coming in through windows. During this interview I experienced a sense of comfort and felt as though I was engaging in a conversation rather than an interview following written questions.

Participant 2: Kathy

Kathy is a 52-year-old White female who holds a Master of Social Work degree from a Midwestern university. She indicated that her psychological orientation is Jungian, feminist, interpersonal, and some Internal Family Systems and Cognitive Behavioral Therapy. When detailing her theoretical orientation, Kathy noted that her meditation practice has “added to” her theoretical approach. She has been a psychotherapy practitioner for 23 years. Kathy has engaged in meditation for a period of 7 years.

Kathy indicated that she has been formally trained in meditation, which includes participating in group work, a weeklong retreat, and taking part in a workshop. She was initially attracted to meditation as a result of her involvement in a therapist-led group in which meditation-like exercises were used to begin each meeting. Kathy noted that as a result of these activities she felt much “calmer.”

Kathy described meditation as a practice in which she can engage in “clearing the space in my mind and in my body so that I can be more open to see what comes into that space.” She indicated that what she does for her meditation practice varies, depending on

the amount of time that she has. However, she noted that she always engages in a specific deep breathing exercise.

The majority of this interview, in which we talked about the questions related to this research project, took place in Kathy's office. I sat in a comfortable chair while she sat opposite me. Many windows provided a high amount of natural lighting and an expansive view of the wooded setting in which her office was located. Following the first portion of the interview, Kathy showed me her group room in which we practice the breathing exercise that she regularly engages in. This room was comprised of two walls that were entirely comprised of windows.

Participant 3: Mary

Mary is a 60-year-old female who holds a Master of Arts degree and a doctorate in counseling psychology, both from a Midwestern university. She identifies as having an integrative theoretical orientation that includes tenets of psychodynamic, mindfulness, relationship, feminist, and multicultural theories. She is a White female and practices counseling in a Midwest city. Mary indicated having practiced psychotherapy for 17 years, while practicing meditation for 10 years.

Mary reported having been both formally and informally trained in meditation. Her formal training includes attending several multi-day retreats and workshops. Mary's informal training includes having received guidance from a teacher for a period of 10 years. She was initially attracted to meditation because of the sense of stillness and an opportunity to get away from "all the chatter" that was going on in her mind following a divorce.

Mary defined meditation by saying it is “an intentional period of being with the self, being, cultivating a sense of stillness. Cultivating a state of awareness.” Although Mary describes her current practice of meditation as being in the mindfulness tradition, she acknowledged that meditation can be “multifaceted” and may include things such as guided imagery, muscle relaxation, contemplation, and prayer.

This interview took place in Mary’s office. The office was small and had numerous reference books on the shelves and counter space. Despite the confines seeming somewhat cramped, I felt comfortable during this talk. The interviewed seemed more of a discussion about the research topic than it did an interview.

Participant 4: John

John is a 56-year-old White male. He holds a Master of Arts degree and a doctorate in psychology from a Midwestern university. He noted that his theoretical orientation to counseling is an integration of behavioral, Rogerian, and Jungian. John has been practicing psychotherapy for 31 years. He has been practicing meditation for a period of 28 years.

John indicated that he has been individually informally trained with a teacher as well as being a member of an ongoing study group for 10 years. He currently practices meditation by himself and also teaches groups. John had difficulty acknowledging why he was initially attracted to meditation. He noted that it stemmed from a referral by a colleague regarding how meditation could lead to a “deepening understanding of things.” Because of his interest in this idea and his esteem for his colleague, he began reading books and later became a member of a group that regularly practiced meditation.

John defines meditation as a practice “of quieting the mind and quieting the body” and a practice of “focusing on the breath and releasing thoughts as they arise.” He noted that he has done “a lot of different activities in meditation.”

This interview took place in a private residence that was centrally located between this interviewer’s and John’s place of work. It was a comfortable setting and free of distractions of any sort. Being a private residence, the calming sounds of birds and trees blowing were constant.

Participant 5: Mark

Mark is a 59-year-old White male who holds a master’s degree in education along with a Masters of Arts degree in counseling from a Midwestern university. He indicated that his theoretical orientation is cognitive-behavioral. When talking about his theoretical orientation, he indicated that his meditation practice has been at the “core” of the development of this orientation. Mark has been practicing psychotherapy for 6 years and has been practicing meditation for 15 years.

Mark noted that he has been informally trained in meditation, which includes having read several books on the topic as well as attending a seminar by a internationally acclaimed meditation teacher. Mark was initially attracted to meditation as part of his “spiritual quest.” He indicated that he has always been searching for something and that when he came upon mindfulness meditation, it helped decrease his need to find answers, a search that was becoming “burdensome.”

Mark defined his meditation practice as being in the mindfulness tradition. He said it was a time when he could “step out of my story . . . stepping out of my ego.” He

elaborated saying “meditation is about being able to step outside of needing to know and just accepting and having faith.”

This interview took place in Mark’s counseling office. His office contained many personal items, including pictures of his children and photos of him engaged in one of his hobbies. The office was located in an older building in a historic neighborhood. It was lit by natural light coming in through many windows. Throughout the interview I experienced a sense of being comfortable engaging in a conversation with a colleague rather than doing an interview.

Participant 6: Sarah

Sarah has a Master of Arts in counseling, a Master of Social Work, and a graduate certificate in holistic health, all from a Midwestern university. She indicated that her theoretical orientation has a foundation in relational and developmental theory but is “strongly” guided by holistic principles. When talking about her theoretical orientation, she noted that meditation has contributed to a “concurrent expansion” of it. She is a White female who is 51 years old. She has been practicing counseling for 14 years and has been practicing meditation for 9 years.

Sarah indicated having been both formally and informally trained in meditation. Formally, she has attended many classes as well as having attended various seminars. Informally, Sarah reported having read several books on the topic. She also teaches meditation classes. Sarah was initially attracted to meditation when visiting a Buddhist monastery with a friend. At this time, she purchased her first book on meditation and noted that from there her interest “sort of grew.”

Sarah defines meditation as “an intentional process, and it’s having a focused mind” that involves “deliberately quieting the mind and paying attention to what’s present.” She noted that giving a definition to meditation is limiting. She said that meditation is “broad” and “encompasses different types of activities.” She described her personal practice as including sitting, which she does “almost everyday,” but also “more activities than what one author defines as meditation.”

This interview took place at a local restaurant that was determined to be convenient to both the interviewer and interviewee. It began at a time close in proximity to the opening time of the restaurant. Because of this, the beginning of the interview was conducted in a quiet setting. However, as the interview progressed, the restaurant began to get busier and, as a result of the increasing noise level, it became difficult to hear responses to the questions being asked. Although challenging to hear the participant, I experienced a sense of calmness and relaxation throughout the interview.

Participant 7: Nancy

Nancy is a 52-year-old White female. She has been practicing counseling for 10 years and has been practicing meditation for 12 years. Nancy has a Master of Arts in counseling and described her theoretical orientation as being eclectic.

Nancy indicated having been both formally and informally trained in meditation. Regarding her formal meditation, she has attended various retreats with numerous prominent teachers. Informally Nancy has read many topical books and belongs to a meditation group that involves both practicing and talking about meditation. She noted

that she was initially attracted to meditation in hopes of experiencing calming effects that she had heard and seen that meditation can produce.

When asked to define meditation, Nancy noted that she did not think she could adequately define it in that she believes meditation is different for every person who practices it. She described her current practice as being “multi-dimensional” and that she has never been “hooked” on doing any one thing.

This interview took place in Nancy’s counseling office. It was sparsely furnished and natural light entered the room through numerous windows. I experienced a sense of comfort throughout the interview and the interview itself seemed more akin to a conversation than an interview for a dissertation.

Participant 8: Mike

Mike is a White male who is 59 years old. He has been practicing counseling for 35 years and has been practicing meditation for 29 years. Mike has a Master of Arts in clinical psychology and a doctorate in counseling psychology. He described his theoretical orientation as being eclectic including tenets of client-centered therapy, Gestalt therapy, cognitive-behavioral methods, ego psychology, and object relations therapy. Mike also noted that he has received post-graduate training in Internal Family Systems and that his current practice is founded in this.

Mike reported that he has been formally and informally trained in meditation. His formal training included working with a prominent Buddhist teacher over a 10-year-period, along with working with “many” other meditation teachers. Informally, he has read many related books. Mike was initially attracted to meditation following attending a

professional workshop on the topic of including spirituality in counseling. He also noted that “I was looking for another spiritual path since the one I was raised with did not seem satisfactory.”

Mike defined meditation as “that which brings us back to center,” which may include many practices such as “walking practices, reciting poetry, reciting prayers, reciting a passage of scripture and contemplating it, to dancing and singing together.” He described his current practice as one involving daily sitting.

This interview took place at Mike’s place or residence, located in a wooded area. For the interview, we sat on a sun-porch drinking tea. I experienced a sense of tranquility during and following the interview.

Participant 9: Shelly

Shelly is a White female who is 58 years old. She holds a Master in Social Work and has been practicing counseling for 10 years. Shelly noted that she “does not think in terms of theories” when asked about her theoretical orientation. She has been practicing meditation for 30 years.

Shelly indicated that she has been both formally and informally trained in meditation. Her formal training includes having had several teachers over the years and her informal training includes having read many books on the topic and being “self taught.” Shelly was initially attracted to meditation because of an early life “satori” experience that she had. Since then she has been on a “spiritual quest” that led to an interest in meditation.

Shelly defined meditation as a “tool for cultivating greater awareness.” Her current practice of meditation includes 15-20 minutes of daily sitting. In addition to this, she sees her therapy practice as an opportunity to practice meditation.

For this interview, we met at a local coffee shop. The coffee shop was located near a railroad track and this interview was interrupted repeatedly by passing trains. Due to these interruptions, I found it difficult to completely relax and conduct the interview.

Participant 10: Scott

Scott is a 54-year-old White male. He holds a Master of Arts degree as well as a doctoral degree. Scott described his theoretical orientation as being object-relations with components of mindfulness integrated into it. He has been practicing psychotherapy for 22 years and practicing meditation for 25 years.

Scott described his training in meditation as being both formal and informal. Formally he has participated in several retreats as well as working with a prominent meditation teacher. Informally he has self-taught himself via reading books on the topic. Scott was initially attracted to meditation as part of his educational training to become a priest. When he discontinued this training to be a priest, he continued an informal interest in meditation and later again pursued formal training.

Scott defined meditation as the “formal aspect of mindfulness training where you are setting aside a time for a formal period of time for sustained focus.” He described his practice as being comprised of a daily sitting and yoga practice. However, the larger part of his practice involves times when he incorporates aspects of mindfulness into “whatever” he is doing.

This interview took place in Scott's counseling office. Throughout the interview I felt a sense of calmness and felt a spark of eagerness to talk about the topic of interest. I experienced a sense of engaging in a conversation with a friend rather than conducting an interview for a dissertation.

Phenomenological Analysis of Interview Data

The phenomenon of practicing meditation varies. It appears to vary as much as the individual psychotherapists who practice it. Despite of this variance, there are many similarities that emerged as themes from the 10 interviews I conducted as part of this study. Although each participant had his or her unique definition of meditation, many of the individuals gave definitions and descriptions that had themes in common. These similarities took the form of ideas, concepts, or thoughts that were found in all of the definitions offered by the participants. The themes fell under such topics as micro-skills of counseling, techniques, listening, development of a non-judgmental attitude, acceptance, empathy, reacting versus responding to clients, authenticity, countertransference, and theoretical orientation. This section provides excerpted sections of the interviews, often in the words of the participants, in an attempt to answer the research questions as well as provide additional information that surfaced during the interviews. These texts have been extracted analytically and coded as previously described in order to provide structure and coherence of meaning relative to the themes addressed in the interview guide. The layout of issues addressed and participant responses in the subsequent portion of this section generally reflect the organization of the interview guide (see Appendix D).

Definition of Meditation

In analyzing the text of the interviews, it was clear that there were as many different definitions of meditation as there were participants in the study (see Table 3). This reflects the variety of definitions of meditation offered in the literature. Each participant was asked for his/her own definition of meditation. This allowed participants to rely on their own knowledge rather than on that of any external authority. By doing so, a wide variety of definitions were presented. A common thought that was expressed repeatedly was that there is no final, all-encompassing definition of meditation that the participants could use to define their own individual practices. This was evidenced in the transcripts of many of the participants.

Interviewer: So you couldn't point to one book in particular and say this person defines meditation and this is what I'm doing?

Mike: No.

Another participant responded similarly:

Interviewer: So is a given definition of meditation somewhat limiting?

Sarah: Yeah.

When asked to define meditation, one participant, Nancy, responded, "I'm not sure I can define it because I think it's different for every person." Another participant, Kathy, noted that, "some people could do the same thing and for one it is meditation and for the other it is not."

Putting into words a definition of meditation that is applicable to everyone's practice is difficult, as shown by the variety of responses of the participants. However, although many participants acknowledged the difficulty and sometimes limiting nature of

Table 3

Definition of Meditation

Participant # and Name	Definition
1. Cheryl	“...kind of an inward focus of calm and reflection, stillness...mindfulness.” “One definition can’t be applied to what everyone does”
2. Kathy	“...clearing the space in my mind and in my body so that I can be more open to see what comes into that space.” “...meeting things where they are and it just helps me do that in every place in my life.” “It’s different for everyone.”
3. Mary	“...it is a time set aside with an intent to do a certain thing... mindfulness...cultivating a state of awareness. “Different people may do different things.”
4. John	“...a practice of quieting the mind and quieting the body.” “I’m now able to sit down at any moment and go into a meditative state. I don’t plan a time to meditate...” “But that’s what I do. Someone else may do something different.”
5. Mark	“...mindfulness meditation... stopping, paying attention, focusing. So I do lots of ways of doing that.” “Meditation does not mean doing one sort of thing.”
6. Sarah	“It’s a deliberate or intentional bringing my awareness to where I am” “in my experience I encompass more things than what one author defines as meditation.”
7. Nancy	“...that which brings us back to center” “There is not one definition that fits everyone”
8. Mike	“Mindfulness...a tool, for cultivating greater awareness” “There is not one way to define it.”
9. Shelly	“...the formal aspect of mindfulness training...setting aside a time for a formal period of time for sustained focus, for paying attention.” “It never did mean doing one specific thing, or type of behavior.”
10.Scott	“Meditation is the formal aspect of mindfulness training.”

prescribed definition of meditation, several responses were made in an effort to define the practice.

Sarah: It's broad, or, it encompasses different types of activities that fall into the pool of meditation. And I think that what's in common is that, first of all, it's an intentional process, and it's having a focused mind. But that could be focused on the breath, it could be focused on whatever is coming up, it could be focused on some, I think of Yoga, the practice that I do as a meditative process. I think that I include in that just deliberately quieting the mind and paying attention to what's present, not just internally but also externally. Sort of a quiet period of reflection, but reflection on what's there, or what's being observed.

The idea that meditation is a period of intentionally focusing, quieting the mind, and paying attention was repeated by many participants. Mark stated that meditation is an "intentional period of being with the self, being, cultivating a sense of stillness. Cultivating a state of awareness." Sarah noted that meditation involves "deliberately quieting the mind and paying attention to what's present."

Description of Meditation

Many of the participants' definitions of meditation included some aspect of describing the practice itself (see Table 4). These descriptions invariably contained aspects of talking about what the phenomenological experience of meditation is like. They also included a component of talking about what behaviors are engaged in when practicing meditation. This highlights the notion that, in order to understand and appreciate the practice of meditation, one has to experience it. One participant acknowledged the importance of this.

Scott: How do you describe the meditative experience, you can't. You can't describe what it means to be in a meditative experience, you have to experience it . . . the easy part to explain is technically what I do. The deeper, more femoral,

Table 4

Description of Meditation

Participant # and Name	Description
1. Cheryl	<p>“...continues to evolve.”</p> <p>“By focusing on the breath I’m not hooked up so much in thinking about things or feelings things at the moment.”</p>
2. Kathy	<p>“When I’m sitting on my meditation cushion, my mind wanders and I bring it back, my mind wanders and I bring it back for me through breath, and that practice is the same as being a clinician.”</p> <p>“A lot of different forms of meditation... exercise,...swimming has been a form of meditation for me.”</p>
3. Mary	<p>“I think of meditation as very, multifaceted or multidisciplined or multi-behavioral.”</p> <p>“I had some awareness, but I really didn’t deepen into a formal practice that people recognize as meditation until the MBSR program.”</p>
4. John	<p>“My current practice is not like it was.”</p> <p>“I use it throughout the day and when I need it... basically the practice is focusing on the breath and releasing thoughts as they arise.”</p>
5. Mark	<p>“...practice for me has evolved... I don’t get so focused on a traditional practice.”</p> <p>“I do the cross legged sitting at my cushion often, but I found that that’s not really necessary. For me it’s more of a... stopping, paying attention, focusing. So I do lots of ways of doing that.</p>
6. Sarah	<p>“It encompasses different types of activities that fall into the pool of meditation.”</p> <p>“What I do is provide for myself a space of quiet almost everyday... first thing... I sit, and that’s what I consider formal. In addition to that I lead a meditation/relaxation practice weekly. So even though I’m leading that I am in a meditative state while I’m doing that.”</p>
7. Nancy	<p>“It’s almost like a path, kind of moving and then here’s something and I stop and enjoy that, and then there’s something else and I do that.”</p> <p>“I’ve never been hooked on one form...”</p>
8. Mike	<p>“I’m always revising it.”</p> <p>“ranges from walking practices, reciting poetry, reciting prayers, reciting a passage of scripture and contemplating it...”</p>
9. Shelly	<p>“It’s still evolving”</p> <p>“I work with myself trying to stay aware of my breath all day while doing other things. It’s an ongoing process”</p>
10.Scott	<p>“Anytime I’m paying particular, sustained attention to my body, feelings, awareness, that’s meditation.”</p> <p>“It’s an attitude more than doing something.”</p>

what I'm struggling to talk to you about is the impact upon the image I have of myself as a therapist and what I do.

Another participant discussed the inability to define meditation. Instead, she talked about the easier task of describing her practice.

Nancy: I think that I would describe, I don't know if I could define it, but I would describe meditation as being aware and present, in the moment, and with the breath which in turn makes me much more aware of what's happening, like multi-dimensionally, physically, spiritually, emotionally. All of that gets through when I'm in a more meditative/contemplative mode and so I would say it's kind of bringing oneself together with oneself.

One participant, John, described meditation as "a practice of quieting the mind and quieting the body . . . basically the practice is focusing on the breath and releasing thoughts as they arise." He further noted that "the physical calmness comes in and kind of brings you back to that calm place, that calm centered space." This idea of being calm was echoed by several participants.

In describing meditation, many of the participants talked about the changing, developing nature of their meditation, including what particular activities they engage in as part of their practice. This notion of the evolving nature of a meditation practice appears to concur with the challenge of providing one clear definition of meditation. When describing his practice of meditation, Mike stated that he is "always revising it." Nancy noted that the "practice for me has evolved." She further described her practice by saying that "It's almost like a path, kind of moving and then here's something and I stop and enjoy that, and then there's something else and I do that." Shelly highlighted the continual updating of her practice by stating that "it has changed over time and circumstance. . . . It's an ongoing process for me." Stressing the ever-changing nature of their practice along with an openness to this aspect of meditation, Cheryl stated that she is

“still learning,” while Mark indicated that “the more I learn, the more I realize I don’t know.”

An idea that was repeated by the participants in their attempts to describe meditation was that of being and remaining present in all situations. One participant, Mark, noted that “meditation brings you back to the present. It allows you not to identify with the distraction.” This idea of being present was reiterated by Mike when he noted that meditation is “that state where we can observe our feelings and notice what we are feeling. Where we don’t feel taken over by our feelings or our emotional reactions.” The importance of remaining present to what is happening around us and to us was stressed by Sarah when she stated that meditation is a practice of

Sarah: . . . bringing my attention inward. I become aware that my thoughts are off in the future or the past, other places literally, so it’s a deliberate or intentional bringing my awareness to where I am . . . It is not that literally I’m not thinking about past or future, but I want to think about whatever they are talking about, past or future, but for them, instead out of spinning of into the past or future with them, which is what they are doing, it is staying present and being able to consider what they’re talking about. It’s about me not getting pulled away from the present.

Mary further highlighted the significance of being present when stating that meditation helps her stay

Mary: . . . in the moment, the now. Just awareness of this moment. What’s here right now. What’s here now, I’m talking about trying to see the actuality of what’s here now, within me, around me, without drifting off to what should be here, what might be here, what was here yesterday.

While describing their meditation practice, 10 out of 10 of the participants talked about behaviors that they engage in while practicing meditation. For many of them, this included making the distinction between what is considered by many to be behaviors associated with meditation (i.e., seated on a cushion) and what they have developed as

their unique way of engaging in meditation. Scott provided the following description which highlights the idea that meditation is not merely something to do during formal, sit down, designated times, but to be done always.

Scott: Meditation is the formal aspect of mindfulness training where you are setting aside a time for a formal period of time for sustained focus, for paying attention. So for me it would be sitting, but I practice Yoga everyday, walking as well. Formally though is primarily sitting and yoga. That's the formal practice. But frankly the larger part of my practice is informal. Times when I integrate mindfulness into whatever I'm doing. It can be a session, walking to and from the office, anything. Anytime I'm paying particular, sustained attention to my body, feelings, awareness, that's meditation.

Others echoed this sentiment that engaging in meditation is not limited to what many may think of as meditative behaviors. Many of the participants talked about the traditional posture of sitting on a cushion in order to practice. This position was mentioned by 5 out of 10 participants as a starting point for many, but it was emphasized that it has taken on a less significant role in their meditation practice over the years. When asked to describe his practice, Mark replied,

Mark: I used to do the sit on my cushion every morning for ½ hour, and I still do that some, but I find now that I try to meditate now throughout the day many times. . . . I do the cross legged sitting at my cushion often, but I found that that's not really necessary. For me it's more of a . . . stopping, paying attention, focusing. So I do lots of ways of doing that.

Another participant, John, indicated that "I don't plan a time to meditate. That used to be the way that it was. Now throughout the day, when I feel like I need it, I take it."

This author believes it is worth reminding the reader that the above remarks were made by individuals who have been practicing meditation for an average time of 19 years.

Therefore, it is encouraged that those beginning the practice of meditation do so by engaging in traditional behaviors associated with meditation, such as being seated.

Influence of Personal Practice of Meditation on Work as a Psychotherapist

Participants were asked to indicate the degree to which their personal practice of meditation influences their work as psychotherapists. As can be seen in Table 2, the level of influence is quite significant. On a Likert-type scale of 1 to 5 (with 1 indicating “not at all” and 5 indicating “very much”), the mean response by the participants was 4.8.

“It impacts it quite a bit” was how Shelly responded when talking about the influence. Others echoed this sentiment, saying things such as, “It’s probably as powerful as any thing I’ve done” (John), “It influences it a lot” (Mark), “It impacts it quite a bit” (Shelly), “it is fundamental to creating the therapeutic qualities that are essential to the therapeutic process” (Nancy), and “It’s been profound. It’s been the most important thing of all” (Cheryl).

The substantial influence of a personal practice of meditation on one’s clinical work was highlighted by one participant.

Mary: Let me count the ways. I, seriously, I at this moment can not imagine being an effective therapist without it. It is so important to me and such a vehicle, to me, everything else builds on that. All this other stuff that we say we’re doing, I’m not sure it really matters in many ways.

The level of influence is so great that some of the participants talked of the inability to separate their meditative practice from their work as a psychotherapist.

Mark: The question implies that we can separate who we are as a therapist from our practice of meditation. I’m not sure if I can do that. I think that the practice of meditation just becomes part of who I am and that becomes part of my practice as a psychotherapist.

Another participant, Kathy, noted that “for me they’re kind of inseparable.” One participant, Scott, because of the tremendous influence that his practice of meditation has on his personal identity, attempted to redefine his work by noting that “it doesn’t make sense to call myself a psychotherapist anymore” but rather a “mind/body/spiritualologist.”

As much as participants indicated that the influence of meditation is substantial, some saw it as important to highlight the fact that the level of influence on their therapeutic practice may not be linked directly to their meditation practice. When talking about their meditation, it was often mentioned that their current practice incorporates many different activities. It was also made clear that their current practice evolved over time, often stemming from other activities and interests. As a result of this collective engagement in various activities related to their meditation practice, they could not pinpoint the influence of meditation solely to their practice. One participant, Kathy, noted that, “I think that meditation helps that . . . but I don’t think it started there.” Another attributed the significant impact on their clinical practice by noting that it was “because of meditation and everything else” (Nancy).

Types of Meditation’s Influence

The level and significance of the influence of a meditative practice on one’s psychotherapy work is clear from the responses of the participants. In responding to the question as to the level of influence that their meditative practice has on their work, the participants provided many examples of how it influences their work. Describing the ways in which there is an influence required a meticulous effort, because as one

participant said, “It has influenced it in lots of ways, lots” (Mark), while another, Cheryl, said the influence is “really broad.”

Microskills

The microskills of counseling include such behavior as active listening, reflection of meaning and feeling, silence, attending, paraphrasing, and various nonverbal behaviors. These sorts of behaviors are considered by many trainers and counselors to be essential components of productive psychotherapy.

Participants were specifically asked to describe the influence of their meditation on the use of the microskills of counseling. John responded that “all of those skills are enhanced through the process of meditation.” It was previously noted in the definitions of meditation that a common result of engaging in meditation is presence. This presence comes into play with the use of the microskills in that, according to Nancy, “I think that if I’m present I have more of those skills available to me.”

Techniques

Participants were asked to describe how their practice of meditation has influenced their use of counseling techniques with clients. These techniques vary according to the theoretical orientation that a counselor may have. Some of the more common include asking questions, giving clients homework, talking in sessions and choosing which topics to talk about so as to direct the session, using interventions, various body language, and behaviors such as note-taking.

The fact that meditation does have an effect on the use of techniques was talked about by all of the participants. Regarding when to intervene, what to say, and other techniques, Nancy noted that “it’s not something I have to think of, it just rises organically. . . . And then because of meditation and other things I trust myself,” while Mike said, “If I meditate I’m much more likely to use the interventions that are right.” Kathy talked up the influence of her meditation practice on her use of techniques by stating:

Kathy: Techniques are extremely important as a foundation. Come back to the beginner’s mind piece. I think that every time I walk in with a client I want that beginner’s mind. I think sometimes we can get so trodden down in doing it a certain way that we really lose track of what can happen between two people in the moment . . . my job is to use the skills that I have, use the knowing that I have, but to stay out of that person’s own innate way of bringing forth what they are trying to birth during the therapy process. If I go in with, “Okay, we’re going to do it like this” or “I want you to do this meditation” or “I want you to . . .,” whatever it is, whatever technique, or technique of the day I would call it, I’m going to interfere with their process . . . I think it’s invaluable compared to technique . . . I’m a lot less worried about technique, absolutely.

When talking about techniques, John highlighted the importance of trusting the process of counseling. He noted that

John: I don’t go in with a preset agenda and I don’t have to use a particular style of therapeutic intervention. It really kind of unfolds if you’re patient. And again, patience, centeredness, and non-judging, and compassion, just kind of feeds into the process of a person telling their story and getting in touch with what are the core areas that need to be addressed, and then trusting what you need, what you need to do will present itself . . . be open to the intuition that you have.

Others talked similarly about using their intuition rather than techniques. Sarah noted that because of her meditation she takes an “intuitive leap” when counseling. Kathy indicated, “I use the intuitive mind a lot more in therapy, the more I engage in meditation

. . . I don't sit in therapy and think, 'Okay, what intervention am I going to use now?' I feel like I listen more intuitively."

Listening

Many of the participants talked about the influence of their practice on their ability to listen with clients. An overall feeling was reflected by John, who responded that his meditation practice "improves listening skills," while Mike indicated that meditation helps him create "the open space to really listen to what the person brings." It was noted by Kathy that her practice of meditation has a direct influence on her interactions with clients. She noted that "they get a more clearer, more focused listener who has compassion and desire to sit with them. I listen; I put more emphasis on listening than interpreting what's going."

Problem Solving and Doing Things the "Right" Way

One of many themes of influence that arose in the data was the idea of letting go of the need to problem solve, produce results, or do things the "right" way. Mark noted that his meditation practice increases his ability to "let go of trying to understand it or figure it out" in part by helping him mentally move on from one client to another between sessions. Nancy indicated that "I don't believe I have to have all the answers" in terms of solving clients' issues. She noted that via meditation she has strengthened both the ability to free herself of the responsibility for other's behavior and also more readily rely on a belief in the innate ability of many clients to problem solve.

In terms of doing things the “right” way, Kathy noted that “I think it makes me worry a lot less” regarding the interventions she uses. She also noted that “meditation helps take some of the ego out of the therapist” by focusing on the process at hand rather than producing positive results. Mike responded that meditation has helped him realize that “there is no right or wrong answer.” In terms of the significance of being able let go of this need to do things “right,” Sarah indicated that “if I get caught up in thinking what a good therapist would do now, I get in trouble.”

Nonjudgmental Attitude

Another theme that emerged in the feedback from the participants regarding how meditation influenced their clinical work was that of achieving and maintaining a state of nonjudging. Many of the respondents talked of the ability to access an attitude of approaching the person in front of them with a nonjudgmental attitude. Regarding the importance of achieving this perspective with clients, it was noted by Mary, “The nonjudgment has been just crucial as a clinician.” One participant, John, noted that by practicing meditation he had a heightened ability to “see them as a core person . . . come back to that centered place where you’re meeting that person from a nonjudgmental, non-desiring, non-controlling sort of way.” Another, Mark, said, “acceptance and nonjudging, I think the mindfulness allows me to do that without a conscious effort.”

This nonjudging was often mentioned as it applies to clients in counseling. It was also mentioned as it applies to the therapist himself/herself. Mark stated, “I don’t have to judge what comes out of my client or myself.”

Acceptance

Of the 10 participants, 5 talked of their enhanced level of acceptance with clients. This was indicated in statements such as “I use mindfulness to generate . . . more acceptance” (John) and that because of meditation “I am more accepting” (Mary). It was indicated how important a role it is in counseling to be able to approach a client from a position of acceptance. Cheryl indicated that “acceptance and compassion, I think that’s a huge part of my therapy practice.”

Similar to the words spoken about nonjudging, the importance of acceptance was talked about both as it applies to clients as well as the therapists.

Mark: I guess the gist of this is the idea that mindfulness has helped me confront some of my own shadow, the more mindful I am the more human and accepting of my own humanity and am more accepting of others.

Empathy

Another theme that emerged from the data was the level of empathy that was elevated as a result of their meditation practice. Nancy noted that via her meditation practice she is able to listen to her clients from a “more compassionate place.” Others replied to the question about meditation influencing their counseling work by stating that meditation enhances that ability to “provide the empathy” (Sarah), “I can be empathetic” (John), I have a “greater empathetic connection” (Mary), and “it has increased my compassion” (Kathy). How the practice of meditation influences one’s ability to be empathetic was best explained by Cheryl, who noted, “There’s another level of understanding. I can understand your pain because I know my own pain.”

Reacting Versus Responding

Many of the participants highlighted how their meditation practice has helped them be less reactive to clients. A majority of them, 6 out of 10, included this idea in their interview responses. Rather than being reactive, which Nancy described as acting “just from the surface, it’s just kind of a ‘pow’ and . . . very non-authentic,” respondents indicated that they are more responsive to clients. Being responsive involves being more patient and receptive of clients. Sarah described being responsive as receiving “whatever is there, whatever the client is bringing.” She further noted that “meditation provides a state that is not reacting, it may be observing, and may be feeling, sensing, but not reacting. It’s seeing what is as what is and holding that.” Scott noted that practicing meditation is “a call to be less reactive and to wake up.”

Further explaining what is meant by responding to clients, Nancy noted that it “comes from a deeper place . . . is . . . very authentic.” Sarah noted that it is remaining “grounded” when working with clients, while Mary emphasized that it is being more “thoughtful.”

Authenticity

Being authentic on the part of the counselor has long been considered by many to be a necessary condition that contributes to change in clients. Results from the interviews indicated that 5 of the 10 participants feel that a meditative practice helps them achieve this. One participant, Nancy, has heard it from clients that this is the case. She noted that “the way that I’ve heard clients describe it is that I’m more human.” Mark indicated his willingness to be more authentic in the following exchange:

Interviewer: So when you were a new therapist, when you didn't understand something you pretended you did.

Mark: Sure.

Interviewer: Now you are more apt to acknowledge what some people might view as shortcomings or inadequacies.

Mark: Sure.

He concluded by noting that “the more mindful I am, the more human and accepting of my own humanity” and “I think mindfulness allows me to do it in a way that is more real.”

Countertransference

When asked to describe the influence of meditation on their work as psychotherapists, 8 of the 10 participants talked about how their practice of meditation impacts the issue of countertransference.

Cheryl: . . . by tuning in to my own responses, listening to my own responses that are going on beneath the surface, gives me some valuable information about what might also be going on for them. . . . The meditation practice helps me use the countertransference in a way that doesn't let it, it sort of stays as an ember instead of a flame. It helps me find a kernel of what's in that moment of countertransference that I need to bring back to my client to.

Another participant said:

Mary: . . . since I am a practitioner I am very aware of things, for example when my stomach starts to tighten or my voice changes pitch, I can either know what that is and whether it applies to the therapy itself or something I have to bracket until after the therapy, so it allows me . . . that ability to distinguish so that I keep the therapy cleaner . . . distinguish between what can be bracketed and set aside and what I can see as countertransference and really enhance our discussion today.

Mark indicated that being aware of his countertransference is helpful in sessions. He said, “If I can become more mindful in a session, pay more attention, I can sort of see it and see

if that's something I need to deal with at the moment." Kathy noted that her meditation practice helps her not focus on her countertransference as it happens in sessions. She noted, "If I find myself, you know, starting to get riled up in sessions, going into my own countertransference, I'll just do a couple breaths."

Theoretical Orientation

Each participant was asked to describe how their practice of meditation has influenced his/her theoretical orientation. Cheryl indicated that that this relationship is such that "it's been more helpful than any psychological theory." John reported, "What the practice of meditation has done is help me realize that there is not one way. I guess it has influenced my theoretical orientation in terms of realizing I don't have to be attached to doing anything." Kathy stated, "I would say that it has added to it." Another participant noted how a personal interest in meditation predated the development of a theoretical orientation. Mark responded to this inquiry by noting, "I'd say in my case, mindfulness was really part of the core of my development of a theoretical orientation."

For one participant, Sarah, the influence of her meditation has contributed to the on going development of her theoretical orientation.

Sarah: I don't think it's a one-on-one influence but rather a concurrent expansion of my theoretical orientation. . . . I started connecting the traditional approaches to the mind/body/spirit. So meditation is part of taking care of me and that's another way it has influenced it . . . , so I'm also practicing what I believe is helpful.

Therapeutic Relationship

One of the research questions that this study sought to provide information on was the impact of a practice of meditation on the therapeutic relationship between the

counselor and client. Participants talked at length about this interaction with all of them indicating that there is a relationship between the two. Comments included, “It lays the foundation for that” (Mike), it “makes the relationship possible” (Mark), “It enhances my ability to do that” (Sarah), “I think it has everything to do with it” (Mary), and “definitely enhances my relationships with my clients” (Cheryl). Others responded that “it builds our relationship. Meditation has really helped me in relationship” (Kathy), and “Meditation helps me have the therapeutic qualities that contribute to a solid relationship” (Shelly).

Participants went on to describe the nuances of this interaction. Shelly indicated that “who I am makes the relationship. I’m a person that’s involved with the practice and ideas of meditation. That impacts who I am.”

Others talked about how their practice of meditation contributes to a personal identity that they form.

Mark: I suppose I would say that mindfulness meditation has helped me build a relationship with myself, my ego, my body, by soul, I don’t know, the complexity of me. Mindfulness helps me hold that in a container. Because I am mindful of all my crap, makes it real easy to be accepting and developing a relationship. . . . I can relate to whoever is sitting there because I have paid attention to not just my little light that I have been thinking about all of my life, but I have paid attention to the darkness also and have allowed that voice to show up.

In responding to this inquiry, John indicated that “it has made me a better therapist with an ability to keep people, or bring people into a comfortable relationship more easily.” Mary noted that the development of a therapeutic relationship does not depend on practicing meditation. She went on to say, “But I think the quality of the relationship very much deepens and with that the trust builds faster.”

Additional Themes Identified

A Technique Used

A theme that emerged in the interviews was that of using meditation as an intervention with clients. Many of the participants, 7 of the 10, talked about how they use various meditative techniques in sessions with clients. By some, meditation was noted as being used often. Scott noted he used meditation with clients “all the time.” Kathy mentioned that it “becomes a technique that I use with clients. Absolutely.” Furthermore, she “always start[s] with a centering meditation.”

Others talked about how the emotional state of the client will dictate whether they incorporate meditative techniques in sessions.

Sarah: I will do a relaxation intervention in session if it feels useful at the time. I also refer people. I don't think a lot about what the book says. I will be talking in a way that is usually thought about in therapy and then I'll go, “how about a little relaxation here?” If they come in in pain, we'll do a 5-minute relaxation and then we'll talk about things.

Another participant had the following to say:

John: I see it as a major therapeutic tool . . . a lot of time with a very agitated person I need to get myself calmed down but I also see that they need to calm down, and so when the time is right I will say, “Should we take a break from talking and let me teach you to calm your body and your mind. Let's just get quiet.”

Other participants talked about how they bring into session one of the underlying components of meditation, staying present with our emotions, feelings, and thoughts. Cheryl noted that she will express to clients that “it's okay. You can actually be with this emotion and it's not pathological to feel what you're feeling or to think what you're

thinking.” Mike indicated, “I do awareness of breath in sessions, to keep the client present when they are not wanting to experience feelings and thoughts.”

Religious Identification

Some of the participants, 3 out of 10, saw it as important that they distinguish between a religion and a practice. They highlighted the notion that they were not Buddhist but rather simply interested in meditation. It was important to them to make this distinction that being involved in meditation does not make one Buddhist. After talking about the similarity between some of his religious practices and those of meditation, Scott noted, “I am Catholic but I am not a Buddhist.” During the interview John indicated, “I’m a Christian, not a Buddhist.” One participant, Mary, noted that not only was she not Buddhist, but, “I don’t want to be a Buddhist.”

Burnout

Meditation was highlighted by 3 of the 10 participants as a means of preventing professional burnout. In the words of Mark, being involved in the practice of meditation provided a way to “let go of all the stuff that’s just occurred.” He continued, noting that “mindfulness helps you at the end of the day unload everything you have taken on.”

Another participant indicated that meditation

Mike: . . . keeps me from burnout . . . I’m able to come back to my center and have perspective on what’s happening. When you encounter someone who is suffering, its being with their suffering from a place of peace. I can see and resonate with their suffering, but I don’t take it on, I don’t get wrapped up in it.

Another participant said:

Mary: The first thing I think of at the end of a hectic day is “Where’s my cushion?” So, it makes the practice really important to me in that sense because in some ways I don’t think I can transition out of this office without being a meditator.

Idiosyncratic Comments

There were several statements made during the interviews that could not be fit into one of the above clusters. Some of the respondents indicated having a personal reaction to the interview itself. Scott indicated that being asked to participate in the interview “sparked some thoughts,” while Cheryl noted that the topic being addressed “is a good one to think about.” She also noted that she was emotionally moved by the discussion, indicating, “Oh, I’m going to cry.”

John highlighted that one of the benefits of a meditative practice is that it influences his opinion regarding events in his life, including his work with clients. He said, “One of the greatest things I’ve learned about it, it helps me put things in perspective.” Mark noted this greater perspective as well, stating, “The first effect of it is that I recognize that there is more going on.”

Kathy indicated how her practice has led to seeing psychotherapy from a broader perspective by saying meditation “has helped me deepen the capacity for seeing the spiritual nature of psychotherapy more.” Another participant, Cheryl, also talked of how it has contributed to her view of psychotherapy by noting, “I think that’s really at the heart of psychotherapy and why people come in for help.”

Two participants pointed to the significant role they see that a personal practice of meditation can have for psychotherapists. Sarah said, “I wish that meditative practice

were taught right from the get-go.” The desire to see it taught to counselors-in-training was also pointed to when Mary said, “I don’t know why this isn’t required. I don’t know why it’s not required.”

Research Questions Revisited

In answer to the research questions addressed by this study, each part of this chapter provides an illustration of the phenomena being investigated. What is perhaps the most interesting aspect of the data provided by the participants in their individual interviews is the broad range of the data itself. Although many common themes were identified, few statements regarding these themes were made by all participants. There are few generalizations that can be made from the data. The data cover the many ways in which individual experiences apply to the individual research questions. As part of this, the data convey quite clearly how one’s practice of meditation influences their work as a counselor.

Phenomenological Reflections

My experience with this research project was one of continual amazement and fascination with the topics being discussed in the interviews. With each participant, I saw a variety of ways in which meditation has had an influence on one’s work as a psychotherapist. I became aware of the many ways in which a person has come to define and practice meditation. Although one common term, *meditation*, may be applied to the individual practices of the participants, I became aware of how each individual brings to the practice parts of himself/herself. In doing so, I saw the many ways in which doing so

influences both the type of meditation practice as well as any lasting effects of engaging in the practice.

Through participating in the interviews I have seen the firsthand application of the words of many of those considered to be leaders of meditation, including Thich Nhat Hanh, Jack Kornfield, and John Kabat-Zinn. All of these individuals, in their own words, have emphasized how important it is to develop your own practice of meditation. In doing so, all of the participants have created a practice that is perhaps more meaningful to them rather than putting into practice what they have read in a book. This is reminiscent of the title of a book by Sheldon Kopp titled, *If You Meet the Buddha on the Side of the Road, Kill Him: The Pilgrimage of Psychotherapy Patients*.

CHAPTER V

DISCUSSION

This exploratory research offers a view into the various ways in which personal involvement in meditation can have an influence on one's work as a psychotherapist. This final chapter includes a discussion of the implications of the research findings as they apply to research questions. Particularly, a definition of meditation is explored. Following this I discuss the variety of behaviors that are often included in a meditative practice. I then discuss the findings as they apply to the therapeutic relationship between the counselor and client. Next, the chapter includes a discussion regarding any implications regarding the practice of psychotherapy. This includes a presentation of thoughts regarding the training of counselors-to-be. I conclude the chapter with a discussion of the strengths and limitations of this research, including issues of validity and reliability, and, finally, any recommendations for future studies.

Discussion Regarding a Definition of Meditation

The diverse pool of participants led to a variety of demographic variables. In addition to the usual variables (i.e., age, gender, etc.), there was a great range of personal experience with the practice of meditation, including years of practice, amount of time currently dedicated to the practice, and type of meditation training. This wide variation led to a diverse group of participants for the current study.

From talking with each of the participants about their definition of meditation, it was evident that there was not any one definition that was repeated. Notwithstanding the aforementioned finding, there were some themes repeated (see Chapter IV). However, each individual had his/her own definition on which his/her practice was based. Data from the study clearly indicate that how one defines meditation cannot be generalized to the population as a whole. The participants were in agreement that one definition should not be used as an all-encompassing definition of meditation upon which all others are based. This inability for one person to present a finite definition of meditation is true regardless of how advanced in the practice that person may be. To apply one definition of meditation is equivalent to applying parameters on one's thoughts regarding the topic. These parameters can then be used to categorize and hence provide selection criteria for what does and does not comprise a definition of meditation.

Discussion Regarding a Description of Meditation

Although many of the participants shared similar ideas in their definitions, the diversity of the participant pool led itself to a variety of descriptions of the types of behaviors that comprise a meditation practice. When a description of meditation is sought from nonpractitioners, a common response is the vision of a person sitting erect in the lotus position with his/her hands resting on the knees. Data from the current study proved otherwise.

Although sitting in the lotus position was a starting point for many of the participants, their personal practice had evolved to include a variety of behaviors. These behaviors ranged from singing, praying, athletics, and walking. What was more

commonly indicated by the participants was that a mindset, or attitude, when in meditation is of more importance than a particular behavior.

The aforementioned suggests that, similar to the limitations that are inherent in stating one final definition of meditation, what behaviors one considers to be meditation should not be applied to the general population of meditation practitioners. Simply because one has had several years of practice of engaging in meditation, or because he/she is identified as a guru of the topic, what that individual qualifies as being meditation should be questioned as being the only way to engage in meditation. Comments by participants suggest that if one does this, he/she may be judgmental or critical of himself/herself. Rather, responses by the participants indicated that individuals should be encouraged to trust themselves to create their own practice that is more meaningful to them.

Discussion Regarding Influence of Meditation on Work

One of the research questions that this study set out to investigate was the extent to which personal practice of meditation influences one's work as a psychotherapist. As reported in Chapter IV, participants rated the degree of effect at 4.8 out of 5, with 5 indicating that it was extremely influential. From these results, it is clear that the personal practice of meditation has a significant level of influence on the participant's work in counseling. This influence comes in many ways, as noted by the findings. What is common among all the participants is that it does, in fact, have a significant influence on their work.

Many graduate programs geared toward the training of counselors do so with the intent of producing competent professionals. These professionals will then attempt to practice in a way that increases the likelihood of positive outcomes from counseling. In order to provide the most advanced training, many programs rely on current research to give direction to their curriculums.

Findings of this study reveal a consistent theme among the participants. This theme indicates that one way to influence the counseling provided is to encourage the development of the person of the therapist through meditation, with the expectation of a positive influence on counseling outcome. Participants in this study consistently conveyed the belief that, through the personal practice of meditation, one enhances many of the qualities that research has shown to have a significant influence on the outcome of counseling.

Discussion Regarding the Therapeutic Relationship

It is widely accepted that a strong, positive therapeutic relationship is a central contributor to favorable outcomes in counseling. According to some theoretical orientations, with such a relationship a therapist can more readily lead his/her client to greater personal growth. Recognizing the significance of the relationship, employing methods of strengthening it seems vital. Data from the current study suggest that practicing meditation is one such way of strengthening it.

A counselor who practices meditation enhances the bond between himself/herself and the client. Engaging in meditation encourages, among other things, self-exploration, contemplation, acceptance, and the adoption of a nonjudgmental attitude. The practice of

meditation strengthens one's ability to engage in these behaviors. By strengthening these abilities as they apply to himself/herself, a therapist can more readily approach clients from this standpoint.

Also enhanced via the practice of meditation is one's ability to be empathetic. Investing time engaging in the above mindsets supports one's development of a heightened ability to identify and be open to experiencing various feelings as they arise. Data from the current study support the idea that strengthening this ability as it pertains to oneself enhances the ability to do it with others. This, in turn, may result in a greater relationship being established with a client.

Implications

Implications for Counseling

As noted in the literature review (Chapter II), there is an ever-growing interest in the outcomes of counseling. In part, this growing attention is driven by a desire to justify one's expenditure of time and money that come with participating in counseling services. In an attempt to increase the likelihood of providing a quality product, many in the counseling profession are investing time conducting valuable research. Some of this research is done in an effort to identify the variables involved in counseling that possibly enhance counseling outcomes.

Findings from the current study provide information that can be used to increase the likelihood of producing positive outcomes in counseling. Engaging in a personal practice of meditation appears to be one way to support the development of many, if not all, of those qualities that research highlights.

Meditation is one means of fostering self-growth. This growth contributes to counselors developing an attitude that is more receptive to the happenings in their environment, both internally and externally, perhaps more so than they were prior to their involvement in meditation.

Internally, this receptivity may enhance their awareness of their own professional competence. This awareness brings with it a heightened level of acceptance of their own professional limitations, along with a willingness to acknowledge them. This would then result in therapists making more referrals when they feel as though they are not the best fit with a client. A referral, when necessary, increases the likelihood of the client experiencing productive results in counseling.

An additional possibility stemming from this internal receptivity would be an increasing openness to the external circumstances the practitioners of meditation find themselves in. This would include the clients the counselors work with. With this increased sense of receptivity for clients, therapists would be more likely to accept the behavior, thoughts, and feelings of clients. This, in turn, may increase the likelihood of producing positive counseling outcomes with clients.

Implications for the Training of Counselors

Those who develop the curriculums that are used in the training of counselors do so in part based on what they argue to be empirically supported information. Among this information being presented as necessary are various skills, knowledge, and techniques. However, some challenge this and posit that what is being taught is based more on tradition than on research outcomes (Chapter I).

As previously mentioned, there is an ever-growing body of literature reporting studies examining the many variables involved in counseling. If the attempt is made to train counselors based on what research indicates as factors that increases the likelihood of positive outcomes, then it is research such as the current study that this training should include.

The current study adds to the relatively limited amount of research examining the self of the therapist. The existing body of this literature supports the importance of the person of the therapist in regard to counseling outcomes. It suggests that any examination into the factors that contribute to beneficial outcomes in counseling has to take into account *all* variables. One of these variables is the self of the therapist. The self, or person of the therapist, should be seen as one of these variables, as the therapist himself/herself is present in all psychotherapeutic work with clients (Reupert, 2006). Therefore, he/she cannot *not* have an influence on the outcome. Along with examining the self of the therapist as he/she affects therapeutic outcomes, this study presents information regarding one specific way of developing that entity.

Results from this study indicate that meditation may be one approach to enhancing the self of the therapist. Taking into account these results, it is clear that a person working as a psychotherapist can professionally benefit from a personal practice of meditation. The data suggest that a practice of meditation can enhance many of the personal characteristics and qualities that research has shown to promote positive outcomes in counseling.

In a profession that is highly concerned with the impact of its services, any attempt to improve upon these services would seem of great importance. With the data

from the current study, it would be in the best interest of the profession to include some type of meditation training as part of the curriculum designed to train counselors.

Strengths and Limitations

This portion of the chapter contains a discussion regarding the strengths and limitations of the current study. It also includes an examination of validity and reliability as they apply to the study.

Strengths

The phenomenological information that this study provides regarding the influence of a personal practice of meditation on one's work as a psychotherapist is of immense importance. The focus of the study is one of import with the upsurge in the interest of the integration of spirituality and counseling. With the continuing efforts to identify helpful components of the counseling profession, this research provides an understanding of one method of possibly enhancing counseling outcomes. The information from the current study is meant to shine light on the stories of a select number of practitioners in the field of psychotherapy. Of little importance is whether or not other counseling practitioners have a personal interest in meditation. Instead, the data provide valuable information regarding the importance of strengthening one's own persona as it will influence clients that the counselor works with.

The method of data collection is another strength of the current study. Having personal contact with participants allowed for a richer data set from which to work. The in-person interviews allowed for clarification on the part of the interviewer and

pontification on the part of the interviewee regarding any response to questions asked.

Although it was difficult to contain the level of influence from one interview to the next, information gathered during earlier interviews added to and strengthened the questions asked during those conducted later.

Enhancements of Validity and Reliability

Whether the terms *validity* and *reliability* are applicable to qualitative research is staunchly debated. Many terms are used when describing the quality of quantitative research, such as *credibility*, *trustworthiness*, *authenticity*, and *dependability*. Creswell (2007) suggests that validation is seen as a strength of any qualitative research in that it reflects “extensive time spent in the field, the detailed thick description, and the closeness of the researcher to the participant” (p. 207). However, the terms *validity* and *reliability* are used for familiarity purposes for readers who are more accustomed to reading about quantitative research.

Creswell (2007) suggests various methods to further increase the accuracy of the data. This study put into practice several of them. Peer review was practiced throughout the research as a means of continually checking and reformulating the research process itself. Bracketing on the part of the researcher was utilized to reduce the likelihood of my own prior experience and knowledge of the topic influencing the interpretation of interview data. Member checking was used following analysis of the information so as to allow participants to check for the accuracy of the findings. An external auditor was employed to ensure the accuracy of the interpretation of the information. Furthermore, a pilot study was first conducted to focus the research questions for the current study.

Limitations

Although there are several strengths of the study, there are also limitations. The design of the study itself carries with it some inherent limitations. Because of the exploratory nature of the study, there is limited ability to compare it to other studies in order to examine the data. Being a qualitative study carries with it an intrinsic limitation in that results cannot be generalized. Therefore, external validity is nonexistent. This is in part due to the small sample size, a requisite in order to conduct the in-depth interviews that were part of the study. The in-depth nature of the interviews was such that individualized accounts of the phenomena being studied were garnered. Because of this, any replicated study may very well obtain a different set of data.

Although a substantial effort was made to involve participants from diverse geographical locations, all of the participants came from the Midwest region. This concentration of participants is a distinct limitation to this study. Although this facilitated conducting all of the interviews in person, it decreased some of the variation between the participants. Regarding the participant pool, although it was diverse in many ways, it was not diverse in others. For example, all participants identified as “White.” This may impact one’s experience with the phenomena being studied.

Another possible limitation of the study was the interviews themselves. The length of the interviews was kept relatively constant. This was, in part, due to the fact that the interviews were conducted following a predetermined interview guide (see Appendix D). However, as the number of interviews conducted increased, the questions asked began to change. With each subsequent interview, the questions asked were altered

slightly based on information from previous interviews. Also, as the interviews progressed, they began to resemble slightly more of a discussion among colleagues rather than an interview to gather research data. This reflected a change in the process of the interviews. The content of the interviews/discussions remained the same. This discrepancy between interviews may have modestly impacted that quality of the information obtained.

Threats to Validity and Reliability

Many attempts were made to enhance the validity and reliability of the current study. One of these included the bracketing of the personal experiences of the researcher. Although this procedure was employed, it is impossible to completely negate researcher bias in qualitative research (Gifford-May & Thompson, 1994).

Another threat to validity and reliability is the fact that there was only one researcher working on this project. Because of this, any perspective and biases held by the researcher most assuredly influenced the formulation of research questions as well as the interpretation of information gathered from participants. As well as having the above-mentioned effect, being the sole researcher meant that things were done largely according to my perceptions, rather than having a team of researchers to collectively make procedural decisions.

Recommendations for Future Research

Because this study was exploratory in nature, the possibilities for future research are many. Qualitative studies with similar designs may replicate the study. However, it is

noted that, because this study was such that it portrayed the individual experiences of the participants, future studies may produce somewhat different information. Future studies would also do well to incorporate a greater diversity of the current variables, such as various demographic information (i.e., age, gender, ethnicity) as well as variables related to meditative practice itself (i.e., number of years of meditation practice, type of meditation involved, intensity of current practice). It may also prove beneficial in future research to have multiple researchers involved along with rigidly adhering to a set interview guide. Quantitative studies could include various correlations between any number of variables. Also, by the very design, they would collect data from a larger sampling.

Upon reflection on the findings during the member checking process, many of the participants noted how interesting and valuable it would be to have a focus group. Doing so, they indicated, would allow for rich discussions regarding the role of personal meditation on the psychotherapy process. A group such as this would provide an in-depth discussion of the topic being studied, resulting in valuable and interesting information.

The participants were not asked to hypothesize or extrapolate on how a personal practice of meditation influences their work as clinicians. There were no data collected regarding this phenomena in terms of how it may occur. Nonetheless, because the influence was perceived to be so great, speculations should be made regarding this effect.

Future research would provide valuable information if it were to examine how this influence occurs. Perhaps there is a personality trait that is common among those who meditate that further research could highlight. Research could also examine whether there is a difference in the level of influence in those who make a personal choice to practice

meditation as compared to those who are forced into it as part of their training or a means of professional development.

Conclusion

This study was conducted in an attempt to shed light on what many, including this researcher, consider to be a valuable endeavor. Primarily, how one's work as a therapist can be possibly be enhanced was explored. This was done by looking at one means of self-development—meditation.

This research was an attempt to emphasize the importance of personal experience over that of reductionism and quantification. It was built on the underlying value of giving voices to the participants' personal experiences, rather than merely collecting data from them.

What all the participants had in common was that, in time, they all developed their personal style of counseling. Over years of practice, they had begun to do with clients what they felt was right, rather than strictly adhering to what the books said. Perhaps they learned something from their practice of meditation, or maybe they began a practice of meditation largely because they had the courage to do one thing: trust oneself.

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Appendix A
Researcher's Story

Researcher's Story

I was born on December 3, 1969, in Peoria, Illinois, in an Irish-Catholic family. I am the fifth of five boys who range in age from 46 to 40. Growing up, my family were members of a Catholic parish and attended church every Sunday. Occasionally we attended church several times throughout the week in accordance with holy days and days of obligation in the Church.

I attended a Catholic elementary school, where we participated in church every Friday, and then continued on to a Catholic high school, where mass was a monthly occurrence. Following graduation from high school, I attended the local community college while I decided on a course of study to follow. When I had decided on an area to major in, Criminal Justice, I transferred to a local 4-year university and attended it for 3½ years. During this time I switched my major area of study from criminal justice to psychology. I made the change based largely on the interest in human behavior along with a long-term goal of becoming a counseling psychologist as a means of assisting people through difficult periods.

After graduation from college, I moved to Minneapolis, MN and worked for 2 years as a residential aid working with adolescents. Following this period, I decided to return to school for a master's degree in counseling to continue toward my long-term goal. I returned to a Big Ten university based in the Midwest to do so. Earning this degree was followed by a period of working with adolescents in a variety of settings, including a residential substance abuse program and a home-based family therapy program. This was then followed by living and working for a period of 1½ years in a remote village in Alaska. During this time I worked as a counselor for a population of Native Alaskans.

This involved performing various job roles for adults, adolescents, and children. It also involved a period of learning from the local population that my “professional” way of doing counseling, the way that I was taught in graduate school, was not highly valued. Among the many things that I learned from the people that I lived and worked with was that there are many ways to view reality, largely based on one’s culture and upbringing.

After living in Alaska, I returned to the continental United States. At this time I continued working as a counselor serving a middle- and high-school student population. I was privileged to work with a clinical supervisor that was adamant about respecting the challenging worldview that many adolescents have. In addition to this, she and I talked often about how different people, often depending on their own upbringing and life experiences, have different views about living their life. We talked about how this view contains a perspective on self-development. Included in this are different values placed on self-development and ideas about various methods of promoting it.

I followed this period of work by returning and studying for a doctoral degree in counseling psychology. Over the course of my education and work experience I had learned that there are a variety of perspectives taken in life. I carried this knowledge with me into my doctoral program. This led me to simultaneously respecting the professional knowledge passed on by my professors while also reminding myself that not all people agree with a scientifically based perspective on life.

I first became interested in the practice of meditation while studying for my master’s degree. I began by practicing what I thought to be the right way to meditate. This involved sitting in the lotus position, chanting mantras, “watching” my breath, and doing what I had heard that others do during meditation. It intrigued me solely as a means of

relaxation during a very stressful time. Following my master's degree education I continued my involvement in various forms of meditation, including tai chi. I also began to read and practice forms of mindfulness meditation. I maintained my involvement in meditation while living and working in Alaska, again primarily as a means to achieve relaxation.

As helpful as this was, through the books I was reading and the people I was talking to about meditation, I began to see it as an opportunity to foster a way of being in the world rather than a way of attaining relaxation. At this time in my professional career I began to notice that via meditation I was better prepared to work with clients, particularly those that may be categorized as difficult.

As a result of a personal practice of meditation, I found myself becoming more capable of maintaining patience with all clients, but difficult ones in particular. It was more than a "patience." More so, I found myself developing a greater ability to accept their unique life experiences. I was better prepared and more open-minded regarding hearing their story, a story I learned would unfold at the client's own pace, not mine. This story often included various states of emotional experience that clients were encountering. I found that when working with clients I began to develop a greater appreciation for their level of readiness to change, and their apparent difficulty in taking steps to do so. Over time I also noticed an increased ability to remain present with clients rather than drifting ahead. In this way I began to more fully hear what clients were saying, which in turn allowed me to be more empathetic to their situations. At the same time I was developing an ability to be more patient with difficult clients rather than allowing my frustration with their apparent lack of effort to influence my own course of action and

interventions. All of this in turn has promoted a better quality of a relationship with my clients.

My practice of meditation has also influenced my work as a counselor in other ways. The interventions that I employ and the questions I ask during counseling sessions have shifted over time as my practice has evolved. I have developed an interest in learning more about how clients relax, how they behave in ways that match their values, and how they cope with various situations in life. During sessions I encourage clients to acknowledge and accept their emotions that are part of their clinical issues. I do this by incorporating into sessions a brief amount of time practicing meditation, if the client is willing to do so, as well as talking about the ideas that are part of various types of meditation.

Possibly more foundational to my work as a psychotherapist, a practice of meditation has influenced the development of my theoretical orientation in working with clients. My experiences during meditation have encouraged me to approach clients from a more humanistic perspective. Over the years I have also come to have a deeper interest in a transpersonal perspective to human behavior.

My interest in meditation has deepened during my doctoral studies. This stems from personal experience during the practice of meditation. These experiences can be described as a “freeing,” “centering,” or “slowing down.” I have also developed an academic interest in the health benefits of meditation. This includes an interest in the benefits that meditation may have for the counseling profession. How meditation can possibly be helpful to clients is well noted in the literature. However, I am also eager to learn how these benefits apply to therapists as well.

While personally experiencing the positive ramifications of studying and practicing various forms of meditation, I have also begun to become interested in the interface between meditation and the clinical practice of counselors. Over the course of my academic education, I have repeatedly been exposed to a variety of outcome research indicating what personality traits of the counselor increase the likelihood of positive outcomes in counseling. I have learned firsthand, and read in the literature, that many of these personality characteristics are the very same ones as those that meditation has been described as bolstering.

Appendix B

Script for Initial Phone Contact

Script for Initial Phone Contact

Thank you for your willingness to participate in this study. Before we proceed I have just two questions to ask to determine whether you meet the minimum requirements to participate further in this study.

- 1) Have you been practicing as a licensed psychotherapist for at least 5 years? _____
- 2) Are you currently and have you been practicing meditation for at least 5 years? _____

In addition to or in place of your participation, I wonder if you would be able to provide contact information for others who may also qualify to participate in this study. If so, by passing on this information to me I could contact them to ask them for their participation. If you do not feel comfortable giving me their contact information, could you please pass along my information so that if they are interested they can contact me. I can be contacted by phone at (269) 267-4758 or via email at william.w.fitzgerald@wmich.edu. Please let others know that they may contact me if they are either willing to participate in the study or to learn more about the study.

At this time do you have any questions regarding your participation in the study or the study itself?

Thank you for your time and consideration regarding your participation in this study.

Appendix C

Cover Letter

Cover Letter

Hi _____:

My name is Bill Fitzgerald and I am a doctoral student in the department of Counselor Education and Counseling Psychology at Western Michigan University. I am contacting you to invite you to participate in a study that I am conducting as part of my dissertation. This study is looking into the influence of a person's own practice of meditation on his/her work as a psychotherapist. I am conducting this study under the supervision of Dr. Alan Hovestadt.

My study will focus on individuals who work as psychotherapist and who themselves are currently engaged in the practice of meditation. In order to participate in this study, participants will be required to meet the following criteria: 1) they will have worked as a clinician providing direct therapy to clients for a minimum of 5 years, and 2) they are currently and have practiced meditation for a minimum of 5 years. My study will consist of a brief demographic questionnaire along with an in person interview lasting about 1½ hours utilizing a phenomenological research approach. If you choose to participate you will be asked to do the following:

1. Complete a brief, confidential, demographic questionnaire that will take approximately 20 minutes.
2. Participate in a confidential, audio recorder, in-person interview lasting approximately 1½ hours. This interview will take place at a location that is convenient for you.

Enclosed you will find a confidential demographic questionnaire to complete along with a list of the questions I may ask in our interview. By taking a few moments to review these questions you will be better prepared to give me feedback regarding your personal experience of practicing meditation and how this has influence your work as a psychotherapist.

If you have any questions now or in the future regarding the study, please feel free to contact me by phone at (269) 267-4758 or via email at william.w.fitzgerald@wmich.edu.

Thank you for your time and consideration regarding your participation in this study.

Appendix D
Interview Guide

Interview Guide

Thank you for your participation in this study. Please remember that your continued participation in this research remains entirely voluntary. You may refuse to answer any given question at your discretion. You are also free to discontinue your participation in this study at any time with no negative repercussions whatsoever. Please also remember that this interview will be tape-recorded for assistance in my analysis.

I am interested in learning how your practice of meditation has influenced your professional as a clinician interacting with clients. In examining this topic I am also interested in learning how your practice of meditation has affected your preparedness to work with others.

- What is your definition of meditation and how do you practice it?
- What initially attracted you to meditation?
- In your own words, will you tell me how your practice of meditation has influenced your work as a clinician?

Possible follow up questions if unanswered in the response to the above:

How does the practice influence your style of interacting with clients?

How does the practice affect the interventions you use with clients?

How has the practice shaped the forming of your theoretical orientation with clients?

How has the practice contributed to your development of the micro-skills of counseling (i.e. active listening, paraphrasing, summarizing, attending skills)

- In what ways has your work as a psychotherapist influenced your practice of meditation?
In what ways has your work as a psychotherapist influenced your practice of meditation?
- What is the impact that your practice of meditation has on your ability to develop a relationship between you and your clients?
- In what ways do you include various meditative techniques in your clinical work with clients?
- What keeps you involved or interested in the practice of meditation?
- In your own words, will you tell me how the practice of meditation has impacted your overall personal life and interpretation of events that occur in your life?
- Is there anything else you would like to say about your experience with meditation and how it has influenced your work as a counselor?

Appendix E
Demographic Questionnaire

10. On average, how many clients do you see per week in your clinical practice?

< 5 6-10 10-19 20 >

11. Has this number fluctuated over time? If so, please explain.

12. Please briefly describe your training in meditation, including whether you were formally trained by a teacher or self-taught.

13. Please indicate the number of times per week that you engage in a practice of meditation: _____

14. Please indicate the average length of time in minutes that your current practice of meditation lasts: _____

15. Has this practice fluctuated over time? (If so, explain how it has, including if the number of time per week or the number of minutes each time has changed.)

Appendix F
Consent Form

Consent Form

Western Michigan University
Department of Counselor Education and Counseling Psychology (CECP)
Principal Investigator: Dr. Alan Hovestadt
Student Investigator: William Fitzgerald, M.A., NCC

You have been invited to participate in a research project entitled “The influence of a personal practice of meditation on one’s therapeutic practice.” This research is intended to study how an individual’s practice of meditation influences his/her clinical work with clients. This project is the dissertation project of Bill Fitzgerald.

You will be asked to participate in the following manner:

- Completing a demographic questionnaire
- Participating in an interview regarding your own practice of meditation and how it influences your work as a clinician

Following the initial interview you will be given the opportunity to review any findings prior to their final inclusion as part of the dissertation. This will afford you to make any suggestions or clarifications that you deemed necessary.

Participation in this study requires the completion of a demographic questionnaire which will take approximately 20 minutes. You will also be asked to participate in a face-to-face interview that will last approximately 90 minutes. This interview will take place either in your office or another place that you identify as being convenient. In the case that some written material is required to be mailed to the researcher as part of this study, the investigators will provide any postage necessary.

As in all research, there may be unforeseen risks to the participant. One potential risk of participation in this project is that you may experience discomfort or unease during the interview process; however, Bill Fitzgerald is prepared to provide crisis counseling should you become significantly upset and he is prepared to make a referral if you need further counseling as a result of your participation. You will be responsible for the cost of this counseling if you choose to pursue it.

One way in which you may benefit from this activity is having the chance to talk about your practice of meditation as well as talking about your clinical practice. This may lead to an increase in the intentionality and mindfulness with which you conduct your work. Other therapists and their client may benefit from the knowledge that is gained from this research.

All of the information collected from you is confidential. Your name will not appear on any papers or tapes on which information is collected or recorded. The tapes and forms

will all be coded, and the student researcher will keep a separate master list with the names of participants and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed. Pseudonyms will be used for reporting purposes. All other forms will be retained for at least three years in a locked file in the principal investigator's office.

Any identifying information will be changed in the final report to protect your confidentiality.

You may refuse to answer a question or participate, and may withdraw from the study at any time without prejudice or penalty. If you have any questions or concerns about this study, you may contact either Bill Fitzgerald at (269)267-4758 or Dr. Alan Hovestadt at (269)387-5117. You may also contact the chair of the Human Subjects Institutional Review Board at (269)387-8293 or the vice president for research at (269)387-8298 with any concerns that you have.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is more than one year old.

Please print your name: _____

Please sign your name: _____

Appendix G
Contact Summary Form

Appendix H

Human Subjects Institutional Review Board
Letter of Approval

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: February 12, 2009

To: Alan Hovestadt, Principal Investigator
Gary Bischof, Co-Principal Investigator
Richard Oxhandler, Co-Principal Investigator
William Fitzgerald, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

A handwritten signature in cursive script, appearing to read "Amy Naugle", written over the printed name.

Re: HSIRB Project Number: 08-11-29

This letter will serve as confirmation that your research project entitled "A Qualitative Study of the Influence of Therapist's Meditation on the Counseling Process" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: February 12, 2010