

Perceptions of the Long-Term Influence of Mindfulness Training on Counselors and Psychotherapists: A Qualitative Inquiry

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Abstract

Although self-care is often touted as being important to counselors and psychotherapists, historically little has been done within graduate school to provide future therapists with self-care strategies. This article proposes that mindfulness training offers a promising approach to therapist self-care and introduces qualitative research on the long-term impact of mindfulness training to substantiate this claim. Sixteen former students who are now practicing counselors were interviewed. Thirteen of them reported continuing to practice mindfulness techniques. Participants indicated that mindfulness continued to influence both their personal lives and self-care practices leading

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to positive influences in physical, emotional, cognitive, and interpersonal well-being. In their professional lives, participants described ways of incorporating mindfulness into their way of being a therapist, their interventions, and how they conceptualize their clients' issues.

Keywords

mindfulness-based stress reduction, self-care, training, counselor education, mind–body medicine, indigenous psychology, mindfulness

Unmanaged chronic stress is widely held to have negative impacts on an individual's health. Research findings suggest that stress can contribute to or aggravate a variety of mental health disorders, including anxiety and depression and physical conditions such as heart disease, gastrointestinal disorder, and hypertension (Astin, 1997; Brennan & Moos, 1990; Levy, Cain, Jarrett, & Heitkemper, 1997; D. Shapiro & Goldstein, 1982; Treiber et al., 1993; Whitehead, 1992).

Different occupations may lead to or exacerbate already established chronic stress patterns. It is no surprise to those in fields of counseling and psychotherapy that clinical work is stressful and can lead to burnout. Indeed, the term *burnout* was originally coined by Maslach (1982) to refer specifically to those in the health care professions, and recent studies verify that those in health care occupations must cope with unique demands inherent in these types of work settings (DiGiacomo & Adamson, 2001; Harris, 2001; Sharkey & Sharples, 2003; Wall et al., 1997). Mental health professionals, moreover, have to contend not just with burnout but also with compassion fatigue and vicarious traumatization (Baker, 2003; Figley, 2002; Kahill, 1988; Pearlman & Saakvitne, 1995; Vredenburgh, Carlozzi, & Stein, 1999). Given the potential for burnout, compassion fatigue, and vicarious traumatization, overstressed mental health care professionals are at great risk of diminished occupational effectiveness, with the likely result of decreased quality of care for their patients (Shapiro, Astin, Bishop, & Cordova, 2005). Despite the serious consequences of stress, training programs in counseling and psychology have done little historically to offer trainees specific strategies and techniques for self-care (Baker, 2003). In this article, we consider how mindfulness-based stress reduction (MBSR) offers a promising solution to this shortcoming in training.

MBSR teaches mindfulness, the ability to attend to present-moment experience with equanimity, “with the aim of helping people live each moment of

their lives—even the painful ones—as fully as possible” (Kabat-Zinn, 1993, p. 260). First introduced in 1979 by Jon Kabat-Zinn at the University of Massachusetts, School of Medicine, to aid patients dealing with disease and illness, MBSR is a well-established intervention program aimed at managing chronic stress that has now been taught to more than 17,000 patients (Kabat-Zinn & Santorelli, 2008). MBSR is typically run as an 8-week course instructing mindfulness through the practice of meditation, body scan (a type of guided awareness), and hatha yoga. Having multiple modalities for teaching mindfulness seems to improve compliance as research indicates that participants find themselves more drawn to some of the practices over others (Kabat-Zinn, Chapman, & Salmon, 1997). This helps explain why MBSR has been found to have unusually high compliance rates for a behavioral medicine intervention, even after 3 years (Kabat-Zinn, & Chapman-Waldrop, 1988; Miller, Fletcher, & Kabat-Zinn, 1995).

Health benefits for individuals who participate in MBSR programs have been verified by research studies. Results from these studies in different populations demonstrate significantly decreased levels of psychological distress, stress-related somatic symptoms, and pain (Davidson et al., 2003; Kabat-Zinn et al., 1992; Kabat-Zinn et al., 1998; Kabat-Zinn, Lipworth, & Burney, 1985; Kaplan, Goldenberg, & Galvin-Nadeau, 1993; Kristeller & Hallett, 1999; Reibel, Greeson, Brainard, & Rosenzweig, 2001; Roth, 1997; Speca, Carlson, Goodey, & Angen, 2000; Tacon, Caldera, & Ronaghan, 2004; Teasdale et al., 2000). Other studies have shown positive impacts on quality of life, reduction in symptoms from stress-related illnesses, increased immune function, and enhanced overall general health (Carlson, Speca, Faris, & Patel, 2007; Carlson, Speca, Patel, & Goodey, 2004; Carmody & Baer, 2008; Davidson et al., 2003; Lawson & Horneffer, 2002; Roth & Robbins, 2004; Williams, Kolar, Reger, & Pearson, 2001).

More recent meta-analytic studies (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004; Praissman, 2008; Shigaki, Glass, & Schopp, 2006) also conclude, despite methodological limitations of some studies, that MBSR programs improve a range of psychological and physical symptoms. Researchers such as Baer (2003) discuss the need for further research to: (a) address methodological flaws inherent with this type of research; (b) offer operational definitions of both concepts and procedures of mindfulness; and (c) explore the mechanisms by which MBSR practices impact health outcomes. Shapiro, Carlson, Astin, and Freedman (2006) offer a useful model, based on three “axioms” of mindfulness: intention, attention, and attitude. The authors posit that these basic components of mindfulness lead to a shift in perspective, enabling other essential mechanisms that foster better health.

Davidson et al. (2003) saw an increase in electrical activity of the left-sided anterior part of the brain (associated with both positive affect and increased immunity) in meditators, providing a plausible biological mechanism for the positive benefits of practicing mindfulness.

Only a handful of mindfulness-related studies have focused on impacts for health professionals or health professionals in training, and more specifically counseling students. Controlled studies conducted with medical and premedical students demonstrated decreased anxiety and depression levels and increased empathy (Shapiro, Schwartz, & Bonner, 1998) and decreases in mood disturbance (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003) for those taking an MBSR course. A more recent randomized controlled trial by Shapiro et al. (2005) found that MBSR programs were effective in decreasing stress and increasing self-compassion and quality of life among health care professionals (physicians, nurses, social workers, physical therapists, and psychologists). Similarly, Bruce, Young, Turner, VanderWal, and Linden's (2002) research, using both quantitative and qualitative methods, showed decreased psychological symptoms and increased quality of life among nursing students on completing an MBSR program.

Mindfulness-based research with mental health therapists and therapists in training has demonstrated similar positive outcomes. Shapiro, Brown, and Biegel (2007), using a cohort-controlled design reported significant decreases in stress and increases in positive affect and self-compassion among therapists in training. In a study among inpatients, Grepmaier et al. (2007) found significantly higher individual therapy assessment scores of patients treated by psychotherapists in training who regularly practiced Zen meditation, suggesting that mindfulness may play an important role in affecting the therapeutic course and benefiting patient outcomes.

In 2004, we began a research program to explore the influence of mindfulness training on graduate students in a Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited counseling program. Students were provided with 75 to 90 minutes of training in mindfulness practices (meditation, yoga, and qigong), based on MBSR, twice a week for 15 weeks as part of the course, "Mind/Body Medicine and the Art of Self-Care." We began with a focus group study that found a variety of physical, emotional, mental, and spiritual changes postcourse, that were directly attributed to the course (Christopher, Christopher, Dunnagan, & Schure, 2006). These results were supported in a qualitative study that used data from four consecutive years of student reports. Results indicated numerous positive effects on emotional, mental, spiritual, and interpersonal domains in counseling students taking the MBSR-modeled course, and also documented positive

effects on their counseling skills and therapeutic relationships (Schure, Christopher, & Christopher, 2008). In a first-person narrative case study of her experience going through the class, Maris (2009) captured her own struggles as a counseling student with her fear of inadequacy and incompetence, as well as fear of the client's distress and, consequently, of her own distress. Through the class, she described learning to be present to both her own experience and that of her client in a nonjudgmental way. She stated, ". . . mindfulness practice helped me shift from dwelling in the awful emptiness of the bottomless void to the emptiness of an awaiting bowl, ready to receive, to be filled and to give back" (p. 234).

We know of no research that considers the long-term effects of training in mindfulness practices for psychotherapists. This article explores long-term effects in two primary areas: personal and professional lives.

We employed qualitative methods because we wanted to explore the students' experience in as open-ended a manner as possible. One of the limitations of quantitative research is that the object of study is parceled out into the variables the researcher finds of interest. Furthermore, these variables are then supposedly captured by preexisting measures, typically based on a number of self-report statements.¹ The result can be similar to what cross-cultural psychologists term an *imposed etic*, an imposition by the researcher of his or her own framework of meaning that may miss or distort the structures of meaning that the study participants would spontaneously generate and employ on their own. Based on these considerations and the recognition that research on mindfulness is still in its infancy, we believe that existing research on MBSR and mindfulness is enhanced by qualitative inquiry that explores a participant's experience in his or her own terms, perhaps revealing dimensions of change that have been ignored or are not captured by preexisting measures. Narratives (i.e., oral accounts and journals) offer a unique avenue of inquiry that can help to reveal and qualify an individual's or a group's experience (Giorgi, 1985; Patton, 1999; Van Manen, 1990).

Method

Participants

Participants were former master's-level graduate students in mental health counseling, school counseling, and marriage and family counseling who had taken a course titled, "Mind/Body Medicine & the Art of Self-Care" in the past 2 to 6 years. Eighteen participants were randomly selected from the pool of students ($N = 54$) who took the course over the 5-year period. We were

unable to locate one former student, and data from one participant were excluded because she was not currently practicing as a counselor. Data were collected over a 3-month period from 16 European American participants (13 female, 3 male), ranging in age from the mid-20s to the mid-50s with the average length of time since taking the course being 4 years.

Course Description

The 15-week, three-credit elective course had a twofold purpose of (a) familiarizing students with mindfulness and contemplative practices and their relevance for the fields of counseling, psychotherapy, and behavioral medicine and (b) providing students with practical tools for self-care. Approximately one half of the total number of students in the counseling programs elected to take this course. The course was taught by a core faculty member of a counseling graduate program accredited by the CACREP. The instructor was a licensed counselor and psychologist and a certified yoga teacher who had practiced yoga and meditation for more than 25 years.

The course included twice-weekly, in-class, 75-minute mindfulness practice using hatha yoga, sitting meditation, conscious relaxation techniques, and qigong (an ancient Chinese practice combining gentle physical movement with meditation). Students were required to practice some form of mindfulness outside of class for at least 45 minutes, 4 times a week. The course also included readings, journal writings, and research on empirical studies of the effects of mindfulness practices. Students were graded on attendance and participation, journal writing, and research presentations.

Survey and Procedure

Phone interviews of 40 to 75 minutes were conducted with the study participants. To minimize the impact of familiarity of the instructor (J. C. Christopher) with his former students, interviews were conducted by a different member of the research team (J. Chrisman). A semistructured interview guide was developed based on our previous research that identified the type of life domains that were influenced by mindfulness training (see Table 1). At the beginning of the interview, the interviewer read an informed consent statement and each participant gave verbal consent. The study was approved by Montana State University's Institutional Review Board. All participants responded to the same set of questions in the same order in a telephone interview. The same interviewer conducted all interviews. Participants received no direction

Table 1. Interview Questions

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1. Gather background information—type of counseling, years since the class, current work setting
 2. What were the most important things you learned in the class?
 3. How has the class affected your personal life in the areas of awareness, relationships, interactions with others, health, and psychological development?
 - a. Do you attribute these changes to the class?
 - b. Have these changes stayed with you since you took the class? What has changed?
 4. Describe the history of your mindfulness practices since you took the class?
 - a. What self-care practices do you currently practice? How often for each?
 - b. How did the class influence these practices?
 5. The next few questions cover how the class affected your professional life.
 - a. In what ways did the class change how you think about clients' issues or problems? How have your ideas about what is therapeutic, or healing, changed since taking the class? Do you see mindfulness techniques as healing? How?
 - b. Have the mindfulness practices (or the class) influenced who you are as a therapist or what it's like for you to be in the role of the therapist? Have mindfulness practices helped you cope with being a therapist? How?
 - c. Have you tried introducing mindfulness concepts/techniques with a client? Which techniques? What was the experience like? What was your level of comfort with introducing the mindfulness techniques?
 6. Did you experience any negative consequences/outcomes from the class or the mindfulness practices? (elaborate)
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on how long their answers should be. The interviews were recorded and transcribed verbatim.

Analysis

Responses to the questions were analyzed using content analysis described by Guba and Lincoln (1992), Strauss and Corbin (1994), and Patton (1987, 2002). Content analysis focuses on meanings, themes, and patterns that may be manifest or latent in interview data and in this way goes beyond merely counting words or extracting objective contents from texts or interviews. Standard steps of content analysis from preparing the data to writing up the report were followed and are described below. Content analysis was performed by reading the responses and deciding on themes and labels for the

phenomenon identified. Initially, cross-case analysis was conducted, in which responses from each question were analyzed across the case or individual (Huberman & Miles, 1994). The unit of analysis for coding was individual themes. Themes are units of meaning that can be expressed as a single word, a phrase, a sentence, a paragraph, or an entire interview.

Five of the six authors were involved in data analysis and all had extensive training and experience coding qualitative data. Responses were analyzed inductively, meaning themes emerged from the data instead of being decided a priori (Patton, 1987). Three of the 16 transcribed interviews were selected at random, read and coded by all analysts to establish a preliminary and tentative set of themes and subthemes. Redundancies and semantic equivalencies were eliminated through consensus.

The remaining 13 interviews were divided between the first three authors for independent analysis. These authors convened for a series of meetings to discuss the results of their separate coding and to establish intersubjective criteria for coding. Interviews were coded using the constant comparative method (Glaser & Strauss, 1967), which entails ongoing comparison of new instances of a theme with those already coded under that theme.

Results

Except for one question, data are organized by themes rather than interview questions as participant responses often spanned a number of questions simultaneously. Two main themes emerged—impact on personal life and impact on professional life. The question from the interview schedule related to negative consequences/outcomes from the class or practices did not directly fit into these two themes and will be addressed separately. No notable differences in participant responses were noticed when analyzing themes across years of course attendance (gender differences, age differences, program of study differences). See Table 2 for a list of themes and subthemes. Not all respondents experienced each of the themes.

Impact on Personal Life

When participants were asked about the long-term impact of the class on their personal life, two main themes emerged: personal development/self-care and interpersonal relationships.

Counselor Personal Development/Self-Care. Under the theme of personal development/self-care, participants reported the following subthemes: (a) physical changes, (b) emotional changes, (c) attitudinal or cognitive changes, (d) increased awareness, and (e) increased acceptance.

Table 2. Summary of Themes

Impact on personal life

I. Personal development/self-care

- A. Physical changes
- B. Emotional changes
- C. Attitudinal or cognitive changes
- D. Increased awareness
- E. Increased acceptance

II. Interpersonal relationships

- A. Increased awareness of self-in-relationships
- B. Increased acceptance and compassion
- C. Diminished emotional reactivity

Impact on professional life

I. Counselor's experience of self while counseling

- A. Awareness
- B. Acceptance
- C. Reactivity
- D. Presence

II. The therapeutic relationship

- A. Awareness
- B. Acceptance

III. Clinical practice

- A. Techniques
- B. Level of comfort
- C. Conceptual framework

Physical changes. Participants reported lasting physical changes as a result of participation in the class such as increased flexibility, increased energy, and better circulation. When asked whether taking the class affected her health, one participant stated, "Definitely. Especially doing some of the yoga practices and trying to keep that up. It influenced it in the way that I was stretched out more, my circulation was better, and I had more energy." Additionally, participants noted the application of the practices taught in the course for use in their own self-care practices. When asked what self-care practices they currently practice, participants distinguished between formal and informal mindfulness practices. Formal practice was defined as performing a mindfulness activity such as attending a yoga class, participating in a meditation group, meditating at home on a cushion, or performing qigong. In all, 9 of the 16 participants stated that they currently use yoga as

a self-care practice, with 5 of these participants practicing yoga once a week or more. Eight participants explained they had a formal meditation practice, and two of these counselors had attended one or more 10-day meditation retreats. Three additional counselors reported they used meditation in an informal way, such as a walking meditation or using breathing techniques. Three counselors stated they occasionally practice qigong. Only 3 participants reported they were not doing any type of formal mindfulness practice for self-care; however, they mentioned informally practicing mindfulness by aspiring to be fully present in certain activities, such as hiking or fly fishing. A number of participants mentioned the ability to use their breath to decrease stress. Others noted the importance of using the body, for instance one participant spoke in the following of the shift in her internal awareness toward the signals her body was sending:

One of the other things that came out of the whole experience is a much more direct awareness of my own emotions as expressed in physical sensations. So I would be aware that I was feeling anxious because of how my body felt, I would be aware I was feeling angry because of what my body was saying to me. Where before that, I was pretty blind, deaf, and dumb to the signals my body was giving me. And that was a pretty profound change.

Emotional changes. Overall, many counselors reported continuing to feel less controlled by their emotions, less anxious, and better able to stay in a “grounded” or “centered” place when they felt overwhelmed. Additionally, they reported being better able to relax or ground themselves and be more calm and focused. One participant spoke of how the class and the practices helped her to become less judgmental and less emotionally reactive in the moment:

It's helped me to kind of step back and be more, definitely more patient, but also nonjudgmental or emotional. You know, I could stay on that one plane of . . . when things will escalate I'm able to step back, take some breaths, and center, and then deal with the situation. And to just be more understanding of where people are coming from. And not so judgmental of them. And be more forgiving.

Others echoed that theme and spoke of how they were also able to be less judgmental with themselves. Another participant reported that she is better able to deal with difficult emotions as they arise.

Well I think that the practice piece of it is about staying with struggle and staying with difficulties, so, my sense is that it just helped stabilize me around staying in things a little bit longer . . . just hanging in for a couple more beats when things get, when emotions come up that are difficult—anxiety, anger, things like that. Being more inclined to stay in the present awareness while I'm in the moment of that discomfort with that person and just hang in a little bit longer—observe myself.

Attitudinal or cognitive changes. Participants reported lasting changes in their thinking and attitude as a result of participation in the class. Many reported that they learned how to quiet their mind, and disidentify from their thoughts. One participant spoke about her experience of quieting the mind in the following way:

I was able to experience through the course the incredible, incessant noise of my own mind. There's a raving lunatic that runs my life. And through meditation, but especially through yoga and qigong, I was able to experience moments of a quieting of that racket . . . that was an emptiness that felt fuller than anything I'd ever experienced . . . that was very, very still in the center.

A number of counselors described cultivating an attitude of openness. One participant spoke about how being still and open were the most important lessons she learned

I've learned how to be still. And that was probably the most important. I've learned how to be open, in a broader way. I learned a little bit more about letting go of control. And I learned some specific techniques for cultivating those qualities. What I mean by "being open," it's difficult to articulate, but it is something like being better able to let more of my ego drop away, in a particular encounter.

Increased awareness. Participants reported an ongoing awareness of their physical, emotional, and spiritual selves. Many reported being more "in tune" or aware of their bodies and their psychological responses. Coupled with this awareness, some noted an ability to tap into that awareness more quickly and be able to "check in" with oneself more easily and notice "when I'm off balance" as one respondent described it. Many reported a heightened awareness of the present moment and becoming more aware of themselves in the present moment. Related to an increased awareness of physical, emotional, and spiritual selves, one participant stated,

. . . physically, emotionally, spiritually, it's certainly heightened my awareness, even however many years later, 6 years later. And intellectual awareness. It sharpened everything, it allowed me to, um, that's that coming together I was talking about. The physical awareness in yoga for example, but then would move into emotional awarenesses that come from that still place, and so not only did it sharpen the awareness in all ways, it also integrated them . . . It allowed me to move from having to describe, which often moves into thought, to bare awareness. To awareness that didn't necessarily have words, and what was important was the awareness, not the connection to the experience, not the description of the art. So, it purified my awareness, maybe that would be a word that would fit that, as well as sharpened it.

One counselor discussed how the class and the mind/body principals taught therein raised his awareness about when he gets off balance:

But the mind/body principal has helped me to be aware of how I get off balance. And I get off balance on a daily basis, but I think some of the—just stopping and breathing—I can become more aware of when I kind of get into that auto pilot where I just go from thing to thing and I kind of get the adrenaline pumping and you're really not real mindful in what you're doing, you're just kind of motoring through your day. So I think when I find myself getting a little off track, some of the concepts from the class help to remind me to refocus, to get realigned.

Increased acceptance. Participants provided three further themes under the subtheme of increased acceptance, namely (a) self-compassion, (b) letting go of control, and (c) response flexibility. Under self-compassion, participants reported that they were more accepting of themselves and less judgmental as a result of engaging in mindfulness practices and participating in the class. They described being more lenient with themselves and their struggles, treating themselves with more respect, and finding this process to be freeing; additionally, feeling a sense of peace with themselves and as a result being able to generate more compassion for themselves and others. One participant said,

But, I think being more grounded, more open, being less judgmental of myself, I have more compassion for myself, I'm more lenient with areas I struggle with, and I really try to have acceptance. And it makes it okay, versus judging myself . . . it feels good. I'm prone to recover from down days faster, and moments in which I find myself critical . . . it happens at a quicker pace. Um, I would never say that I don't have

bad days because I'm human . . . but in that I realized, you know, I have a choice in how I'm going to treat myself. Either I can be my worst enemy or I can choose to treat myself with some compassion and respect. And so, psychologically it has been freeing, empowering, and liberating.

The second subtheme was letting go of a sense of control. They reported less need to impose a sense of coherence on the self or their identity. Many noted accepting an increased tolerance for ambivalence and some reported valuing ambiguity in their life. One participant reported, "I trust the process more."

The third subtheme within awareness is response flexibility. Participants described being less reactive, less defensive, and having increased patience with others. Some described it as having more choices in how they respond to a given situation. One participant described her process as waiting to respond, taking a breath, thinking first, and then responding.

Counselor Interpersonal Relationships. The second theme within the personal life domain is counselor interpersonal relationships. Counselors reported changes in their interpersonal relationships, specifically (a) an increased awareness of self-in-relationships, (b) increased acceptance and compassion, and (c) decreased emotional reactivity.

Increased awareness of self-in-relationships. Counselors reported that after participation in the class, they continued to be more aware of how they related to others in interpersonal relationships. Some participants spoke of a heightened awareness of their boundaries and sense of separation from others. One participant spoke of how the class affected her awareness of her interactions with her son:

Using my son as an example, what I learned in the class, what I experienced through meditation, and becoming consciously aware of what was going on for me, more often, not all the time, it made it possible for me to be more aware of myself during interactions with my son, especially conflictual interactions. And I noticed there was a part of me that could kind of stand back and see the dynamic playing out. There was another part of me that was much more aware of my own feelings. And what happened as a result of those two things is the cycle wouldn't play out the same way that it had a thousand times before. I would kind of come to consciousness in the midst of this dysfunctional dance that we were doing and do something different. And our relationship improved a lot.

Counselors reported that several years after participation in the class, increased self-awareness continued to lead to increased connections with

others. One participant described that it is a “. . . different mode of relating that didn't involve just a lot of talking.” Related to counselors' abilities to be in relationships with others, one participant shared the following:

Sort of allowing us to take care of ourselves and therefore be able to—I think it's more like take care of oneself (first), and then it's easier to be in a relationship and take care of that dynamic.

Increased acceptance and compassion. Counselors noted the long-standing impact of a sense of accepting others more readily and cultivating intentional compassion. Many reported becoming less judgmental and noticed less of a tendency to label people or experiences. Counselors reported a greater tendency to accept experiences as they happened and described what one referred to as a “more holistic awareness of relating to people.”

Diminished emotional reactivity. Counselors described continuing to be able to be less reactive emotionally in addition to being less judgmental. One participant described being less reactive as understanding what he is feeling before responding. Yet another participant described experiences of being able to step back and let others have their own processes because she felt more secure inside. Another counselor described herself as a more centered and grounded and generally a more pleasant person to be around. One participant shared the following regarding emotional reactivity and interpersonal relationships:

Another thing is I'm definitely less reactive. Definitely I come from a family of origin that, we showed anger as a form of all emotional expression. Um, and so I try to be really a lot more mindful and try to understand what am I really feeling before I respond. So it has, it's definitely affected my relationships with my parents, my brother, and my husband.

Impact on Professional Life

When participants were asked about the long-term impact of the class on their professional lives, the following three themes emerged: (a) counselor's experience of self while counseling, (b) the therapeutic relationship, and (c) clinical practice.

Counselor's Experience of Self While Counseling. Under the theme of how participants experience themselves as a counselor, participants noted changes in the following: (a) awareness, (b) acceptance, (c) reactivity, and (d) presence.

Awareness. After taking the course, participants indicated an increase in awareness of their own reactions and those of their clients. Some participants explained they had more awareness of themselves and when they might be triggered by something emotionally by a client. One former student expressed, "It's, I guess just sitting with yourself, quietly, you learn a lot. Just to quiet your mind, it really helps you to know, again, what those trigger points are. It's just a self-knowledge and a self-awareness." Taking the course seemed to increase the depth of awareness and expand the types of awareness counselors had for both themselves and their clients. Participants discussed the difference between intellectual awareness and experiencing awareness in the body. They explained that taking the course encouraged them to listen for clues in their body, such as sensations that might indicate a certain emotion. Some participants felt that before they took the class, they focused more on knowing things intellectually and focusing on the talk part of the therapy. After taking the course, a number of former students indicated the increased emphasis they placed on being aware of nonverbal cues. One participant explained,

So before I thought, oh some people might like to do mind/body and some people might like to do a talk therapy or a mind kind of thing. But I think what has happened is that conceptually I look at their body as much as I look at what they're saying to me.

Acceptance. The subtheme of acceptance emerged in regard to how counselors viewed themselves in the role of the counselor. As a result of the class, most counselors indicated increased acceptance for themselves. Many participants indicated the class helped them adopt a noncritical stance, with less judgment toward themselves and increased confidence in their abilities as a counselor. Participants reported increased attention and awareness of the body, as if taking an observer role. This observer role was mentioned many times, as if participants learned to experience events without unconsciously reacting to them. One counselor explained, "When a client says something and I'm fully present, I can feel my body react in different ways. I know that's a flag or a trigger for me to think about things." After taking the class, counselors reported less fear working with clients, and a reduced need for approval from clients. When discussing the class, one participant shared,

Well, I will say that I think it's made me less scared . . . I'm not scared of any clients. And when I can be an observer, I'm not scared of their disapproval. I can observe their disapproval, if there is any, and I'm not prey to assuming I've done something wrong.

In regard to self-acceptance, many participants noticed increased compassion for themselves due to less reactivity and judgment, and the ability to better tolerate their own feelings. Other influences from the class included reduced fear of failure and a willingness to seek help in the form of consultation, as one counselor noted,

And, it allows me to reach out and consult, and be okay with not having all the answers . . . And it's really important to know, at least for me, as competent as I may be, I am not perfect, and what's going to make me more competent is if I recognize when I'm feeling stuck. And being able to consult and get others' opinions on the situation to help really conceptualize and work for my clients. So, I think that's what it does. Because I'm not being judgmental of myself at that time, or when I'm feeling like I am, to be able just to notice and to be able to push through and really reach out. And I think that's the most ethical thing you can do as a clinician.

Reactivity. The third subtheme that influenced how counselors viewed themselves concerned diminished reactivity while in the counseling role. Many participants explained that with greater awareness of their emotional triggers, they were able to contain their emotional experiences and separate their own emotions from those of their clients. One counselor described this process and stated,

I think that I can tend to get overwhelmed by other people's emotions and through the class I think I really learned to be able to separate people's emotions and be strong in my own sense of self in that moment. To be just fully aware of what I'm experiencing and being able to separate what other people are experiencing.

Presence. The class also affected counselors' presence in the room with clients. Many participants indicated that mindfulness practices helped them become more centered and calm when working with clients. One counselor reported, "So whether or not I'm going to use any 'mindfulness techniques' in the session, I have the most to offer when I'm in the state of mindfulness, whether or not the client is." A number of counselors felt that mindfulness practices helped them to be more fully present with clients. One former student discussed this sense of being in the present moment by stating, "The

biggest change from the class was an increased ability to meet clients where they were at; to let go of agendas and conceptualizations, and be with the client in the moment.”

Therapeutic Relationship. In the area concerning the therapeutic relationship with clients, the following subthemes emerged, (a) awareness and (b) acceptance.

Awareness. Counselors addressed the idea that mindfulness practices help center and ground them in sessions, which in turn affects the therapeutic relationship. One former student stated,

It's like I can do anything and be mindful and centered . . . What I watched, I think that's one of the most exciting things about having taken the class, is to be able to see the impact energetically of when I finally move into my center. The impact of what happens on the person who's sitting across from me or with whom I'm speaking or working or whatever. And just their, not exactly conscious response, but to be able to observe both the change in their voice and the change in their body and the amount of information that I receive, and all of that changes when I'm centered.

Acceptance. Increased acceptance for self and others seemed to be another way in which the class affected the therapeutic relationship. In regard to their clients, counselors reported increased respect, curiosity, and acceptance of experience. Less judgment and labeling allowed them to be with clients in the moment, without hindering the relationship, as one counselor explained,

To go from approaching the client as a problem to solve, to being present with this other human being. And having a kind of authentic exchange take place without, going back to the control, without trying to control the encounter, or take care of my own ego needs, or flee because I was anxious. I was just able to tolerate my own feelings with a lot more equanimity.

Participants also addressed the idea of intentional compassion, and one former student noted that taking the class had given her “a compassionate edge” when she compared herself with “professionals who maybe had become a little bit jaded in their perception of working with difficult clients.”

Clinical Practice. The third main area of professional impact concerned the participants' clinical practice, specifically, (a) techniques, (b) level of comfort, and (c) conceptual framework.

Techniques. Participants reported using mindfulness techniques and principles to varying degrees in their clinical practice after taking the course. When asked if they had tried introducing mindfulness concepts/techniques with a client, 13 of the 16 responded that they had. Some counselors used the direct application of mindfulness techniques with clients including the use of breathing techniques, guided imagery, meditation, yoga, and relaxation exercises. Breathing techniques, such as following the breath or using the breath to regulate one's emotions was by far the most popular mindfulness technique participants used with clients. Other methods employed included the use of mindfulness-oriented therapies such as dialectical behavior therapy and Hakomi. Participants using these therapies indicated the class led to an interest in pursuing training in these areas. Other counselors reported the use of mindfulness-related practices, such as journal work with clients, using art in therapy, and grounding techniques.

Yet another way participants used mindfulness in their work with clients was through the application of mindfulness principals. Principals such as becoming aware of sensations in one's body and how they relate to emotions, using nonverbal communication, staying tuned into the present moment, and helping the client become more mindful and less reactive, all have elements of mindfulness at their core. When talking about her work with clients, one participant stated,

I will ask people to share what they're feeling in their body. 'You know, when you talk about this encounter with your mom what are you feeling right now in your body?' (They might say), 'Oh, some tightness.' (And I'll say), 'Well, let's just be present with that tightness and give that tightness some space.' And very often that releases a flood of emotions and memories and feelings behind it. It's helping people be present to themselves.

Level of comfort. Another subtheme that emerged under clinical practice concerned the counselor's level of comfort with using mindfulness techniques. Some participants explained that taking the class led to increased confidence in using mindfulness practices with clients. For some, this was due to increased practice with the techniques. Others spoke of anxiety with

using mindfulness techniques. Although most of these counselors expressed that the benefits to clients outweighed any nervousness they might feel, two participants explained they did not use mindfulness techniques with clients. They expressed that they were uncomfortable using mindfulness techniques or they felt they needed more information about the techniques before using them. A common theme relating to comfort level of the therapist regarded the comfort level of the client. Some participants stated that their level of comfort depended on the client, as one participant expressed,

I think it's a timing issue of when you introduce it. With some clients, there needs to be a lot more trust built up in the therapeutic relationship before you can start introducing practices and techniques. Other clients come and they're wanting that, and so maybe I'll give them a little something and that feels good to them and so we keep working on the therapeutic relationship. But they have that tangible thing that they can go home and practice when they're feeling out of control or full of anxiety.

Conceptual framework. Participants reported changes in their conceptual framework, which persisted after taking the course. Counselors explained the course gave them a new understanding of what is healing for clients, such as the importance of acceptance and awareness in the healing process. One participant explained this idea by stating, "acceptance is the biggest tool we have." Others learned the importance of being fully present with a client and the healing power inherent in that presence. Another framework shift counselors reported was realizing the extent to which reactivity can contribute to suffering and stress. One participant explained,

And one of the things I see commonly is that a person's own emotions are a source of stress to them, not the emotions themselves but their reactions to the emotions. I think I said earlier the difference between feeling anxious and then feeling anxious about feeling anxious. That secondary emotion is more stressful and distressing than the primary emotion; so that's one source of distress, I think, in people's lives.

Another counselor described the way her clients are drawn to the chaos of reactivity in their lives, rather than cultivating mindfulness. Participants also reported increased tolerance of ambiguity and ambivalence. This tolerance

led to a decreased need to impose coherence on the self. Rather than needing absolute answers, it seems the class encouraged counselors to value ambivalence among themselves and their clients.

The most frequently reported change in conceptual framework revolved around the idea of a holistic view of healing and well-being. Many participants explained that as a result of taking the course, they believe the mind, body, and spirit are connected, thus therapy must address more than just the mind. One counselor stated,

At least in my experience, you know, understanding can help, but we are not disembodied minds or memories, we are flesh and blood human beings and all of our experiences imprint themselves on our bodies. We experience life with our bodies, and leaving that component out of the equation is a gaping hole. So that's part of the theory, is helping people to be fully present in all of their dimensions and experiencing all of their dimensions.

The idea of needing more than understanding or insight in order for healing to occur helps explain why most participants believe mindfulness techniques are healing. After taking the course, many counselors stated that mindfulness techniques are healing because they integrate the body and mind so that therapy is longer lasting, help clients access things they previously could not, and teach ways of working with emotional reactivity. The following counselor explained the importance of using mindfulness techniques to teach clients how to stay in the present moment without becoming emotionally attached.

Another (source of stress) is unconscious patterns that cause problems in their relationships with themselves or with their relationships with other people. And it's difficult to get past the barriers that keep those patterns unconscious. So mindfulness and meditation and sitting on the floor and focusing on your breath can open them in a way, in a new way, to the experience of the moment, the reality of this moment, and that this is really the only thing we have, is this moment. That can help disconnect them from the habitual patterns of reactivity, around their own emotions or behavior patterns, give a little space to themselves to observe themselves. And that can be the foundation of some profound changes.

Others stated that mindfulness is healing because it increases self-acceptance, is nonjudgmental, and empowers clients. Taking the course gave hope to some students because they began to believe in each person's inherent ability to heal oneself. A former student stated,

You know, I guess, I wonder if I would use meditation kind of stuff or breathing exercises with my clients if it weren't for kind of learning about that in mind/body (the class). And then I think just thinking about the power that we all have to heal each other. That was such a positive kind of thing . . . And so that kind of stuff really translated for me into how clients, how we all have so much more power and ability to heal ourselves and take care of ourselves than we even know. So, I think that instilled some hope in me at a time when I really needed that.

Negative Consequences/Outcomes

As noted above, the question from the interview schedule related to negative consequences/outcomes from the class or practices did not directly fit into the two main themes. In response to the question "Did you experience any negative consequences/outcomes from the class or the mindfulness practices?" 7 respondents (out of 16) reported that they experienced no negative outcomes from the course. Representative comments from the other 9 include several who mentioned that the practices were sometimes difficult emotionally and that the support of a good counselor was needed for these times; one participant expressed disappointment that "some other therapists aren't as into mindfulness"; one discussed negative reactions from some of their clients due to the practice "being painful to sit and meditate and self-reflect"; and one stated that they had been criticized by someone about meditation and yoga and that they should not be doing it because they are a Christian.

Discussion

This study used a qualitative design to explore how exposure to mindfulness training in a graduate school course influenced the personal and professional lives of counseling students once these students had graduated and were working as counselors. The MBSR-based course was designed to introduce students to the application of mindfulness and contemplative practices to the fields of psychotherapy and behavioral medicine as well as provide them

practical tools for self-care. To assess the long-term influence of the course on the future psychotherapists and counselors, we developed a semistructured interview schedule and interviewed approximately one fourth of the former students who had taken the class.

Former students who are now counselors described persisting changes in both their personal lives and their professional lives as counselors and psychotherapists. Of the 16 participants, 13 reported that they still engage in some type of formal mindfulness practice. Many students indicated that taking the class helped them realize the importance of continuing to practice mindfulness throughout their lives. The persisting changes they reported in their personal lives include practicing forms of self-care that positively affect them physically, emotionally, and cognitively or attitudinally. These changes were often marked by increased awareness of themselves in these different domains, including how stress manifests in different areas of their lives. Notably, this awareness was often accompanied by a reported ability to also maintain self-acceptance. The former students also described how their interpersonal relationships continue to be positively influenced by their introduction to, and continued use of, mindfulness practices. These positive interpersonal changes include increased awareness of their own patterns of anxiety and reactivity combined with increased acceptance and compassion of others and themselves, and included being less judgmental, less reactive, intentionally working to be compassionate with others, and accepting their own experience, even if it did not fit with their ego ideal. They indicated that these changes increased their sense of connection and fostered new forms of intimacy that entailed more ease and clearer boundaries.

Within the domain of their professional lives as counselors, the long-term impact of mindfulness training reported by our participants included (a) positive changes in the counselors' experience of themselves while in the role of being a counselor, (b) positive changes in the therapeutic relationship, and (c) changes in the way they practiced clinically. Positive changes in their phenomenological experience of themselves while counseling included increased awareness and increased acceptance of both themselves and their clients. They indicated this kind of acceptance contributed to having less fear of working with clients and of their clients' symptoms, less fear of failure, less fear of the clients' disapproval, more humility, and more willingness to seek help and consultation. Participants also described being less emotionally reactive in session and being more present for their clients.

The former students also described ways that the therapeutic relationship was also positively affected by their exposure to mindfulness training. They described these positive changes in the relationship in terms of increases in the now familiar themes of awareness and acceptance.

A final theme that emerged from the interviews concerned the ways the actual clinical practice of the former students was still influenced by their training in mindfulness. Many of the counselors reported teaching their clients some of the mindfulness practices and principles that they learned. They also described an increase in their level of comfort in introducing these practices due to the benefits they had experienced. Finally, and perhaps most surprisingly, they described how their conceptual framework had changed as a result of their experience with mindfulness. These changes included an understanding that awareness and acceptance are healing in and of themselves. It also included coming to realize the complexity of the self and learning that tolerating ambiguity, ambivalence, and difficult feelings is healing. They also described how presence is healing. Finally, they described how reactivity contributes to stress and suffering.

In keeping with definitions of mindfulness, the meta-themes of awareness and acceptance permeated the accounts of the counselors and therapists who had been introduced to mindfulness practice. In summary, our findings support Germer's (2005) suggestion that there are three ways to integrate mindfulness into therapy:

1. mindful presence that arises from personal practice,
2. mindfulness-informal practice or having a theoretical framework that is influenced by mindfulness, and
3. mindfulness-based psychotherapy: explicitly treating patients with mindfulness. (p. 18)

The present study had several limitations that should be considered when planning future research. First, the study used participants who independently decided to participate in the course; therefore, a limitation of the study could be self-selection bias. Additionally, the study was carried out at a rural Western university, and many of the participants were from this part of the country. Thus, the results may not generalize to other parts of the country or world. Additionally, participants in the study were European American and primarily women; therefore there are limits to the generalizability of the findings to individuals from other racial/ethnic backgrounds or across genders.

Finally, the participants in this study were master's-level students at the time they participated in the course, thus the results may be different for doctoral-level students in a counseling program.

As with all qualitative research, the current study is limited in that it relies on the perceptions of the participants. An additional limitation of the study was that there was not a daily log indicating whether students adhered to the expected homework of 45 minutes of mindfulness practice per day. These data would be useful to compare with their current practice.

A limited amount of research has been done to understand the short- and long-term impact of mindfulness training and MBSR programs with counselors. Further research to determine the overall effect of this program is needed. Specifically, a quantitative study to examine the magnitude of the changes reported by participants as well as the relationship of these changes to the amount of time engaged in practice would be helpful in the future, particularly if a control group of students who did not receive mindfulness training in graduate school was included. Additionally, research focusing on how participation in an MBSR program affects overall wellness and levels of self-care for counselors in training is called for to address the issue of counselor burnout.

Results of this study of the long-term influence of mindfulness training were consistent with our own previous qualitative research conducted at the end of the 15-week course (Chrisman et al., 2009; Christopher et al., 2006; Schure et al., 2008). They are also consistent with the quantitative results found by S. L. Shapiro et al. (2007) concerning the impact of mindfulness on counselors and psychotherapists and support the claims of Walsh (1989) that meditative techniques can have a powerful effect on the practitioner's perceptual sensitivity, empathic sensitivity and accuracy, and compassion for the pain of others. These assorted research findings with counselors and psychotherapists are consistent with findings from applying mindfulness training to other health care providers (Bruce et al., 2002; Krasner et al., 2009; Rosenzweig et al., 2003; S. L. Shapiro et al., 1998; S. L. Shapiro et al., 2005), specific populations such as prisoners (Samuelson, Carmody, Kabat-Zinn, & Bratt, 2007), outpatient adolescents (Biegel, Brown, Shapiro, & Schubert, 2009), and the general public (Carmody, Reed, Kristeller, & Merriam, 2008; Miller et al., 1995). The results from this current study become particularly meaningful given the consistency of positive outcomes over time and with multiple cohorts of student participants.

Conclusions

Although self-care is often touted as being important to counselors and psychotherapists, little has been done within graduate schools to educate future therapists in self-care strategies. This research suggests that mindfulness training offers a promising approach to therapist self-care. Mindfulness training with counseling students also seemed to have long-term influences on their professional lives. Not only did the training seem to influence their clinical skills and their comfort being “in their own skin,” both in the therapy room and out, but it also influenced how they conceptualized their clients’ problems and issues, and what they considered therapeutic for their clients. Finally, our research suggests that these experiential practices had a significant impact on the therapists’ worldview.

Finally, we would like to note the significant parallels between the reported experiences of the counseling students who were taught mindfulness in our study and the kind of skills and attitudes seen as common factors in effective psychotherapy. Proponents of the common factors or contextual factors approach to therapy attribute the efficacy of psychotherapy more to the quality of the therapeutic relationship and the therapeutic responsiveness on the part of the therapist, as opposed to specific techniques or theoretical orientation (Duncan, Miller, Wampold, & Hubble, 2009; Elkins, 2007; Fauth, Gates, Vinca, Boles, & Hayes, 2007; Frank, 1973; Wampold, 2001; Westen, Novotny, & Thomspon-Brenner, 2004). Central to these common factors are those personal characteristics and behaviors on the part of the therapist, such as openness, flexibility, genuineness, empathy, and trustworthiness, that facilitate strong working alliances; and these characteristics show considerable overlap with the reports of participants in our study who were trained in mindfulness. Our research suggests that mindfulness practice helps therapists to manage affect and countertransference reactions and to maintain therapeutic presence and responsiveness. And our findings seem supportive of Siegel’s (2007) claim that mindfulness facilitates a kind of self-attunement that increases one’s capacity to attune with others. Thus, training in mindfulness may be one very effective way to increase therapeutic effectiveness (see also Bruce, Manber, Shapiro, & Constantio, 2010; Fauth et al., 2007; Fulton, 2005; Grepmaier et al., 2007).

Moreover, our research suggests that the effects of mindfulness training endure. This stands in contrast to the research that indicates the ineffectiveness of much psychotherapy training beyond the training period itself

(for a summary, see Fauth et al., 2007). The participants in our study reported they continue to use mindfulness principles and maintain mindfulness practice, either formally or informally. One implication of this may be that exposure to mindfulness training and continued practice both facilitate therapist responsiveness as well as reinforce this responsiveness through the therapist's career.

In light of our students' experiences, mindfulness training is no longer an elective at Montana State University—it is a requirement. We suggest other counseling programs allocate resources into promoting counselor self-care and conduct research into the efficacy of these interventions.

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1. For problems with self-report measures see Christopher and Bickhard (2007), Christopher and Campbell (2008), and Heine, Lehman, Peng, and Greenholtz (2002).

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Bios

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