

2015

The Personal and the Professional: Buddhist Practice and Systemic Therapists

Joanne R. Grassia

Antioch University - New England

Follow this and additional works at: <http://aura.antioch.edu/etds>

 Part of the [Marriage and Family Therapy and Counseling Commons](#), and the [Psychoanalysis and Psychotherapy Commons](#)

Recommended Citation

Grassia, Joanne R., "The Personal and the Professional: Buddhist Practice and Systemic Therapists" (2015). *Dissertations & Theses*. 202. <http://aura.antioch.edu/etds/202>

This Dissertation is brought to you for free and open access by the Student & Alumni Scholarship, including Dissertations & Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact dpenrose@antioch.edu, wmcgrath@antioch.edu.

Running head: BUDDHIST PRACTICE AND SYSTEMIC THERAPISTS

THE PERSONAL AND THE PROFESSIONAL:
BUDDHIST PRACTICE AND SYSTEMIC THERAPISTS

A Dissertation Presented to
The Faculty of the Applied Psychology Department
Antioch University New England

In Partial Fulfillment
Of the Requirements of the Degree
Doctor of Philosophy in Marriage and Family Therapy

Joanne R. Grassia, M.A., M. S.

April 2015

Abstract

This dissertation consists of two articles. The first article presents a literature review of research on therapists' personal and professional lives as practitioners of Buddhist meditation and psychotherapy in the past ten years. Nineteen articles were reviewed that met the inclusion criteria of a) between 2004 and 2014; b) exploring meditation; and c) studies related to therapist personal or professional lives. The results of the review identified four broad themes: a) presence and acceptance; b) empathy; c) countertransference; and d) self-care/compassion and gratitude. The content analysis indicated a positive association between therapist meditation practice and therapist qualities, both for personal development and enhanced clinical competence. The second article describes a qualitative research study to discover the embodied, lived experiences of practicing therapists as they move between their personal study of Buddhist meditation practices and their professional clinical work. In-depth semi-structured interview data were analyzed, revealing two superordinate themes: a) a way of seeing and being in the world; and b) the personal and the professional in the therapy room. The research findings have clinical implications in gaining an understanding of on-going personal and professional development for experienced therapists and contributing to the literature on professional competence, in particular, therapeutic presence, acceptance, empathy, compassion, and practitioner well-being. The electronic version of this dissertation is available in the open-access OhioLink ETD Center, www.ohiolink.edu/etd.

Keywords: Buddhist meditation; marriage and family therapy; systemic psychotherapy; therapist development; compassionate therapeutic presence; personal; and professional

Copyright Page

Copyright 2015 Joanne R. Grassia.

All rights reserved.

Antioch University New England

Keene, New Hampshire

Applied Psychology Department

April 30, 2015

WE HEREBY RECOMMEND THAT THE DISSERTATION BY

Joanne R. Grassia

Entitled

THE PERSONAL AND THE PROFESSIONAL:

BUDDHIST PRACTICE AND SYSTEMIC THERAPISTS

BE ACCEPTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN MARRIAGE AND FAMILY THERAPY

APPROVED BY:

DISSERTATION CHAIR

Lucille Byno, Ph. D.

COMMITTEE MEMBER

Megan Murphy, Ph. D.

COMMITTEE MEMBER

Susan Dreyer-Leon, Ed. D.

DEPARTMENT OF APPLIED PSYCHOLOGY REPRESENTATIVE

Catherine Lounsbury, Ed. D.

Dedication

This dissertation is joyfully dedicated to my daughters, Rachel and Sarah.

Acknowledgements

I would like to express my gratitude to the six therapists who generously participated in this study, sharing their personal and professional stories for the benefit of others, and to all my teachers and sangha in gratitude for their support.

I would also like to thank the members of my dissertation committee, Dr. Lucy Byno, Dr. Megan Murphy, and Dr. Susan Dreyer-Leon for their support and encouragement from the beginning of this research process through to its completion.

To my daughters, Rachel and Sarah, and to my family and friends, a deep thank you.

Table of Contents

Chapter One: Manuscript One: Therapist Practice of Buddhist Meditation and Psychotherapy:

A Literature Review 1

Abstract 2

Therapist Practice of Buddhist Meditation and Psychotherapy 3

Literature Review 7

Discussion 24

Implications for Further Research 26

References 28

Table 1 40

Chapter Two: Manuscript Two: The Personal and the Professional: Buddhist Practice and Systemic Therapists 45

Abstract 46

The Personal and the Professional: Buddhist Practice and Systemic Therapists 47

Purpose of the Study 54

Method 55

Findings 62

Superordinate Theme I 62

Superordinate Theme II 73

Discussion 82

Limitations and Clinical Implications 91

..... 91

Conclusion 92

References.....94

Table 1102

Table 2105

Appendix A: Recruitment Information Letter108

Appendix B: Institutional Review Board (IRB) Approval109

Appendix C: Research Participant Consent Form110

Appendix D: Semi-Structured Interview Schedule.....113

Appendix E: My Bias Statement as Researcher115

List of Tables

Chapter 1

1. Table 1: Literature Review Findings

Chapter 2

1. Table 1: Main Findings Superordinate Theme 1: A Way of Seeing and Being in the World
2. Table 2: Main Findings Superordinate Theme 2: The Personal and the Professional in the Therapy Room

Chapter One: Manuscript One

THERAPIST PRACTICE OF BUDDHIST MEDITATION
AND PSYCHOTHERAPY: A LITERATURE REVIEW

Joanne R. Grassia, M.A., M. S.

Lucille Byno, Ph. D.

Antioch University New England

Megan Murphy, Ph. D.

Purdue University Calumet

Susan Dreyer-Leon, Ed. D.

Antioch University New England

Abstract

The purpose of this article is to identify and review research studies of therapists' personal and professional lives as practitioners of Buddhist meditation and psychotherapy in the past ten years. The EBSCOhost PsychInfo Research Database was used to search the key words: *meditation AND therapist or psychotherapist AND personal or professional*. Nineteen articles were reviewed that met the inclusion criteria of a) between 2004 and 2014; b) exploring meditation; and c) studies related to therapist personal or professional lives. The results of the review identified four broad themes: a) presence and acceptance; b) empathy; c) countertransference; and d) self-care/compassion and gratitude. The content analysis indicated a positive association between therapist meditation practice and therapist qualities, both for personal development and enhanced clinical competence. Implications for therapist well-being and professional development are presented. Future research directions are discussed. The electronic version of this dissertation is available in the open-access OhioLink ETD Center, www.ohiolink.edu/etd.

Keywords: *Buddhist meditation; marriage and family therapy; systemic psychotherapy; therapist development; compassionate therapeutic presence; personal; and professional*

Therapist Practice of Buddhist Meditation and Psychotherapy: A Literature Review

Increased self-awareness and self-monitoring have been proposed as ways of counteracting compassion fatigue for marriage and family therapists (Negash & Sahin, 2011). They note managing the impact of stress from vicarious trauma becomes imperative for family therapists who work with more than one client in a session and often with highly emotional couples and families. This is a professional task that calls for attention to the therapeutic working alliance with multiple clients, monitoring a diversity of emotional regulation skills in the client unit and the capacity to stay at a meta-cognitive position of awareness of both content and process in a client system. In addition, marriage and family therapists also need self-awareness to self-monitor and to differentiate their own unexamined personal issues from client material and manage these in an ethical manner in session.

Sprenkle and Blow (2004) have addressed the specific common factors most relevant to the practice of marriage and family therapy, including this capacity to attend to relational client systems and an expanded working alliance with multiple clients. Sexton, Ridley, and Kleiner (2004) note that one level for client change is the therapist-client interactional process, stating

The qualities of the relationship and the dynamics that transpire between these participants have an important bearing on therapeutic change, because they serve as the forum in which and through which the professional expertise of the therapist and the personal experiences of the clients(s) interact (p. 145).

Recognizing the importance of therapist self-awareness, the quality of the therapeutic relationship, and the complexity of managing multiple relational tasks for the family therapist, the research on *therapeutic presence* becomes highly relevant. Geller, Greenberg, and Watson (2010) define therapeutic presence as “an attuned responsiveness that is based on kinesthetic and

emotional sensing of the other's affect and experience as well as one's own intuition, skill, and the relationship between" (p. 599). Geller and Porges (2014) propose that this capacity of therapeutic presence promotes *relational presence* that is felt by the client neuroceptively.

Traditional Buddhist meditation practices teach how to intentionally calm the mind (self-monitor) and increase awareness. Mindfulness, one form of meditation practice, is often defined as intentionally noticing and staying present to whatever is being experienced in a non-judgmental way (Kabat-Zinn, 1990). Mindfulness and other meditation practices, such as *tonglen* (sending care and kindness to others, and taking in suffering from others to oneself), loving kindness and compassion practices, and forgiveness practices are beginning to permeate traditional Western health interventions as ways to self-monitor emotional reactivity and enhance awareness in both the health practitioner and the client or patient (Beach et al., 2013; Shapiro, Schwartz, & Bonner, 1998). Recent research explores a further movement in Buddhist meditation practice that has crossed boundaries into neuroscience (Begley, 2007; Davidson et al., 2003; Lazar et al., 2005) medical practice (Epstein, 1999), and mental health practice (Baer, 2006; Germer, Siegel, & Fulton, 2005; Hayes, Follett, & Linehan, 2004; Siegel, 2007; Shapiro & Carlson, 2009), as well as various other disciplines, such as business (Boyatzis & McKee, 2005), economics (Badiner, 2002), education (Greenland, 2010) and politics (Ryan, 2012). Marriage and family therapists have tentatively begun to explore the application of these practices, particularly in relationships and intimacy (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007; Pruitt & McCollum, 2010; Wachs & Cordova, 2007), empathy (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007), understanding suffering (Gehart & McCollum, 2007) and working with couples (Carson, Carson, Gil, & Baucom, 2006; Gambrel & Keeling, 2010). Gehart and McCollum (2008) have brought this discussion to the professional development of

marriage and family therapists, distinguishing mindfulness meditation as a way to stay present to internal experience, without judgment, and extend therapeutic presence with clients.

Meditation Practices in Therapeutic Models

At one level, meditation practices are being introduced into the psychotherapies as client interventions. The exploratory research into the effectiveness of Buddhist meditation, in particular mindfulness practice, as an intervention for clients has been increasing as mindfulness training enters the mainstream of psychotherapy and counseling program curricula. Therapists are being introduced to these as methods and skills building, emerging from Buddhist tradition. These practices have been linked to empathy and relationship building skills, for both therapist development and for client therapeutic outcomes (Bruce, Manber, Shapiro, & Constantino, 2010; Fauth, Gates, Vinca, Boles, & Hayes, 2007). They have also been secularized and permeate more recent cognitive-behavioral models of therapy, reformulating more traditional therapy models. Dialectical behavior therapy (DBT; Linehan, 1993; Miller, Rathus, Linehan, & Swenson, 2006) was developed integrating Zen Buddhist practice and psychotherapy interventions for patients with diagnoses of borderline personality disorder and adolescents who show suicide risk. Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2011) and mindfulness-based cognitive therapy for depression (MBCT; Segal, Williams, & Teasdale, 2002) are also founded on Buddhist practices of focusing intention, attention, and allowing experience to be as it is without the amplifications of patterned minds and mental habits.

As one searches the individual psychotherapy literature on the intersection of mindfulness and meditation with psychotherapy, an abundance of models are beginning to emerge, specializing in particular aspects of Buddhist practices: managing substance abuse

(Marlatt, 2002), mindfulness-based eating awareness training for eating disorders (MB-EAT; Kristeller & Hallet, 1999), insight dialog (Kramer, 2007), compassion-focused therapy (CFT; Gilbert, 2009), and mindful self-compassion (MSC; Neff, 2012). The application of Buddhist meditation to psychotherapy has a longer history in the individually focused therapy models than in marriage and family therapy models. Research is beginning to explore, however, how family therapists implement mindfulness and other Buddhist meditation practices with relational clients (Gale, 2009), through programs such as, mindfulness-based relationship enhancement (MBRE; Carson et al., 2006) and mindful parenting (Goodman, Greenland, & Siegel, 2012).

The Personal and Professional Lives of Therapists

The training to apply Buddhist meditation and mindfulness-informed therapy models is always accompanied by the caveat that the therapist first needs to cultivate their own meditation practice (Kabat-Zinn, 1990). What becomes apparent in searching this application of Buddhist meditation method in therapy models, more recently, are accounts by the therapists and practitioners themselves regarding their own application of these practices in their personal lives, as well as their professional lives (Bien, 2006; Germer et al., 2005; Hick & Bien, 2008). These conversations of therapists with therapists bring the intersection of the personal and the professional into focus and can serve to model continuous professional development of seasoned practitioners for more novice and intermediate clinicians. This is an important research direction, particularly in family therapy in which self-of-the-therapist work is integral in training new therapists in their professional roles (Aponte et al., 2009). Much of the self-of-the-therapist professional development literature features the need for therapists to self-reflect and with awareness to examine their own personal attitudes and history, so as to be clear in their interventions with their clients.

There is much less information on how this personal and professional self-reflection is supported once trainees leave the training community and required supervision relationships for licensure. The purpose of this article is to identify and review studies of meditation practices that impact therapist personal selves and therapeutic practice, developing from trainee-centered practice to experienced clinicians in the field. There is also a growing body of literature investigating the impact of meditation on the therapist's qualities and skills in the therapeutic relationship. This review identifies the key themes of this therapist-centered research in meditation and its potential for impact on therapists' personal and professional lives.

Literature Review

For this review, several permutations of *Buddhism, dharma, meditation, and mindfulness* were used to search for the descriptors of dharma practice, or the practice of Buddhist teachings, interchanged with the keywords of *personal growth or development or self* and *professional or professional growth or development*. In addition, a variety of terms were used for professional practice: *psychotherapist, therapist, and marriage and family therapist*. The final keywords used for this review were *meditation AND therapist or psychotherapist AND personal or professional*. This yielded the widest range of studies that focused on the therapist and included several formulations of constructs for 'meditation practice'.

The EBSCOhost PsychInfo Research Database was accessed through a university library system and served as the search engine. This database is an online resource for the largest selection of peer reviewed full text research psychology articles. Only articles published in English were selected for this literature review. Full text articles were searched for inclusion as research studies within a ten-year period related to the subject. The inclusion criteria for this

review were: a) published between 2004 and 2014; b) exploring the therapist's practice of meditation; and c) studies of therapists' personal or professional lives.

The initial search identified 48 journal articles. There were 19 articles that were not studies, but were editorials, reflections, interviews, or reviews. These were excluded. Ten articles were also excluded since they did not meet the review criteria exploring meditation related to therapist personal or professional lives. Nineteen articles met the inclusion criteria of a) between 2004 and 2014; b) exploring meditation; and c) studies related to therapist personal or professional lives and were reviewed. The results of the review are summarized in Table 1. Four broad themes are distinguished and reported below: a) presence and acceptance; b) empathy; c) countertransference; and d) self-care/compassion and gratitude. Many of the articles discussed more than one of these themes. This overlap will be reflected in the review discussion.

Presence and Acceptance

Presence has been described in the literature as being with awareness in the moment (Davis, 2010; Gehart & McCollum, 2008; Geller & Greenberg, 2011); acceptance is regarded as a non-judgmental stance, allowing for experience to unfold (Gehart & McCollum, 2007). There was a predominant theme in six studies focusing on the therapist's quality of presence, and the impact of meditation overall on attention and awareness in the therapeutic relationship.

Therapists described their experience of being in the therapy room as focused in the present moment with the client. Meditation practices, such as mindfulness, supported therapists in cultivating this attention and open space for whatever was arising in the moment within the therapy relationship.

Nanda (2005) explored the phenomenological experiences of eight therapists through semi-structured interviews. Participants identified two main themes: being with what is and

transformational relational change. Their enhanced sense of *presence* facilitated them to stay with their own inner feelings, as well as whatever their clients were expressing. The research data showed that meditation helped them to be less reactive, more open and attentive to their clients, while letting go of needs to control or judge.

Presence is an active quality of the mind to notice experience as it arises, without the mind getting caught in the experience itself. Whatever arises may be momentary experiences of sensations, thoughts, or emotions, i.e. what is seen, heard, tasted, smelled, touched, felt or thought. A therapist who is experiencing and demonstrating presence also has the capacity to notice what is happening in the therapy room from a mind state of equanimity. This quality of equanimity creates a spaciousness to allow experience, and at the same time to intentionally be aware of that experience (Kabat-Zinn, 1990).

In 2006, Wang conducted a mixed methods study with a quantitative phase comparing two samples of practicing therapists, one group who also practiced meditation ($n = 21$) and one group of non-meditators ($n = 35$). Using the Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003) for perceived attention and awareness and the Balanced Emotional Empathy Scale (BEES; Mehrabian, 1996) to measure empathy, the results showed a significant positive correlation between empathy and meditation practice. Qualitative follow-up interviews with eight participants from the meditators group also supported themes of an increased sense of presence and more focused attention with meditation practice. Participants in the interview phase also reported an increased sense of acceptance and calmness, which contributed to the quality of their therapeutic interactions.

In a subsequent study of trainee family therapists' experiences of learning mindfulness meditation in their training program, McCollum and Gehart (2010) analyzed data from the

weekly journals that students kept during the course. Using thematic content analysis, the entries from thirteen participants that related to their clinical practice were analyzed and showed a theme of feeling able to be more present in therapy sessions. Participants felt that through the course's mindfulness training, they were more able to pay attention to what they were themselves experiencing in session, as well as increasing their capacity to be more aware of what their clients were saying or showing. These therapists in training were able to distinguish this capacity to attend to both themselves and their clients in the present moment during sessions with awareness and without losing their sense of being grounded when strong emotions were expressed.

McCollum and Gehart's (2010) transcript examples also describe the therapists' lived experience of letting go of *doing* something, fixing, interrupting, acting, and instead, *letting be*. This dialectic of being and doing is discussed in the mindfulness and meditation research literature base (Kabat-Zinn, 1990). Presence features an *active being* mode, in which therapists in training learned to be in a different relationship with themselves through their mindfulness practice, and then were able to show this learned capacity of being with their clients. Acceptance of 'what is' became more prominent for the therapists, including in-the-moment noticing of their own reactive habits when faced with client emotion.

Bath's (2013) study took a direction of investigating the phenomenological accounts of five experienced therapists who practiced sandplay therapy as well as Buddhism. The primary research inquiry focused on how sandplay therapy practice may be convergent with Buddhist meditative practices (Bath, 2013). The semi-structured interviews explored the clinical approach, teaching practices, and understanding of suffering and healing as expressed and lived by these therapists in their professional lives. This exploration featured how experience in

meditation practices facilitates the cultivation of a ‘free and protected therapeutic space’ that is characterized by a non-intrusive presence on the part of the therapist. This presence encourages play, acceptance of what is, and an attitude of not-knowing, a stance that characterizes both Buddhist practice and therapeutic approach.

Bath’s (2013) research participants all had long-term daily meditation practices and were able to relate their experience as Buddhist dharma students to their professional practice of sandplay therapy with their clients. Each of the participants expressed their understanding of their professional work as being supported by their Buddhist understanding of suffering and of the nondual basic nature of their clients, as well as of themselves. In Buddhist understanding, our minds perceive in dualities, our *self* as the subject perceiving *other* as the object. Non-duality goes beyond this conventional perception to an experience of what is named *one taste*, no separation of experiencer and experienced (Tsoknyi Rinpoche, 1998) and it underlies the quality of presence. All of the participants related a narrative that explained how their Buddhist training in meditation helped them to develop an acceptance of their own minds. The findings in this study discussed this quality of therapeutic presence as coming from the therapist’s own capacity to be in the moment as witness to their own inner experience and to what the clients were expressing through their sandplay clinical work.

Yeomans (2013) conducted a further variation study with experienced Buddhist contemplative psychotherapists to develop a grounded theory of unconditioned presence. The process for evoking presence in a client was described as contingent upon the quality of presence in the therapist. There was an associative relationship between the therapist’s capacity for presence and the potential for evoking this in the client. Drawing upon Buddhist teachings and meditation practices, his research delineated contemplative therapists as facilitating resonance,

openness, receptivity, and a basic assumption of interconnectedness within the therapy relationship. The therapists in this study reported often dramatic changes towards well-being in their clients, as evocation of the client's own presence developed.

Bloom (2013) extended this focus on meditation through a mixed research study with therapists who practiced both mindfulness and therapy for at least six months. Eight participants, identifying various theoretical approaches, completed both quantitative and qualitative measures. Thematic analysis of semi-structured interview data indicated that *acceptance* is a predominant feature of the therapists' experience of both their therapeutic practice and their mindfulness practice. They described acceptance as the quality of being present to what is, "without pushing for or against it" (Bloom, 2013, p. 72).

They also reported that acceptance in one's self as a therapist was critically related to acceptance of the client. Other participants expanded on this theme indicating that acceptance was related to being less critical and less judgmental, with an increased awareness of when one has expectations for change to occur. The results of the quantitative analysis supported these findings. Participants reported increased acceptance of themselves and others, decreased judgment of self and other, and increased gentleness in their experience of their mind with meditation practice.

These studies point to the positive relationship between meditation and developing an increased capacity in the therapist for presence in the therapy encounter and acceptance of what is arising in the moment. In the therapeutic process, this presence is experienced by the therapist as spacious, open, and promoting self-acceptance. These qualities of mind are described as integral to the attunement that is cultivated in the therapist-client interaction, promoting client acceptance by the therapist as well as facilitating the outcome of client self-acceptance. This

echoes the marriage and family therapy literature discussing the importance of therapist *way of being* (Fife, Whiting, Bradford, & Davis, 2014), *therapist factors* in the working alliance (Sprenkle & Blow, 2004), and therapist-client *interactional processes* (Sexton et al., 2004).

Therapists across the studies reported an increased self-awareness through their meditative practices that transferred to their professional work with clients. Both trainee therapists and experienced therapists representing several theoretical orientations reported that their mind training practices had helped them to find more calmness in themselves and more awareness of the skillful means to access their centered mind states, such as breath awareness training. Therapists experienced this capacity for spaciousness and centering as an important factor in their ability to stay with strong emotional expressions from their clients, as well as for them to notice their own emotional responses to their clients' stories without being caught in these emotions. This is an important finding which has relevance for therapist competence in working with multiple, relational clients who often present with fixed beliefs and volatility in their interactions, both in session and in their family lives.

For psychotherapists in training, the findings of the review bear significant insights to facilitate their personal and professional growth to promote noticing and staying with their own inner turmoil as the uncertainties of new therapeutic encounters unfold through their training, and to also have acceptance for wherever they are in their growth, without clinging to hopes and fears. For experienced therapists, a similar insight can also be fruitful. Professional development continues past training and licensing, and the capacity for therapists to attune to a wide range of clients expands as their scope of practice advances. The experienced practitioners in these studies echoed that of the trainees: deliberately training in meditative practices that teach

one to be present with their own minds opens the holding space for their clients to begin to evoke that still presence in their own experience, bringing relief for their suffering.

Empathy

A second theme evident in this literature review was the related quality of the therapist's increased capacity for empathy with training in meditation. In a study by Aiken (2006), the relationship between mindfulness and empathy was explored with long term meditators who were also experienced mental health practitioners. The meditation practices of mindfulness and of the *four immeasurables*: loving-kindness, compassion, appreciative joy, and equanimity, specific meditative practices found in Buddhist teachings, were explored.

The study data showed that all six experienced practitioners expressed that their mindfulness practice had increased their abilities to achieve a felt sense of their clients' experiences, that is, to increase empathy and attunement with their clients. These six respondents all had lived experiences of deeper felt empathic resonance with their clients' subtle shifts in the therapeutic encounter, which they attributed to their meditation experience. A second theme identified that mindfulness of thoughts practice supports attunement to clients' thought patterns and gave these therapists a skillful means to help clients slow down to notice these and develop a relationship to their own thoughts, rather than being overtaken by them. In addition, there was an increased sense of calm, patience for whatever the client brings, non-judgmental presence, and deeper compassion for their clients.

Grepmaier, Mitterlehner, Loew, and Nickel (2007) sought to extend these kinds of findings regarding the impact of meditation and therapist factors and conducted a preliminary study with psychotherapists in training (PiTs). Nine second-year trainee psychotherapist interns participated first as their own control group treating 113 patients for a nine-week period. A

subsequent nine-week intervention period consisted of these same PiTs participating in a one-hour guided meditation session each morning for five days before seeing patients. Their patients then completed the Session Questionnaire for General and Differential Individual Psychotherapy (STEP; Krampen, 2002) using a seven-step answer rating after each individual therapy session, which measures factors of the therapeutic process from the perspective of the client, such as relationship, problem-solving, and clarification. The study also used the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 2000) to measure patient outcomes.

Patients rated the therapists who had been practicing Zen Buddhist meditation each morning for the intervention phase higher on the STEP (Krampen, 2002). In order to extend these results beyond the study limitations of therapist skill development from the control phase to the intervention phase, Grepmaier, Mitterlehner, Loew, Bachler et al., (2007) conducted a subsequent study with two groups of PiTs, one who were practicing Zen meditation each morning for five mornings and one group of non-meditating PiTs. The results of this second study indicated that the patients of the PiTs who were practicing Zen meditation rated their therapists higher on the STEP (Krampen, 2002) than the non-meditating PiTs on several scales. In addition, patient outcomes on the SCL-90-R (Derogatis, 2000) were better for the intervention group of PiTs, supporting a positive impact of therapist meditation practice on client therapeutic outcome.

Plummer's (2008) quantitative study of both therapists and their clients was one study that did not support the results of a positive relationship between therapist self-reported meditation practice and their clients' perceived sense of empathy. Twenty-five psychologists currently active in providing psychotherapy participated. Participants were also asked to invite up to six of their current clients to complete an instrument that measured perceived empathy

from their therapist. Using the results of the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) from the therapist sample and the Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962) from the client sample, the research hypothesis was not supported. However, Plummer (2008) points to several significant limitations in the study. The first relates to the difficulty in recruiting participants for this dissertation study. The author reports that 1200 recruitment packets were posted to potential participant board registered psychologists with only 25 responses, 3.1% return rate. This is important in considering the reliability of the sample, as well as the size of the subsets for data analysis.

Keane (2014) conducted a mixed methods study of 40 practicing psychotherapists. Participants completed a quantitative postal survey, including the author designed Personal Mindfulness Practice and Psychotherapeutic Work Questionnaire (PMPPWQ; Keane, 2014), the Five Facet Mindfulness Scale (FFMS; Baer et al., 2006) and the Interpersonal Reactivity Index (IRI; Davis, 1983) measuring empathy. This study's purpose was two-fold: investigating the relationship between therapist practice of meditation and a) self reported mindfulness and b) self reported empathy. Quantitative results showed significant positive correlations between two factors on the FFMS (Baer et al., 2006) and meditation practice: non-judging and acting with awareness. In terms of measuring empathy, there were significant correlations between the observing, non-judging, and non-reactivity scales of the FFMS (Baer et al., 2006) and the global empathy scale of the IRI (Davis, 1983). In addition, the observing scale on the FFMS (Baer et al., 2006) was significantly correlated with empathic concern on the IRI (Davis, 1983). These results indicate the strong influence between engaging in meditation and mindfulness practices and empathy in the psychotherapy process.

The PMPPWQ (Keane, 2014) instrument also included open ended questions which were thematically analyzed and revealed similar themes to the quantitative results: a) mindfulness practice enhances attention and self-awareness, and b) regular mindfulness practice by therapists cultivated a sense of embodying qualities such as, calmness, acceptance, non-judgment, curiosity and openness. Keane (2014) then used these themes as platforms for the qualitative phase of the study with twelve selected participants. Seven themes were clustered in the interview data analysis: enhanced attention and self-awareness which mediated a deeper sense of being present, an internalization of qualities of acceptance, trust, and openness, a heightened awareness for self-care and how to meet those needs, changes in their interventions with clients and in how they understood their role and the therapeutic process, including both positive shifts and intensity challenges.

These five studies highlight the development of empathy between therapist and client as it is affected by meditation training on the part of the therapist in their personal and professional lives. The current wave of research into mindfulness practices and its relationship to skills such as empathy (Shapiro & Izett, 2008) have been supported by the concurrent development of validated instruments, such as the FFMQ (Baer et al., 2006). Two studies in this review are part of an exploratory research effort and provide some scaffolding on which to build more studies, such as that of Keane (2014), a mixed methods exploration using the Five Facet Mindfulness Questionnaire (Baer et al., 2006).

However, it is also important to note that quantitative instrument development for a psychological construct, such as mindfulness, is in its infancy phase. The FFMQ (Baer et al., 2006) and similar measures of mindfulness, such as the Mindful Attention Scale (MAAS; Brown & Ryan, 2003), the Freiburg Mindfulness Inventory (FMI; Walach, Buchheld, Büttenmüller,

Kleinknecht, & Schmidt, 2006), the Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004), the Cognitive and Affective Mindfulness Scale (CAMS; Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007), and the Mindfulness Questionnaire (MQ; Chadwick, Hember, Mead, Lilley, & Dagnan, 2005), all show preliminary good internal validity. However, they are still building their reliability across various research populations and similar to other, more traditional measures, are subject to diversity and cultural applications.

Countertransference

Two studies researched the relationship between countertransference and meditation. Countertransference refers to the therapist's experience of the client in the working alliance (Sexton et al., 2004). In the family therapy literature, this is often discussed as self-of-the-therapist issues, which when unexamined by the therapist can impinge on the therapeutic process. Increasing self-awareness of countertransference gives the therapist the capacity to self-monitor in session and to maintain ethical boundaries, important professional skills.

Kholooci (2007) explored the relationship between mindfulness practice by therapists and their experience of countertransference (CT) in their professional encounters with clients. The growing research into meditation and mindfulness is suggesting that self-awareness is enhanced, being present to what comes up in the therapy session is heightened, and the capacity to notice when one has been pulled away from attending in the present by thoughts or emotions is increased. Kholooci (2007) investigated if this positive influence could be extended to more awareness and responsiveness, rather than the reactivity that countertransference implies, thus providing safety nets for therapist countertransference and potential therapist abuse.

Sixty-three licensed therapists and one hundred forty trainee therapists ($n = 203$) were recruited to complete two quantitative instruments, the FFMQ (Baer et al., 2006) and the

Countertransference Questionnaire (CTQ; Betan, Heim, Conklin, & Westen, 2005). The research hypotheses that mindfulness meditation a) would be positively correlated with level of countertransference awareness; and b) would distinguish between licensed and unlicensed therapists were not supported. The findings supported that the amount of time in personal therapy positively influences CT awareness. Furthermore, three factors on the FFMQ (Baer et al., 2006) were predictive factors for improved CT awareness: observing, acting with awareness, and non-judging.

Fatter and Hayes (2013) studied the relationship between meditation and mindfulness and managing countertransference with trainee therapists. Using a quantitative research design, 100 trainee therapists responded to the FFMQ (Baer et al., 2006) and the Differentiation of Self Inventory-Revised (DSI; Skowron & Friedlander, 1998). Each therapist gave consent to include their supervisor in the study and 78 supervisors completed the Countertransference Factors Inventory-Revised (CFI-R; Van Wagoner, Gelso, Hayes, & Diemer, 1991). The hypothesis that years of meditation experience of therapists would be positively related to the evaluations of their supervisors was supported in the results. The findings of this study are important in the research base that is being established regarding meditation and mindfulness. In this quantitative data analysis, only the years reported meditating showed significance in influencing the capacity of trainee therapists to manage issues of countertransference; whereas the construct of mindfulness, as measured by the FFMQ (Baer et al., 2006), did not correlate. As with studies reviewed above, this may reflect the multidimensionality of *meditation* and of *mindfulness* as used in research studies.

These two studies support the growing professional interest in the usefulness of meditation and mindfulness in both the training of therapists, and in their future professional

lives. Kholooci (2007) and Fatter and Hayes (2013) sought to explore the relationship between meditation practice and therapists' capacity to notice and manage countertransference with clients. Given the limitations of recruitment, selection, and applicability of the measures available, the findings do support the discussion that therapist qualities of presence, empathy, non-judgment, non-reactivity, and self-insight can be enhanced through meditation. The definition of meditation varies across all of the research discussed in this literature review. This is important in understanding the apparent paradox of results of quantitative measures not supporting significance, when the voices of therapists in the qualitative studies are suggesting their meditation practices do enhance their ability to observe inner experience, differentiate this inner experience from client experience, and be more self-aware about their emotions and thoughts in the relationship.

Self-Care/Compassion and Gratitude

There are six studies included in this thematic group. Introduced into the distinctions reviewed above are particular meditation practices of yoga, qigong, loving-kindness, and gratitude journaling. These six studies focus on the relationship between meditation and therapist self-care, highlighting an important aspect of professional practice for therapists, that of compassion fatigue and burnout.

Christopher, Christopher, Dunnagan, and Schure (2006) did the earliest research study in this composite of self-care research and mindfulness with counselors or therapists in training. In an experiential graduate course for exploring stress and mind-body awareness practices, counseling trainees were introduced to mindfulness practices. At the completion of their course, one of the researchers conducted a focus group with 11 of the participating students to gather their experiences. Thematic analysis of the focus group transcript data showed that students felt

they had learned more self-awareness through their mindfulness practices and were better prepared to handle stress in their professional lives working with clients.

This experience of being better able to center oneself with clients through mindfulness practice and so facilitate more self-acceptance and self-care was echoed by the trainee therapists in Shapiro, Brown, and Biegel's (2007) study using mindfulness practice, as taught through an eight-week mindfulness-based stress reduction course. McCollum and Gehart's (2010) later study also provided support for these themes. Using a cohort research design, Shapiro et al. (2007) investigated the relationships between a specific mindfulness training program, mindfulness-based stress reduction (MBSR) and self-reported increased mindfulness in a cohort of trainee therapists. They also looked at the relationship between mindfulness and positive health outcomes, such as relieving stress and increasing well-being. With a treatment group of 22 trainees and two combined control groups totaling 32, the results of their quantitative study showed significant increases in positive affect and self-compassion, with decreases in perceived stress, negative affect, anxiety, and rumination through the intervention of MBSR. Their findings also supported a correlation between MBSR training and some aspects of mindfulness, namely, increased mindful attention and awareness and self-compassion with decreased rumination, trait anxiety, and perceived stress.

Harris (2010) also conducted a study with eight clinical psychology interns, using a modified MBSR program that included a module on values enhancement. Administering six quantitative measures, Harris' (2010) single subject, multiple baseline study showed partial support for the observing and describing factors on the (Baer et al., 2006), the Perceived Stress Scale (PSS; Cohen & Williamson, 1988), the Acceptance and Action Questionnaire (AAQ; Hayes et al., 2004b), and on qualitative self-care behavior logs. In this study, as reported in other

studies, sampling was a limitation. One hundred twenty participants were contacted, with only eight completing baseline, intervention and follow-up phases. This study also demonstrates an ambitious design across six dependent variables, three groups, and three measurement phases. However, its relevance lies in its intention to evaluate a mindfulness program's effectiveness in enhancing therapists' self-care behaviors and providing yet another building block towards a solid research base.

LeFevre (2012) investigated several conditions that might benefit therapists' and trainee therapists' experiences of self-care to counteract compassion fatigue. Mindfulness was measured using the FFMQ (Baer et al., 2006). Results of correlations showed that mindfulness meditation was significantly related to lower levels of burnout and secondary traumatic stress. This quantitative study with 80 therapists is further support for continued research into the effects of meditation training and practice, in this case, mindfulness meditation and reported compassion fatigue.

Boellinghaus, Jones, and Hutton (2013) investigated the experiences of 12 trainee therapists through qualitative interviews following an eight-week group course, teaching lovingkindness meditation (LKM) practices. This is a particular form of meditation practice that involves intentional aspirations of kindness towards self and relationships with others one may feel connection toward, disconnection toward, or indifference toward. Several themes were identified related to lovingkindness meditation's impact on the therapist's self, their relationships, and both their personal and professional lives. Participants felt that LKM increased their self-awareness and self-compassion, as well as their connectedness and compassion for others. They felt these qualities enhanced their capacity to stay with their own

difficult feelings and practice self-care. Participants felt they were able to bring more of themselves to their client interactions, beyond intervention techniques or models.

The final study reviewed in this category, Cheblak et al. (2013) provides another dimension to the relationship between meditation practices and self-care behaviors and conditions. In this qualitative study with nine counseling psychology trainees, an intervention phase was measured through thematic analyses of weekly journal diaries and an end-point interview. Trainee therapists were guided through a ten-minute meditation period, after which they completed a five-minute semi-structured journal entry. These entries were analyzed at 11 weeks along with the transcript from 60-90 minute interview for each participant. Participants first reported that the short regular practice interval before their clinic work was more practical for everyday life. Shifts in negative and neutral relationships to a more positive attitude also emerged as a theme from the meditation and gratitude journaling. In addition, gratitude practices and mindfulness awareness of presence, calm, acceptance, and self-compassion echoed earlier research studies connecting meditation practices of lovingkindness to self-care and self-acceptance.

These six studies show the supplemental effects, both qualitative and quantitative, that practices such as lovingkindness, gratitude, and modified versions of MBSR have on therapists' experiences of self-acceptance, self-care behaviors, and burnout. They are limited by the difficulties in many of them with recruiting stable samples to complete the phases of the research procedure, and the definition of meditation practice varies across length of time meditating, length of actual meditation practice, and type of practice. However, even given these variations in measures, their findings do point to the positive impact that therapists with different meditation experience report is helping them to be more present to, and self-accepting of, their

own distress and their clients' distress. They also call for continued research to clarify what factors of these meditation practices are the most feasible to teach in training programs, as well as which ones are more likely to produce continued habits of support for self-care and compassion in the therapeutic process as professional careers advance.

Discussion

Research on meditation practices and their impact on the personal and professional lives of therapists has varied in the past ten years. Early studies reviewed above show how academic personnel in therapy training programs and doctoral students first ventured into exploring the application of meditation, particularly mindfulness influences, on therapeutic practice. This research base includes studies with both trainee therapists and experienced, licensed practitioners. Looking across the 19 studies reviewed, there is also a variation in methods used. Many of the qualitative studies have used phenomenological approaches to making sense of interview transcripts, forum discussion transcripts, and journal entries. There are also studies that represent a quantitative approach in gathering data, using fledgling instruments to measure mindfulness, sometimes in coordination with more traditional measurements, such as empathy, client symptoms, stress, and countertransference scales. A number of these studies also combine research approaches, usually with a quantitative survey measure, followed by a more selective sample from this larger one, to focus on interviews.

In reviewing these 19 studies, it is evident that recruitment for large samples has been challenging. It should also be noted that ambitious research designs might be premature at this young stage of research building. The constructs of meditation and mindfulness, while defined by new quantitative measures, are also being shown in the qualitative literature as understood by clinicians themselves as varying, with varying definitions of meditation practices, such as

mindfulness. This would seem to imply that there is still a need for descriptive research to understand how therapists themselves are practicing meditation in their lives, how they define it in practice, and how they describe their use of this training with their clients.

One factor that seems apparent across the studies is the building and/or confirmation of theory that meditation practices appear to enhance both the therapists' relationship qualities, as well as their alliance with clients. Several studies focusing on the therapist qualities of presence, without expectation or judgment of themselves or of their clients, have supported the theory that practicing meditation sharpens one's mind to focus, while concurrently softening one's attitude to allow all things to arise, with a sense of being able to meet this uncertainty with calm. This has implications for the therapeutic relationship and the change process interactions between therapist and client as identified by Sexton et al. (2004). There is a growing research base that the experiences of therapists, whether they are at a novice stage of meditation training, or a more long term, committed life style stage of meditation practice, show that their professional attunement and acceptance capacities are increased in the therapeutic relationship.

This overall finding moves across the therapists' own sense of self-attunement and self-compassion through to their resonance with their clients' experience. These studies show innovation in exploring other therapist factors, such as how meditation mediates for self-care, acting as a buffer and support to decrease or avoid compassion fatigue. There is also research suggesting that meditation practice might ameliorate the potential for countertransference confusion and how meditation practices might bring light to these common, unexamined possibilities for ethical breaches of clinical trust.

Implications for Further Research

The studies reviewed invite further exploration into how therapists who are practicing mindfulness or meditation move between their personal practice and their professional practice. What is different about their training as meditators and their training as therapists? Is the movement from personal to professional always a positive and congruent path or are there moments when the two practices collide? How are they supported? What do therapists introduce to clients? How do they discern which clients are receptive?

These are questions that merit further study to clarify the usefulness of these meditation trainings for professional practice in the therapy room and to support therapists' own competencies. In particular, the relationship between meditation and developing therapeutic presence is applicable to family therapists who work with multiple clients. Their therapeutic attention is often divided among many client members presenting simultaneously. Couple and family configurations can often be characterized by volatile emotions being expressed by several members in a session, as well as working to identify and unlock unhealthy, reactive, interactive patterns. The quantity and quality of interactions in a family therapy session can challenge both trainee therapists and more experienced clinicians. It would seem imperative that any supplemental personal training in focusing attention, allowing spaciousness, increasing the capacity for non-judgmental awareness and empathy, and protecting therapists from compassion fatigue and unexamined countertransference would be worth further exploration in family therapy.

It is becoming more apparent in the literature that training programs are beginning to introduce meditation practices, particularly mindfulness-based programs, into their professional development courses for trainees. While the research currently appears to lean in the direction of

benefits to the therapist and to the client, what is not so apparent are the moments when there might be friction between the view of meditation and its application in professional practice. It would seem valuable to inquire from experienced therapists, who are also experienced or committed meditators in their personal lives, how they move between their meditation training and the therapy room. Qualitative inquiry into their experiences as they have grown in both practices would add to the growing research base on how to train in and apply these practices to enhance the therapeutic process. This would give insights both into what works well with individuals, couples, and families, and what therapists need for support as they move between the worldviews of each practice.

References

- Aiken, G. A. (2006). *The potential effect of mindfulness meditation on the cultivation of empathy in psychotherapy: A qualitative inquiry* (Order No. 3217528). Available from ProQuest Dissertations & Theses Full Text. (250842384). Retrieved from <http://search.proquest.com.antioch.idm.oclc.org/docview/250842384?accountid=26438>
- Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, 35, 381-394. doi:10.1111/j.1752-0606.2009.00123.x
- Badiner, A. H. (2002). *Mindfulness in the marketplace: Compassionate responses to consumerism*. Berkeley, CA: Parallax Press.
- Baer, R. A. (Ed.). (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and application*. Burlington, MA: Academic Press.
- Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11, 191-206.
doi:10.1177/1073191104268029
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27-45.
doi:10.1177/1073191105283504
- Barnes, S., Brown, K. W., Krusemark, E., Campbell, W. K., & Rogge, R. D. (2007). The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. *Journal of Marital and Family Therapy*, 33, 482-500. doi:10.1111/j.1752-0606.2007.00033.x

- Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs: General and Applied*, 76(43), 1-36.
doi:10.1037/h0093918
- Bath, L. E. (2013). *The impact of Buddhism upon sandplay: Mindful consciousness and "free and protected space"* (Order No. 3509442). Available from ProQuest Dissertations & Theses Full Text. (1019808474). Retrieved from
<http://search.proquest.com.antioch.idm.oclc.org/docview/1019808474?accountid=26438>
- Beach, M. C., Roter, D., Korthuis, P. T., Epstein, R. M., Sharp, V., Ratanawongsa, N., & ... Saha, S. (2013). A multicenter study of physician mindfulness and health care quality. *Annals of Family Medicine*, 11, 421-428. doi:10.1370/afm.1507
- Begley, S. (2007). *Train your mind, change your brain: How a new science reveals our extraordinary potential to transform ourselves*. New York: NY. Ballantine Books.
- Betan, E., Heim, A. K., Conklin, C. Z., & Westen, D. (2005). Countertransference phenomena and personality pathology in clinical practice: An empirical investigation. *The American Journal of Psychiatry*, 162, 890-898. doi:10.1176/appi.ajp.162.5.890
- Bien, T. (2006). *Mindful therapy: A guide for therapists and helping professionals*. Boston, MA: Wisdom Publications.
- Block-Lerner, J., Adair, C., Plumb, J. C., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does nonjudgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy*, 33, 501-516. doi:10.1111/j.1752-0606.2007.00034.x

- Bloom, E. P. (2013). *Mindfulness meditation and acceptance: The lived experience of psychotherapist practitioners* (Order No. 3557144). Available from ProQuest Dissertations & Theses Full Text. (1335917805). Retrieved from <http://search.proquest.com.antioch.idm.oclc.org/docview/1335917805?accountid=26438>
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education In Professional Psychology, 7*, 267-277.
doi:10.1037/a0033092
- Boyatzis, R. E., & McKee, A. (2005). *Resonant leadership: Renewing yourself and connecting with others through mindfulness, hope, and compassion*. Boston, MA: Harvard Business School Press.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822-848.
doi:10.1037/0022-3514.84.4.822
- Bruce, N. G., Manber, R., Shapiro, S. L., & Constantino, M. J. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy: Theory, Research, Practice, Training, 47*, 83-97. doi:10.1037/a0018842
- Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2006). Mindfulness-based relationship enhancement (MBRE) in couples. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications* (pp. 309-331). San Diego, CA, US: Elsevier Academic Press. doi:10.1016/B978-012088519-0/50015-0
- Chadwick, P., Hember, M., Symes, J., Peters, E., Kuipers, E., & Dagnan, D. (2008). Responding mindfully to unpleasant thoughts and images: Reliability and validity of the Southampton

- mindfulness questionnaire (SMQ). *British Journal of Clinical Psychology*, 47, 451-455.
doi:10.1348/014466508X314891
- Cheblak, C. M., James, S., Westwood, M. J., Gockel, A., Zumbo, B. D., & Shapiro, S. L. (2013). Mindfulness meditation & gratitude journaling: The experiences of graduate counselling psychology students. *Counselling and Spirituality/Counseling et Spiritualite*, 32, 79-103.
- Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 46, 494-509.
doi:10.1177/0022167806290215
- Cohen, S., & Williamson, G. M. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: The Claremont symposium on applied social psychology*. (pp. 31-67). Newbury Park: CA.
- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., ... Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65, 564-570.
doi:10.1097/01.PSY.0000077505.67574.E3
- Davis, D. M. (2010). Mindfulness and supervision: What psychotherapists need to know. *Psychotherapy Bulletin*, 45, 9-17.
- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, 44, 113-126.
doi:10.1037/0022-3514.44.1.113
- Derogatis, L. R. (2000). SCL-90-R. In A. E. Kazdin (Ed.). *Encyclopedia of psychology* (Vol. 7; pp.192-193). Washington, DC: American Psychological Association.

- Epstein, R. M. (1999). Mindful practice. *JAMA: Journal of the American Medical Association*, 282, 833-839. doi:10.1001/jama.282.9.833
- Fatter, D. M., & Hayes, J. A. (2013). What facilitates countertransference management? The roles of therapist meditation, mindfulness, and self-differentiation. *Psychotherapy Research*, 23, 502-513. doi:10.1080/10503307.2013.797124
- Fauth, J., Gates, S., Vinca, M. A., Boles, S., & Hayes, J. A. (2007). Big ideas for psychotherapy training. *Psychotherapy: Theory, Research, Practice, Training*, 44, 384-391. doi:10.1037/0033-3204.44.4.384
- Feldman, G., Hayes, A., Kumar, S., Greeson, J., & Laurenceau, J. (2007). Mindfulness and emotion regulation: The development and initial validation of the Cognitive and Affective Mindfulness Scale-Revised (CMS-R). *Journal of Psychopathology and Behavioral Assessment*, 29, 177-190. doi:10.1007/s10862-006-9035-8
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40, 20-33. doi: 10.1111/jmft. 12041.
- Gale, J. (2009). Meditation and relational connectedness: Practices for couples and families. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed.; pp. 247-266). New York, NY: Guilford Press.
- Gambrel, L. E., & Keeling, M. L. (2010). Relational aspects of mindfulness: Implications for the practice of marriage and family therapy. *Contemporary Family Therapy: An International Journal*, 32, 412-426. doi:10.1007/s10591-010-9129-z

- Gehart, D. R., & McCollum, E. E. (2007). Engaging suffering: Towards a mindful re-visioning of family therapy practice. *Journal of Marital and Family Therapy*, 33, 214-226.
doi:10.1111/j.1752-0606.2007.00017.x
- Gehart, D. R., & McCollum, E. E. (2008). Teaching therapeutic presence: A mindfulness-based approach. In S. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 176-194). New York, NY: Guilford.
- Geller, S. M., & Greenberg, L. S. (2011). *Therapeutic presence: A mindful approach to effective therapy*. Washington, DC: American Psychological Association.
- Geller, S. M., Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Psychotherapy Research*, 20, 599-610. doi:10.1080/10503307.2010.495957
- Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24, 178-192. <http://dx.doi.org/10.1037/a0037511>
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy*. New York, NY: Guilford Press.
- Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Therapy*, 3, 97-112. doi:10.1521/ijct.2010.3.2.97
- Goodman, T., Greenland, S. K., & Siegel, D. (2012). Mindful parenting a path to wisdom and compassion. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 295-310). New York, NY: Guilford Press.

Greenland, S. K. (2010). *The mindful child: How to help your kid manage stress and become happier, kinder, and more compassionate*. New York, NY: Free Press.

Grepmair, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007).

Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, 76, 332-338. doi:10.1159/000107560

Grepmair, L., Mitterlehner, F., Loew, T., & Nickel, M. (2007). Promotion of mindfulness in psychotherapists in training: Preliminary study. *European Psychiatry*, 22, 485-489.

doi:10.1016/j.eurpsy.2007.02.004

Harris, C. K. (2010). *The use of values-enhanced mindfulness-based stress reduction to increase self-care behaviors and well-being in clinical psychology trainees* (Order No. 3421914).

Available from ProQuest Dissertations & Theses Full Text. (756692323). Retrieved from <http://search.proquest.com.antioch.idm.oclc.org/docview/756692323?accountid=26438>

Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004a). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY: Guilford Press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and commitment therapy, second edition*. New York, NY: Guilford Press.

Hayes, S. C., Strosahl, K. D., Wilson, K. G., Bissett, R. T., Batten, S. V., Bergen, J. et al.

(2004b). Measuring experiential avoidance: A preliminary test of a working model.

Psychological Record, 54, 553-578.

Hick, S. F., & Bien, T. (Eds.). (2008). *Mindfulness and the therapeutic relationship*. New York, NY: Guilford Press.

- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Dell.
- Keane, A. (2014). The influence of therapist mindfulness practice on psychotherapeutic work: A mixed-methods study. *Mindfulness*, 5, 689-703. doi:10.1007/s12671-013-0223-9
- Kholooci, H. (2007). *An examination of the relationship between countertransference and mindfulness and its potential role in limiting therapist abuse* (Order No. 3280889). Available from ProQuest Dissertations & Theses Full Text. (304702201). Retrieved from <http://search.proquest.com.antioch.idm.oclc.org/docview/304702201?accountid=26438>
- Kramer, G. (2007). *Insight dialogue: The interpersonal path to freedom*. Boston, MA: Shambhala Publications.
- Krampen, G. (2002). *Sessions questionnaire for general and differential individual psychotherapy (STEP)*. Goettingen: Hogrefe.
- Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology*, 4, 357-363. doi:10.1177/135910539900400305
- Lazar, S. W., Kerr, C. E., Wasserman, R. H., Gray, J. R., Greve, D. N., Treadway, M. T.,... Fischl, B. (2005). Meditation experience is associated with increased cortical thickness. *NeuroReport: For Rapid Communication of Neuroscience Research*, 16, 1893-1897. doi:10.1097/01.wnr.0000186598.66243.19
- Lefevre, S. (2012). *Compassion, curiosity, mindfulness and flow: The conditions of psychotherapists' positive experience of the therapeutic process* (Order No. 3578731). Available from ProQuest Dissertations & Theses Full Text. (1502036878). Retrieved

from

<http://search.proquest.com.antioch.idm.oclc.org/docview/1502036878?accountid=26438>

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Marlatt, G. A. (2002). Buddhist philosophy and the treatment of addictive behavior. *Cognitive and Behavioral Practice*, 9, 44-49. doi:10.1016/S1077-7229(02)80039-6

McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy*, 36, 347-360. doi:10.1111/j.1752-0606.2010.00214.x

Mehrabian, A. (1996). *Manual for the Balanced Emotional Empathy Scale (BEES)*. (Available from Albert Mehrabian, 1130 Alta Mesa Road, Monterey, CA, 93940.)

Miller, A. L., Rathus, J. H., Linehan, M. M., & Swenson, C. R. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York, NY: Guilford Press.

Nanda, J. (2005). A phenomenological enquiry into the effect of meditation on therapeutic practice. *Counselling Psychology Review*, 20, 17-25.

Neff, K. (2012). The science of self-compassion. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion* (pp. 93-110). New York, NY: Guilford Press.

Negash, S., & Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital and Family Therapy*, 37, 1-13.

doi:10.1111/j.1752-0606.2009.00147.x

Plummer, M. P. (2008). *The impact of therapists' personal practice of mindfulness meditation on clients' experience of received empathy* (Order No. 3322265). Available from ProQuest

- Dissertations & Theses Full Text. (304817729). Retrieved from <http://search.proquest.com.antioch.idm.oclc.org/docview/304817729?accountid=26438>
- Pruitt, I. T., & McCollum, E. E. (2010). Voices of experienced meditators: The impact of meditation practice on intimate relationships. *Contemporary Family Therapy: An International Journal*, 32, 135-154. doi:10.1007/s10591-009-9112-8
- Ryan, T. (2012). *A mindful nation*. New York, NY: Hay House Inc.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford.
- Sexton, T. L., Ridley, C. R., & Kleiner, A. J. (2004). Beyond common factors: Multilevel-process models of therapeutic change in marriage and family therapy. *Journal of Marital and Family Therapy*, 30, 131-149. doi:10.1111/j.1752-0606.2004.tb01229.x
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, 105-115. doi:10.1037/1931-3918.1.2.105
- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
- Shapiro, S., & Izett, C. D. (2008). Meditation: A universal tool for cultivating empathy. In S. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 161-175) New York, NY: Guilford.

- Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21*, 581-599. doi:10.1023/A:1018700829825
- Siegel, D. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York, NY: W. W. Norton & Company.
- Skowron, E. A., & Friedlander, M. L. (1998). The Differentiation of Self Inventory: Development and initial validation. *Journal of Counseling Psychology, 45*, 235-246. doi:10.1037/0022-0167.45.3.235
- Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*, 113-129. doi:10.1111/j.1752-0606.2004.tb01228.x
- Tsoknyi Rinpoche, D. (1998). *Carefree dignity: Discourses on training in the nature of mind*. Hong Kong: Rangjung Yeshe.
- Van Wagoner, S. L., Gelso, C. J., Hayes, J. A., & Diemer, R. A. (1991). Countertransference and the reputedly excellent therapist. *Psychotherapy: Theory, Research, Practice, Training, 28*, 411-421. doi:10.1037/0033-3204.28.3.411
- Wachs, K., & Cordova, J. V. (2007). Mindful relating: Exploring mindfulness and emotion repertoires in intimate relationships. *Journal of Marital and Family Therapy, 33*, 464-481. doi:10.1111/j.1752-0606.2007.00032.x
- Walach, H., Buchheld, N., Buttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness--The Freiburg Mindfulness Inventory (FMI). *Personality and Individual Differences, 40*(8), 1543-1555. doi:10.1016/j.paid.2005.11.025
- Wang, S. J. (2006). *Mindfulness meditation: Its personal and professional impact on psychotherapists* (Order No. 3226246). Available from ProQuest Dissertations & Theses

Full Text. (250825359). Retrieved from

<http://search.proquest.com.antioch.idm.oclc.org/docview/250825359?accountid=26438>

Yeomans, J. E., Jr. (2013). *The theory of evoking unconditioned presence: A grounded theory study* (Order No. 3560758). Available from ProQuest Dissertations & Theses Full Text.

(1357069941). Retrieved from

<http://search.proquest.com.antioch.idm.oclc.org/docview/1357069941?accountid=26438>

Table 1
Literature Review Findings

APA Citation	Participants	Study Information	Theme(s) of the Article
1. Keane, A. (2014). The influence of therapists' personal practice of mindfulness meditation on clients' experience of received empathy. <i>Mindfulness</i> , 5, 689-703. doi:10.1007/s12671-013-0223-9	40 Patients 12 Psychotherapists in Training (PiTs)	Mixed methods Part 1: survey PMPPWQ; FFMQ; IRI; Part 2: semi-structured interviews Themes: enhanced attention and self-awareness; improved ability to be present and attune to their clients; increased awareness of self-care needs and providing support for them Findings suggest mindfulness can increase therapist abilities (attention) and qualities (empathy)	Empathy
2. Bath, L. E. (2013). <i>The impact of Buddhism upon sandplay: Mindful consciousness and "free and protected space"</i> (Order No. 3509442). Available from ProQuest Dissertations & Theses Full Text. (1019808474). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/1019808474?accountid=26438	5 Teaching members of International Society of Sandplay Therapists	Interviews Themes: meditation practices develop a free and protected therapeutic space and increased therapist awareness skills to create container/therapeutic relationship for clients – more presence and acceptance	Presence and Acceptance
3. Bloom, E. P. (2013). <i>Mindfulness meditation and acceptance: The lived experience of psychotherapist practitioners</i> (Order No. 3557144). Available from ProQuest Dissertations & Theses Full Text. (1335917805). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/1335917805?accountid=2643	8 Therapists/Student Therapists	Mixed methods: a semi-structured interview plus quantitative measures positive correlation between meditation and acceptance	Presence and Acceptance
4. Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. <i>Training and Education in Professional Psychology</i> , 7, 267-277. doi:10.1037/a0033092	12 Trainee Therapists	Interviews, post 6-week Lovingkindness Meditation (LKM) course Thematic analysis: Engaging with the practice of LKM – challenging to engage intellectually concurrent with experiential practice; emotionally both soothing and intense; variations in	Self-Care Compassion and Gratitude

APA Citation	Participants	Study Information	Theme(s) of the Article
		safety of practice related to intense nature; support of personal practice space and group Impact on self – increased self-awareness, self-compassion, half felt more self-confident Impact on relationships – more aware of relationship patterns, more compassion for others, increased social connectedness with peers, support for interpersonal difficulties Bringing compassion into the therapy room – integrating LKM into daily life	
5. Cheblak, C. M., James, S., Westwood, M. J., Gockel, A., Zumbo, B. D., & Shapiro, S. L. (2013). Mindfulness meditation & gratitude journaling: The experiences of graduate counselling psychology students. <i>Counselling and Spirituality/Counseling et Spiritualite</i> , 32, 79-103.	9 Trainee Counseling Psychologists in second year	Thematic analysis: routine & structure; relationships; attitudes of mindfulness; & overall impacts Journaling themes: relationships; situational/life circumstances; & ineffable life enhancers	Self-Care Compassion and Gratitude
6. Fatter, D. M., & Hayes, J. A. (2013). What facilitates countertransference management? The roles of therapist meditation, mindfulness, and self-differentiation. <i>Psychotherapy Research</i> , 23, 502-513. doi:10.1080/10503307.2013.797124	100 Trainee Therapists 78 Supervisors	Correlational Survey Years of meditation experience significantly correlated to CT management qualities; mindfulness and self-differentiation did not show significance	Counter transference
7. Yeomans, J. E., Jr. (2013). <i>The theory of evoking unconditioned presence: A grounded theory study</i> (Order No. 3560758). Available from ProQuest Dissertations & Theses Full Text. (1357069941). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/1357069941?accountid=26438	11 Licensed Clinical Social Workers, Clinical Counselors and Psychologists recruited through contemplativepsychotherapy.net and internet	Grounded theory Associative relationship between therapists' own meditation practice and evoking unconditional presence in clients	Presence and Acceptance
8. Lefevre, S. (2012). <i>Compassion, curiosity, mindfulness and flow: The conditions of psychotherapists' positive experience of the therapeutic process</i> (Order No. 3578731). Available from	80 Therapists, including Interns	Correlational Mindfulness meditation was significantly correlated with lower levels of compassion fatigue, that is, burnout, secondary	Self-Care Compassion and Gratitude

APA Citation	Participants	Study Information	Theme(s) of the Article
<p>ProQuest Dissertations & Theses Full Text. (1502036878). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/1502036878?accountid=26438</p>		<p>traumatic stress, and compassion satisfaction</p>	
<p>9. Harris, C. K. (2010). <i>The use of values-enhanced mindfulness-based stress reduction to increase self-care behaviors and well-being in clinical psychology trainees</i> (Order No. 3421914). Available from ProQuest Dissertations & Theses Full Text. (756692323). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/756692323?accountid=26438</p>	<p>8 Trainee Clinical Psychologists</p>	<p>Single subject, multiple baselines Partial support for observing and describing factors on FFMQ, PSS, AAQ, and self-care behavior logs</p>	<p>Self-Care Compassion and Gratitude</p>
<p>10. McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. <i>Journal of Marital and Family Therapy</i>, 36, 347-360. doi:10.1111/j.1752-0606.2010.00214.x</p>	<p>13 MFT Masters Level Students</p>	<p>Thematic analysis of journal entries Themes: Therapists capacity to be present in the therapy sessions, both present to their inner experience and to their clients was increased Therapists' capacity to stay with distressing emotions, as expressed by clients or within themselves was increased through meditative practices, of mindfulness breathing and noticing Therapists experienced a shift from needing to do something to just being present, accompanied with more of a feeling of self acceptance and compassion and compassion and acceptance of their clients</p>	<p>Presence and Acceptance Self-Care Compassion and Gratitude</p>
<p>11. Plummer, M. P. (2008). <i>The impact of therapists' personal practice of mindfulness meditation on clients' experience of received empathy</i> (Order No. 3322265). Available from ProQuest Dissertations & Theses Full Text. (304817729). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/304817729?accountid=26438</p>	<p>25 Therapists 43 Clients</p>	<p>Correlational FFMQ; BLRI Results showed negative relationship between meditation practice and client experience of received empathy</p>	<p>Empathy</p>

APA Citation	Participants	Study Information	Theme(s) of the Article
<p>12. Grepmair, L. Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. <i>Psychotherapy and Psychosomatics</i>, 76, 332-338. doi:10.1159/000107560</p>	<p>124 Inpatients 18 Psychotherapists in Training (PiTs) in second year internship</p>	<p>2 9-week treatment phases treatment group with PiTs who meditated; control group with no meditating PiTs Higher evaluation for individual therapy on 2 STEP scales</p>	<p>Empathy</p>
<p>13. Grepmair, L. Mitterlehner, F., Loew, T., & Nickel, M. (2007). Promotion of mindfulness in psychotherapists in training: Preliminary study. <i>European Psychiatry</i>, 22, 485-489. doi:10.1016/j.eurpsy.2007.02.004</p>	<p>113 Inpatients 9 Second year Intern Psychotherapists</p>	<p>Control group then treatment group Higher assessment of individual therapy by patients on STEP</p>	<p>Empathy</p>
<p>14. Kholooci, H. (2007). <i>An examination of the relationship between countertransference and mindfulness and its potential role in limiting therapist abuse</i> (Order No. 3280889). Available from ProQuest Dissertations & Theses Full Text. (304702201). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/304702201?accountid=26438</p>	<p>63 Therapists +140 Trainee Therapists</p>	<p>Positive correlation between mindfulness self-awareness behavior and countertransference</p>	<p>Counter transference</p>
<p>15. Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. <i>Training and Education in Professional Psychology</i>, 1, 105-115. doi:10.1037/1931-3918.1.2.105</p>	<p>64 Masters level Counseling Psychology Students</p>	<p>Treatment Group: n = 22 Combined Control Groups: n = 32 Relative decrease in: perceived stress, negative affect, rumination, state and trait anxiety, relative increase in: positive affect. Mindfulness and self-compassion, changes in mindfulness predicted changes in rumination, anxiety, stress, and self-compassion</p>	<p>Self-Care Compassion and Gratitude</p>
<p>16. Aiken, G. A. (2006). <i>The potential effect of mindfulness meditation on the cultivation of empathy in psychotherapy: A qualitative inquiry</i> (Order No. 3217528). Available from ProQuest Dissertations & Theses Full Text. (250842384). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/250842384?accountid=26438</p>	<p>6 Mental Health Practitioners</p>	<p>Semi-structured interviews Thematic analysis: Mindfulness contributes to: a felt sense of empathy helps clients slow down and be present helps therapists to be non-judgmental</p>	<p>Empathy</p>

APA Citation	Participants	Study Information	Theme(s) of the Article
<p>17. Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation and qigong to counselor training. <i>Journal of Humanistic Psychology, 46</i>, 494-509. doi:10.1177/0022167806290215</p>	<p>11 First and second year Masters level Counseling Students</p>	<p>Focus group Content analysis Impact on client work: more presence with self and others; more patient, aware, conscious and able to focus; more equipped to deal with stress in their lives</p>	<p>Self-Care Compassion and Gratitude</p>
<p>18. Wang, S. J. (2006). <i>Mindfulness meditation: Its personal and professional impact on psychotherapists</i> (Order No. 3226246). Available from ProQuest Dissertations & Theses Full Text. (250825359). Retrieved from http://search.proquest.com.antioch.idm.oclc.org/docview/250825359?accountid=2643</p>	<p>56 Licensed Members of APA or Active Psychotherapists (minimum 2 years) 8 Licensed Members of APA or Active Psychotherapists (minimum 2 years)</p>	<p>Mixed methods: Part 1: survey-two groups: meditators (n = 21) and non-meditators (n = 35) Thematic analysis: Positive relationship between meditation and empathy Part 2: semi-structured interviews Qualitative themes supported increased sense of presence, focused attention, empathy, and acceptance</p>	<p>Presence and Acceptance</p>
<p>19. Nanda, J. (2005). A phenomenological enquiry into the effect of meditation on therapeutic practice. <i>Counselling Psychology Review, 20</i>, 17-25.</p>	<p>8 Psychotherapists</p>	<p>Semi-structured interviews Themes: being with what is: accepting and non-judgmental of their own inner processes; transformational relationship change</p>	<p>Presence and Acceptance</p>

Chapter Two: Manuscript Two

THE PERSONAL AND THE PROFESSIONAL:
BUDDHIST PRACTICE AND SYSTEMIC THERAPISTS

Joanne R. Grassia, M.A., M. S.

Lucille Byno, Ph. D.

Antioch University New England

Megan Murphy, Ph. D.

Purdue University Calumet

Susan Dreyer-Leon, Ed. D.

Antioch University New England

Abstract

This research study used a qualitative methodology, interpretative phenomenological analysis (IPA), to discover the embodied, lived experiences of practicing systemic therapists as they move between their personal study of Buddhist meditation practices and their professional clinical work. Participants were recruited through established and recognized Tibetan Buddhist dharma centers. In-depth semi-structured interview data were analyzed, revealing two superordinate themes: a) a way of seeing and being in the world; and b) the personal and the professional in the therapy room. Within these superordinate themes, seven themes emerged including: a) on a path; b) moving through spiritual traditions and therapy models; c) through a dharma lens; d) finding like-minded people; e) integrative; f) client-centered; and g) compassionate therapeutic presence. These findings have clinical implications in gaining an understanding of on-going personal and professional development for experienced systemic therapists and contributing to the literature on professional competence, in particular, therapeutic presence, acceptance, empathy, compassion, and practitioner well-being. The electronic version of this dissertation is available in the open-access OhioLink ETD Center, www.ohiolink.edu/etd.

Keywords: Buddhist meditation; marriage and family therapy; systemic psychotherapy; therapist development; compassionate therapeutic presence; personal; and professional

The Personal and the Professional: Buddhist Practice and Systemic Therapists

There has been considerable research investigating the development of professional practice in trainee marriage and family therapists (Aponte & Kissil, 2012; Paris, Linville, & Rosen, 2006). Research has focused on the characteristics of the supervisor/supervisee relationship and its impact on trainee development (Lawless, Gale, & Bacigalupe, 2001; McGeorge, Carlson, Erickson, & Guttormson, 2006). Personal issues of family-of-origin work and self-of-the-therapist have been proposed as integral in training environments as the novice trainee begins to practice in the clinical domain (Aponte et al., 2009; Mason, Gibney, & Crago, 2002).

A subset of this investigation into the personal and professional development of beginning therapists has also recently centered on diversity and multicultural awareness training, including research into best practice for navigating trainees' personal value systems and holding the client system's values in the therapeutic relationship (Cheon & Murphy, 2008; Garcia, Kosutic, McDowell, & Anderson, 2009). There has been widespread research attention to the social justice aspects of gender, power, race, and culture in the marriage and family therapy literature. There has been a more modest research-base focusing directly on the impact of the personal moral, spiritual, or religious ethics of the trainee therapist on their own sense of ethical decision-making and professional practice interventions (Haug, 1998).

There is a strong foundation in the training literature for the interface of the personal and the professional as beginning therapists advance through their training years towards licensure. However, there has been less attention to this interface between the personal and professional in more advanced clinicians (Hoogestraat & Trammel, 2003). While there is growing research in compassion fatigue (Figley, 1995) and self-care for the seasoned therapist (Clark, 2009; Negash

& Sahin, 2011), there is less research to understand *how* experienced therapists integrate their own personal and professional growth as they advance in their clinical skills to buffer their potential compassion fatigue and support their own growth as professional individuals in the practice of marriage and family therapy.

Post-training and with licensure, one might wonder what supports more advanced clinicians might be relying on as they move through the intersection of the personal and professional in their lives and continue in their professional learning and practice. Protinsky and Coward (2001) introduce one examination of this gap in the literature. Twelve experienced clinical members of the American Association for Marriage and Family Therapy (AAMFT) were interviewed, using a phenomenological method and data analysis. The themes of synthesizing their personal and professional lives, maintaining boundaries, balancing self-care and work, and continuing more advanced family-of-origin work were identified and proposed as significant in their development as advanced clinicians (Protinsky & Coward, 2001). These supports for more advanced clinical expertise also contributed to the resiliency reported by experienced marriage and family therapists in Clark's (2009) research. Balance, self-care, professional communities for social support and attention to personal growth and self-awareness were all cited as factors that contributed to positive professional development.

The capacity for therapist self-reflection has also been central to dialogic and post-modern family therapy models (Anderson & Goolishian, 1988) and is a familiar theme in family-of-origin work. The recent attention to therapeutic presence as a key factor in the therapy relationship (Geller & Greenberg, 2011) also underscores a fundamental reflexive capacity, as therapists deepen their attention to clients and facilitate authentic relationships in the therapy room. The research in the wider discipline of professional knowledge, particularly the work of

Schon (1983) examines how professionals arrive at informed decisions as they perform their work. He distinguishes two thinking processes, reflection-in-action and reflection-on-action. Developing these capacities sharpens professionals' implicit knowing, the informed intuition that guides them as they enact their professional roles. His research with psychotherapists and other professionals emphasized the artistry that informs how professionals know, a skill that is developed through practice and through a critical reflection on that practice over time.

Ronnestad and Skovholt (2003) add evidence to this theory of the development of implicit knowing in professional counselors. They have built an evidence-base with graduate trainee counselors and later, master counselors that seems applicable to marriage and family therapists as well. They modified their original model of professional development for counselors from an eight stage model to a more fluid process model, consisting of six phases of development and characterized by particular themes, the most important of which is the commitment to continuous reflection (Skovholt & Ronnestad, 1992).

Their research distinguishes the first three phases of development as: a) the Lay Helper Phase 1, the time before graduate application and training; b) the Beginning Student Phase 2; and c) the Advanced Student Phase 3. The professional development of student phases is very much represented in educational training literature in marriage and family therapy (Lum, 2002; Simon, 2006). The last three phases, the Novice, Experienced, and Senior Professionals, warrant more attention to understand how advancing marriage and family clinicians continue to grow professionally to develop these advanced therapist factors of reflection and therapeutic presence beyond the student phases.

A prominent theme recognized in Ronnestad and Skovholt's (2003) research for the Experienced Counselor Phase 5, is "to create a counseling/therapy role which is highly congruent

with the individual's self-perceptions (including values, interests, attitudes), and which makes it possible for the practitioner to apply his/her professional competence in an authentic way" (p. 20). The master therapists they interviewed described the interrelationship of their personal and professional lives as significant in the professional development. The researchers concluded that experienced counselors/therapists use reflective skills to synthesize a work/life balance and cultivate congruency. Ronnestad and Skovholt (2003) also characterize experienced therapists as working to establish *boundaried generosity*, an advanced skill of regulating therapeutic engagement with the suffering of clients so as to maintain therapist well-being and professional capacity.

Buddhist Practice and Personal Development

With the coming together of Western psychologists and Buddhist traditions, particularly since the Dalai Lama's flight from Tibet in 1959, Buddhism is more often referred to in the literature as a psychology, in contrast to a philosophy or religion (Kornfield, 2009). The premise for classifying Buddhism as psychology is based on the logic that it is primarily a study of mind, and its direction is to help bring health and well-being through coming to know the mind and its faculties and then learning practices to train the mind toward wisdom and compassion (Trungpa Rinpoche, 2005). The teachings continuously advocate that practitioners experiment with their usefulness. It is in experiencing the outcomes of training their own minds that practitioners steer to further training to attain happiness (Hanh, 1991).

Historically, there are different traditions that have emerged in Buddhism. These differences are attributed to the different teachings that the Buddha gave to his audiences over the continuum of forty years. They are often separated for understanding into three *schools* or in Tibetan Buddhism, *yanas* or vehicles, the Hinayana, Mahayana and Vajrayana. Each of the three

vehicles of Buddhism have influenced Western psychology in the last sixty or more years. Many early American pioneers bridging Eastern and Western psychologies have become senior teachers in both the psychotherapy/cognitive neuroscience field and in the study of Buddhist dharma (Epstein, 2004; Goleman, 1988; Kabat-Zinn & Davidson, 2012; Kornfield, 2009). The study of Buddhist dharma has also entered into the mainstream of American culture, with more and more popular books and self-help media available to wider audiences of Americans. Within the last twenty-eight years, many of these early Western students of Buddhist psychology have been invited into continuous conversations and seminars with His Holiness the Dalai Lama, who brings his personal interest in empirical evidence for Buddhist mind training to both Eastern and Western students and academicians (Kabat-Zinn & Davidson, 2012). These co-arising factors of availability of new teachings and trainings from Tibetan scholars and practitioners who dispersed from the isolation of Tibet and brought their oral and written teachings with them, a search by Western psychologists and therapists for alternative ways to heal mental illness, a growing evidence-base in medicine for the neurobiological connections to well-being, and a popular cultural shift to more effective ways to manage anxiety, depression, and distress has led to an exponential growth in interest in Buddhist mind training.

Buddhist Meditation Practices and Terminology

The epistemology of Buddhism is founded in a worldview that acknowledges two levels of truth: absolute truth and relative truth. Relative truth is the experience of everyday truth as perceived by the senses. At the relative level, a primary understanding is that our perception is clouded by our conceptual understanding, our *thinking about something*, which distances and distorts our experience of *what it is* we are perceiving. Absolute truth recognizes the limits of conventional perception and conceptual mind and opens to non-conceptual, non-dual experience.

Meditation, also known as mind training, involves practices that cultivate awareness. Mingyur Rinpoche (2008) notes that the word for meditation in Tibetan means to become familiar with one's own mind. *Shamatha*, or calm abiding, cultivates the capacity to stay with an object in one of six perceptual fields of awareness. It is also taught as developing objectless awareness or open awareness, staying with whatever arises in the field of awareness as well as the space between mind objects, the space free of conceptual mind.

Once there is some skill in calm abiding and conceptual mind has settled, there is a further meditation practice of *vipassana*, in which analytic faculties are used to develop insight into the nature of relative reality and open to an experiential knowledge of impermanence and no-self. Kabat-Zinn's (1990) definition of mindfulness, a meditation practice, is often quoted in the mindfulness-based psychotherapy research literature, as paying attention, on purpose, with non-judgmental awareness in the present moment (Kabat-Zinn, 1990). In the Mahayana tradition, there are also meditation practices that focus on developing the mind's capacity for four attributes, or the four immeasurables, *maitri* or loving-kindness, *karuna* or compassion, *mudita* or appreciative joy, and *upeksha* or equanimity (Salzberg, 2002). These four modes of being are practiced as the antidotes to develop habits that turn the mind from the suffering of afflictive thoughts and emotions to states of well-being. Ricard (2010) suggests that training in deeper understanding of our afflictive emotions, in particular, can show us where we are caught in mind habits and then, how we can unhook ourselves from this reactivity. These practices have the potential to interrupt habitual tendencies even at very subtle levels of consciousness.

Tibetan Buddhism teaches further Mahayana practices in cultivating altruism, known as *tonglen*, or taking and giving practices. This training teaches one to notice when one is caught in an afflictive emotion, such as anger or sadness or despair, and instead of closing in to oneself,

training the mind to transform this experience as a practice of love and compassion. These meditation practices are social and emotional skills that research is showing affect neurobiology and actually change our physiology, offering powerful incentives to cultivate these skills (Davidson & Begley, 2012). Vajrayana teachings introduce further meditation trainings to develop the capacity to recognize clarity, the nature of mind, and to develop increasingly sustaining moments of this awareness (Dzigar Kongtrul Rinpoche, 2008).

Much of the research literature in the psychotherapies relating the effectiveness of meditation practices in promoting awareness and well-being refer to the faculty of mind known as mindfulness. As a psychological construct, mindfulness has been described in varying ways and there have been various quantitative measures that define it (Baer, Smith, & Allen, 2004; Brown & Ryan, 2003). The research has predominantly investigated the role of mindfulness in client interventions and in therapist qualities of presence and compassion (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007; Gambrel & Keeling, 2010; McCollum & Gehart, 2010).

Much of this research regards mindfulness as an intervention secularized from its Buddhist origins and accessible as a psychotherapeutic clinical intervention, particularly in studying interventions such as dialectical behavior therapy or mindfulness based cognitive behavioral therapy (Baer, 2006; Segal, Williams, & Teasdale, 2002). The meditation practices that are often explored in this research are mindfulness based stress reduction (MBSR; Kabat-Zinn, 1990) and mindfulness-informed practices, as well as the four immeasurable meditative practices of lovingkindness, compassion, appreciative joy, and equanimity (Boellinghaus, Jones, & Hutton, 2013). There is growing evidence that even a small duration of time spent in practicing the skills of mindful awareness can have benefits for changing mental and behavioral habits, relationship patterns, and health and well-being in general. There is also a common

thread in the literature, that mindfulness is not another tool, separate from a meditation practice. The proponents of mindfulness stand by their convictions that to teach mindfulness or to use mindfulness in clinical interventions, the teacher or therapist needs to also be practicing it (Gehart, 2012).

To explore the phenomenon of what it might be like for a student of meditation who is also practicing as a therapist with individuals, couples, and families, selecting students in the Tibetan tradition offers an insight into how experienced meditators who are therapists live the personal and professional of meditation practices. Ronnestad and Skovholt's (2003) research presents the implicit knowing characteristic of experienced counselors who can bring congruence between their personal and professional lives and deepen their presence with clients. It would seem that this intersection of professional application of a personal orientation, for experienced therapists who pursue learning in Buddhist meditation and mind training practices, could be a nodal point to examine their trajectory of professional development in bringing a more congruent presence to the therapy room.

Purpose of the Study

The purpose of this study was to inquire into the lived experience of actively practicing psychotherapists as they describe their understanding of holding their personal Buddhist practice with their professional practice. This research addresses a gap in the literature on the meaning of professional development for experienced clinicians. This is important for the cohort of professionals who are currently engaged in clinical practice beyond their training years, as well as for those who are newly trained and entering their career paths.

This study serves to explicate strategies for continual professional development that might facilitate clinical competence and ameliorate potential compassion fatigue. It provides an

exploratory investigation into the potential associations among personal enrichment, professional well-being, and continuing advanced clinical competence. This is also important in the longitudinal progression of trainee and novice clinicians. Having a model for integrating future personal growth in later stages of professional development can seed strategies for well-being and competence preparation for student therapists. The potential vision of how more experienced clinicians maintain integrity in their personal and professional lives can give inspiration to more junior members of professional communities. The main question that guided this study was: How do psychotherapists make sense of (understand/experience) their practices of Buddhist dharma training and systemic therapy?

Method

Conceptual Framework of this Study

The methodological approach for this research is informed by phenomenology, attributed to the philosophical thought of Husserl (1859/1935). As a philosophical approach, phenomenology privileges the subjective experience of human beings. Our everyday lived experiences cannot be separated from our understanding of them, since our understanding of these experiences is mediated through our consciousness (Larkin, Watts, & Clifton, 2006). Phenomenological inquiry explores lived experiences and through the scientific framework of phenomenology, these individual experiences can be distilled to a fundamental *essence* (Schutz & Luckman, 1989). This research studied how individuals who are both practicing systemic therapists and practicing students of Buddhist dharma *experience themselves as therapists* in their clinical interactions with individuals, couples, and families. The phenomenon of interest is the space between the therapist's personal and professional identities. How has each individual that was interviewed made meaning of these two epistemologies, systemic therapy and Buddhist

practice, and how do they experience their own sense of professional self in the therapeutic relationship?

Husserl (1859/1935) and Heidegger (1927-1962) describe the data gathering phase of phenomenology as beginning with an intention to give voice to the participants' own lived experience. The skill for approaching this intention is to acknowledge the conceptual structure and person-in-context of myself, as researcher and attempt to bracket this, *epoche* (Moustakas, 1994). This intention facilitates listening to the participants' experience with as little expectation as I can achieve.

Interpretative Phenomenological Analysis (IPA) recognizes the place of *epoche* in the data-gathering phase, and my researcher place as a person-in-context in the analysis phase. IPA is the method most applicable to this research inquiry, as it holds the paradox of making sense of another's lived experience by me, as researcher, constructing a first person account with *both* the participant and myself, and producing a "coherent, third-person, and psychologically informed description, which tries to get as 'close' to the participant's view as is possible" (Larkin, Watts, & Clifton, 2006, p. 104)

Participants

In keeping with an Interpretative Phenomenological Analysis inquiry, a homogenous sample of participants was recruited to best exemplify the experience of the phenomenon. This homogeneity is particularly appropriate to phenomenological research as it promotes approaching the phenomenon of study closely, by narrowing the differences among participants. The participants, therefore, were selected from the larger population of experienced psychotherapists, who are also dedicated students of Buddhist dharma. These inclusion criteria

facilitated learning about the phenomenon by choosing those participants who are more likely to have lived the experience, and thus are more likely to be describing the same phenomenon.

Purposive sampling methods were used to recruit these participants. Several strategies were simultaneously employed: a written posting, with relevant permission, in public areas of various dharma learning centers (Appendix A); contacting personally known prominent meditation teachers to recruit appropriate participants through snowball sampling; contacting marriage and family therapy colleagues who have publicly indicated their use of meditation/contemplative practice interventions on their websites; and any participants identified through these original resources.

Participants recruited were six experienced psychotherapists who were also advanced Buddhist dharma practitioners. Four participants were female and two were male; all were between forty and seventy years in age; all were also in private practice. Two participants were licensed marriage and family therapists. Two of the therapists were licensed social workers who were systemically trained and worked with individuals and couples. The remaining two participants were licensed psychologists, trained in systemic practice, who also worked with individuals and couples; one of the psychologists also worked with families. All of the participants met the inclusion criteria for experienced psychotherapists, working systemically with individuals, couples, and families for more than seven years practicing in the mental health field; most participants had been practicing twenty years or more. One participant had a private practice in the South East of the United States; one in the South West of the United States; one had a private practice as well as worked in a hospital setting in the North East of the United States; and three therapists had private practices in the Mid-West of the United States.

They all met the inclusion criteria as experienced students of Buddhist dharma teachings. The minimum length of time practicing meditation for each participant was more than ten years, with some practicing for more than twenty years. All six therapists considered themselves a student of a particular Buddhist teacher, with most of them having committed to Buddhism through taking refuge and bodhisattva vows. All of the therapists were practicing Tibetan Buddhism, some having transitioned through other contemplative and Buddhist traditions to Vajrayana Buddhism.

Five participants were recruited through advanced Buddhist retreats and dharma centers; one participant was recruited through a professional workshop on Buddhism and psychotherapy. Three participants were supervising interns and one participant was an academic faculty member. Five participants were closely connected with Tibetan Buddhist dharma centers and teaching meditation and/or dharma groups as practice leaders.

Setting and Data Collection

The research was conducted through three settings' options. One interview was face-to-face in the participant's professional office. Three interviews were conducted through voice-recorded telephone. Two interviews were audio-recorded only, using Skype technology.

Data were collected through semi-structured phenomenological interviews. Each participant was electronically contacted and sent the Research Participant Informed Consent (Appendix C), with information about scheduling either a face-to-face interview or a Skype interview or a telephone call. The interviews were each 60 to 90 minutes in duration. All the interviews explored the main research question. Using a phenomenological frame of inquiry, an interview guide (Appendix D) was also used, as appropriate, to explore and extend the

participants' narratives of their lived experiences as both a Buddhist dharma practitioner and a practicing psychotherapist.

Researcher field notes before and after the interviews were recorded to inform the analytical process and supplement verbal data from the interview records. Each participant's interview was transcribed verbatim, with multiple script checks against the audio data. An individual profile of subsequent iterations of each transcript was compiled. These profiles included the original transcript and all subsequent annotated and coded transcripts during the data analysis to ensure transparency of the analytic process. Each profile was kept separate. These will not be included in an appendix to ensure confidentiality of the details of the interviewees' information.

Data Analysis Procedure

Interpretative Phenomenological Analysis has a flexible description of data analysis methods. The fundamental systematic and hermeneutical approach included a detailed analysis of each individual case/transcript. Once data was organized within an individual case, an analysis was then conducted across cases. There was always the circular analysis back to the original data to ensure integrity.

The analysis began with intense familiarity with the transcripts, successive readings to *get-into* the experience of the participant. This immersion was accompanied by my recording of reflection, impressions, notes or comments in a dated annotation of the transcript (Shinebourne & Smith, 2011). The second phase involved the making-sense of each transcript through highlighting significant themes or concepts, in finite phrasing, based on my analytical comments. The inductive building of clusters of these themes then followed with each case. These clusters were identified and then extracted clusters were related back to the original text for cohesion of

meaning. Finally, a table was constructed that denoted the themes and their sub-themes. This produced a set of two superordinate themes for the entire sample (Chapman & Smith, 2002). The process was iterative, with continuous returning to the original transcript for checking and transparency in its systematic process, to ensure trustworthiness. The data from the analysis were then translated into a coherent textual narrative that demonstrates exemplars of this inductive process in the research account. Manual coding was used throughout the analyses.

Ethical Considerations

This research conformed to research ethics of the American Association for Marriage and Family Therapy (AAMFT). It also conformed to the ethical standards of Antioch University New England's academic Institutional Review Board (IRB), through an appropriate application and approval before commencement of gathering data (Appendix B). The principles of autonomy, informed consent and confidentiality were adhered to in recruiting participants to the study. Participants were given an Informed Consent (Appendix C) with an information sheet, indicating their rights to discontinue the interview process or withhold their interview data, and a certificate of consent to participate. The audio-recordings were coded and secured until the research process was completed, according to Antioch University New England's academic policies. Signed consent forms for the participants were also secured in a locked file.

Transcription data were coded to protect confidentiality during the research analysis process.

Researcher Position: Reflexivity

Reflecting on the research process is an integral component of qualitative research inquiries (Hammersley & Atkinson, 2007). This reflexivity was a process of moving from the participants' verbatim data, to my reflection on the research process and content, and back again to the original data. This reflexive practice began with a statement of my position in relation to

the research inquiry and question. This supported the ethical parameters of the qualitative research, giving place to my voice in the pursuit of knowledge and effecting transparency in the conclusions drawn from the data. My position is clarified to affirm social locations and biases, information which supports the credibility of the research endeavor (Appendix E).

Trustworthiness/Verification

Qualitative research follows the guidelines of trustworthiness and verification, as correlates to the more traditional validity and reliability factors applied to quantitative research. In order to show trustworthiness, I have maintained the original transcribed data for each participant in a separate folder. These transcriptions include the participant's responses and my questions and comments, with the participant's narrative labeled with a coded identifier throughout the transcript. A second document indicates my own interpretations and reactions to the data.

Following the guidelines for Interpretative Phenomenological Analysis, I looked in detail at one transcript in turn, with line by line analysis, highlighting phrases and reading the data several times to become immersed in the narrative (Smith, 2001). I recorded my reactions according to each reading to distinguish the development of my interpretations and conceptualizing. Some of these researcher commentaries are associations I made about the data; some are summarizing or highlighting various points. I also noted key words that emerged in the analysis.

These key words and my commentary facilitated the naming of themes that emerged from the data. I clustered themes and formulated categories, checking back to the original transcripts for context and authenticity. The data analysis includes a table clarifying major themes that have been identified across interviews and linked to original transcript phrases, as

well as subsequent analysis combining these themes into superordinate themes to present findings (Chapman & Smith, 2002). I also kept separate field notes with my perceptions, as I arranged interviews, and after each interview. For peer review, I discussed the research plan and process with colleagues and faculty mentors to extend the integrity of the design and data gathering. A triangulated peer researcher reviewed the raw data and collaborated in the interpretive analysis. In addition, the findings and data theme table was sent to all the participants for member checking. Four of the six participants responded with feedback that was incorporated.

Findings

Two superordinate themes emerged from the data analysis of the six transcripts addressing how experienced systemic psychotherapists lived their personal Buddhist practice and their professional therapy practice. The first was: A Way of Seeing and Being in the World (Table 1). The second superordinate theme was: The Personal and the Professional in the Therapy Room (Table 2). Within these two superordinate themes were seven themes and several sub-themes. These will be discussed with exemplars of raw data demonstrating this analytic audit.

Superordinate Theme I: A Way of Seeing and Being in the World

The first superordinate theme became evident from the very beginning of the interviewees' narratives in response to the research exploration of their histories in studying the dharma and in training to become a therapist. There was a deep feeling expressed by the participants that they were aware of larger questions about the meaning of their lives and valued self-reflection and self-insight as they pursued different spiritual trainings, and learned their craft as a therapist. They each talked about searching for teachings and practices that fit this inner

wisdom to ask their questions and how as they found different teachings or professional trainings, these possibilities were measured against their own compass to discern if they fit their holistic view of themselves and the world.

Theme 1: On a Path. The first theme, *on a path*, related to each participant's view of the direction and intention in their lives, some from early childhood, that began before coming to the dharma or to their career decision, and continued through their education and training in counseling and therapy, and unfolds in their lives to the present. The sub-themes included a sense of *seeking or longing*, an experience of *inner transformation and deep learning*, a belief in a *larger, transpersonal view*. Participants also identified that which in dharma language is called, *right livelihood*. This describes choosing/being called to an occupation that is in balance with one's values of caring and service. The last sub-theme evident was an overall quest for *meaning*.

Many of the participants described their experiences of being aware of wanting to know deeper truths about the world and their life, and searching for meaning in spiritual communities or through reading, studying or practicing different spiritual traditions. As one participant expressed "it was a *seeking* cause there was some restlessness and some spiritual quest and seeking and so absolutely started as a personal quest...I feel this great *yearning* to go deeper into these things" Participant (2). This personal motivation *to find larger truths* about their lives was also apparent, as Participant (5) expressed in relating to the experience in school and growing up "I was just like 'I'm not interested in this other stuff', I want to find the answer to life's important questions".

This search for growth was echoed in other participants' descriptions of their own journeys towards becoming students of the dharma, and becoming or *deepening their practice* as

therapists, such as that reflected in Participant (6)'s statements "around 2000 and possibly for six years, I almost exclusively read nothing but dharma texts, popular ones, trade school magazines, all the way to the sacred texts" and Participant (1) "It became very clear that [Rinpoche] was the person I had been looking for and that winter I made a request and became a student right away".

Participant (4) noted

I was really a contemplative child...I've always been oriented towards a sense of *transformation* or a sense of moving beyond sort of materialistic or even relational goals to things that are more about reflection on what is the purpose of our life here.

Here again, there is that seeking for the larger experience of the transpersonal or absolute view of the world, and an essential self-inquiry for meaning and purpose. With that inner sense of transformation and searching for meaning and deep learning, there was also a sense of an inner compass, a discernment about where to find that learning, to explore its fit with one's own inner values, as Participant (3) expressed

my whole development in Tibetan Buddhism and Vajrayana was one of extreme skepticism...as I read more I started realizing there might be some things that I am more fundamentally interested in and then it was a gradual unfolding...and I started considering the idea of becoming a Buddhist student.

Participants recognized that being in the counseling or therapy field was related to their perception of themselves as wanting to be engaged in an occupation that touched their inner sense of who they are, *right livelihood*. In Buddhist teaching, right livelihood upholds the values of non-harm, cultivating wisdom and compassion, and providing the setting to nurture this view and effort. As Participant (1) explained "I knew that I had something to offer and so I was just

going on doing what I had to do in order to do it...that was really the path for me”. Participant (2) made the decision to begin private practice and name it explicitly in Buddhist terms, creating physical space with a waiting room, and offices, and an open accessible meditation room off the waiting room area for clients to spontaneously use as they waited or after they left the therapy space, for running small groups, and sharing offices with other therapists “I just wanted to create a space where other people could make right livelihood as well”.

For the participants in this study, therapy was regarded as being the kind of career that would best promote the conditions for wisdom and compassion to develop in their work with their own personal self and in their work with clients. “I knew that counseling was my calling” Participant (1). This came through as they talked about the *meaning* of these teachings and trainings in their lives: “I just really made a decision with faith that it was going to work and that this was something that was a direction that I should go in my life” Participant (3) and “I think that things unfold in a meaningful way” Participant (4).

Theme 2: Moving Through Spiritual Traditions and Therapy Models. This theme included the sub-themes of *moving in/moving out* of spiritual traditions and *systemic/experiential/embodied* therapies. All six participants talked about how they had *moved through*, and/or incorporated, *other spiritual traditions*, until they found the Vajrayana teachings and path; in addition to an often concurrent exploration of continuous training in therapy models for those most akin to their dharma lens, especially *systemic thinking and practice*. Two of the participants specifically described the parallel learning about the dharma and their professional training during their early college and graduate school years: “I *moved into* that meditation center at 23...I finally came home, [I realized] there’s people that are on a path that are talking about finding the meaning of life and practice and how to experience it” Participant (5). Even the

moving on from a spiritual tradition was held with respect, “I left [that spiritual community] with a lot of gratitude for what I got” Participant (1).

Two participants described a journey into spirituality that then brought them to the decision to train as a therapist

I have to say that if it wasn't for my involvement with Buddhism that I very likely would not have entered [the psychotherapy] field. I think the training that I received and continue to receive in Buddhism really primed me for following through on the kind of calling to be a therapist. Participant (3)

One participant described a lifelong interest in spirituality that manifested in yoga. The value of movement and *embodied* experience later came through in a professional training in sensory motor psychotherapy for working especially with clients experiencing trauma. The sensory motor psychotherapy also deepened the *experiential* use of mindfulness as a therapeutic intervention, and a parallel process in personal development brought more learning in meditation practices that built on this mindfulness awareness.

Each participant had a distinct personal track in meeting with the dharma and their psychotherapy roles. For some participants, the two paths emerged together early in their adulthood,

because of my own personal work...I just realized that this was so helpful...Marsha Linehan, as well [as MBSR], with the dialectical behavior therapy, so I was co-facilitating some of those groups and so her work along with my studies just obviously coincided quite a bit and I could see...where they could intersect and be useful to clients. Participant (2)

For other participants, one or the other learning experience came as the first step and then that training promoted a direction to further deepen personal or professional training in the parallel stream. Yet each participant viewed the two trajectories of dharma training and professional training as supporting the other. All the participants talked about how the Buddhist worldview was a *systemic* approach that fit their therapeutic stances with their clients. The dharma understandings of multiple causes and conditions for any phenomenon to occur, in conjunction with the Buddhist teachings on interdependence were easily incorporated into their client interventions as ways of conceptualizing client presentations.

Theme 3: Through a Dharma Lens. The third theme intertwined throughout the participants' narratives was the acknowledgement that they regarded the world and their lives *through a dharma lens*. Within this theme, sub-themes were apparent in the interview data focusing on appreciating the *holistic* approach that the dharma lens brings, especially Tibetan Vajrayana Buddhism with its mind/body meditation practices. Three of the participants spoke of their transition from being in yoga communities for many years, as serious students and members of that community and for a time finding the body/mind connection as imperative in their own personal growth

at that point [in training in sensory motor psychotherapy] the mindfulness was kind of a bridge from my personal practice of yoga into my clinical work...I'd say that at this stage of the game I've been both a meditator and a therapist for so many decades that they come together somewhat indivisibly. Participant (4)

Three participants each explained their shift from this yogic spiritual community of practice to other traditions in Buddhism, particularly mindfulness practices, and then Tibetan Vajrayana Buddhism as a further development of their holistic approach in personal development

“it’s very much an embodied practice...how do you be, how do you work with compassion and equanimity and mindfulness, how do you join the dharma, with impermanence and letting go”

Participant (5).

Another sub-theme underlined the dharma view as primarily empirical, an *experiential* approach to hear the dharma teachings and instructions for meditative awareness, and then to try those teachings out themselves through practice ‘on the meditation cushion’ and in their everyday lives, employing *reflective insight* to make sense of and develop an inner knowing, or wisdom, that then became part of who they were in their roles as therapists as well as integrated into their lives. As Participant (6) explained

I...work with [clients] differently...my assumption is everybody wants to be happy and not suffer and people have different levels of capacity to work with this non-solid self...I’ve been practicing the dharma for a while so there isn’t much need to reconcile that...we’re on some kind of developmental continuum...this is what I love about Buddhism, which is that they say check it against your own experience...there’s not inherent dogma that says takes this leap, believe in this, it’s clearly a set of principles, understandings...that ...Rinpoche would say is really important...but you’re still reflecting back on what’s your own experience.

This approach of self-reflection as primary to Buddhist meditative practice was underlined by all the participants “with Thich Nhat Hanh and vipassana and then again with ...Rinpoche...I really have liked the accessibility and the irreducibility of what’s being talked about...it’s very much like you are being invited to simply closely examine your own path” Participant (4) and

one thing that is actually great about Buddhism, I think, and Rinpoche’s teaching is the whole component of self-reflection and helping people self-reflect on how

they feel when they make good choices as opposed to how they feel when they make choices that are self-destructive or seem to harm others. Participant (1)

Specific understandings of dharma teachings and how they applied in their personal and professional development were also included as a sub-theme, such as how the dharma view of *absolute and relative reality* fit. This distinction between holding both the larger, absolute view of reality in Buddhism of no-separate self, nonduality, and impermanence and the micro-level of relative reality, in which we function and interact in the everyday, comes through in Participant (4)'s commentary

I think earlier in my own practice I may have been more reflective myself in terms of feeling like now I'm looking at life, whether it's my own or a client, through a relative lens, and now I'm looking at life, my own or a client, through an absolute lens...but they were not as integrated at they are increasingly, I think part of the process as an ongoing practice has been, everything becomes more integrated, my own sense of applying both lenses to myself and clients naturally or automatically has increased...I find myself reflecting on things in both directions...and here's a dharma lens on that or...what would be the dharma lens on that...I think it's all increasingly integrated...[through] more practice...retreats are periods when that can kind of deepen or integrate.

Theme 4: Finding Like-Minded People. Many of the participants talked about sub-themes of how they found *mentors* or *Buddhist teachers* or *peer communities of practice* who supported their yearning to study, practice, and apply the dharma lens in their personal and professional lives. Some of the participants clearly felt this support of *finding like-minded people* was fundamental to working as a therapist trying to understand Buddhist teachings as

applied to professional work with clients. The descriptions the participants gave of their own *Buddhist teachers* showed their high regard for the qualities they saw in them

I went [to hear] ...Rinpoche and I was really taken with...a kind of combination of his really profound level of training but I think also his personal awareness, the kind of profundity of where he comes from, where he is now, but also just the simplicity and accessibility with what he was offering. Participant (4)

Another participant expressed similar observations about his/her teacher who had been influential in deepening personal growth. "I've done longer retreats actually with ... Rinpoche...he's also very psychologically emotionally astute. He really understands the emotion, the body, and how to work with it...very down to earth, very insightful" Participant (5).

Each of the participants felt the Tibetan tradition had offered them insights into their own mind and how to train in meditative practices under the guidance of a respected and trusted teacher that promoted the deep learning they were seeking

I seek out counsel to gauge and understand myself and to develop those parts of myself that are underdeveloped, and heal those parts of myself that are hurt and then...once I leave and I'm in some kind of practice, I dialog with myself about that...so I really take it in on a personal level. Participant (6)

In describing their personal histories of finding like-minded people, many of them also talked about the *mentor relationships* that they had had with academic faculty or clinical supervisors during the therapy training, and some continue to have after licensing and internship years

I had an AAMFT supervisor...over 18 years. She kind of raised me as a therapist...I learned how to be a supervisor through that because it was 100%

supportive. I never felt criticized or shamed by her ever and I'm not exaggerating, not ever. Participant (5)

Participant (6) in explaining about personal and professional development stated, "my professional root teacher...taught me so much about this. He was not Buddhist but Christian, but in the level of curiosity and inquiry, he was very dharmic in how he talked about it".

All of the participants expanded this theme of finding like-minded people by talking about the *sanghas*, or spiritual *communities of practitioners*, yogic and/or Buddhist traditions, that they had been or currently were members of. Many of the participants talked about looking for a sangha geographically near them, with whom they could meet and practice regularly, or else finding a sangha from retreats or trainings that they had done, and staying connected for deeper processing and learning and support

I have [a couple] of sanghas...I haven't quite found a sangha here...so we've started a sangha here...I think it is important to continue to try to find that sangha that fits right, just as it is professionally...I wish there were more like-minded folks. Participant (2)

Participant (5) talked about being a pioneer in the field of introducing meditation and spirituality to psychotherapeutic work and that this long term learning and practicing of the dharma was supported by finding like-minded people through the years

I've been in a peer consultation group with all meditators for over ten years...if you're going to do the work, you need places to process too... So you're not flying out on your own with not only support, but accountability... you need to have somebody you're checking with, you need to have somebody you can talk about what you are doing, how you're doing, it's a different process.

This support was also experienced by Participant (3)

I would definitely say that the Buddha, the dharma, and the sangha and my teachers are all supports to my therapeutic work...even though I'm not discussing any particulars of my therapeutic practice with any of them...there was nobody really [professionally] who was strongly influential of my following this path. It was pretty much self-generated based on the work that I had done in both fields but that kind of came together for me cause I saw the synergies there.

Another sub-theme of having *good fortune* in the opportunities to study and practice the dharma was also expressed by all of the participants "I had the pretty good fortune of living here...when... Rinpoche showed up here...I took a class and had an interview to actually personally request Rinpoche to be my teacher" (P6). All of them expressed appreciation or gratitude for being drawn to the teachers that they were studying with and being accepted as students, or working towards becoming students and members of their sanghas.

Some of them also explained that they were moving into more central roles in their sanghas, either having trained as 'dedicated practitioners', a Theravadin vipassana training for meditation and dharma leaders, or currently training in this dharma leader role as part of their *future direction for growth*, a further sub-theme, "I teach MBSR...I'm going to be training...with wonderful colleagues and most of them are staff faculties of different professions...we're all bringing this into our training of students" Participant (5).

Participant (4) synthesized this personal journey towards formal sangha community and deeper teachings that deepened personal learning and opened a future direction for leading dharma meditation groups more formally

I'm starting to feel a little bit hungry for even more formal community at the level of depth that I'm trying to practice...and I'm also aware that there are...a larger range of practices [in a particular program]...I also think ...Rinpoche is a very sound reliable 'what you see is what you get' kind of teacher and I think the community is quite healthy, so if I was ever to set out on the higher teachings, this would be the place to do it...I'm moving into training as a practice leader there.

For Participant (2), there was a connection between the personal striving to be part of deeper learning communities, and to then be able to give more to clients through this advanced practice

I am going now through the two year [Buddhist] course...to get some more framework and understanding around the Buddhist theory in general...I know some things and ...I've been surprised that a lot of the people that come just barely have an idea of Buddhism and are drawn to that and don't know a lot of the practices but that keeps me striving to learn more and more so that I can bring them more too...this gets me excited.

Superordinate Theme II: The Personal and the Professional in the Therapy Room

The transcript data was threaded through with how the participants experience themselves as a person in their professional roles in the therapy encounters. Many of them spoke of their graduate training in self-of-the-therapist work, either as part of their academic programs, but more often as supervisees and novice clinicians with supervisors who were mentors and who encouraged them to explore their own transference issues in their therapy interactions with clients. All of the participants talked about how their dharma study and practice and their professional knowledge and applications were seamless in their experience of themselves. This second superordinate theme includes three themes discussing this *integrative* experience, their

approach to their role in therapy as *client-centered*, and their parallel awareness of their own growth through their dharma practice that showed up as more *acute presence and compassion* as therapists, bringing more warmth and presence to their own inner experience, and being more compassionately present to their clients.

Theme 5: Integrative. It was apparent in the six transcripts that these therapists felt they were moving towards or had been working as integrative practitioners. This theme included the sub-themes of *seamless* and *implicit/explicit dharma approach*. The therapists felt integrative both in terms of integrating body, mind, and spirit in their views of themselves and of their clients, but also integrative in terms of feeling that they were *seamless* moving between their personal and professional selves. Participant (5) expressed this as

it's not a separate thing, it's not a technique, it's not like here is where the practice ends and the practitioner begins, I don't know if it is fully integrated, there's always an ongoing process, but it's not like a separate thing, so it's just a way of being, it's a way of showing up and being, and there's not a lot of difference between how I'm being in the world and how I'm being with clients or supervisees.

This was echoed by Participant (3) in talking about how specific dharma concepts might come into the work with clients: "I think that I am very much imbued in the Buddhist approach...and so I think from that extent it impacts how I deal with all my clients".

As a further development of this theme of integration, Participant (1) explained the reciprocity between studying and practicing the dharma and working with clients, with one mode affecting the other,

It never feels separated, it's more like, I actually feel that the deeper I can work on my own obscurations the more likely I will be able to help other people with theirs...steeping myself in [the preliminaries and the four thoughts that turn the mind/specific Buddhist meditation trainings] fortunately allows them to be more accessible to me to kind of translate them with the people I am working with.

The participants each talked about how *explicit or implicit* their dharma lens showed up in the therapy room with clients. All of the participants interviewed in this study had information about their practice in the public domain, through websites or professional cards and/or in the name of their practice or the décor of their office environment that explicitly indicated a spiritual, Buddhist, or transpersonal orientation. Some of the participants were more explicitly Buddhist, whereas others were less specific, naming mindfulness as one of their models, a more secular and mainstream approach. Participant (1) discussed the transition from formal training to private practice and the continuum of self-reflection on how to present oneself to clients

when I was in training it was, you should have a neutral office so people can't project too much onto you...I believe just the opposite. I feel that people who walk into my office and they look around they know who I am...If they're uncomfortable they don't stay, that rarely happens, it almost opens the doors really rapidly for a deeper conversation.

Participant (6) also talked about this thought process, saying that there was a strong intention on entering training to work from a Buddhist perspective, and that on opening a private practice explicitly naming this approach there was a tentative period before the practice became established in which the concern that this explicit naming might be inhibiting clients from

coming. S/he expressed delight in receiving calls from three prospective clients just as these trepidations were beginning to surface

on the same day and so I never went through with changing that information and since that time I've had a fair number of people approach me with a specific interest in Buddhism, so at this point I feel good about that, so I'm certainly happy that I didn't back off with that in any way.

Many of the participants used the phrase of “coming out” professionally as a Buddhist practitioner offering workshops to colleagues or in their therapy approach with clients, some taking courage from reflections during retreats or from the responses to the work they were building before private practice, “by [the time I was in private practice] I was fully out in terms of what I was doing...I was already putting that out there on my card” Participant (5) and Participant (2)

[I] went on a meditation retreat with Pema Chodron...so that's where this process started to come into mind and of course you know it takes my own insecurities around, you know, who am I to open up a facility and to try to impart this process, the Buddhism along with the psychotherapy and to use the name, because of course I am not an ordained monk or a nun or any of those types of things, but I just viewed it as something that just felt so profound to me.

Theme 6: Client-centered. This theme included four sub-themes:

discernment/developmental, experimenting, many ways in, and multiple client presentations.

When the participants talked about their lived experience with clients, they very much discussed their sense of *discerning* which clients would be open to what kinds of language and interventions

If I don't use a particular languaging, you know like Buddhist languaging but just meet them where they are...try to help people in their own way, training the mind away from habitual ruts, I teach breathing exercises...occasionally people will ask me to learn meditation, but I don't push that...but I do a lot of breathing and teaching people breathing. Participant (1)

All the participants talked about clients being ready, or not, to benefit from particular teachings and explained that their worldview was not to put conceptual overlays or language on others, or to proselytize for their own way of seeing and being in the world to anyone else

I don't tend to use Buddhist language or for that matter language unless someone comes in who is using it him or herself. I might draw on concepts...I might talk about mindfulness, but otherwise I would tend to use language that they would talk about...I don't want language to be a barrier or a conceptual overlay.

Participant (4)

In fact, most of them talked about themselves as being on a *developmental* continuum in terms of what they were ready to listen to or practice as dharma students themselves, as Participant (4) continues to explain,

I would never impose on somebody, because I think it could be really disrespectful and alienating, and honestly I don't really know, in other words I'm quite comfortable saying, you know for myself it seems likely the way things work, and I more or less proceed as if that's the case and I always have, but I'm not so certain of [particular Buddhist understandings, such as reincarnation] that I'm going to go around trying to convince anybody else of it clinically or even socially. It would be disrespectful to them.

Instead they often talked about *experimenting* and introducing practices or Buddhist understandings tentatively, checking to see if they were useful to clients

I bring the four noble truths in [to teaching]...no separate self...impermanence...with clients...just kind of exploring from more of an inquiry and then kind of a possibility planting seeds...so it just naturally comes out. The opportunities are there...I go as far as the client is going. Participant (5) and Participant (4) “if you don’t have an active practice, and if it’s not part of a whole larger view supported by community and practice...that makes it trickier to work with [Vajrayana practices, like equanimity] therapeutically”.

As therapists, they distinguished that there were many ways to bring Buddhist understandings into the therapy work with or without overt naming the intervention as Buddhist-informed. They also distinguished the *many ways in* to work with different clients and how their interventions might be modified according to the curiosity, openness, or direct questions of clients

even in the first sessions I might be meeting somebody and use some version of meditation. You know people say you should never do this on a first session or you should always do this. I don’t ever have any ‘should’. If you’re paying attention and you’re being with a person and you’re responding to what’s arising and trusting that. Participant (5)

In addition, the participants explained different ways of working with *multiple client presentations*, individuals, couples, families, and groups and how Buddhist understandings of interdependence and no-self fit well with the systemic model of therapy, or that the embodied awareness training of the Buddhist approach enhanced their body-mind interventions with other

therapy models, or that their dharma lens cultivated their skills in listening to many voices in the therapy room with couples, families, and group-work

I do work with couples quite a bit...I taught [one spouse] tonglen, I'd no intention...and he totally got it...it really depends on the people...[in] dharma practice...there's a whole interdependence and interconnectedness...[to] help each other take more responsibility for the way things are. Participant (1)

and Participant (6)

when I work with couples...I start to build compassion...I build a coalition...seeing these differences in each other which do exist but not to magnify them...there are all different ways to be aware, but I feel the dharma has brought me an awareness that's grounded in compassion so that then where I'm operating through is what people's competency is.

Working with couples and families, many of the participants talked about how their own Buddhist training helped them stay present to multiple clients in the therapy room and to be able to offer interventions based in their own understanding of interdependence and no-self in their lives

I'd say a direction that my work with couples has moved ...is that it has become increasingly systemic...with a present time focus and again a systemic focus...which you could say if you wanted to put on a dharma lens to see how causes and conditions are interdependent...it's not so much a separate solid sense of self but how people are playing off each other and experiencing each other in that sense sort of creating an experience of each other in the moment. Participant (4)

and Participant (3) “with a larger family, it can be very difficult to actually fall back in [when you lose the conversation thread or space out] from the point of my own [dharma] practice that actually can be more relevant”.

Theme 7: Compassionate therapeutic presence. The last theme that emerged throughout the interviews is by no means the least significant. Rather, it represents an embedded and well articulated experience from all the participants as to how their personal study and practice as serious and dedicated students of Buddhist meditation practices and mind training permeates their professional work with their clients, “it wasn’t so much about what to do with a client it was about how I showed up, how I’m being *present*” Participant (5). Within this theme, they all talked about the sub-theme of how their personal meditation practices had deepened their *acceptance* of themselves and their capacity to stay with their own experience in their lives and how they brought this with them into the therapy room, both noticing their own sense of inner presence and also being present and accepting of the client: “to feel competent and confident that it really isn’t about me...to get myself as much as possible out of the way and just be with present moment experience” Participant (2).

Extending this self-acceptance, they talked about a second sub-theme, an increased comfort in taking a *not-knowing* stance in therapy, staying with the client without knowing where it might go. “I really try to work from a place where I am just working with the situation as it arises...without hesitation of where we are going to go” Participant (3) and Participant (5) explains, “[I’m] much more comfortable with uncertainty...I’m more comfortable not knowing, like I don’t know, I don’t know, I don’t need to know, let’s explore. I love those sessions”.

They also talked about how their meditation practice simultaneously helped them not only to be sharper in their awareness, but also more kind. This warmth first was cultivated for

them. They felt they were less harsh in their self-criticism, and more *self-compassionate* with their limitations and their unskillfulness as therapists,

I tend not to be hard on myself after a session, that it didn't go right...there was always this rev inside of me that kept me from fully connecting with people. I could do this initial connection but there'd be these kind of blank spots during any given session and I think it was because I had a lot of self-criticism and I didn't have a lot of self compassion and I was doing this compassion practice for myself, then I noticed I was more present during the session. Participant (6)

They also felt that this more heightened capacity or self-compassion spread out to more compassion for their clients, *for the benefit of all*, a third sub-theme, and created an environment in their therapy rooms of unconditional acceptance and care towards all of the suffering and distress that their clients brought or showed in their work

this is sort of tender, I don't want to make a big thing of myself in relation to this but, I enjoy ngondro [specific meditation practice] the most when I am doing the practices of it...just having this visualization and *deep wish ...with all beings*...which just magnifies it...I listen to [the teachings] primarily from my own wish to clarify my own confusions, but also a little higher up in my mind...I think, this applies with this person or how I might be able to share with the group.
Participant (1)

Participant (3) summarized this intention from the way of seeing and being that s/he brings to the therapy room

I feel like my own mindfulness practice pervades how I do therapy. So I feel that's always involved...the Buddhist approach or the meditative approach ...isn't

so much directed to the client...it's just part of the therapist's own study and practice. That then is in the session through the therapist's state of being, state of mind, that may have enhanced or ripened by their Buddhist practice...when you're working with clients who have no interest in Buddhism or spirituality...you can still bring in a lot just from your own practice and your own study. It's just pervasive in your own work.

Discussion

This study aimed to explore the lived experience of six experienced psychotherapists as they moved between their personal study and practice of Buddhism and their professional work with individuals, couples, or families. The study found that participants experienced both their personal development and their professional development as coming together in a way of seeing and being in the world that brought them more fully into being present with themselves and more present in the therapy room with their clients. The themes that emerged in the data show similarities to the literature on therapist professional growth, self-of-the-therapist work in family therapy, and the smaller literature base on congruency and synthesis of personal worldviews as therapists advance in their professional roles.

The first theme, *on a path*, showed the importance in these participants' lives of a self-narrative of continuous personal learning on a continuum from before they chose to study dharma or psychotherapy, through the personal and professional development they found in both those trainings, to their current continuous studies in Buddhism. They conveyed an intention to find meaning and search for ways of understanding their own personal questions in their lives. These questions reflected a realization that there was more than the relative reality within which most of our experience is situated. Some of them related an inner conviction in an absolute

reality, larger than the more everyday reality of material or tangible things. The seeking for more knowledge about this larger view set them each on a learning path exploring their own beliefs in relation to others and the world. The career that they were presently expressing themselves through was therapy and many of them articulated that this was an inner knowing that this was the right livelihood, or calling, that fit their values for meaning and for being of service to others.

This commitment to an inner motivation, a search for meaning and an intention to be of service is mirrored in the literature on resiliency in the experienced therapist (Clark, 2009). The experienced marriage and family therapists in her qualitative study also identified “a continuous personal quest for growth” (p. 237) and a sense of meaning in their choice to work as therapists. The findings of this study support those of Clark’s (2009) study with both cohorts naming their career choice as a ‘calling’. Interestingly, Clarke (2009) suggests the spiritual dimensions in the themes from her study’s participants, noting that the connotations associated with the term ‘spirituality’ deferred her to using ‘meaning’ to denote this theme from the participants. In contrast, the nature of this study’s inquiry privileged an open conversation with therapists about their spiritual worldviews as students of Buddhism.

Carlson and Erikson (1999) proposed that self-of-the-therapist work as applied in family therapy literature and training focused on trainees’ personal beliefs in a negative or deficit manner. These authors suggest that while personal development and self-of-the-therapist work contributes to the professional development of therapists, it might instead be presented to encourage trainees to explore their own convictions and beliefs as well as the beliefs inherent in the therapy models they were practicing, particularly in light of the research associating therapists worldviews and their preference for specific therapy models (Vasco & Dryden, 1994).

By opening a research conversation with six experienced therapists about their beginnings on the path that took them to both spiritual personal growth and professional growth, their voices were encouraged. The inner transformation that they spoke of gives support to inviting these personal beliefs conversations in training programs with novice therapists, who may, like the therapists in this study, be very discerning in their own beliefs, without the opportunity to articulate them in the milieu of supervision or academic forums.

Five of the participants in this study described a developmental path *moving through different spiritual traditions*, a second theme, including contemplative centering prayer in the Catholic tradition, living for many years in a Hindu-teacher led ashram, practicing in a yoga community, or being influenced by Gurdjieff. Three participants mentioned the influence in their clinical training of Jungian therapy, including symbolism and expressive arts therapies. Other therapy models that were influential to participants included attachment theory/object-relations, experiential models, body/mind approaches, sensory motor psychotherapy or cognitive behavioral models, as well as systemic models for couple and family work. The findings show that these experienced therapists were open to learning and incorporating models into their therapy approach, but used discernment in terms of an overall match with their worldview.

In addition, their Buddhist training matched their preferences for reflection, analytical insight, embodied awareness and experimentation. Halton, Murphy, and Dempsey (2007) note that reflection, according to Dewey (1933), involves both curiosity and commitment in learning. This mode of learning allows for doubt and self-inquiry. It is in the search to reconcile questions, such that a “more conscious ownership of...values, skills, beliefs, and knowledge” (p. 514) can take place. The experienced therapists in this study demonstrated this openness to questioning their own values through the movements in and out of spiritual traditions to find the

confidence they were now expressing in the Buddhist tradition, scaffolding the mind/body and experiential approaches towards a more congruent worldview.

The participants referred to this congruent worldview, in a third theme, as seeing *through a dharma lens*. They were able to hold both the view of absolute reality and relative reality as they described their own experiences and their roles with their clients. The dharma teachings for developing clarity and compassion were experienced as personal development domains, and yet, these complemented their lens in the therapy room with their clients. Many of them talked about how the personal meditation skills they were training in deepened their own experiential knowledge and that this then was available to them when they worked with clients, showing up as an ease in introducing experiential interventions and being able to stay with not-knowing.

Gill, Waltz, Suhrbier, and Robert (2014) described similar findings in their study with seven therapists from different spiritual traditions, including Zen Buddhism and Tibetan Buddhism. Their participants also distinguished how the understanding of absolute and relative reality impacts their practice of therapy with a variation on how therapists navigate looking through this dharma lens in the therapy room. Similar reflections were made across both studies, that there is an on-going learning process as therapists practice both meditation and therapy and move with the spiritual lens in the therapeutic setting.

There was a sub-theme in the interviews with participants around how to be skillful without imposing or overlaying their own worldviews. Keeling, Dolbin-MacNab, Ford, and Perkins (2010) remark on the growth of spiritual conversations in marriage and family therapy in the past years and recommend a respectful exploration, supported by self-awareness of the therapist's own beliefs and led by the client's language. The therapists in my study of Buddhist practice expressed this skill of self-awareness as they explained when and how they might help

client's to clarify their own worldviews and engage in a respectful exploration of larger meanings of suffering, for instance, or death.

Buddhist understandings, such as karma and reincarnation, as well as the higher tantric practices in the Tibetan tradition, were tentatively translated into the therapy setting. One participant in my study clearly indicated that s/he bounded the higher teachings in Vajrayana as a personal practice. Another participant explained how the popular Western notion of karma, as in fated, is inaccurately understood, and when clients indicated this understanding, there was a place for a conversation in the therapy setting to explore the Buddhist idea of karma, as consequences of actions without the sense of permanence or predestination that 'fated' connotes. This became a therapeutic intervention about how to create the causes and conditions for change towards well-being and health as within the understanding of karma, often without the therapist explicitly naming this position as Buddhist.

It may be that the clear distinction between an Eastern dharma lens and a Western psychotherapy lens affords more respectful exploration, than the client-therapy relationship that shares, or is assumed to share, a common epistemology. Aponte suggests that to be effective as therapists "we need to have a sensor with us. Within us we know who we are and we know what we are about" (Horsford, 2009, p. 379). The experienced therapists interviewed demonstrated this clarity of their own worldview with discernment about if or how to avail of it to support clients in discovering or examining their own worldviews.

The participants in this study highlighted the need for *finding like-minded people*. They recognized that their participation in both dharma communities and professional communities were important components in their on-going personal development and professional roles. In Tibetan Buddhism, the teacher-student relationship is a fundamental vehicle for advanced

meditation practices and attaining enlightenment. The support of a sangha for the study and practice of Buddhism was echoed throughout the interviews. Some participants were active practice leaders in their sanghas, others were active members, attending retreats and workshops and ceremonies regularly. Three participants talked about being the good fortune of having proximity to a Tibetan teacher and another talked about a plan to move to another geographic area to be closer to teachers and supportive sangha. There was also a predominant conversation with most of the participants about further Buddhist study and practice or more increased roles in their sanghas.

When describing the influence in their training years, many of the participants talked about key professional figures in their professional training, some of whom continued to be mentors as they advanced through novice and intermediate phases of training and post-licensure. Some of the participants were also part of supportive communities of Buddhist sanghas that also had members who were therapists. These participants recognized the importance of having this kind of forum to process what they were learning in Buddhism and how the teachings worked across all their role contexts. Wenger (1998) discusses the difference between collections of people in a group and communities of practice by distinguishing the mutual engagement, shared goals, and shared language that support learning in an informal but highly connected forum. The participants in this study echoed that learning environment for both their personal development and their processing of the interface between Buddhist study and practice and their role as therapists.

The findings in Ronnestad and Skovholt's (2003) study that there is "an integration and consolidation process...where the counselor/therapist is building consistency and coherence in the personal/professional self" (p. 20) are supported in this study. Participants felt they worked

as *integrative* clinicians, with a seamlessness between their personal practice of Buddhism and their professional roles as therapists, supervisors, and teachers. They also echoed Ronnestad and Skovholt's (2003) characterization of "throwing out the clutter" and finding "a working style that fit" and a compatible work environment (p. 20). They valued integration of body/mind/spirit as well expressing an integrative approach in working with clients that showed their way of being in the world.

Fife, Whiting, Bradford, and Davis (2014) present a meta-model that addresses the literature on common factors in marriage and family therapy and propose an additional dimension, that of the therapist's way of being as the base to the therapeutic relationship and interventions. This meta-model distinguishes the person of the therapist, as Buber's (1965) idea of who we are in relationship, from what we do, such as interventions. Kabat-Zinn (2015) discussed a similar distinction between being and doing in meditation. Mindfulness meditation practice can seem like an instrumental avenue to get somewhere, to do something, but at the same time, "it is non-instrumental, it is the direct realization and embodiment in this very moment of who you really are" (Kabat-Zinn, 2015, p. 396). It is this integrated way of being that the participants in this research study articulated. They expressed that at this point in their therapy work, they had many years of professional experience and their approach was consistent and integrative, moving between instrumental interventions and non-instrumental being with their clients in the therapy space.

They also had a balance in what they were explicit with in terms of their personal study and practice of Buddhism and what was implicit, but part of who they were and part of their therapy. When the research inquired into any experience they might have had of incongruency or edges as they listened to Buddhist teachers or practiced in sanghas and their knowledge of

therapy or reconciling therapy intervention with their dharma lens, they all expressed that there was a developmental continuum, but not an experience of friction or conflict moving between personal and professional domains.

The findings of this study are interesting for marriage and family therapists in providing the rationales that experienced therapists use to decide which interventions are implicitly or explicitly introducing a dharma lens or practice into the therapy room with clients. The participants noted that their fundamental approach is *client-centered*. They used discernment led by the language and openness of the client to choose how to integrate their personal and professional stances. Many discussed the difference between clients who specifically sought out their approach, through the recommendations of other clients or through public information about their scope of practice and those for whom therapy looked similar to their other approaches, such as cognitive behavioral or object-relations.

The therapists in this study might also be seen on a developmental continuum for experimenting with weaving dharma into their therapeutic approach, with some seeing this as a flow with any client, and others, having frames between working with individuals, couples, or families. Overall, the participants felt that there were many possibilities for introducing mindfulness to clients, and would also have client presentations in which they introduced other meditation practices, including giving resources that were from Buddhist authors. When working with couples and families, the systemic therapy frame fit with the dharma lens of no-self and interdependence, and participants felt this overlap gave them more options for bringing this into multiple relationship presentations. There was also a sense that when clients were managing other issues, such as self-esteem, that the dharma lens gave them references to understand impermanence of self and the difference between conceptualizing and perceiving experience.

Throughout the research narratives, participants felt that their personal development gave them wisdom in working with clients and bringing authenticity to the therapeutic encounter.

Wherever the therapists in this study might be on a continuum of bringing the personal into the therapy room through client interventions, they all spoke of the clear benefit that meditation practices brought to them in their presence with themselves and with their clients, a *compassionate therapeutic presence*. This capacity to stay with what arises in their own meditation practice transferred to the therapy room in staying with their internal experience compassionately and also staying with the client's experience with compassion. Many of the participants talked about how they brought particular clients to mind in their meditation practices on the four immeasurables or tonglen during retreats. Some talked about having been aware of this meditation coming to mind when they were with their clients in session.

Nanda's (2005) study findings corroborated this experience of increased therapeutic presence with meditation. In a study with trainee marriage and family therapists, McCollum and Gehart (2010) showed similar findings associating mindfulness practice with enhanced therapeutic acceptance and presence for trainees with little experience of meditation. Ronnestad and Skovholt (2003) refer to *boundaried generosity*, as a characteristic of experienced therapists in their study (p. 22). This was a master skill that more experienced clinicians were able to engage more easily than others. It was described as a buffer to compassion fatigue for the therapists researched, a capacity of being absorbed with the client in session and being able to let go of this experience once the session was concluded. The quality of equanimity was a parallel construct for the therapists in my study, noticing intentional and attentional presence with the client and holding the suffering in a larger lens of equanimity, as a way of supporting presence, while having clear boundaries.

Limitations and Clinical Implications

One limitation of this study relates to the sample recruited. IPA reflects a small sample closely engaged with the phenomenon. The participants who agreed to be interviewed, however, may be different in their sense of ease and congruence in integrating both Buddhist practice and their therapy role than those who did not consent to participate when approached through their websites or snowball sampling. The therapists in this study were all training with a Tibetan teacher, as well as active members of a sangha or practice leaders in meditation groups. This may also reflect a difference in their experience of implicit and explicit naming of their interventions with clients.

The findings of this study have implications for marriage and family therapists. Mindfulness and meditation are becoming more generally known by the clients who come for therapy, with many seeking out therapists who offer these approaches and a wider variety of mindfulness programs in the public domain for mindful eating, parenting, mindful work, and mindfulness in schools. There is a growing body of research on ways to integrate meditation and mindfulness practices into the therapy room. As this continues to grow, training programs are incorporating mindfulness training to explore empathy, presence, attentional skills, and self-compassion in the therapist. At the same time, there is an assumption that teaching mindfulness or using mindfulness and meditation in clinical settings needs to be supported by a personal practice.

This personal practice is not advocated as a practice of technique. The therapists in this study clearly integrated the roles they had professionally with their way of being and seeing the world personally. They valued awareness and reflection, and at the same time aspired to and practiced self-compassion and compassion for others. They brought this seamless sense of self

to their professional encounters with clients, students, and supervisees. Meditation practice was a commitment in their lives. They were all on a steady path towards increased self-awareness that permeated their professional competency and the relationships that they co-created with their clients. The worldviews of Buddhism and systemic psychotherapy practice fit for these clinicians. The context of their livelihood offered them an avenue to benefit others through becoming more familiar with their own minds in meditation practice to offer presence, acceptance, empathy, compassion, and wise discernment to and with their clients.

Conclusion

The experience of therapists who are also experienced meditators can shed light on how they integrate their study and practice of Buddhist meditation and psychotherapy into a seamless way of being in the world, particularly in working with couples and families who present with multiple attentional and emotional cues for the therapist. The working alliance for systemic therapists calls for heightened skills of awareness, equanimity and compassion, skills which are integral to meditation practice. The therapists in this study described their personal intentions for growth and awareness, exploring many learning opportunities, both spiritual and professional to continuously develop who they were as a person and as a therapist. Their search for this awareness brought each of them to Buddhist teachers and to advanced trainings in clarity and compassion that they could then bring to their clinical work through their own embodied experience.

As the research study highlighted, having like-minded people for processing and support, as therapists introduce and engage in meditation practices themselves and in the therapy room is important. There are multiple ways that these insights and practices can benefit both the therapist and the client. Deeper training in these meditation practices, with shared conversations

of other professionals, opens more wise discernment in how to apply them in one's own experience that can then inform how they might be introduced to clients in a client-centered way, either implicitly or explicitly, according to the needs of the client. The more those therapists who are working with couples and families have avenues for their voices to be shared, the more reciprocal learning can take place and their expertise disseminated to the wider professional community. Suffering at any level is an experience we have all encountered. As therapists the heart of our professional work is witnessing the suffering and confusions of others and working with them to help them find their own insight and skills for change and growth. The experiences of these therapists underscore that the more clarity we can achieve in our own minds with our own suffering and confusions, the more compassionate therapeutic presence and skill we can bring to our work with clients. For these experienced clinicians, this advanced training emerged for them personally in their dedicated practice and study of meditation and was available then to their clients in their embodied, integrative experience in the therapy room.

References

- Anderson, H., & Goolishian, H. (1988). Human systems as language systems. *Family Process*, 27, 377-393. doi:10.1111/j.1545-5300.1988.00371.x
- Aponte, H. J., & Kissil, K. (2012), "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, 40, 152-164. doi:10.1111/jmft. 12011.
- Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, 35, 381-394. doi:10.1111/j.1752-0606.2009.00123.x
- Baer, R. A. (Ed.) (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and application*. Burlington, MA: Academic Press.
- Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11, 191-206.
- Block-Lerner, J., Adair, C., Plumb, J. C., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does non-judgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy*, 33, 501-516. doi:10.1111/j.1752-0606.2007.00034.x
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology*, 7, 267-277. doi:10.1037/a0033092

- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822-848.
doi:10.1037/0022-3514.84.4.822
- Buber, M. (1965). *The knowledge of man: A philosophy of the inter-human*. (M. S. Friedman & R. G. Smith, Trans.). New York, NY: Simon & Schuster.
- Carlson, T. D., & Erikson, M. J. (1999). Recapturing the person in the therapist: An exploration of personal values, commitments, and beliefs. *Contemporary Family Therapy, 21*, 51-75.
doi:10.1023/A:1021962604658
- Chapman, E., & Smith, J. A. (2002). Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology, 7*, 125-130. doi:10.1177/1359105302007002397
- Cheon, H. S., & Murphy, M. J. (2008). The self-of-the-therapist awakened. *Journal of Feminist Family Therapy, 19*(1), 1-16. doi:10.1300/J086v19n01_01
- Chodron, P. (2012). *Living beautifully: With uncertainty and change*. Boston, MA: Shambhala Publications.
- Clark, P. (2009). Resiliency in the practicing marriage and family therapist. *Journal of Marital and Family Therapy, 35*, 231-247. doi:10.1111/j.1752-0606.2009.00108.x
- Dalai Lama. H. H. (2007). *Mind in comfort and ease: The vision of enlightenment in the Great Perfection*. Somerville, MA: Wisdom Publications.
- Davidson, R. J., & Begley, S. (2012). *The emotional life of your brain: How its unique patterns affect the way you think, feel, and live—and How you can change them*. New York, NY: Hudson Street Press.
- Dewey, J. (1933). *How we think*. New York, NY: Heath & Co.
- Dzigar Kongtrul Rinpoche. (2008). *Light comes through: Buddhist teachings on awakening to*

- our natural intelligence*. Boston, MA: Shambhala.
- Epstein, M. (2004). *Thoughts without a thinker: Psychotherapy from a Buddhist perspective*. New York, NY: Basic Books.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy, 40*, 20-33. doi: 10.1111/jmft. 12041.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner/Mazel.
- Gambrel, L. E., & Keeling, M. L. (2010). Relational aspects of mindfulness: Implications for the practice of marriage and family therapy. *Contemporary Family Therapy, 32*, 412-426. doi:10.1007/s10591-010-9129-z
- Garcia, M., Kosutic, I., McDowell, T., & Anderson, S. A. (2009). Raising critical consciousness in family therapy supervision. *Journal of Feminist Family Therapy, 21*(1), 18-38. doi:10.1080/08952830802683673
- Gehart, D. R. (2012). *Mindfulness and acceptance in couple and family therapy*. New York, NY: Springer.
- Geller, S. M., & Greenberg, L. S. (2011). *Therapeutic presence: A mindful approach to effective therapy*. Washington, D. C.: American Psychological Association.
- Gilbert, P. (2009). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Behavioral Therapy, 3*(2), 97-112.
- Goleman, D. (1988). *The meditative mind: The varieties of meditative experience*. New York, NY: Tarcher/Putnam.
- Goodman, T., Greenland, S. K., & Siegel, D. (2012). Mindful parenting a path to wisdom and

- compassion. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion: Deepening mindfulness in clinical practice* (pp. 295-310). New York, NY: Guilford Press.
- Greenland, S. K. (2010). *The mindful child: How to help your kid manage stress and become happier, kinder, and more compassionate*. New York, NY: Free Press.
- Halton, C., Murphy, M., & Dempsey, M. (2007). Reflective learning in social work education: Researching student experiences. *Reflective Practice, 8*, 511-523.
doi:10.1080/14623940701649761
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice (3rd ed.)* New York: Taylor & Francis.
- Hanh, T. H. (1991). *Old path white clouds: Walking in the footsteps of the Buddha*. Berkeley, CA: Parallax Press.
- Haug, I. E. (1998). Spirituality as a dimension of family therapists' clinical training. *Contemporary Family Therapy, 20*, 471-483. doi:10.1023/A:1021628132514
- Hoogestraat, T., & Trammel, J. (2003). Spiritual and religious discussions in family therapy: Activities to promote dialogue. *American Journal of Family Therapy, 31*, 413-426.
doi:10.1080/01926180390224049
- Horsford, S. (2009). Spirituality of our lives: An interview with Harry Aponte. *The Family Journal: Counseling and Therapy for Couples and Families, 17*, 367-373.
doi:10.1177/1066480709347307
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Dell.
- Kabat-Zinn, J. (2015). Two ways to think about meditation: The instrumental and the non-instrumental. *Mindfulness, 6*, 397-397.

- Kabat-Zinn, J., & Davidson, R. (2012). *The mind's own physician: A scientific dialog with the Dalai Lama on the healing power of meditation*. Oakland, CA: New Harpinger Publications.
- Keeling, M. L., Dolbin-MacNab, M. L., Ford, J., & Perkins, S. N. (2010). Partners in the spiritual dance: Learning clients' steps while minding all our toes. *Journal of Marital and Family Therapy, 36*, 229-243. doi:10.1111/j.1752-0606.2009.00161.x
- Kornfield, J. (2009). *The wise heart: A guide to the universal teachings of Buddhist psychology*. New York, NY: Bantam Books.
- Kramer, G. (2007). *Insight dialogue: The interpersonal path to freedom*. Boston, MA: Shambhala Publications.
- Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology, 4*, 357-363. doi:10.1177/135910539900400305
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*, 102-120. doi:10.1191/1478088706qp062oa
- Lawless, J. J., Gale, J. E., & Bacigalupe, G. (2001). The discourse of race and culture in family therapy supervision: A conversation analysis. *Contemporary Family Therapy, 23*, 181-197. doi:10.1023/A:1011198219209
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy: An International Journal, 24*, 181-197. doi:10.1023/A:1014385908625

- Marlatt, G. A. (2002). Buddhist philosophy and the treatment of addictive behavior. *Cognitive and Behavioral Practice, 9*, 44-50. doi:10.1016/S1077-7229(02)80039-6
- Mason, B., Gibney, P., & Crago, H. (2002). Family of origin work in training: Essential or dangerous. *Australian and New Zealand Journal of Family Therapy, 23*, 45-50. doi:10.1002/j.1467-8438.2002.tb00485.x
- McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy, 36*, 347-360. doi:10.1111/j.1752-0606.2010.00214.x
- McGeorge, C. R., Carlson, T. S., Erickson, M. J., & Guttormson, H. E. (2006). Creating and evaluating a feminist-informed social justice couple and family therapy training model. *Journal of Feminist Family Therapy, 18*(3), 1-38. doi:10.1300/J086v18n03_01
- Mingyur Rinpoche, Y. (2007). *The joy of living: Unlocking the secret and science of happiness*. New York, NY: Three Rivers Press.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc.
- Nanda, J. (2005). A phenomenological enquiry into the effect of meditation on therapeutic practice. *Counselling Psychology Review, 20*, 17-25.
- Negash, S., & Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital and Family Therapy, 37*, 1-13. doi:10.1111/j.1752-0606.2009.00147.x
- Paris, E., Linville, D., & Rosen, K. (2006). Marriage and family therapy interns' experience of growth. *Journal of Marital and Family Therapy, 32*, 45-57. doi:10.1111/j.1752-0606.2006.tb01587.x

- Protinsky, H., & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: A qualitative investigation. *Journal of Marital and Family Therapy*, 27, 375-384. doi:10.1111/j.1752-0606.2001.tb00332.x
- Ricard, M. (2010). *Why meditate: Working with thoughts and emotions*. New York, NY: Hay House.
- Rober, P. (1999). The therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection. *Family Process*, 38, 209-228. doi:10.1111/j.1545-5300.1999.00209.x
- Ronnestad, M. H., & Skovolt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30, 5-44. doi:10.1023/A:1025173508081
- Salzberg, S. (2002). *Lovingkindness: The revolutionary art of happiness*. Boston, MA: Shambhala.
- Schon, D. A. (1983). *The reflective practitioner. How professionals think in action*. New York, NY: Basic Books.
- Schutz, A., & Luckman, T. (1989). *Structures of the life-world* (Vol. 2). Evanston, IL: Northwestern University Press.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. Di. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford.
- Shinebourne, P., & Smith, J A. (2011). 'It is just habitual': An interpretative phenomenological analysis of the experience of long-term recovery from addiction. *International Journal of Mental Health Addiction*, 9, 282-295. doi:10.1007/s11469-010-9286-1
- Simon, G. M. (2006). The heart of the matter: A proposal for placing the self of the therapist at

the center of family therapy research and training. *Family Process*, 45, 331-344.

doi:10.1111/j.1545-5300.2006.00174.x

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development.

Journal of Counseling & Development, 70, 505-515. doi:10.1002/j.1556-

6676.1992.tb01646.x

Smith, J. A. (2001). Semi-structured interviewing and qualitative analysis. In J. A. Smith, R.

Harre, and L. Van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 9-26).

London: Sage.

Trungpa Rinpoche, C. (2005). *The sanity we are born with: A Buddhist approach to psychology*.

Boston, MA: Shambhala Publications.

Vasco, A. B., & Dryden, W. (1994). The development of psychotherapists' theoretical

orientation and clinical practice. *British Journal of Guidance and Counseling*, 22, 327-

341.

Wenger, E. (1998). *Communities of practice: Learning, meaning and identity*. New York, NY:

Cambridge University Press.

Table 1

Main Findings Superordinate Theme 1: A Way of Seeing and Being in the World

Themes	Sub-Themes	Evidence
On a Path	Seeking/longing	“it was a seeking cause there was some restlessness and some spiritual quest and seeking and so absolutely started as a personal quest...I feel this great yearning to go deeper into these things” (P2)
	Inner transformation	“I’ve always been oriented towards a sense of transformation or a sense of moving beyond sort of materialistic or even relational goals to things that are more about reflection on what is the purpose of our life here” (P4)
	Larger view	I want to find the answer to life’s important questions” (P5)
	Right livelihood	“I have to say that if it wasn’t for my involvement with Buddhism that I very likely would not have entered [the psychotherapy] field. I think the training that I received and continue to receive in Buddhism really primed me for following through on the kind of calling to be a therapist” (P3)
	Meaning	“I do have some kind of implicit sense that there’s a meaningful process at work here” (P4)
Moving through Spiritual Traditions and Therapy Models	Moving in/moving out	“I moved into that meditation center at 23...I finally came home, [I realized] there’s people that are on a path that are talking about finding the meaning of life and practice and how to experience it” (P5)

Themes	Sub-Themes	Evidence
	Systemic/experiential/embodied	“I had trained in...body awareness therapy...to utilize information that comes out of [the] body...I realized how well [it] dovetailed...[with] dharma practice” (P6)
Through a Dharma Lens	Holistic	“it’s very much an embodied practice...how do you be, how do you work with compassion and equanimity and mindfulness, how do you join the dharma, with impermanence and letting go” (P5)
	Experiential/reflective insight	“this is what I love about Buddhism, which is that they say check it against your own experience...there’s not inherent dogma that says takes this leap, believe in this, it’s clearly a set of principles, understandings...but you’re still reflecting back on what’s your own experience” (P6)
	Absolute/relative lens	“I think earlier in my own practice I may have been more reflective myself in terms of feeling like now I’m looking at life, whether it’s my own or a client, through a relative lens, and now I’m looking at life, my own or a client, through an absolute lens...but they were not as integrated as they are increasingly, I think part of the process as an ongoing practice has been, everything becomes more integrated, my own sense of applying both lenses to myself and clients naturally or automatically has increased...I find myself reflecting on things in both

Themes	Sub-Themes	Evidence
		directions...and here's a dharma lens on that or...what would be the dharma lens on that...I think it's all increasingly integrated...[through] more practice" (P4)
Finding Like-Minded People	Teachers/mentors/communities	"I've been in a peer consultation group with all meditators for over ten years...if you're going to do the work, you need places to process too... So you're not flying out on your own with not only support, but accountability... you need to have somebody you're checking with, you need to have somebody you can talk about what you are doing, how you're doing, it's a different process" (P5)
	Good fortune	"I had the pretty good fortune of living here...when... Rinpoche showed up here...I took a class and had an interview to actually personally request Rinpoche to be my teacher" (P6)
	Future direction for growth	"I am going now through the two year [Buddhist] course...to get some more framework and understanding around the Buddhist theory in general...I know some things and ...I've been surprised that a lot of the people that come just barely have an idea of Buddhism and are drawn to that and don't know a lot of the practices but that keeps me striving to learn more and more so that I can bring them more too" (P2)

Table 2

Main Findings Superordinate Theme 2: The Personal and the Professional in the Therapy Room

Themes	Sub-Themes	Evidence
Integrated	Seamless	<p>“It never feels separated, it’s more like, I actually feel that the deeper I can work on my own obscurations the more likely I will be able to help other people with theirs...steeping myself in [the preliminaries and the four thoughts that turn the mind/specific Buddhist meditation trainings] fortunately allows them to be more accessible to me to kind of translate them with the people I am working with” (P1)</p>
	Implicit/explicit dharma approach	<p>“when I was in training it was, you should have a neutral office so people can’t project too much onto you...I believe just the opposite. I feel that people who walk into my office and they look around they know who I am...If they’re uncomfortable they don’t stay, that rarely happens, it almost opens the doors really rapidly for a deeper conversation” (P1)</p> <p>“I think that I am very much imbued in the Buddhist approach...and so I think from that extent it impacts how I deal with all my clients” (P3)</p>
Client-centered	Discernment/developmental	<p>“I don’t tend to use Buddhist language or for that matter language unless someone comes in who is using it him or herself. I might draw on concepts...I might talk about</p>

Themes	Sub-Themes	Evidence
		mindfulness, but otherwise I would tend to use language that they would talk about...I don't want language to be a barrier or a conceptual overlay" Participant (4)
	Experimenting	"I bring the four noble truths in [in teaching]...no separate self...impermanence...with clients...just kind of exploring from more of an inquiry and then kind of a possibility planting seeds...so it just naturally comes out. The opportunities are there...I go as far as the client is going" (P5)
	Many ways in	"even in the first sessions I might be meeting somebody and use some version of meditation. You know people say you should never do this on a first session or you should always do this. I don't ever have any 'should'. If you're paying attention and you're being with a person and you're responding to what's arising and trusting that" (P5)
	Many client presentations	"when I work with couples...I start to build compassion...I build a coalition...seeing these differences in each other which do exist but not to magnify them...there are all different ways to be aware, but I feel the dharma has brought me an awareness that's grounded in compassion so that then where I'm operating through is what people's competency is" (P6)
Compassionate Therapeutic Presence	Acceptance	"it wasn't so much about what to do with a client it was about

Themes	Sub-Themes	Evidence
		how I showed up, how I'm being present" (P5)
	Not-knowing	"I really try to work from a place where I am just working with the situation as it arises...without hesitation of where we are going to go" (P3)
	For the benefit of all	"I try to bring in as much awareness...so that I can always strive to be more of service" (P6)

Appendix A

Recruitment Information Letter
Volunteer Research Participants:Meditation and Dharma Practitioners who are also Marriage and Family Therapists

Being sought for a study, conducted by Joanne R. Grassia, a doctoral graduate student in the Marriage and Family Therapy Program, Antioch University New England:

*The Personal and the Professional in Marriage and Family Therapy
and Contemplative Practice*

- To explore and describe the experiences of marriage and family therapists to understand their professional development as they participate in contemplative dharma practice.
- Study participants *ideally* must
 - have at least 3 years experience practicing meditation
 - have participated in at least 1 month long or 4 weekend retreats
 - be practicing systemic therapists, working with couples and families
 - with 7 years clinical experience post-graduation.
- Volunteer participants
 - will meet with the researcher for 1 interview lasting 60 minutes
- This may be a face-to-face, telephone or Skype interview and will be voice-recorded and transcribed.
- Participants will be able to
 - give feedback on the research report
 - contribute to a deeper understanding of how the personal and professional development of systemic therapists might be influenced by the practice of meditation and the dharma.

Please contact Joanne R. Grassia at jgrassia@antioch.edu

Your participation would be greatly appreciated.

Appendix B

Institutional Review Board (IRB) Approval

From: kclarke@antioch.edu <kclarke@antioch.edu>

Subject: Online IRB Application Approved: The Personal and the Professional in Marriage and Family Therapy and Contemplative Practice January 31, 2013, 2:31 pm

To: jgrassia@antioch.edu, kclarke@antioch.edu

Dear Joanne Grassia,

As Chair of the Institutional Review Board (IRB) for 'Antioch University New England, I am letting you know that the committee has reviewed your Ethics Application. Based on the information presented in your Ethics Application, your study has been approved.

Your data collection is approved from 02/01/2013 to 08/31/2013. If your data collection should extend beyond this time period, you are required to submit a Request for Extension Application to the IRB. Any changes in the protocol(s) for this study must be formally requested by submitting a request for amendment from the IRB committee. Any adverse event, should one occur during this study, must be reported immediately to the IRB committee. Please review the IRB forms available for these exceptional circumstances.

Sincerely,
Katherine Clarke

Appendix C

Research Participant Consent Form

The Personal and the Professional in Marriage and Family Therapy and Contemplative Practice

Principal Investigator: Joanne R. Grassia, MA, MS, Doctoral Candidate

Antioch University New England

Department of Applied Psychology

This Informed Consent has two parts:

- Information Sheet
- Certificate of Consent (if you agree to participate)

You will be given a copy of the full Informed Consent

Part I: Information Sheet

Introduction

I am a doctoral candidate in the Marriage and Family Therapy Program at Antioch University New England. I am conducting research that might be of benefit to counselors and therapists in understanding the professional development of clinicians as they participate in contemplative dharma practice. I am interested in how counselors and therapists, who work with couples and families in their practice, experience their personal and professional growth as dharma students and clinicians.

I will use voice-recorded interviews, of one hour to one and a half hour duration to explore this experience with you. Your participation may help clarify how experienced therapists develop personally and professionally beyond licensing. This interview may be helpful for you in reflecting on and articulating the impact of these two ways of being in your personal and professional lives. It may also be of benefit to trainee and advanced student therapists in having a vision of continuous personal and professional growth to support their career well being and competence. I intend to transcribe the interview myself. From the transcript, I will analyze our conversation and I will contact you with my report for you to read. This will give you an opportunity to give me feedback on how it represents the meaning of your experience.

Your participation is voluntary. Your dharma center, dharma teacher, or professional community will not have access to whether or not you have participated. You have the right to refuse or withdraw at any time during the study. The findings from this research will be reported to the Marriage and Family Therapy Doctoral Program at Antioch University New England, and may be sent for publication to appropriate academic journals, such as *The Journal of Contemporary Family Therapy* or *Family Process*. You may ask questions about the research and I will take the time to answer them.

In the interview, I will ask questions about how long you have practiced dharma training and which teachers or teachings have been important in influencing you. I will also ask similar questions exploring your training and experience as a therapist. These questions will be open-ended and allow for you to share your experiences of being both a dharma student and your professional development as a practicing therapist.

This research should pose minimal risk to you as a participant. However, if you feel discomfort in the inquiry, you may cancel or postpone the interview. If you would like further

counseling support as a result of this inquiry, you can contact The Antioch University Couple and Family Therapy Institute at 1 603 283 2156, or the American Psychological Association Psychologist Referral Service at 1 800 964 2000.

Your contact information will be kept separate from your interview information. All documents related to this research inquiry will be stored on encrypted flash drives that are password protected (including one flash drive which duplicates information for back up) and kept in a locked file. The recordings will be deleted after two years. No names or other identifying information will be used in the transcripts and the final research report.

If you have further questions about this study, you may contact Joanne R. Grassia from the Applied Psychology Department, Antioch University New England.

This proposal has been reviewed and approved by Antioch University New England Institutional Review Board, which is a committee whose task is to ensure research participants are ethically protected. If you have any questions about your rights as a research participant, you may contact Dr. Katherine Clarke, Chair of the Antioch University New England Institutional Review Board, 1.603.283.2162, or Melinda Treadwell, AUNE Vice President for Academic Affairs, 1.603.282.2444.

The Personal and the Professional in Marriage and Family Therapy and Contemplative Practice

Principal Investigator: Joanne R. Grassia, MA, MS, Doctoral Candidate
Antioch University New England
Department of Applied Psychology

Part II: Certificate of Consent

Certificate of Consent

I have read Part I: Information Sheet. I give my consent to participate in this research study that will involve one voice-recorded interview of 60 to 90 minutes. I understand that voice recordings will be transferred to a digital media file and marked with a code by the researcher. I understand that I will be contacted after the interview has been analyzed to offer further feedback on the meanings represented. I understand that I may be contacted for a follow-up study and have the right to refuse to participate in this. I understand that all files will be encrypted with a password protected flash drive and all documentation will be stored in a locked file and deleted after two years. I have read the foregoing information describing the study. I have had the opportunity to ask questions about the study and any questions I have asked have been answered to my satisfaction. I consent voluntarily to participate.

Print Name of Participant _____

Signature of Participant _____ Date: _____

I confirm that this individual was given an opportunity to ask questions about this study, and all questions asked have been answered accurately, and to the best of my ability. I confirm that the individual has not been coerced into giving consent; the consent has been given freely and voluntarily.

Print Name of Investigator _____

Signature of Principal Investigator _____ Date: _____

Appendix D

Semi-Structured Interview Schedule

I. Beginning the Interview

- (a) Opening and Building Rapport
- (b) Confidentiality and Recording
- (c) Format and Voluntary Participation

II. Main Interview Questions

- (a) How do you as a therapist/counselor working with couples and families, as well as individuals, make sense of (understand/experience) your co-practices of dharma/contemplative practice and therapy?
- (b) How have these two ways of being affected your personal and professional life?

III. Further Interview Probes

- (a) Relationship of Buddhist Teachers/Lineages/Therapy Models with Each Other
 - Is there a particular therapy model that you practice from?
 - Are there any particular therapists (either personally known or through their writing/research) who you look to for guidance in your therapeutic work?
 - If so, what would you say would be the issues that you most often seek clarity on from them in your practice?
 - What would be the balance between your personal and professional inquiries in consulting with these teachers/teachings?
 - Is there a particular Buddhist teacher or lineage that you align yourself with?
 - Are there other Buddhist teachers that have influenced your thinking/training?
 - What would be the balance between your personal and professional inquiries in consulting with these teachers/teachings? (When you listen to the teachings, how much of your inquiry is based in your personal questions and how much in your questions about being a better therapist?)
 - Have you found colleagues who are also dharma students and how has this affected your professional practice?
- (b) History of Epistemologies
 - When and how were you first introduced to meditation and dharma practices?
 - What was your beginning experience with counseling and dharma teaching traditions?
 - How would you describe how you first situated yourself in these two ways of thinking about the world?
- (c) Relationship of Epistemologies with Each Other
 - Were there particular times that you recall when these two views were congruent?
 - If so, what was your experience of this congruence in your work with clients?
 - Were there particular times that you recall when these two views were in opposition?
 - If so, what was your experience of this opposition in your work with clients?
 - Has the relationship between these two traditions changed for you over time?
 - If so, in what ways?

(d) Application to Clients

- How does your Buddhist practice “show up” in your work with your clients?
 - If I interviewed your clients, would they know you were using these teachings?

(e) Intersection of Personal and Professional

- How would you describe what it is like for you within these two traditions in your personal life?
- How has practicing the dharma affected your personal life and personal relationships?
- How has practicing the dharma affected your professional life and professional relationships?
- How would you describe what it is like for you within these two traditions when you work with individuals, couples, and/or families?
- How do you see yourself moving forward within these two traditions in your professional practice?

IV. Closing the Interview

- (a) Allow participant to ask questions or clarify further information
- (b) Provide researcher contact information
- (c) Express appreciation for participation

Appendix E

My Bias Statement as Researcher

As an experienced psychotherapist also training as a Marriage and Family Therapist in the United States, I am curious about what I see as a difference in the marriage and family therapy clinical field, from the growing awareness in other psychotherapies, regarding the efficacy of mind trainings and contemplative practice skills to alleviate mental distress. I wonder myself how to integrate the practice of mind trainings and the practice of marriage and family therapy and have been seeking mentors in Buddhist dharma and professional communities who can shed some light for me with their own experiences. As an experienced clinician, I have long been experimenting with applying some of the trainings and adapting some of the principles to my interventions with individuals, couples and families, as well as teaching and supervising masters' level marriage and family therapy students. Congruency and integrity within myself, and transparency with my clients and students, are values that I hold in my professional practice.

I have actively sought the teachings of many different Buddhist teachers, and I have been a practitioner for several years. At this point, I am interested in developing my own experience of congruency as a psychotherapist. I set myself the task of studying meditation trainings several years ago and also the task of achieving a doctoral degree in marriage and family therapy. I see myself as still becoming a practitioner of both disciplines. It is this *becoming* experience that I am interested in, both for my own professional development, but also as a teacher of novice marriage and family therapists and as a marriage and family therapist with couples and families.

I have been teaching marriage and family therapists a course in Professional Orientation and Ethics for the last four years. I advocate their connection to their professional communities of practice and also to a personal development community both of which I feel are important to

growth as one advances in clinical skills beyond training and licensure. As new therapists, their concerns rightfully focus on their own uncertainties and skill building. I feel it is especially important for them to realize that the skill building continues past their graduation and licensure, and their ethical decision-making is continuously shaped by their personal and professional learning experiences, as well as their way of being.

As a clinician, I have seen the relief of distress in clients when I have invited them through guided shamatha practices to abide in calm and settle some of the emotional and thought confusions in their minds for a few minutes in session. Their feedback to me has confirmed the immense benefit these simple introductions have given them and their place in the therapeutic relationship. I have also taught Professional Seminars to marriage and family therapy interns using mindfulness-informed research and practices. This has encouraged me to go deeper into how I might use these interventions and through this research, to learn more from my professional peers what their experience has taught them in this professional development journey.

At a deeply personal level, I have always seen my psychotherapy role as the instrument of healing for others. Buddhist dharma practice and mind trainings have given me more ways to do this for myself, and have given clarity to the actual *how* of doing this, that other spiritual, wisdom, and psychological traditions have talked about, but which I have found, do not break down the methods to achieve and sustain these profound states of mind. The experience of calming and training my own mind is achievable using the skills carefully taught by Buddhist masters I have worked with, and bringing these same skills and presence to the people I work with is a value, to work in a way that is respectful, kind, and offers the best way for them to be open to listening and experimenting for themselves in their own lives.