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EXPERIENTIAL SHIFTS IN THERAPISTS FOLLOWING AN EIGHT-WEEK MINDFULNESS PROGRAM

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ABSTRACT — The study aimed to explore how, if at all, therapists' experiences of their work changed in the wake of engaging in an intensive eight-week mindfulness training program. We used a hermeneutic phenomenological approach to interview and develop in-depth descriptions of four therapists' experiences in relation to mindfulness and their therapeutic practices. Therapist-participants completed semi-structured interviews before and after the mindfulness program. The results pointed to several common themes indicating changes therapists described after participating in the mindfulness program. Themes on the reported changes were organized into three categories: (1) personal relationship with mindfulness; (2) relationship

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between mindfulness and therapeutic experiences; and (3) mindfulness-oriented interventions performed in therapy. The findings indicated that mindfulness training is associated with the enhancement of important relational attitudes and skills of therapists. Mindfulness training may be linked to improved reflexive abilities, which has implications for more intentional and ethical decision-making in therapy. The findings also indicated that mindfulness training might be linked to improvements in emotion regulation of therapists. As such, this study pointed to several potential benefits for the inclusion of mindfulness training in therapists' self-care practices as well as in therapist education.

RÉSUMÉ — L'étude vise à explorer l'existence ou non d'un changement dans les expériences de travail des thérapeutes à la suite d'un programme intensif de huit semaines de formation à la pleine conscience. Les auteurs font appel à une approche phénoménologique herméneutique pour mener les entrevues et pour décrire les expériences vécues par quatre thérapeutes. Ils ont conduit des entrevues semi-dirigées avant et après le programme de formation. Les résultats mettent en évidence plusieurs thèmes communs et révèlent des changements à la suite du programme de pleine conscience. Ces changements se regroupent sous trois rubriques : (1) la relation personnelle avec la pleine conscience ; (2) la relation entre la pleine conscience et les expériences thérapeutiques ; et (3) les interventions axées sur la pleine conscience menées en thérapie. Les résultats montrent que la formation à la pleine conscience est associée à l'amélioration d'attitudes relationnelles et de compétences importantes chez les thérapeutes. Cette même formation peut contribuer à l'amélioration de l'aptitude à la réflexivité, ce qui facilite une prise de décision thérapeutique à la fois plus intentionnelle et éthique. Elle peut concourir également à l'amélioration de la régulation de l'émotion chez les thérapeutes. L'étude dégage plusieurs avantages potentiels de l'inclusion d'une formation à la pleine conscience dans les pratiques d'autosoin des thérapeutes ainsi que dans leur éducation.

Introduction

Mindfulness is characterized as a particular way of attending to one's experiences and has a long history rooted in Buddhism. An operational definition of mindfulness described by Kabat-Zinn (2003) is "the awareness that emerges through paying attention on purpose, in the present moment, and

nonjudgmentally to the unfolding of experience moment by moment" (p. 145). When describing mindfulness, it is also important to distinguish between the terms mindfulness and mindfulness practice. In this article, the word mindfulness is used to describe the theoretical construct of mindfulness and the state of present-moment awareness that emerges as the outcome of mindfulness practice, which includes the process of meditation or other informal practices (Germer, 2005; Shapiro & Carlson, 2009).

In the last three decades, mindfulness has become prevalent both as a psychological construct and as a practice in therapeutic treatment programs. Clinical interventions based on mindfulness skills are growing increasingly popular in mental health and medical settings (Baer, 2003; Davis & Hayes, 2011). For the most part, research on mindfulness in therapy has focused on the effects of teaching clients mindfulness-based skills to alleviate physical and mental health symptoms (Aggs & Bambling, 2010; Fulton, 2005; Grepmair et al., 2007; Hick & Bien, 2008; Shapiro & Carlson, 2009; Stanley et al., 2006), with less focus on investigating the impact of mindfulness practice on therapists. However, the consideration of therapist mindfulness, which presumably has an influence on client outcomes as well, is also an important aspect in the examination of the effectiveness of mindfulness-based interventions (MBIs). Therapist mindfulness is described as the therapist's own integration of mindfulness practices on a personal level and/or in the context of therapy, including the use of mindfulness-based interventions and integration of mindfulness philosophy (Fulton, 2005).

It is expected that providing therapy requires a degree of mindfulness. A therapist must regularly engage in processes such as bringing one's attention back to the moment-to-moment experience of therapy, being aware and responding skillfully to their own difficult emotions or biases, and cultivating an attitude of openness and acceptance towards therapeutic experiences. However, to date, there is little research on the effects of mindfulness training on therapist skills, despite the many possible benefits it may add to therapist education (Davis & Hayes, 2011; Fulton, 2005; Grepmair et al., 2007; Hick & Bien, 2008; Stanley et al., 2006).

Review of the Literature

Researchers have posited that the skills cultivated through mindfulness practice may benefit therapists in a number of ways (e.g., Aiken, 2006; Fulton, 2005; Grepmair et al., 2007; Hick & Bien, 2008; McCown, 2016; Shapiro, Brown, & Biegel, 2007; Stanley et al., 2006; Wexler, 2006).

However, empirical research on the effects of therapist mindfulness on therapeutic practice is scarce in comparison to research on mindfulness-based interventions in clinical populations.

We reviewed three interconnected areas of research related to the effects of mindfulness practice on: (1) physicians and nurses; (2) therapist self-care and well-being; and (3) four elements of therapeutic practice, namely – therapeutic relationship, therapeutic empathy, therapeutic presence, and client outcomes.

Effects of Mindfulness on Health-Care Professionals

Research has demonstrated the salutary effects of mindfulness practice on health-care professionals, including physicians (e.g., Beach et al., 2013; Epstein, 1999; Epstein & Krasner, 2013) and nurses (e.g., Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004, 2005; White, 2013). Health-care professionals are at increased risk of burnout, which not only leads to physical and psychological health problems, but also a diminished capacity to effectively care for patients (Shanafelt, Bradley, Wipf, & Back, 2002). Mindfulness-based interventions may cultivate skills that support clinicians in reducing psychological distress (e.g., Beddoe & Murphy, 2004; Irving, Dobkin, & Park, 2009; Shapiro, Schwartz, & Bonner, 1998; Shapiro, Astin, Bishop, & Cordova, 2005). In addition to reducing psychological distress, Epstein (1999) argued that that mindfulness should be considered a core characteristic of good clinical practice as mindful clinicians are better able to employ critical self-reflection, listen and respond effectively to patients' needs, and show improved clinical judgment.

Shapiro and colleagues (2005) conducted a randomized-control trial to examine the effects of an MBSR program on health-care professionals' levels of psychological distress, job burnout, stress, overall life satisfaction, and self-compassion. The participants in the MBSR intervention group reported significantly decreased levels of perceived stress and greater self-compassion compared to the control group. Reported psychological distress, satisfaction with life, and job burnout were also decreased; however, the differences between the experimental and control groups were not statistically significant.

An observational study by Beach et al. (2013) assessed whether clinician self-reported mindfulness was associated with quality of patient care. The results suggested that the patients of clinicians with higher levels of self-reported mindfulness were more likely to experience positive rapport-building through interactions and displayed increased positive emotional tone than the patients of clinicians with lower self-reported mindfulness scores. The patients

of clinicians with high-mindfulness scores were also more likely to give high ratings on clinician communication and overall satisfaction with the quality of care than patients of clinicians with low-mindfulness scores.

A randomized-control trial by Shapiro and colleagues (1998) investigated the effects of an MBSR program on premedical and medical students' levels of empathy, psychological distress, state and trait anxiety, and spirituality. The findings indicated that the mindfulness intervention group showed significantly reduced levels of overall psychological distress and state and trait anxiety. Scores on empathy and spirituality were significantly increased in the experimental group compared to the control group. Therefore, research suggests that mindfulness practice not only holds promise for improving the psychological well-being of clinicians, but also for improving their interpersonal experiences.

Mindfulness-Based Interventions and the Effects on Self-Care of Psychotherapists

Despite self-care being promoted as an important part of effective psychotherapy, researchers have suggested that graduate programs in psychotherapy generally lack an emphasis on teaching skills related to self-care (Campbell & Christopher, 2012; Christopher & Maris, 2010).

Aggs & Bambling (2010) examined the outcomes of 47 mental health practitioners after they participated in a mindfulness program. The results of this quantitative study indicated that, after participating in mindfulness training, participants reported significantly greater levels of mindfulness in their clinical work, increased capacity to intentionally invoke states of mindfulness, higher ratings of well-being, and reduced stress.

Christopher and colleagues (e.g., Campbell & Christopher, 2012; Christopher, Chrisman, Trotter-Mathison, Schure, & Christopher, 2011; Christopher & Christopher, 2008; Christopher, Christopher, Dunnagan, & Schure, 2006) conducted a series of qualitative studies that explored the effects of mindfulness-based interventions (including meditation, yoga, and qigong) on psychotherapists and psychotherapists-in-training. The main themes of awareness and acceptance emerged in these studies, and well-being was reportedly increased in physical, emotional, mental, and interpersonal domains in participants' personal and professional lives (Christopher & Maris, 2010). Therefore, preliminary qualitative research suggested that mindfulness training may be an effective means for prevention of burnout and enhancing self-care practices among psychotherapists and psychotherapists-in-training.

Our study contributes to the qualitative literature on the effects of mindfulness-based practices on therapists; however, our research had a greater emphasis on seeking to understand how mindfulness practice might influence therapeutic experiences, rather than specifically focusing on self-care.

Mindfulness-Based Interventions and the Effects on Therapeutic Practice Therapeutic relationship

Preliminary research has suggested that therapist mindfulness may influence the therapeutic alliance, an important factor frequently cited as accounting for about 30% of the variance of treatment outcomes (Fulton, 2005; Hubble, Duncan, Miller, & Wampold, 2010). Therapist attitudes that are beneficial for facilitating positive therapeutic relationships, such as warmth, compassion, unconditional positive regard, and acceptance, have been determined to be difficult to teach (Lambert & Simon, 2008). It follows that mindfulness training could be an additional resource for developing these relational skills and attitudes (McCown, 2016). The development of self-awareness and attentional skills require an ongoing disciplined practice, such as mindfulness, to further cultivate them (Hick & Bien, 2008).

In one of the few studies examining the relationship between therapist mindfulness and therapeutic alliance, Wexler (2006) found that a higher level of therapist mindfulness was associated with a more positive view of the therapeutic relationship by both client and therapist. Other studies that investigated the link between therapist mindfulness and therapeutic alliance drew inconclusive results (e.g., Bruce, 2006; Kholooci, 2008).

Empathy

Researchers have hypothesized that mindfulness training holds utility for developing empathy among therapists (e.g., Andersen, 2005; Fulton, 2005; Grossman, 2010). A few studies indicated that mindfulness training is associated with higher levels of self-reported empathy among therapists (e.g. Aiken, 2006; Wang, 2007), as well as among pre-medical and medical students (Shapiro et al., 1998). Walsh (2008) stated that if empathy is a relational endeavour, it involves not only deep listening and reflecting back the client's experience, but also reflecting on the therapist's own experience and biases. It follows that mindfulness, a process of nonjudgmental acceptance of one's experiences, evenly hovering attention, and repeated return to the present moment, could be an ideal vehicle for fostering empathy.

Therapeutic presence

Therapeutic presence is an important relational concept described in the Humanistic therapy tradition and is defined as "bringing one's whole self into the encounter with clients by being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually" (Geller, Greenberg, & Watson, 2010, p. 599). This concept overlaps with mindfulness as they both require full attention to the present-moment. Geller and Greenberg (2012) proposed that mindfulness practice is a means of cultivating and maintaining the experience of therapeutic presence as mindfulness enables therapists to be open, accepting, and present with themselves and clients.

McCollum and Gehart (2010) conducted one of the few empirical investigations on mindfulness and therapeutic presence. This qualitative study explored 13 counselling students' experiences of practicing mindfulness and how this might have changed their therapeutic practice. Thematic analysis demonstrated that the participants described an increased ability to be present with their clients, which they attributed to their mindfulness practice. The findings of this study suggested that mindfulness practice may be a valuable addition to therapist training.

Client outcomes

Since there may be numerous potential benefits of therapist mindfulness on therapeutic practice, it seems likely that therapist mindfulness could be linked to improved treatment outcomes in clients. Some researchers have posited that the benefits of mindfulness, such as the cultivation of attention, empathy, compassion, therapeutic presence, and more openness towards human suffering, could positively influence psychotherapy outcomes (e.g., Aiken, 2006; Henley, 1994; Thompson, 2000; Tremlow, 2001; Wang, 2007). However, the empirical literature on the relationship between therapist mindfulness and therapeutic outcomes is limited.

Grepmair et al. (2007) used a controlled quantitative study to examine the extent to which promoting mindfulness in psychotherapists-in-training influences the outcomes of their clients' therapy. The researchers compared the outcomes of clients' therapy between nine meditating therapists and nine non-meditating therapists. The clients of the meditating therapists showed significantly greater symptom reduction, better assessments of their progress, greater rate of change in therapy, and more positive subjectively perceived results of therapy. Although this study had few participants, the findings suggested that promoting mindfulness in psychotherapists-in-training could result in more positive therapeutic outcomes in clients.

Purpose

The purpose of this study was to explore whether and in what ways mindfulness training might be associated with changes in therapeutic practices of therapists. The primary research question was: What changes in their therapeutic practice, if any, do therapists experience after completing mindfulness training? The secondary research question was: What instances in session, if any, do therapists experience that they associate with mindfulness?

This study added to the preliminary research on therapist mindfulness by documenting the therapist participants' reported experiences associated with mindfulness and therapy, and as well exploring if aspects related to mindfulness were integrated into therapeutic practice after therapists had engaged in an intensive mindfulness program.

Methodology and Data Analysis

Hermeneutic Phenomenology

We adopted hermeneutic phenomenology as a methodological approach for this study because we were interested in a fine-grain account of participants' experiences, while wanting to make sense of that experience in context – including but not limited to their experience of mindfulness training. Hermeneutic phenomenology attends to the philosophies of both hermeneutics and phenomenology since it addresses lived human experience (phenomenology) and interpreting the "texts" of life (hermeneutics) (Creswell, 2007).

Phenomenological research is about lived human experience (van Manen, 1990) and involves exploration of participants' "felt sense" as well as their experience of "what it is like" within a particular phenomenon (Willig & Billin, 2012). A phenomenological orientation is particularly suitable for the exploration of mindfulness, which emphasizes a holistic awareness of one's subjective experience.

Hermeneutics as a discipline was initially associated with the task of interpreting ancient texts, given the challenge of understanding meanings in the contexts in which they were generated (van Manen, 1990). According to Heidegger (1927/1962), humans are inescapably situated within historical contexts and this influences their understandings of the world and ways of being. A hermeneutic approach pays attention to these contexts in the act of interpretation, while also considering how the researchers' prior understandings and prejudices shape the interpretation and analysis of texts (Denzin &

Lincoln, 2005). In this study, this entailed considering participants' prior experiences with and knowledge of mindfulness theory and practice, among other considerations, while also attending to the researchers' pre-understandings and biases.

Recruitment and Selection of Participants

We recruited four therapist participants who pre-registered for an 8-week Mindfulness-Based Symptom Management (MBSM) for health-care professionals at a clinic in a major Canadian city (we describe this program in greater detail below). The specific MBSM program in which the participants registered was restricted to health-care professionals to allow them a safe environment to participate for their personal welfare. The program coordinator of the clinic solicited research participants by sending out an email recruitment invitation to the registrants of the mindfulness program.

Once four prospective participants responded to the recruitment invitation, the first author screened them for eligibility by a brief telephone interview. During the pre-screening interview, the author asked prospective participants questions about their demographics and professional background, and selected participants based on the following criteria: (1) they were practitioners in the counselling/psychotherapy field; (2) provided face-to-face counselling as their primary mode of work; (3) expressed a verbal commitment to attend a minimum of six out of the eight sessions of the mindfulness-based program; and (4) expressed a verbal commitment to engage in a regular mindfulness practice and complete assigned homework.

Semi-Structured Interviews

We employed semi-structured interviews as this format has both the benefits of structured and unstructured interviews (Ajjawi & Higgs, 2007). It allowed participants the freedom to respond to questions and narrate their experiences openly, while also providing answers for specific questions that enabled the comparison of responses across participants. The participants completed two semi-structured interviews – one pre-training and one post-training. Each interview consisted of 8-10 open-ended questions and lasted approximately 40-60 minutes in length. The pre-training interview took place prior to or during the first week of the program and focused on participants' knowledge of and experiences with mindfulness. The first author asked participants to describe their aspirations for attending the mindfulness program, what prompted them to enroll, as well as their views on

how mindfulness could apply to their therapeutic practice. This information gathered in the pre-training interview provided context for how we interpreted their accounts by attending to the particular meanings they attached to their experiences related to mindfulness and therapy.

The post-training interview took place 1-2 weeks after the completion of the mindfulness program. This interview was focused on participants' experiences with mindfulness and their therapeutic practice after completing the mindfulness program. The first author asked the participants to describe any changes they may have experienced in their therapeutic work that they attributed to practicing mindfulness as well as any instances of mindfulness they experienced in therapy. This interview also solicited descriptions of how practicing mindfulness related to participants' personal lives and what aspects of the program were significant or memorable to them.

Mindfulness-Based Stress Management Program for Healthcare Professionals

The mindfulness program that followed the pre-training interviews was taught by two mindfulness practitioners, who are registered clinical psychologists and have completed the Mindfulness-Based Stress Reduction (MBSR) professional training program designed by Kabat-Zinn (1982) at the Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts. The MBSM program has a protocol consistent with a typical MBI that is similar to those established for MBSR (Kabat-Zinn, 1990) and MBCT (Segal, Williams, & Teasedale, 2002). This program is 8-weeks long and has sessions that are 2-2.5 hours per week, with an all-day (6-hour) session halfway through the program. The program's curriculum is based on the principles of the ways to establish mindfulness (including applied values practice, formal, and informal practices) and is experiential.

Participants practiced formal meditation during each of the training sessions and also completed daily formal and informal practices comprised of guided meditations and awareness exercises. Formal meditations were delivered by audio recordings downloaded from the clinic's website. All participants were instructed to use the same meditations relevant to each weekly practice. The MBSM program is comprised of material designed to cultivate awareness of body, emotions, sensations, and cognitions through didactic and experiential approaches in each session. The practice of compassion is a specific part of the seventh session; however, the concept of compassion is woven throughout the program as a whole. The Five Skillful Habits exercise is an intention-setting practice that cultivates mindful awareness of skillful

approaches to self-care and well-being (Monteiro, Nuttall, & Musten, 2011). Meditations include (1) Body Scan, which guides participant in a progressive awareness practice, attending to sensations in the body; (2) Awareness of Breath meditation, which develops concentration through awareness of arising thoughts, emotions, and sensations and returning to the breath; (3) Mindful Movements, which cultivates bodily awareness through gentle movement exercises drawn from tai chi and yoga practices; (4) Three-minute breathing exercise (Segal et al., 2002), which develops the ability to reset body and mind throughout the day; (5) Informal exercises include bringing awareness to thoughts and sensations while engaged in a daily activity and using ambient sounds or sights to return attention to the breath as a means of resetting "on the go". The intent of these practices is to develop the capacity to be steady in the face of arising sensations and to cultivate both distress tolerance and openness to the pleasant and neutral aspects of experience.

Transcription of Interviews

The first author audio-recorded the interviews and transcribed them using a transcription protocol adapted from elements of McLellan, McQueen, and Neidig's (2003) approach to transcription. Using this approach, the interviews were transcribed verbatim (i.e., written word-for-word, exactly as said, and including any non-verbal or background noises). Non-verbal sounds and unintelligible segments were also denoted in square parentheses.

Field Notes and Member Checks

The first author took field notes throughout the research process. Field notes contained observations of basic information of the physical setting and time of the interviews, direct recall of notable moments during interviews, a description of the first author's feelings and reactions to certain instances in the interviews, as well as any interpretations and beginning analyses. This process ensured that subjective reactions and observations were accounted for and not separated from the data analysis, as well as providing contextual references points for the hermeneutic process.

Member checks were conducted soon after the interviews. After the interviews were completed, the first author sent each participant a written summary of their interview, which was derived from the interview transcripts. Participants were instructed to provide their feedback on these summaries and send it back to the first author within one week of receiving the document.

Data Analysis

Van Manen (1990) emphasized that hermeneutic phenomenological technique is focused on language in order to reveal something that was previously concealed. As such, we attended to particular words used by participants to describe their experiences based on the assumption that the language they used to depict that experience might change in the wake of their exposure to structured training, including an expanded vocabulary pertaining to mindfulness.

Data analysis was ongoing and commenced at the beginning of the data collection since the author wrote field notes immediately following the pre-screening telephone interviews. The first author transcribed these pre-screening interviews soon after they were completed. Once member-checking was completed by distributing summaries of the transcripts to participants, the interview texts were scanned for significant statements. Significant statements were defined as participant utterances regarding the topic of interest (Creswell, 2007). In this paper, significant statements described participants' direct comments on changes related to their experiences of mindfulness and/or therapy after their participation in the mindfulness program. The data derived from the pre-training interviews served as a useful reference point in examining possible changes in participants' experience following the mindfulness program.

Upon scanning the interview texts, three categories of significant statements emerged: (1) statements related to the participants' personal relationship with mindfulness; (2) statements related to the relationship between mindfulness and the participants' therapeutic experiences; and (3) statements related to mindfulness-oriented interventions performed by the participants in therapy. We grouped the significant statements according to these three categories, as these categories reflected the different dimensions of the participants' reported experiences related to mindfulness and therapeutic practice. It is important to note that these categories should not be confused with themes. We refer to these same three categories throughout the research findings as an organizational structure for grouping the data.

Analysis of Common Themes

We developed common themes or "meaning units" from the significant statements identified in the post-training data, with at least two participants reporting that they experienced each common theme. In order to produce themes, significant statements were grouped together such that each theme referred to a specific pattern of meaning found throughout the data (Creswell, 2007; Joffe, 2012). This was done by aggregating significant statements

into larger clusters of ideas and providing details that support these themes (Creswell, 2007).

This process of comparing and analyzing common themes can be referred to as constant comparative analysis, a technique originally developed for grounded theory methodology (Thorne, 2000). Comparative analysis involves taking one piece of data (e.g., one statement, one theme) and comparing it with all others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data (Glasser & Strauss, 1967).

Since this article is a concise version of the first author's Master's dissertation, we decided to focus on participants' reported changes of therapeutic experiences in the wake of the mindfulness program rather than devoting space to participants' pre-training experiences. A focus on the post-training narratives enabled us to illustrate each participant's unique experiences associated with changes reported after the mindfulness program, as well as each participant's evolving understanding of mindfulness and how it relates to therapeutic practice. Then, the common themes were derived from the narratives of participants during post-training. Table 1 depicts the common themes generated by the participants regarding reported changes in their experiences following mindfulness training.

Table 1

Common Themes Reported Among Participants

Categories	(1) Personal Relationship with Mindfulness	(2) Relationship Between Mindfulness and Therapeutic Experiences	(3) Mindfulness-oriented Interventions Performed in Therapy
Themes	Increased calmness and relaxation	Being more present for clients	Teaching more mindfulness-oriented interventions
	Regular practices improves "comfort" with mindfulness	Honouring "where clients are at"	Being okay with "just listening" and being "silent"
	What is the resistance about?	An open, beginner's mind	
	Stopping the train of negative thoughts	Increased calmness and relaxation in therapy	
		Feeling more empathy/ compassion for clients	

Personal relationship with mindfulness

This section describes common themes among participants about any changes they experienced in their personal lives after participation in the mindfulness program.

Increased calmness and relaxation

During the post-training interviews, all four of the participants commented on how practicing mindfulness was associated with increased feelings of calmness and relaxation. One participant commented on how practicing mindfulness increased her feelings of "relaxation" and reduced stress during a very busy period. She noted that, "[practicing mindfulness] creates a greater sense of calm and alertness in myself and more capacity to deal with life challenges that we have presented to us." Another participant also commented on how practicing mindfulness allowed her to feel "less reactive" to challenging situations.

Regular practice improves "comfort" with mindfulness

Three of the participants reported that, over time, they developed more comfort and ease with practicing mindfulness as a learned skill. One participant described how practicing mindfulness did not feel natural in the beginning of the program. However, midway through the program, it felt more habitual. Another participant spoke about feeling more "comfortable" with practicing meditation since the program's completion, and that she experienced less doubt about whether or not she was practicing "correctly." After she completed the program, she reported, "I feel more comfortable with just doing [meditation]… [Before, I questioned], am I not doing this right?"

What is the resistance about?

Three participants commented on noticing their resistance towards unpleasant experiences and then practiced accepting them. One participant discussed how she recognized her tendency to resist negative experiences. She commented that, "[another challenge was] my inclination to not acknowledge when things are unpleasant… I got better at that…the notion of…embracing the unpleasant… [What helped this get better was] … just practicing it and not turning away from it." The participants discussed how practicing mindfulness allowed them to recognize that unpleasant experiences pass and they have the capacity to accept and eventually let go of unpleasant feelings.

Getting off the train of negative thoughts

Two participants commented on how practicing mindfulness enabled a greater capacity to notice negative thought patterns and respond to them by pausing or stopping. At the beginning of the program, one participant experienced overwhelming thoughts since she was enduring a lot of stress. She identified that practicing mindfulness helped her to stop ruminating. Instead, she was able to deliberately bring a more "positive mode" to mind. She stated that, "[practicing mindfulness] allowed me to change my [frame] of mind… And to go down another path."

Relationship between mindfulness and therapeutic experiences

This section describes the common themes about any changes the participants reportedly experienced in their therapeutic practice in relation to mindfulness training.

Being more present for clients

All four participants commented on how practicing mindfulness related to increased presence in their therapeutic work. One participant shared an example of how she demonstrated increased "presence" in therapy by sitting closer to her clients as opposed to sitting behind her computer desk. Another participant described how increased presence enabled her to let go of her "agenda" for the therapy session. One participant reported, "I am learning to be more present [in my therapeutic practice]… That would be the biggest change…"

Honoring "where clients are at"

All four participants commented on how practicing mindfulness was associated with a greater ability to "let go" of feeling responsible for the outcomes of their clients and become more accepting of "where they are at", all using that exact phrase to describe their attitudes of acceptance towards their clients. One participant said that she had come to terms with working with her clients at the client's pace instead of trying to "go faster." Another participant stated, "[practicing mindfulness has helped me … to just be more where the person's at as opposed to wanting to get them two or three steps ahead and maybe they're not ready … And just sort of letting go of my own agenda for the therapy." As well, participants made statements regarding how practicing mindfulness was associated with increased acceptance of their clients' present states by acknowledging that they have "done what they can."

An open, beginner's mind

All four participants commented on how they experienced increased openness and curiosity towards their clients following the mindfulness program. One participant commented on how she adopted a "beginner's mind" in therapy towards her clients in order to maintain an attitude of openness to her clients' stories. Another participant reflected, "I think I probably pick up on more because I'm more open to the experience as opposed to thinking of what to say next." She commented on how she was able to disengage from prior expectations and scripted thoughts of what to say next in therapy.

Increased calmness and relaxation in therapy

Three participants commented on feeling calmer and more relaxed in therapy in the wake of the mindfulness program. One participant discussed how mindfulness practice helped her feel "calmer" and more "confident" in therapy. This participant stated, "I was so exhausted that I would be scared to forget information … I started relaxing more about that … And so I'm more present for the client … Trusting myself." When discussing how her therapeutic practice has changed in the wake of the mindfulness program, another participant commented on how she also feels more "relaxed" and "less pressured" during therapy.

Feeling more empathy/compassion for clients

Three participants described experiencing more compassion or empathy towards their clients and/or themselves in their therapeutic practice in the wake of the mindfulness program. One participant said she understood that having compassion for her clients did not mean needing to "fix" anything, and, rather, she could fully "respect the moment" and "bear witness" to it. Another participant stated, "I think [mindfulness] has made me more compassionate toward [my clients], to feel more positive that I've walked with this person … and now they have to go back out into the world and live their lives, and I wish them well." Participants commented on how, after the mindfulness program, they were more aware of their own needs for self-compassion as well.

Mindfulness-oriented interventions performed in therapy

This section describes common themes related to changes in mindfulness-oriented interventions performed in therapy. These interventions included mindfulness-based skills or exercises that are taught to clients, any

interventions informed by mindfulness practice/theory that are explicitly observable to clients, or changes in the participants' behavior in therapy informed by mindfulness practices and theory.

Teaching more mindfulness-based exercises/skills in therapy

Three participants commented on the fact that they are teaching more mindfulness-based skills to their clients following the mindfulness program. Participants commented on how the mindfulness program provided them with a theoretical basis, structure, and terminology for mindfulness-informed interventions or practices. One participant said, "I do a little bit [in my work with clients] in terms of some of the meditation practices, body scans and … relaxed breathing and focusing on the breathing"

Being okay with "just listening" and being "silent"

Two participants commented on how, after the mindfulness program, they were implementing more silence and listening in their therapeutic work as opposed to feeling pressured to offer solutions or suggestions. One participant reported, "I'm much more silent [in therapy] … I don't talk as much…just being more silent and [letting] the client work." Another participant discussed how embodying more compassion in therapy related to a greater acceptance of "where the client is at" and an attitude of "respecting the moment." She spoke about how this new perspective helped her be okay with "sitting and listening", without feeling pressured to offer solutions or suggestions.

Discussion

This study uncovered 11 different themes related to the ways in which therapists' experiences of practicing mindfulness and therapy changed after participating in an eight-week mindfulness program. The 11 themes described the reported differences in the therapists' experiences of: (1) their personal relationship with mindfulness; (2) their relationship between mindfulness and therapeutic experiences; and (3) mindfulness-oriented interventions performed.

Implications for Therapist Self-Care

Providing care for those who are suffering and emotionally distressed is often stressful in itself. Therapists often experience "compassion fatigue"

(Figley, 2002; Weiss, 2004) due to the emotionally demanding nature of the work. The findings of this study suggested several benefits of mindfulness training associated with therapist self-care, such as increased calmness, relaxation, stress-reduction, and greater capacity to be aware of negative emotional and cognitive states. Practicing mindfulness involves consciously disengaging from a "doing" mode and entering a "being" mode, which invites acceptance of one's present circumstances without pressure to change things. This state may foster feelings of calmness and relaxation as well as decrease anxiety and rumination (Chambers, Lo, & Allen, 2008; Hofmann, Sawyer, Witt, & Oh, 2010). Therefore, having a regular mindfulness practice may be a valuable strategy for self-care by providing a way of alleviating such negative states and enhancing psychological well-being. Existing research already suggests that mindfulness training may enhance self-care of health practitioners by decreasing stress, psychological distress, rumination, anxiety, and negative affect as well as increasing positive affect and self-compassion (Shapiro et al., 1998; Shapiro et al., 2007). Simply committing to one's own mindfulness practice may be therapeutic in itself since it involves intentionally dedicating time for stillness, taking a "pause" from everyday activities, and quiet, reflective observation.

This study's findings suggested mindfulness training relates to an increased awareness of negative states and negative thought patterns as well as the ability to interrupt such negative cycles. Research has also found that mindfulness practice enables individuals to become less reactive and develop the skill of self-observation, allowing for disengagement of automatic pathways created from prior learning (Siegel, 2007). Therefore, practicing mindfulness may be an effective skill for therapists to increase their reflexivity of negative emotional states and thought patterns, thereby preventing negative states from escalating and developing a greater capacity to switch "mental modes" (Segal et al., 2002).

Implications for Therapist Training

The findings of this study suggested that mindfulness training might contribute to beneficial relational qualities that may, in turn, positively affect the therapeutic alliance. Mindfulness training may also improve reflexivity among therapists, thereby allowing for more intentionality in decision-making as well as increased awareness of one's own thoughts, feelings, and reactions in therapy.

The results demonstrated that mindfulness training was related to increased "presence" in therapy, acceptance towards clients' present states, and greater capacity to listen patiently. This is consistent with Bien's (2006) statement that "mindful therapy is therapy in which the therapist produces true presence

and deep listening. It is not technique driven" (p. 217). Presence and mindful listening may also be foundational skills for therapists in cultivating effective therapeutic alliances (Shafir, 2008). In order for trust to be developed in the therapeutic alliance, clients need to feel that therapists are presently engaged, accepting of who they are, and truly understanding the nuances of their experiences.

Other findings of this study that related to the development of positive relational qualities included increased empathy, as well as more openness and curiosity in therapy. Maintaining a stance of openness and curiosity is particularly important in order for therapists to be free of prior expectations and judgments while attending to clients. This allows therapists to be more receptive and pick up on important details they may otherwise miss, thereby enhancing the quality of care (McCown, 2016).

The findings in this study related to increased empathy were consistent with previous research demonstrating the utility of mindfulness training in developing empathy (e.g., Aiken, 2006; Anderson, 2005; Shapiro et al., 1998). As previously mentioned in the literature review section, research has consistently shown that effective therapists are distinguished by their ability to relate to their clients (Lambert & Barley, 2001). Empathy accounts for as much, and probably more, outcome variance than specific interventions do (Bohart, Elliot, Greenberg, & Watson, 2002). Since the role of empathy in fostering effective therapeutic relationships is already well documented, it follows that mindfulness training may enhance therapeutic relationships through demonstration of empathy.

The results also demonstrated that mindfulness training relates to increased awareness of resistance towards unpleasant experiences, as well as a greater capacity to "pause" when noticing negative emotional or cognitive states. This constitutes an increase in therapist reflexivity – the quality of "holding up a mirror to one's practice, as it were … to be mindful and self-aware and to observe what one is doing and to reflect upon it critically" (Paré, 2013, p. 436). By developing a stronger capacity to act with intentionality, therapists may be better equipped to make choices that minimize harm and increase care of clients.

Limitations

Although this study provided in-depth, descriptive accounts of each participant's subjective experiences related to mindfulness and therapy, its limitations deserve consideration. First, the self-selective nature of the

recruitment process may have been a limitation since participants who volunteered were more likely to be receptive to mindfulness training and keen to speak about their experiences in the first place. These participants may have represented a sample of therapists with higher awareness of their thoughts, feelings, and reactions. Second, although participants were required to attend at least six out of eight of the MBSM sessions, their engagement in regular practice during the program was within their own volition. A few of the participants revealed in their post-training interview that committing to their regular practice was a challenge. As such, it was difficult to account for the level of engagement in the mindfulness program among the participants. Third, all of the participants were female and around the same age; therefore, the participants did not represent a heterogeneous sample of therapists, although there was diversity in the type of therapeutic work performed among participants. Fourth, the results of this study were based entirely on the accounts of each participant, which made it impossible to ascertain if the changes they reported would be noticed by a client or observer. Fifth, due to the descriptive nature of the data, it was difficult to determine what specific changes could be attributed to mindfulness practice versus other participant experiences during the duration of the study. Finally, the participants' retroactive self-reported experiences of mindfulness and their therapeutic practices might have been subject to inaccurate recall.

Recommendations for Future Research

As mentioned above, the results of this study were based entirely on the accounts of the participants. Therefore, to add a measure of trustworthiness, it would be useful to audio- or video-record therapy sessions of each participant before and after the mindfulness program in order to observe any overt changes that might be present after the program. It would also be valuable to include a follow-up interview to determine whether the reported changes in their therapeutic practice are long-lasting. As previously mentioned in the literature review, preliminary research on therapist mindfulness has suggested that mindfulness training may assist in the development of many important therapist attitudes and skills (e.g., Aiken, 2006; Hick, 2008; McCown, 2016; Shapiro et al., 2007; Wang, 2007; Wexler, 2006), and the findings of this study also supported this claim. However, research on the effects of therapist mindfulness on therapeutic practice is limited (e.g., Fulton, 2005; Hick, 2008; Stanley et al., 2006). Based on the findings of this study, researchers would do well to continue investigating how mindfulness training may assist in the development of important therapist attitudes and

skills, such as acceptance, empathy, presence, openness, capacity to listen, and curiosity.

Concluding Remarks

This study aimed to explore whether and in what ways mindfulness training might be associated with changes in therapeutic practice. Using an approach based on hermeneutic phenomenology, we developed in-depth descriptions of four therapist participants' experiences of mindfulness and its relationship to therapy prior to and after they participated in an intensive mindfulness program. By performing comparative analyses, we developed several themes indicating the changes associated with mindfulness training on a personal level and in relation to therapeutic practice. The findings suggested that mindfulness training relates to the development of several important therapist attitudes, skills, and relational qualities. In the wake of the mindfulness program, the therapist-participants also reported the cultivation of an equanimous awareness that emerged through paying attention to the present-moment in a non-judgmental manner, and this is consistent with the definition of mindfulness described by Kabat-Zinn (2003). These findings have implications for the inclusion of mindfulness training for therapist education. As well, the findings suggested that mindfulness practice relates to improvements in emotional regulation and stress reduction, and, therefore, could be a valuable addition for therapist self-care.

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