THE MINDFUL THERAPIST: AN INTERPRETIVE PHENOMENOLOGICAL ANALYSIS OF MINDFULNESS MEDITATION AND THE THERAPEUTIC ALLIANCE

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ABSTRACT

The aim of this study was to present and understand therapists' experiences of the impact of their mindfulness meditation practice on their role in the therapeutic alliance. The topic emerged in response to extant research recommendations and researcher observations of the compatibility between mindfulness meditation outcomes and the demands on therapists for establishing effective alliances with clients. The study adopted an interpretive phenomenological analysis strategy located within the qualitative paradigm, and thus a small sample of therapists practicing mindfulness meditation were selected and interviewed on their experiences using semi-structured interviewing. Data were analysed for meaning units, which were then interpreted inductively and hermeneutically and categorized into superordinate themes. Three superordinate themes within participants' experiences of how their mindfulness meditation practice impacts upon their role in the alliance were determined, namely: 'self-care'; 'insight into the structure of selfhood'; and 'immediate mindfulness meditation during therapy'. This study found these experiences capacitated participants with compassionate interpersonal affects used for creating secure bonds with clients; skills for accurate empathic understanding; and skills and attitudes for working collaboratively with clients. Should future research confirm these findings, mindfulness meditation may be used as a tool to developed alliance formation abilities for therapists in training. Importantly, findings from this project called for a more comprehensive integration of theoretical positions on the construct of mindfulness meditation.

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CHAPTER ONE
INTRODUCTION

Psychotherapy can be understood in broad terms as an institutionalized practice comprised of various processes that seek to guide changes within the underlying psychological organization of an individual (Bugental, 1992; Corey, 1996; Pear, 2007) This understanding is a partial one, however, as the field of psychotherapy encompasses numerous theoretical orientations, each with their own epistemologies and subsequent methods. These differing approaches lead to nuances within psychotherapeutic practice, such as the setting of specific therapeutic goals, the techniques that are utilized, the kind of focus placed on the experiences of the client, and differences in the function and role of the therapist (Corey, 1996; Egan, 1990). The goal of therapy, regardless of its theoretical orientation, is, nonetheless, that of realising a positive outcome for the client.

Research shows that although psychotherapy has been effective (Lambert & Bergin, 1994; Lambert & Ogles, 2004), not all clients benefit from psychotherapy. This suggests that there are particular mechanisms of client change within and between therapies (Johansson & Høglend, 2007). However, because of the diversity of psychotherapy, identifying the underlying mechanisms responsible for change has proved to be somewhat of a difficult task (Baldwin, Wampold & Imel, 2007). Mechanisms of change may pertain to a particular technique used, or a specific disorder targeted – aspects that are determined by the theoretical framework. However, meta-theoretical mechanisms of change have been identified, these being mechanisms that are relevant to all schools of psychotherapy. This group of mechanisms allows us to speak generally of psychotherapy and understand essential and necessary components of therapeutic processes – not to reductively homogenize psychotherapy by any means, but to establish some sort of unitary framework for understanding psychotherapy and how it can produce positive outcomes for the client.

The therapeutic relationship – the relationship that exists between a client and their therapist – has been one of the most studied meta-theoretical mechanisms of client change (Horvath & Bedi, 2002). Brent and Kolko (1998, p. 17) have defined psychotherapy as:

> a modality of treatment in which the therapist and patient(s) work together to ameliorate psychopathologic conditions and functional impairment through focus on the therapeutic relationship; the patient's attitudes, thoughts, affect, and behaviour; and social context and developmentengagement between two individuals, namely the therapist and the client, who are focused on bringing about change within the client via the therapeutic relationship.

However, the degree of emphasis placed on the value of the therapeutic relationship, as a tool for predicting outcomes, differs from orientation to orientation. Within psychoanalysis the relationship is regarded as "the primary vehicle of change" (Beach & Power, 1996, p. 1). Other perspectives, such as cognitive and behavioural therapies, have explored the client/therapist relationship, but to a lesser degree, focusing instead on the techniques that are employed (Beach & Power, 1996). A polarized debate has ensued – is the relationship curative in its own right, or is it merely facilitative of other therapeutic processes? While it is yet to be resolved whether the relationship is both a necessary and sufficient condition for realising positive outcomes, it is generally agreed that the relationship is at least necessary, and functions as the context within which all the various other psychotherapeutic processes can occur. As Kemplar (cited in Teyber, 2006, p. 302) explains,

> …the principle of engaging, of moving toward or in relation to another, is the essential principle in common [across therapeutic orientations] – essential because it is only in the context of one another that the possibility for change can live.

Kemplar's statement indicates that it is only through the interaction between therapist and client that therapy can be undertaken.

Safran, Crocker, McMain and Murray (1990) argue that therapeutic techniques are not disembodied processes that exist separately from this interaction, but are essentially embedded within it. Within the relationship between client and therapist, psychotherapeutic processes take on meaning (Safran *et al*., 1990; Safran & Muran, 2000), which contributes to their complexity and efficacy (Butler & Strupp, 1986). In

sum, the therapeutic relationship is a central component of all psychotherapies, and needs to be understood in detail for it to maximize positive client outcomes.

In an effort to better understand its nature and processes, theoretical examinations of the therapeutic relationship have been undertaken by numerous scholars. Scholars such as Bordin (1979), Freud (1958), Greenson (1976) Zetzel (1956), and played particularly seminal roles in establishing the theoretical framework of this debate. Based on initial theories postulated by Freud, these examinations have uncovered three interrelated components of the therapeutic relationship, namely: the 'real' relationship; a transference component; and the working or therapeutic alliance (Bordin, 1979; Gelso & Hayes, 1998; Teyber, 2006; Zack, Castonguay & Boswell, 2007). The therapeutic alliance is defined in this study as the collaborative, interpersonal relationship that is formed between therapist and client; a relationship which is based on a secure and empathic affective bond, and which is the means whereby an agreement is reached on the specific tasks and goals that will realise successful therapeutic outcomes.

The therapeutic alliance has been cited as the most significant variable of any process-to-outcome relationship across all theoretical orientations of psychotherapy (Norcross, 2002; Wampold, 2001). This means that much of the efficacy of the therapeutic relationship as a change mechanism can be attributed to the role played by the alliance. In theory, an effective alliance is one that meets the conditions that will ultimately foster a positive therapeutic outcome for the client.

The second chapter of this study is a theoretical examination of the construct of the therapeutic alliance. The chapter briefly traces the history of the alliance and its emergence in the field of psychotherapy as a meta-construct, arriving at an operational definition. The primary features of the alliance are explored, namely (i) collaboration, and (ii) the secure and empathic affective bond that is formed between therapist and client.

Chapter Two goes on to propose that the alliance is itself a differential variable of outcome, meaning that its quality is neither a given, nor is it constant. This entails that the alliance can hold various causal positions in relation to therapy outcome,

depending on the extent to which the conditions of the alliance are satisfied (Johannson & Høglend, 2007). Both therapist and client construct the relationship, each with their own skills, characteristics, personality and history (Gelso & Carter, 1994), and so in effect, no two therapy dyads are the same (Kieffer, 2007), and no two alliances are the same. This research is primarily interested in the role of the therapist in establishing the alliance. Chapter Two attempts to explicate the therapist's role, by examining the demands placed on therapists if they are to meet the conditions of an effective alliance.

This inquiry was first motivated by the identification of compatibility between, on the one hand, the demands placed on therapists for effective alliance formation, and, on the other, the outcomes of mindfulness-based practices. For example, two of the demands on therapists that are identified in Chapter Two are therapist presence and non-judgment. Simply defined, mindfulness-based practice is awareness of and attention to present-moment experience, coupled with an accepting and non-judgmental attitude (Epstein, 2007; Kabat-Zinn, 1994). Thus, it is immediately apparent that non-judgment and presence are common features to both mindfulness-based practice and therapist demands for effective alliance formation.

Further reading into the topic of mindfulness-based practices revealed that traditional Buddhist mindfulness practice – that is, insight (*vipassana*), or mindfuness meditation – is used to cultivate an experience of *anatta*, or 'no self' (Gilpin, 2008), and *shunyata*, meaning 'emptiness' (Novick, 1999). Both of these experiences are perceived within Buddhism as cultivating a more compassionate way of being towards others (Sri Dhammananda, 2002) – they are thought to foster a favourable attitude of kindness, tenderness and understanding, grounded in the ability to perceive and experience equality with all sentient beings (Hopkins, 2001). A compassionate disposition is clearly advantageous for therapists in the context of establishing secure and empathic affective bonds with their clients.

In addition to these observations, there exists a small but encouraging body of research concerning mindfulness-based practices, including mindfulness meditation, amongst therapists. These studies have revealed numerous positive outcomes, including reduced stress and subsequent increases in attention (Shapiro, Brown &

Biegel, 2007); increased self-compassion (Shapiro *et al*., 2007); increased clarity of thought and capacity for reflection (Schure, Christopher & Christopher, 2008); and experiences of a greater capacity for empathy and compassion (Schure *et al*., 2008). The authors of these studies have linked several of the abovementioned outcomes to an increase in ability on the part of therapists to form effective relationships with their clients, and have recommended that future researchers pursue this topic further.

However, despite such links being explicated, and despite the recommendations for further research, studies looking directly at the impact of mindfulness-based practice on therapists' ability to form effective relationships with their clients have not yet been conducted, as far as the researcher is aware. This research aims to fill this gap in the literature and to respond to those recommendations for further study, by looking specifically at the alliance dimension of the therapeutic relationship.

Chapter Three will explore the links between the demands placed on therapists for establishing effective alliances and some of the known outcomes of mindfulness-based practices in greater detail. This exploration will be located within the discourse of mindfulness, thus Chapter Three begins with an examination of mindfulness as a construct and also as a practice. Beginning with a review of Buddhist mindfulness meditation and moving to the application of mindfulness in the context of Western clinical psychology, this chapter attempts to present a rubric for understanding mindfulness-based practices, particularly mindfulness meditation, in terms of their conceptualizations, processes and their effects. The different paradigms within which mindfulness is situated will be shown to have implications for how the aims and outcomes of mindfulness-based practices are interpreted.

The extant literature on mindfulness, the alliance, and on some of the effects of mindfulness-based practices on therapists' relationships with their clients, clarifies the research problem and, simultaneously, provides a theoretical framework for understanding participants' experiences. However, because the subject has not been directly researched before, and because the construct of mindfulness remains conceptually unresolved (Gilpin, 2008; Kotanski & Hassed, 2009), this framework is (at least at present) unsophisticated.

The limitations of the theoretical framework point to the need for theory building, rather than theory falsification. In order to meet this need, a qualitative approach towards designing the research was selected. The adoption of a qualitative approach also fills a gap within the field of mindfulness-based practices, as the majority of its research thus far has come from an empirical, positivist perspective, thus there is little depth to these descriptions of mindfulness-based practices.

Chapter Four explores the key features of the qualitative design employed in this study. The chapter begins by presenting the study's primary objectives – (i) to understand the experiences and meanings of therapists regarding the impact of their mindfulness meditation practice on their role in the therapeutic alliance, and (ii) to build theory on this topic. Chapter Four goes on to present the design of this research. It shows that an interpretive phenomenological analysis (IPA) strategy was deemed the most appropriate to meet the research objectives, because the IPA design aims to explore how participants make sense of their personal and social worlds (Smith & Osborn, 2003). The IPA strategy is grounded in the philosophies of phenomenology, hermeneutics, and interpretation. The ontological assumptions underpinning these philosophies, and their epistemological implications for research design, are described and discussed.

Chapter Five of this study details the results of the research and presents the findings of the data analysis procedure. Summaries of participant accounts are presented for the purpose of contextualising the results and analysis to follow. Three superordinate themes emerged from analysing the collected data, and they are presented along with their respective sub-themes in a tabulated format. The themes are as follows:

Table 1:
Presentation of data themes

1. Self-care
1.1. Physical well-being
1.2. Occupational impairment prevention
1.3. Personal growth: 'Doing the work yourself'
2. Insight into the structures of selfhood
2.1. The self as interconnected
2.2. The self as multidimensional

	2.3. The self as limited
3.	**Immediate mindfulness meditation during therapy**
	3.1. Embodied empathy
	3.2. Therapist presence
	3.3. Responding mindfully

Chapter Five includes a description of each theme, an explanation of the researcher's process of interpretation, and a presentation of detailed excerpts from the participants' accounts.

The research results are further discussed in Chapter Six, where the participants' accounts are theoretically contextualised. This is achieved by relating them to the discourses of mindfulness and the therapeutic alliance.

Chapter Seven concludes the study, providing an overview of the project, a summary of the main findings and a reflection on their implications for future research into the topic. The limitations of the study are also discussed.

CHAPTER TWO
A LITERATURE REVIEW: THE THERAPEUTIC ALLIANCE

2.1. Introduction

The primary aim of this study is to explore therapists' experiences and meanings of how their mindfulness meditation practice impacts upon their role in effective alliance formation. The following chapter serves to conceptualise the therapeutic alliance, and the role of the therapist in establishing it. A theoretical context for this construct is provided, which traces the development of the alliance from its emergence in early psychoanalytic theory to its becoming, due to its consistent correlation to therapy outcomes, a meta-theoretical construct relevant to all orientations of psychotherapy. From this context, the primary features of a theoretically ideal alliance – that is, an alliance that yields positive therapeutic outcomes – are identified. These features are (i) collaboration and (ii) the forming of a secure and empathic affective bond between therapist and client. Based on these features, an operational definition of the alliance is developed. The chapter goes on to explicate the importance of the role of the therapist in establishing the alliance. The therapist's role is explored by looking at the demands placed on therapists by the need to work collaboratively and to create secure and empathic affective bonds with their clients.

2.2. Conceptualising the alliance: A context and definition

2.2.1. Pioneering notions of the alliance

Since the advent of psychoanalytic psychology, the therapeutic relationship has been prioritized as a factor explaining client change (Johnson & Wright, 2002). Freud's (1958) focus on the concept of transference – where the unconscious impulses and desires of a client are projected onto the therapist during therapy – resulted in efforts to more thoroughly understand the therapeutic relationship within which this transference occurs (Johnson & Wright, 2002). Freud believed that transference was an unrealistic component of the relationship, fuelled by the client's neurosis (Saketopoulou, 1999), and often manifested as resistance towards therapy, or a refusal to change (De Mijolla, 2010). In dealing with this resistance, Freud recognized the necessity to form an "analytic pact" with the client (De Mijolla, 2010, p. 1), where the therapist appealed to the client's desire to heal, and encouraged them to ally themselves with the therapist to work against their neurotic aspects (Saketopoulou,

1999). The pact formed with a client was differentiated from the negative transference component of the relationship, and viewed as constituting the positive, reality-based component of the relationship (Saketopoulou, 1999). This reality-based component formed the basis for developing the concept of the therapeutic alliance, although the term itself was not introduced until 1956 by Elizabeth Zetzel (Saketopoulou, 1999).

Prominent psychoanalytic theorists, namely Richard Sterba (1934), Edward Birbring (1937) and Zetzel (1956), went on to expand Freud's initial ideas about forming a pact with the client. Zetzel's theory, in particular, has greatly influenced contemporary views of the alliance. Zetzel proposed that in order to work with the healthy and functional aspects of the client's ego, the client needed to perceive the analyst as being helpful (Saketopoulou, 1999). She theorized that analysts, by acknowledging the difficulties of the client's situation and offering supportive comments, could encourage this perception, and form a therapeutic alliance with their clients (Saketopoulou, 1999). She likened the attitude that the analyst adopts toward their client to that of a mother towards her child (De Mijolla, 2010). This parallel, between the relationship of mother and child and the relationship of therapist and client, has since undergone extensive development within the field of attachment theory (Angus & Kagan, 2007).

Attachment theory is primarily concerned with the affective bond that forms between a child and their primary caregiver (Sonkin, 2005). John Bowlby (1969) theorised that in its infancy, the child is entirely dependent on their primary caregiver, and that the development of a behavioural system of attachment between these two figures is a necessary evolutionary function that ensures the infant's survival (Sonkin, 2005). The attachment figure – the primary caregiver in this instance – is responsible for meeting both the infant's physical and psychological needs. The infant's development is largely dependent on the caregiving style, within which specific affects of the caregiver play an important role (Senior, 2002). Attachment theorist Harry Harlow (1958) conducted controversial experiments on neonatal and infant macaque monkeys, with the aim of identifying attachment variables. Harlow presented data identifying a correlation between adaptive behaviour and the quality of attachment between the infant and the primary caregiver. The infant monkeys achieved security

(evident through exploratory behaviour and lowered fear responses to stimuli) through presence, consistent contact, warmth and nurturing behavior from the caregiver.

Similarly in human populations, attachment theory proposes that an infant is able to become progressively more independent, and to explore their surroundings, if there is a secure attachment with the attachment figure (Ainsworth, Blehar, Waters & Wall, 1978). Bowlby (1969) proposed that through sensitive and emotionally available caregiving, a secure base is formed that provides the infant with a sense of protection, enabling them to engage in exploratory behaviour (Senior, 2002; Sonkin, 2005).

Bowlby (1988) went on to explain that this theory might be generalised to incorporate the context of therapy, too. The therapist may be viewed as an attachment figure, aiming to provide the client with a secure base so that they can embark on psychological exploration within therapy (Sonkin, 2005). This secure base is believed to be created by the therapist being emotionally available, through warmth and empathic understanding (Mallinkrodt, 1991; Orlinsky, Grawe & Parks, 1994), where the therapist offers genuine care and respect towards the client, and has the ability to grasp the client's situation (Teyber, 2006). This provides the client with what Bowlby (1988) called a 'holding environment', in which a secure attachment bond is able to 'hold' or contain the client's distress, providing them with a sense of security. By fostering a sense of security within the client, the holding environment enables clients to engage in personal exploration. This offers the client what attachment theorists call a corrective emotional experience (Zack, Castonguay & Boswell, 2007), because it enables the client to regulate his or her emotions in a more adaptive manner (Sroufe, 1995; cited in Sonkin, 2005).

Around the same time as these views were being developed, Ralph Greenson (1967) was developing a notion of the working (as opposed to the therapeutic) alliance (De Mijolla, 2010). Greenson's working alliance was significant in that it extended Freud's initial theory of the relationship being comprised of two parts; a theory which had up until then been entrenched (Horvath & Symonds, 1991). Freud had identified the two components of the therapeutic relationship as the reality-based component of the relationship, which provided the basis for a therapeutic partnership between therapist and client, and a negative transference component. Greenson noted that the

alliance aspect of the relationship could not be located exclusively in either the reality-based component or the transference component, but was a third and interrelated component of the therapeutic relationship (Gelso & Hayes, 1998; Teyber, 2006; Zack, Castonguay & Boswell, 2007).

With Greenson having differentiated the working alliance from other aspects of the therapeutic relationship, Bordin (1979) was the first to create an integrative conceptualisation of the working alliance (Safran *et al.*, 1990), proposing that the concept had value for all theoretical orientations (Reandeau & Wampold, 1991). Bordin developed a model of the psychotherapeutic process that highlighted the working alliance as being comprised of three interdependent constructs of psychotherapy – its bonds, tasks and goals (Safran *et al.*, 1990). Bonds refer to the "human relationship" between therapist and client, involving the qualities of "trust, respect and caring" (Bordin, 1979; cited in Johnson & Wright, 2002, p. 261); the tasks of psychotherapy refer to the actions that are expected to be performed by the client; and the goals of psychotherapy refer to the desired outcomes for the client.

According to Bordin's tripartite model, the agreement that is reached between therapist and client on the tasks and goals of therapy facilitates a particular quality of bond between therapist and client. The goals of therapy need to be negotiated to ensure that they meet the client's needs. For example, if the therapist can recognize and work with the client's needs, the client will perceive the therapist as being understanding and helpful (Saketopoulou, 1999), thus facilitating a positive bond between them. Conversely, the quality of the bond between therapist and client mediates the process of determining and accomplishing therapeutic goals and tasks. For example, the client may be more likely to engage in change-oriented tasks if they feel secure in doing so, and supported by their therapist. Bordin's model, therefore, accommodates the dynamic and interpersonal nature of therapy (Safran & Muran, 2000).

Perhaps the most significant contribution of Bordin's (1979) model is its emphasis on collaboration between therapist and client (Safran & Muran, 2000). His model (more so than others before it) elevates the role of the client in determining the processes within therapy (Safran & Muran, 2000). In order for the therapist and client to reach

an agreement on the tasks and goals of therapy, the client needs to actively participate in therapy. Teyber (2006) explains that the agency of the client is important because the purpose of therapy is to attend to client self-empowerment – not only to help them resolve specific problems, but also to respond to them in a manner that enables their achievement of a greater sense of self-efficacy. Clients need to be able to take what they gain in therapy and apply it to their everyday lives. Teyber further explains that it is important that they have learned to cope with situations and stressors that arise even after therapy has been completed, otherwise relapses will occur. By being an active participant in the therapy process, the client is better able to take ownership of and responsibility for their own growth.

By drawing attention to the ongoing interplay involving therapy tasks, goals and the bond between therapist and client, Bordin's (1979) model exposes the necessity for collaboration to occur between therapist and client, and shows its relevance for all orientations of psychotherapy (Safran, Crocker, McMain & Murray, 1990).

2.2.2. Contemporary understandings of the alliance

In line with Bordin's (1979) model, research has consistently found that the alliance between therapist and client has value across all theoretical orientations in psychology (Beck, 1995; Greenberg, 2002; Safran & Muran, 2000; Wolfe & Goldfried, 1998), and even in organizational contexts outside of therapy (Skeem, Eno Louden, Polaschek & Camp, 2007). The therapeutic alliance has been cited as the most significant of any process-to-outcome relationship variables, across all theoretical orientations of psychotherapy (Norcross, 2002; Wampold, 2001).

Given that the alliance plays such a valuable role in therapy, it would seem necessary that the construct of the alliance is sound. Unfortunately, this is not the case, as conceptual inconsistencies regarding the construct of the alliance are apparent. This ultimately has negative implications for both psychotherapeutic practice and further research, since the action of psychotherapy is informed by theory, and recursively, action informs the development of theory.

In 1991, Horvarth and Symonds noted that despite it being a meta-theoretical construct, the alliance lacked a single integrative conceptual framework. These

authors conducted an investigation of the various instruments used to measure the alliance, finding that assessment procedures differed across measuring instruments. In an effort to uncover the nature and role of the alliance, which each instrument ostensibly sought to measure, the study focused less on the technical details of each instrument and paid more attention to their foundational concept. The study revealed heterogeneity across the alliance concepts of measurements, and the authors concluded that each instrument might be tapping into unique aspects of the alliance.

Discrepancies in definitions of the alliance are also found in more contemporary research. In a recent conceptual review, Catty, Winfield and Clement (2007) found that the therapeutic relationship, the working alliance and the therapeutic alliance are often used as interchangeable terms. Since these terms were originally used to describe discrete concepts, it is incorrect to use them synonymously (Catty *et al.*, 2007). The therapeutic relationship refers to the relationship between client and therapist as a whole, while the working alliance was made distinct from this relationship by Greenson (1967), and was built upon by Bordin (1979). The working alliance is based on the idea of a collaboration, divided into bonds, tasks and goals, and is primarily aligned with the psychoanalytic and relational schools of psychotherapy. The working alliance focuses primarily on the behavioural aspects of the client's relationship with the therapist (Rozmarin, Muran, Safran, Gorman, Nagy & Winston, 2008). However, the therapeutic alliance, Catty *et al.* (2007) propose, is often conceptualised as being broader than the working alliance, and is aligned with Rogers' (1961) model of client-centred therapy, which takes into account client and therapist affective stances within therapeutic practice (Rozmarin *et al.*, 2008).

The literature review conducted for this study also found the terms 'working alliance' and 'therapeutic alliance' being used interchangeably by researchers. However, contrary to Catty *et al.*'s (2007) assertion, the use of the term 'working alliance' has not been found to place diminished emphasis on the affective dimension of its conceptualisation. In fact, most theorists, regardless of their theoretical orientation and regardless of whether they refer to it as a 'therapeutic' or 'working' alliance, assert that an affective bond is the foundation for an effective alliance between therapist and client (e.g. Beck, 1995; Greenberg, 2002; Teyber, 2006). Subsequently,

this research has found it necessary to include the affective bond between therapist and client as a central consideration in defining the alliance.

A second consideration is that of collaboration, which we saw was introduced by Bordin (1979). Horvath and Symonds' (1991) earlier study found that among the various alliance definitions, there is general consensus about the following core ideas:

1. The alliance captures the *collaborative* element of the client-therapist relationship
2. The alliance involves both therapists' and clients' *capacities* to negotiate a contract appropriate to the breadth and depth of the therapy (Bordin, 1980; Horvath & Greenberg, 1989; Luborsky, 1976; Marmar, Weiss & Gaston, 1989; Marzialli, 1984; Strupp & Hadley, 1979; cited in Horvath & Symonds, 1991).

With the affective bond and a collaborative approach as the two central aspects of the alliance, this research defines the alliance as the collaborative, interpersonal relationship facet that is formed between therapist and client; a relationship which is based on a secure and empathic affective bond, and which is the means whereby an agreement is reached on the specific tasks and goals that will realise successful therapeutic outcomes. This definition is an adaptation of Gaston's (1990) definition of the alliance.

2.3. The therapist's role in effective alliance formation

As presented above, Horvarth and Symonds (1991) found consensus among scholars that the alliance depends on both therapists' and clients' capacities for negotiating a therapeutic contract. A significant amount of research has identified various forms of client variance, or variables pertaining to the client, that influence their capacity to form alliances with the therapist, such as early attachment style, severity of client disorder, and client culture and ethnicity (e.g., Bjørngaard, Ruud & Friis, 2007; Flicker, Turner, Waldron, Brody, & Ozechowski, 2008; Goldman & Anderson, 2007; Inayat, 2007; Kivlighan, Patton & Foote, 1998; Ma, 2007; Mallinckrodt, 1991; McCabe & Priebe, 2004). Client variables do play a significant role in the initial

establishment of the alliance, but recently research has placed a greater focus on the therapist's contribution (e.g. Baldwin, Wampold & Imel, 2007; Kivlighan & Shaugnessy, 1995; Langhoff, Baer, Zubraegel & Linden, 2008).

Several studies have researched the effect of therapists on alliance variance and therapy outcomes in outpatient therapy settings, with varying conclusions being reached (Dinger, Strack, Leichsenring, Wilmers & Schauenburg, 2008). Wampold and Brown (2005) found that 5% of pre- and post-outcome variance is due to therapists. Lutz *et al*. (2007) presented that 8% of the total variance and 17% of client improvement variance was due to therapists. Another study concluded that the therapist effects up to 29% of the alliance variance, but noted that different measuring instruments yielded different results (Hatcher, Barends, Hansell & Gutfreund, 1995). Finally, in a large sample study consisting of 50 therapists and 2554 inpatients, therapists were found to account for 33% of variability pertaining to the alliance, and 3% of that pertaining to therapy outcome (Dinger *et al*., 2008).

While from this body of research we cannot garner a concrete figure determining the extent to which therapists are responsible for variance in the alliance, it is nonetheless apparent that therapists are a source of variance within the alliance. This means that therapists have varying capacities to work collaboratively and to form secure and empathic affective bonds with their clients.

There are many factors determining a therapist's capacity for collaboration and affective bonding. A therapist draws on both their personal self – including life experiences, beliefs and personality traits – as well as their professional self – their knowledge and technique – in their therapeutic role and in the therapeutic relationship (MacLaren, 2008). A closer examination of the demands that are placed on therapists by the need to work collaboratively and to establish secure and empathic affective bonds with their clients, shall explicate the role of the therapist in establishing an effective alliance.

2.3.1. The demand for working collaboratively

Contemporary research identifies collaboration as one of the most important ways to establish a strong or effective working alliance (Horvath & Greenberg, 1989; Meara

& Patton, 1994; Nafisi & Standy, 2007). Collaboration may be defined as "a process of coordinating, co-sharing and co-creating meaning or understanding … involv[ing] a sharing and willing participation in a common effort" (Sutherland & Couture, 2007, p. 211).

Within classical psychoanalysis, as well as within other schools of psychotherapy, particularly cognitive behavioural therapy (CBT), the therapist automatically assumes a hierarchically higher status than the client, as a result of being the knowing and learned professional (Safran & Muran, 2000). Within classical psychoanalysis, for example, the role of the therapist is to provide interpretations of the client's (both conscious and unconscious) intrapsychic experiences (Corey, 1996). In CBT, the role of the therapist is to identify maladaptive thought patterns and direct the client towards cognitive restructuring (Corey, 1996).

In both of these roles, due to the superior knowledge that they possess, the therapist assumes a directive influence over the client. It is worth noting at this point that by adopting too great a directive approach, the therapist might confer on the client a passive role, in which they will be less likely to take ownership of the change process (Teyber, 2006).

In contrast to the directive approaches of these classical schools of psychotherapy, feminist, constructivist and social constructivist traditions have attempted to prioritise the client, in a greater effort towards collaboration (Sutherland & Couture, 2007). Safran and Muran (2000) describe this as a more egalitarian approach, or a dialectical constructivism. Safran and Muran, drawing on the hermeneutic philosophy of Gadamer (1976), explain that truth is both constructed and discovered. Within therapy, the 'truth' of a client's situation cannot be entirely known by the therapist without the client participating in its construction in that environment (Safran & Muran, 2000).

Clients, however, have varying abilities to participate collaboratively with therapists. Different clients have different expectations and underlying psychological organisations, which function as predisposing characteristics that impact on their ability to establish and maintain an effective alliance. Therapists need to be flexible

enough to accommodate a range of clients, and be able to work collaboratively with them all (Ackerman & Hilsentroth, 2003; Teyber, 2006).

Therapists also need to be aware of their own limitations with regard to their ability to accurately perceive a client's situation. Preconceptions shape understanding and can often limit one's ability to see the nuances of a situation. In the case of therapy, a therapist's preconceptions may limit their perception of the client or the therapy process (Safran & Muran, 2000). Therapists can become mired in their own personal or professional ideologies, which are loaded with assumptions and blinker their vision. It is important for the client to direct the therapist to their most immediate and important concerns, and provide information for the therapist as to what they find to be helpful or unhelpful about the therapeutic process (Teyber, 2006). It is therefore palpable that therapists who take on an overly dominating or controlling position may fail to work with what is 'true' for the client, rendering therapy futile since it is not tending to the client's subjective needs or appealing to their individual sense of meaning (Teyber, 2006).

However, this kind of power dynamic is located in the private, individual domain. Critical feminist approaches in psychology go on to argue that clients and therapists, as human subjects, are also deeply embedded within social structures that are related to power (Hollway, 1989). The medicalisation of psychology, informed as it has been by dominant ideologies of gender, race and class, has seen certain groups being privileged over others. Lowe (1999) explains that therapists need to interrogate their specific historical, cultural and political contexts in order to perceive more subtle expressions of power. Lowe (1999) explains that the intent to be collaborative does not always result in effective collaboration, due to the covert power dynamics inherent to institutionalised relationships. While therapists may endeavour to reduce overt power markers in their relationships with clients, they are still working within a particular mode of institutionalised discourse. Indeed, the role of the therapist has been found to be inherently powerful (Randeau & Wampold, 1991), and this power may have become naturalised for therapists. Therapists, therefore, need to be deeply reflective, to ensure that their practice does not perpetuate any kind of institutionalised oppression.

Power management on the part of therapists, however, should not involve a refutation of their power. Ackerman and Hilsentroth (2003) have identified self-confidence as an important component of strong alliances. Teyber (2006) explains that a therapist who is overly self-conscious and/or insecure may feel inhibited in their ability to respond to the client. Responding to the client, in this sense, means that the therapist is actively involved and engaging with the client's needs. When a therapist is responsive, they are able to give feedback on the client's experiences, which provides the client with a sense of security and validation. This, in turn, facilitates the client's full engagement with the therapeutic process.

2.3.2. The demand for creating secure and empathic affective bonds

Zetzel's (1956) notions of the therapeutic alliance and attachment theory highlighted the need for of an affective bond to be established between therapist and client during the formation of the alliance. Zetzel identified warmth, genuine care, respect and understanding as important qualities of therapists for developing this bond. These qualities are often clustered together, in a somewhat clumsy fashion, under the umbrella term 'empathy'. This presents a conceptual challenge, as definitions of empathy vary across theoretical orientations (Carlozzi, Bull, Stein, Ray, & Barnes, 2002); where the term may be used to denote anything from a process of understanding (Vanaerschot, 2007), to a caring connection (Carlozzi *et al.*, 2002). The following discussion aims to establish a coherent framework for understanding the affective bond. The framework adopted for this study is based on the seminal work of humanist theorist Carl Rogers (1961), as it is Rogers' concept of the affective bond that is most frequently cited within literature pertaining to the therapeutic alliance.

Rogers (1977, p. 351) identified what he termed a self-actualising tendency, perceptible in all organic and human life, a "directional trend…to expand, extend, develop, mature…express and activate all the capacities of the organism, or the self". According to Rogers, therapy facilitates the re-emergence of this tendency when it is blocked, and in order to provide the client with the necessary motivation to rekindle this self-actualising impulse, the therapist has to satisfy three core attitudinal conditions. These conditions are (i) genuineness, (ii) warmth and (iii) accurate empathy. While the view that these conditions are curative in themselves (that is, both necessary and sufficient) has been challenged and remains a contentious issue (see

Lazarus, 2007), theorists in all orientations of psychology agree that these conditions are important for alliance formation.

1. Congruence - Congruence refers to the authenticity of the therapist. Their external expression must match their internal experience, including their thoughts and feelings. This condition also entails that the therapist must be aware of their internal experiences, so that they may be communicated when appropriate.
2. Unconditional positive regard – Rogers (1977, p. 62) believed that “when the therapist is experiencing a warm, positive and acceptant attitude toward what *is* in the client, this facilitates change”. Unconditional positive regard is a deep, genuine and non-possessive caring, which is not contaminated by evaluation or judgement of the client (Corey, 1996).
3. Accurate empathic understanding – The client’s feelings and personal meanings, both conceptual and emotional (Angus & Kagan, 2007), are sensed or perceived by the therapist and then successfully communicated back to the client during therapy.

2.3.2.1. Congruence and authenticity

Boundary guidelines exist in all forms of psychotherapy, and create the context in which psychotherapeutic work takes place (Pope, 1994). Boundaries for ethical conduct are established on behalf of the therapist, and ensure that no harm is done to the client. While psychoanalytic and feminist approaches towards psychotherapy generally adopt a stricter code of conduct for therapists, Rogers’ notion of congruence emerged out of a desire to diminish the boundaries between client and therapist, and to develop an authentic encounter between two real individuals (Korchin, 1976). Greenspan (1994; cited in Lazarus, 2002, p. 144) has referred to the “genuine meeting of persons” within the therapeutic encounter as “the real sin qua non of healing”.

Humanistic practitioners argue that authenticity is fostered by the recognition that client and therapist exist as “partners in a difficult, hazardous, and rewarding enterprise” (Bugental, 1992, p. 258). Bugental (1992) explains that therapists need to be honest – they need to avoid distortion within the relationship, without saying everything that comes to mind. A lack of honesty is considered to function as an

unhealthy model for clients, as they will pick up on messages such as "'I cannot let you know how I am feeling and who I am" and "The way I am feeling right now is not okay'" (Gelso & Hayes, 1998, p. 218). A lack of honesty could also imply that there is something about the client that creates the need for the therapist to hide his or herself (Hyman, 2002). Finally, inauthentic behaviour from the therapist may confuse the client, or undermine their ability to trust their own judgement – especially if they are experiencing something contrary to what the therapist is expressing (Gelso & Hayes, 1998).

Bugental (1992) explains that it is possible for therapists to be authentic while at the same time carefully monitoring appropriateness. When withholding information, therapists need to be candid about it, informing the client when and why a limitation is felt to be necessary. Therapist self-disclosure should be governed by respect for the client's well-being, as well as their own privacy. Therapist self-disclosure should not include private information that is irrelevant to the therapy subject, nor, Bugental (1992) asserts, should it be hostile, resentful, seductive or competitive.

Gelso and Hayes (1998) explain that authenticity necessitates self-acceptance on the part of the therapist. Professional self-doubt can lead therapists to control and limit their responses to clients, leading to incongruent behaviour. In addition to self-acceptance, Rogers points out that therapist self-awareness is necessary for congruence. Rogers (1977, p. 51) says, "…whatever feeling or attitude I am experiencing would be matched by my awareness of that attitude".

In summation, authenticity requires that therapists display sensitivity towards their clients, in order to measure and carefully articulate their self-disclosure. They need to be aware of their own feelings during therapy, as well as have a fairly high level of self-acceptance, so that they may make responsible use of their inner experiences.

2.3.2.2. Unconditional positive regard

Rogers' (1977) unconditional positive regard concerns the judgement of clients by therapists. Rogers argues that judgement threatens the client, and while it is of possible value within institutions and organisations, judgement is of no value to the therapeutic relationship. A relationship free of judgement, he argues, encourages the

client to realise that the locus-point of evaluation lies within themselves, not within the therapist, and enables them to take responsibility for their own process of change. Humanistic psychology distinguishes between worth and behaviour (Gelso & Hayes, 1998). While certain client behaviour may be unacceptable within therapy, the value of the client is unconditionally accepted (Gelso & Hayes, 1998).

The attitude of unconditional positive regard also encompasses feelings of warmth, caring, liking, interest and respect for clients (Rogers, 1977); feelings that have already been discussed as being important from the perspective of attachment theory. Rogers notes that it is not easy to feel warmth, caring, acceptance, liking and interest for all clients. He proposed that self-acceptance and self-growth, on behalf of the therapist, may promote the feelings involved in unconditional positive regard.

2.3.2.3. Accurate empathic understanding

Accurate empathic understanding is a complex construct, and the following discussion, while based on Rogers' (1977) original notion of the concept, also includes more contemporary theorisations. This is in order to facilitate a thorough understanding of the construct, and the demands it places on therapists who seek to achieve it.

Rogers distinguishes empathy from other features of the affective bond component of the alliance. His conceptualisation of empathy is as being intertwined with the activity of understanding, where the therapist attunes themselves to the meanings and experiences of the client in order to accurately perceive them:

> …the therapist is sensing the feelings and personal meanings, which the client is experiencing in each moment, when he can perceive these from 'inside', as they seem to the client, and when he can successfully communicate something of that understanding to his client (Rogers, 1977, p. 62)

Rogers' accurate empathic understanding, therefore, refers to a kind of resonance that the therapist achieves with the client. The ability to attune oneself to another's explicit and implicit frame of reference has been identified as involving both cognitive and affective components (Decetey & Jackson, 2004; Preston & de Waal, 2002; de

Vigremont & Singer, 2006). The cognitive aspect entails the ability to effectively comprehend a distressing situation, and to recognize another's emotions and assume that person's perspective. The affective aspect requires an individual to experience a vicarious emotional response to the emotions of others (Knato, Zahn-Waxler, van Hulle, Robinson & Rhee, 2008). These components exist interdependently with, rather than independently from, one another (Hoffman, 1988).

It is important to acknowledge these different dimensions that comprise empathic understanding, and grasp that it does not only include a cognitive comprehension of a situation or of another person. Within the context of therapy, Rogers (1977) has emphasised the importance of therapists resonating with implicit, invisible aspects of the client's situation, as well as those that are overtly communicated. Halpern (2001) explains that simply being able to identify the emotional state of an individual can be achieved through theoretical knowledge and prediction, but that this kind of understanding remains detached, as that of a third-person observer, and lacks in-depth knowledge of the other person's phenomenal state. Accurate empathy, in contrast, entails understanding another from a first-person perspective, where the more salient aspects of a person's experience are understood (Halpern, 2001). For example, when dealing with an individual experiencing and communicating anger, Hollan (2008) explains that empathy is more than simply recognizing that the person is angry, and includes understanding how and why the person is angry.

In both psychoanalytic and process-directive psychotherapeutic approaches, Rogers' notion of empathic resonance has also been considered to contain a bodily-felt element to it. Within these contexts, the experience of any situation is viewed as being, necessarily, an embodied experience of the situation (Safran & Muran, 2000; Vanaerschot, 2007). Vanaerschot (2007) explains that experiencing a situation involves interacting with another or an environment. At the first level of experiencing, a person 'takes in' a situation, or gains an immediate impression of it. This level of experience is an implicit sense, which is preconceptual, and manifests as a sense felt within the body, and which is later interpreted by the conscious mind, when symbols (e.g. language) are attributed to the sense, thereby making it explicit.

Psychoanalytic theorists Safran and Muran (2000) have exposed the important role of contemporary emotion research in providing information regarding the embodied processes of empathy. These authors explain that contemporary emotion research suggests that cognition, affect and action are interconnected. Situation appraisal occurs at a bodily-felt level, after which information-processing activities integrate what is felt in the body with higher-level cognition, in turn producing emotion (Greenberg & Safran, 1987; Leventhal, 1984; cited in Safran & Muran, 2000). Seen in this light, emotions are a form of tacit, unarticulated meaning that summarise a complex array of information that has been processed at an unconscious level, and which provide a "rapid, condensed and sophisticated appraisal of a situation" (Safran & Muran, 2000, p. 46). In effect, Safran and Muran (2000) argue that awareness of experience at a bodily-felt level can bring new information to the individual, and facilitate a holistic appraisal of a situation.

Safran and Muran (2000) have suggested that this theory, of the bodily-felt sense of empathic understanding, may be used to explain the notion of unconscious communication that emerged in early psychoanalysis, a notion that is relevant to empathic understanding because it functions as a source of information about the client and the therapy situation. Sandor Ferenczi (1915) first delineated the phenomenon of unconscious communication, where he proposed that the unconscious of two people interacted and communicated with one another. In a similar vein, Safran and Muran (2000, p. 47) state:

> The heart of the therapeutic process involves affective communication at both conscious and unconscious levels… Therapists' ability to attune to their patients' unarticulated emotional experience plays a critical role in the initial development of the alliance. It also enables them to help patients articulate aspects of their affective experience that are tacit in nature.

According to Safran and Muran (2000), many contemporary psychoanalysts agree on this possibility (e.g. Gabbard, 1995; Ogden, 1979; Joseph, 1989; Davies, 1996; cited in Safran & Muran, 2000). However, this theory is challenged by the notion of countertransference. Countertransference is originally a psychoanalytic term used to describe the therapist's projection of unconscious material onto the client (Pear,

2007). Within psychoanalysis, particularly within Kohut's analytic self-psychology, it is thought that self-knowledge is strengthened in the presence of other individuals (Pear, 2007). This means that interaction with others provokes one's own thought-material, and in the case of projection, the experience of others is subsumed by one's own experience and concept of self (Geertz, 1984). Projective identification, or countertransference, interferes with the therapist's neutrality and inhibits insight into the client's situation (Pear, 2007), and is thus undesirable.

Countertransference is a psychoanalytic term, but the issue of therapist subjectivity impacting upon accurate empathic understanding permeates all therapeutic orientations. Hoyt (2001) and Kantrowitz (1997) have described the process of understanding the client as intersubjective, since the therapist will interpret the case material narrated by the client subjectively. This interpretation is influenced by the therapist's covert and explicit schemas, as well as their values and beliefs (Fiske & Taylor, 1997; cited in Sladeczek, Dumont, Martel & Karagiannakis, 2006), and so, in effect, the understanding of the client's case material is, in part, conjectural (Sladeczek *et al.*, 2006). While effective clinical decision support tools exist in the form of psychometric tests (Lutz, Lambert, Harmon, Tschitsaz, Schürch, & Stulz, 2006), which some therapists may utilise, it is still necessary that therapists take into account the idiosyncratic experience of clients if they are to avoid reduction and homogenization of client experiences.

It is a significant challenge posed to the therapist to know how to differentiate between their self-projections and empathy. Self-awareness has been highlighted as necessary for therapists to manage the influence that their subjectivity has on therapy (Gelso & Hayes, 1998; Safran & Muran, 2000). Therapist self-awareness enhances their ability to identify when and how they are bringing their own personality to bear on the therapeutic process.

A second perspective, situated within the field of anthropology, argues for a demystification of empathic processes towards a more practical view. Halpern (2001) explains that accurate empathy involves an ongoing intersubjective process. Hollan (2008) explains this further, saying that one cannot empathise with another until one's imaginings about the other's emotional states and perspectives can be confirmed or

disconfirmed in ongoing interaction. However, others writing on empathy have argued that empathic understanding must necessarily be modeled on personal experiences (Rosaldo, 1989). This notion of empathy falls short, however, in the cross-cultural context where diversity is encountered. Rather, empathy should be based on a process of sharing, where the line between knower and known becomes less finite and the mystique of 'resonance' is replaced by practically engaging with another's position (Wikkan, 1992).

Therapists need to maintain presence with a client in order to practically engage with them. Bugental (1992, p. 27), who takes an eclectic humanistic position within psychotherapy, defines presence as:

> …the quality of being in a situation or relationship in which one intends at a deep level to participate as fully as she is able. Presence is expressed through mobilization of one's sensitivity – both inner (to the subjective) and outer (to the situation and the other person(s) in it) - and through bringing into action one's capacity for response.

Parker (1999) describes presence as a kind of focus on and immersion in the client's experience. Parker (1999, p. 24) explains that,

> …problem dissolution and the evolution of new meanings is most likely to occur in a context which is both receptive and provides responses which…attend to rather than form their beliefs and pre-suppositions.

In order to achieve this, therapists need to focus both on and beyond the client's here-and-now communication and behaviour, and transform its meaning by relating it to a higher-order framework. Moreover, as emphasised by Rogers, therapists need to be able to communicate these 'new' meanings back to the client.

This discussion of the process of accurate empathic understanding has presented some of the ways in which it has been conceptualised within psychotherapy, anthropology and cognition and emotion research, and has detailed its major features. We have seen that empathy has been conceptualised as being comprised of cognitive, affective and embodied dimensions, which occur at both conscious and preconceptual (or unconscious) levels. In other words, the role of the therapist in achieving accurate

empathic understanding involves accessing cognitive, affective and embodied information about the client's situation. In order to receive this information, the therapist needs to pay close attention to the client, interpret the information and then communicate their understanding back to the client. It is also necessary for the therapist, lest they fall into the trap of projecting, to differentiate between their own subjective material and that of the client. This requires self-awareness on the part of therapists.

2.4. Chapter summary

The construct of the therapeutic alliance emerged out of the recognition that therapists need to ally with their clients in order to work together towards creating positive change within the client. Allying with clients requires that therapists collaborate on the tasks and goals of therapy, and establish secure and empathic affective bonds with them. In so doing, clients feel genuinely protected, helped, accepted, respected, cared for and understood which facilitates their ability to explore themselves within therapy, express their therapeutic needs or goals, and engage in activities to produce change within themselves.

The ability to work collaboratively and to develop affective bonds requires that therapists meet a variety of conditions. These conditions are summarized in Table Two below. The following chapter (Chapter Three), dealing with mindfulness meditation, will show that many of these demands are remarkably similar to some of the outcomes of mindfulness meditation. These similarities, along with observations made by previous researchers (e.g. Schure *et al*., 2008; Shapiro *et al*., 2007), encourage the idea that mindfulness-based practices by therapists may benefit therapists in their quest to form positive therapeutic relationships (within which the alliance is situated) with their clients.

Table 2:
The therapist's role in effective therapeutic alliance formation

Primary features of the alliance	Demands placed on the therapist
1. Collaboration	Egalitarian attitude Flexibility Awareness of personal limitations Reflexivity Self-confidence

2. Secure and empathic affective bonds	
2.1. Congruence and authenticity	Honesty Appropriate self-disclosure Respect for client Self-acceptance Self-awareness
2.2. Unconditional positive regard	Non-judgmental attitude Warmth, care, acceptance, liking and interest for and of client Self-acceptance Self-growth
2.3. Accurate empathic understanding	Affective attunement to client's situation Cognitive attunement to client's situation Bodily-felt sense Self-awareness for the management of countertransference/therapist subjectivity Presence

CHAPTER THREE
A LITERATURE REVIEW: MINDFULNESS MEDITATION

3.1. Introduction

In the following chapter, the practice of mindfulness meditation will be theoretically explored, by looking at the genealogy and etiology of mindfulness, and its various applications in both spiritual and Western clinical psychology contexts. This exploration will show that mindfulness practices have been used in a variety of ways, to produce a range of outcomes. Chapter Three will go on to show that many of these aims and outcomes appear to have remarkable compatibility with the demands placed on therapists by the need to establish effective alliances with their clients; a compatibility that has been noted by researchers in the field of mindfulness but has not, as yet, been directly studied. Chapter Three explicates this compatibility and expands upon the recommendations of those researchers who have also noted it.

3.2. Meditation

Meditation is a mental discipline, or culture, involving a high level of concentration and, in more advanced practices, reflective abstract. There are two basic types of meditation – (i) concentration meditation and (ii) *vipassana*, insight, or mindfulness meditation (Engler, 1984).

Concentration meditation involves focusing attention on a single object of awareness to the exclusion of others (Epstein, 2007). This form of meditation may be likened to mental exercise, and its repeated practice leads to an increase in the practitioner's ability to concentrate (Engler, 1984). Concentration meditation is the precursor to mindfulness meditation, as the development of concentration is the foundation of the mindfulness style (Engler, 1984). Once practitioners have learned how to focus their attention, they are able to include more and more objects into the ambit of their awareness.

As with concentration meditation, mindfulness practitioners select an object of awareness (such as the breath, or a mantra), which is used as a support or an anchor for their attention. Practitioners continually return their attention to this anchor should their mental activity stray from present-moment awareness. However, unlike in

concentration meditation, this object is merely a support and not the exclusive point of attention. Mindfulness meditation practitioners pay simultaneous attention to a range of composite objects that make up present-moment experience. The assumption, of course, is that the present moment is indeed comprised of a range of components, from sights to tastes to sounds, feelings, physical sensations and thoughts (Kornfield, 1993).

The general goal of mindfulness meditation is to become aware of the components these components as belonging to the (moment-to-moment) flux of present-moment experience (Epstein, 2007). The practitioner adopts an accepting, non-judgemental style of observation towards their present-moment awareness, giving no one composite feature of experience preference over another (Kornfield, 1993). As a general technique, then, mindfulness meditation enables practitioners to become increasingly aware of their present-moment experience, and accepting of all the levels of experience that comprise that moment.

Meditation has its roots in contemplative practices (Ortner, Kilner & Zelazo, 2007) located within Eastern spiritual and religious systems, such as Buddhism, Islam, Hinduism, Taoism and Jainism (Brealey, 2004). So-called ‘shamans’ from the Stone Age are believed to have been the earliest practitioners of meditation, although written evidence of the practice of meditation was first found in the *Rig Veda*, the most ancient Indian text, dating back to the 10th century BC (Brealey, 2004). Meditation also appears in Christian and Jewish mystical traditions (Kutz, Borysenko & Benson, 1985). The practice of meditation within these systems generally aims to cultivate insight, seeing or a keen observance of the ultimate nature of the self, of reality, or – in theistic systems – of the nature of God (Bailey, 2004; Brealey, 2004).

Of these various practices, Buddhist meditation has had the most significant influence on the proliferation of meditation practices in the West. More importantly for this study, it is also vital to the dissemination of the construct of mindfulness (Bruce & Davies, 2005) – that is, the activity of being aware of the self while maintaining a sense of attention to present-moment experience (*Magill’s encyclopedia of social science: Psychology*, 2003). Buddhism is nontheistic in nature, placing its emphasis on an individual’s direct, esoteric experience as opposed to exoteric beliefs and

dogma (Ozaniec, 2006). It has been argued that, as a result, Buddhist meditation is compatible with secular, scientific perspectives, and as such has become a primary inspiration for Western forms of meditation, including clinical mindfulness-based practices (Bruce & Davies, 2005).

3.3. Mindfulness Meditation in a Buddhist Paradigm: Context, techniques, aims and outcomes

The mindfulness meditation practices of Buddhism are varied, owing to the different schools, or orders, of Buddhism that emerged following the death of the Historical Buddha (Thurman, 1978). Underpinning all Buddhist mindfulness meditation practices, however, are common concepts that have been derived from the Buddhist discourses collectively named the *Sutras* (Novick, 1999). The first section of this chapter will address these concepts, and their interpretations within Theravada and Middle Path Buddhism. These orders of Buddhism are the ones from which clinical views and practices of mindfulness have primarily been derived, owing to the parallels that their conceptualisation has to many Western psychotherapies (Gilpin, 2008; Kotanski & Hassed, 2008).

3.3.1. The technique of mindfulness meditation in Theravada Buddhism

Mindfulness (*sati*) is a primary concept outlined in Theravada Buddhism. The following discussion of *sati* is taken from Richard Gilpin (2008). Gilpin explains that *sati* is a noun related to the term *sarati*, meaning 'remember', and refers to the recollective activities of 'calling to mind' (*anussati*) and 'remembrance' (*patissati*). *Sati* also includes awareness of the present moment. This present-moment awareness functions to facilitate the recollective activity: being mindful of the present moment allows the *sati* practitioner to become aware of the content of their current experience; by becoming aware of these objects of experience, the practitioner can then reflect upon them and their associations with one another:

> …not only does *sati* have the ability to notice what is occurring, it also brings a wider vision of objects in their relationship to other objects and their accompanying mental factors (Gilpin, 2008, p. 229).

Gilpin goes on to explain that within the teachings (*dhammas*) of Theravada Buddhism, *sati* is related to clear comprehension (*sampajanna*), wisdom (*panna*), and – most importantly – to concentration (s*amadhi*). It plays an important role in the acquisition of both calmness (*samatha*) and insight (*vipassana*). *Sati* is applied in *satipatthana* practice, a process involving focusing, concentration, observation and contemplation. *Sati* is that which "holds the chosen object sufficiently for its examination" (Gilpin, 2008, p. 230).

Gilpin (2008, p. 230) outlines the stages of *satipatthana* practice:

> (i) Focusing on phenomena in and of themselves, in the present moment, as they appear in oneself (*ajjhatta*), in others (*bahidda*), and in both (*ajjhatta-bahiddha*).
>
> (ii) Focusing on phenomena viewed as arising (*samudaya-dhamma*), as passing away (*vaya-dhamma*), or as both (*samadaya-vaya-dhamma*).
>
> (iii) A merging of stages (i) and (ii) into one perfect and undivided vision of things as they really are.

3.3.2. The technique of mindfulness meditation in Middle Path Buddhism

As in Theravada Buddhism, the practice of Middle Path (*Madhyamika)* Buddhist meditation is used as a method for emerging into subjective consciousness (Bailey, 2004). Fenner (1995) provides a rich and insightful account of the processes involved in Middle Path Buddhism, which I shall paraphrase below.

In this Buddhist order, mindfulness meditation is a technique of analytical insight that is directed towards breaking down cognitive and affective structures. States of consciousness (*citta*) are embedded in what Fenner refers to as causal nexi, or what Buddhism calls the habituating force of *karma*. Fenner explains that over time, cognitive, perceptual and emotional patterns build up, which lock or limit the movement of conscious awareness. Breaking down these patterned processes requires the application of a structural manipulation of thought forms, such as provided by mindfulness meditation.

Buddhist Middle Path practitioners use a particular form of perceptual analysis, called paradoxical analysis (*prasanga-vicara*), as a method to bring about the purification of consciousness (*vyavadana*). The goal of *prasanga-vicara* is to examine the cognitive substratum that is responsible for ontologising various concepts, as part of a greater effort to remove thought ideation. During meditation, an object comes to the practitioner's attention, and the practitioner will begin to examine the nature of that object, both its composition and its behaviour. The nature of the object is thus investigated through the cognitive and affective effects of observing it. The practitioner investigates, on an existential level, whether or not there is a real, or intrinsic, basis to the cognitive and emotional referents they are experiencing. The practitioner looks for logical contradictions in thinking and feeling about the object, and derives paradoxical consequences from retaining certain thoughts about the object (*prasanga, thal 'ghur*). Through this type of analysis, the practitioner is able to achieve *dharmata* – a realisation of the true nature of things – and *tattva*, insight into reality. Furthermore, the individual is able to break out of automatic thinking and divest themselves of irrational conceptualisations, for if they do not correlate with the insights that have been gained, they must be illusory in nature.

3.3.3. Aims and outcomes of Buddhist mindfulness meditation

Evident from the discussion so far is Buddhism's emphasis on the use of mindfulness meditation for the purpose of becoming aware of and understanding, either through an explicit analytical process of paradoxical analysis or through recollective activity, of multiple structures of consciousness. The practice of mindfulness meditation is believed to provide the practitioner with experiential knowledge of the self that is applicable to everyday existence (Pelletier, 1978). Thus, the primary aim is to achieve insight into the human condition, where insight may be defined as the acquisition of a new perspective which results from retrospective reflection of knowledge derived from immediate experience and has implications for current actions (Safran & Muran, 2000).

Buddhism promotes the practice of mindfulness meditation as a means to achieve liberation from suffering (Novick, 1999). The Historical Buddha taught that suffering stems from illusory perceptions, and thus suffering may be alleviated by training the mind in accurate perception of the immediate moment of experience developed by the

practice of mindfulness meditation (Novick, 1999, Tart, 1994). This is believed to ultimately bring about an 'awakened' or 'enlightened' state of consciousness (Novick, 1999).

More specifically, Buddhism teaches that one of the primary illusory perceptions, and thus main causes of suffering, is a belief in the permanent nature of the self and of phenomena in the world. Central to this teaching is the law of *karma*: due to the complex interplay of causes and conditions, nothing can be said to exist discretely:

> There is nothing in the world that can exist independently of other phenomena. Everything that exists does so dependently. Therefore, everything is empty of independent existence. All is self-*less* [sic] (Novick, 1999, p. 65).

'Emptiness', or *shunyata*, is believed to be the basic and defining condition of all worldly phenomena (Novick, 1999). It is important to avoid misunderstanding of this concept and the use of the term 'emptiness': in the West, the concept of 'emptiness' refers to nothingness or a vacuum (Cleary, 1986); in contrast, the Buddhist conception of emptiness does not imply a refutation or an annihilation of existence, but is rather a refutation of the perception of the independent nature of existence (Epstein, 2007).

The practice of mindfulness meditation is believed to cultivate insight into *shunyata*. Through the type of self-awareness and analysis employed during mindfulness meditation, Buddhism proposes, the practitioner will come to realise that much of what comes into awareness during mindfulness practice is, by nature, fleeting. Thoughts, feelings and sensations come and go. Furthermore, by reflecting on their relationship with one another, the practitioner will notice that the objects of awareness arise from certain conditions, and disappear when those conditions cease (Sri Dhammananda, 1964; 2002). In effect, as His Holiness the Dalai Lama XIV (cited in Novick, 1999, p. 73) explains, mindfulness meditation practice allows the practitioner to experience themselves as a "succession of instants in a continuum of consciousness". Epstein (2000, p. 51-2) expands this idea further:

> What once seemed solid is now perceived at its quantum level, more differentiated and patterned, more highly complex and fragmentary, and less coherent, real, and inherently existent.

This realisation is developmental in nature, as the *shunyata* realisation becomes clearer the more advanced one's mindfulness meditation practice becomes (Bailey, 2004). Thus, with advanced mindfulness meditation practice, the notion of one's identity as an independent entity in the world can no longer be maintained. Egoistic beliefs about the self – such as 'I', 'you', and 'person' – are believed to inadequately comprehend the nature of the self, as they are separative concepts (Bailey, 2004; Sri Dhammananda, 2002). A realisation of *shunyata* consequently brings about a realisation of *anatta*, meaning 'no self' (Gilpin, 2008).

Contemporary scholars of mindfulness meditation have attempted to understand the Buddhist notion of *anatta* by examining it from a psychoanalytic point of view. Epstein (2007, p. 48) explains that mindfulness meditation practice can "uncover the elementary particles of the 'I' experience", because it allows the practitioner to "attend to both the subjective intimation of the experiencing I *and* to the abstract cognitions that form it on a conceptual level".

The "particles of the 'I' experience" to which Epstein (2007, p. 48) refers include various self-representations upon which an individual's self-experience is built. Epstein's notion of self-representations is derived from a psychoanalytic understanding of the ego as having both representational and functional components. The former is responsible for the process of building multiple mental images (or representations) of the individual self and the world, while the latter's purpose is to facilitate adaptation and growth and to maintain psychic equilibrium. Thus, Epstein argues that the ego, as a system, is a component of the self that is capable of observing itself and conceiving of itself as an idea or an abstraction.

Epstein argues that the practice of mindfulness meditation can be proficient in developing more subtle self-concepts. Because of the non-judgemental mode of attention paid in mindfulness meditation practice, whatever conception of self that projects itself into the mind is neither held onto nor rejected in that moment. The

desire or impulse to guard against certain thoughts or feelings loses impetus when one's goal is no longer to judge and control experience, but simply to watch it move, by its own accord, through the mind. Epstein explains that even self-representations that have been previously rejected (such as certain fears) may, in this fashion, enter into awareness.

The realisation of *shunyata* (and within this, *anatta*) is believed to be analogous to attaining a sense of compassion for others. The attainment of compassion (*karuna)* is one of two primary tenets of Buddhism (Kuan, 2005), the second being the accruement of wisdom. Compassion is the highest affective achievement, while wisdom is the highest intellectual attainment. The Buddhist model of compassion refers not to feelings of pity or sympathy for another, as it is often conceptualised in the West (see *Concise Oxford English dictionary*, 2004), but to a favourable attitude of kindness, tenderness and understanding towards another, grounded in the ability to perceive and experience equality with all sentient beings (Hopkins, 2001). Compassion also relates to the recognition of the suffering of others, and a desire to work towards its alleviation (Bailey, 2004).

The practice of *sati* within Theravada Buddhism, and indeed within most orders of Buddhism, is fundamental to the practitioner's development of an understanding of the law of *karma*. *Karma* delineates the nature of causality, explaining that day-to-day thoughts, feelings and actions form the foundation for determining future events (Novick, 1999). Thought-forms and emotions underlie all activity, since activity involves the physical response to these mental phenomena (Bailey, 2004). Thus, the causal status of thoughts and emotions is demonstrated by their significant implications for behaviour in the world. This definition, although inadequate for conveying the complexity of *karma*, will suffice for the purposes of this discussion. Gilpin (2008) explains that within Theravada Buddhism, it is believed that through the practice of *sati* the practitioner can develop their awareness of the impact they have on others since *sati* involves reflecting on causal relationships. Recognition of a causal relationship between oneself and another necessitates continual attention to one's motives, thoughts, words and actions be heeded, since these all impact upon others:

> [Being mindful] implies constant care and circumspection, continual attention to one's duties, and denotes 'responsibility' in Buddhist terms (Gilpin, 2008, p. 229).

The practice of *sati,* therefore, possesses a moral dimension. An ultimate aim of Buddhist doctrine is to lead a peaceful, respectable, harmless and noble life, and the knowledge gained through the mental training of *sati* enables this way of living (Sri Dhammananda, 1964; 2002).

These ideas are given expression in the following statement:

> [Meditation] relates to a mental focusing and attitude which attempts to relate itself to that which lies beyond the individual's mental world. It is part of an effort to put him in touch with a world of being and phenomena which lie beyond. I am phrasing this in this manner so as to convey the ideas of expansion, of inclusion and of Enlightenment. (Bailey, 2004, p. 463-4)

Here, Bailey makes reference to the notion that an advanced awareness of subjectivity achieved in mindfulness meditation develops a sense of self-transcendence, a 'moving beyond' of the individual, contained physical self. This movement is a reorientation towards others and is characterised by a subordination of self-other duality, in favour of an aspiration towards an achievement of unity (Bailey, 2004).

Interestingly, research into transcendental meditation (TM), a form of mindfulness meditation (although not a Buddhist form of mindfulness meditation), has found evidence supporting the idea that one's capacity for compassion may be developed through its practice. TM has been found to promote development beyond the representational tier of conventional stages of development towards postconventional or postobjective awareness (Chandler, Alexander, & Heaton, 2005). Chandler *et al.* (2005), citing McAdams (1982), McAdams and Constantian (1983), McAdams, Healy and Krause (1984), and McAdams and Powers (1981), explain that this kind of awareness is characterized by high levels of principled moral reasoning and intimacy motivation, a measure of interpersonal warmth, caring and communion. These authors present that people with high intimacy motivation have reported experiencing more positive affects in interpersonal situations, displaying more dyadic friendship

episodes, more listening, and more concern for the well-being of friends. They are also perceived by others as being liable, loving and authentic, with low levels of dominant and manipulative attributes.

At this point we can contextualise these aims and outcomes of mindfulness meditation within the framework of the research problem, and note that Buddhist compassion and the characteristics of postconventional awareness are well compatible with the demands placed on therapists for the establishment of effective therapeutic alliances. Affects of kindness, tenderness, and warmth, along with the qualities of authenticity and understanding, were highlighted in Chapter Two as being necessary therapist capacities for creating secure and empathic bonds with clients. The ability to perceive and experience equality with others, as well as to be perceived as having low dominance, are also characteristic of the egalitarian attitude required by therapists for collaborating with clients.

3.4. Mindfulness Meditation in clinical psychology: Context, techniques, aims and outcomes

3.4.1. The introduction of mindfulness meditation in the West

The dissemination and popularisation of mindfulness meditation into the West occurred largely due to the colonial movements of the late 19th and early 20th centuries. Western research into mindfulness meditation began with investigations into different meditation practices. The first study was conducted in India with a sample of Kriya Yoga practitioners which studied the influence meditation had on voluntary control of autonomic nervous system functions (Pelletier, 1978). An EEG (electroenecephalogram) was used to measure brain activity during their meditation practice within the Yogic exercises. Pelletier's (1978) review of this study presents that research findings revealed that during meditation, the Kriya Yoga practitioners had the ability to physiologically self-regulate. According to Pelletier (1978), it was interpreted that invariate functions of the autonomic nervous system could be altered by subjective experiences, and numerous studies supporting this theory followed (e.g. Bagchi & Wenger, 1957; Engel & Chism, 1967; McClure, 1959; Satyanarayanamurthi & Sastry, 1958; cited in Pelletier, 1978).

Meditation became a popular area of study within psychophysiological research, which studied the relationship between mind and body. Neurophysiological findings showed that meditation was associated with Type 11 theta rhythm activity and alpha enhancement, which were argued to be indicative of a conscious, internal focus upon intrapsychic processes:

> The unique interface of conscious-unconscious processes occurring within the alpha/theta segment of the continuum seems to offer significant creative potential to the individual subject. In this interface state, an individual appears to be able to use his conscious mind to focus upon unconscious imagery in a paradoxical manner resembling controlled free association (Pelletier, 1978, p. 170).

Empirical evidence for the success of meditation practice to produce intrapsychic awareness rendered it being considered as potentially beneficial in therapeutic contexts. The process of self-awareness involved in meditation practice, particularly mindfulness meditation, corresponded to the goals of many psychotherapeutic styles (Gilpin, 2008). However, there was some ambivalence regarding its use in a therapeutic context, as the positivist paradigm that characterized psychology at this time equated meditation with religious, non-scientific and irrational thought (Kutz, Borysenko, & Benson, 1985). Meditation was determined as producing a nonordinary state of consciousness (Mack, 1993), characterized by changes in perceptions of time and space and a transpersonal state (Edwards & Louw, 2000), that is, a state in which one's sense of identity expands beyond the 'normal' ego (Grof, 1985; Knight, 1998). The realm of transpersonal psychology, however, was viewed as being opposed to the scientific paradigm and as such has not been widely integrated into mainstream Western psychological theories (Knight, 1998). Nonetheless, a number of individuals involved in mainstream Western psychology immersed themselves in Eastern practices of meditation and introduced some of its concepts (the construct of mindfulness in particular) and techniques into psychotherapy (Gilpin, 2008).

3.4.2. The concept of mindfulness within psychology: A construct and practice

Since the introduction of meditation to the West, the construct and practice of mindfulness has gained prominence in therapeutic contexts as scientific validation for its efficacy has increased (Gilpin, 2008). However, despite its extensive therapeutic

application, as a concept it remains etiologically inconclusive (Kotanski & Hassed, 2008). Bishop *et al*. (2006, p. 8) define mindfulness as “a kind of non-elaborative, non-judgemental, present-centred awareness in which each thought, feeling or sensation that arises in the attentional field is acknowledged and accepted as it is”. These authors attribute their definition to Jon Kabat-Zinn (1994, p. 4), a pioneering figure in launching mindfulness to the therapeutic context, who defined mindfulness as “the awareness that emerges through paying attention on purpose, in the present moment, non-judgementally”. Ortner, Kilner and Zelazo (2007, p. 271) define mindfulness as the cultivation of “continuous, clear-sighted attention to ongoing subjective experience together with an attitude of acceptance towards that experience”. It is apparent that definitions concur that mindfulness includes the components of present-moment awareness and attention, as well as non-judgment or acceptance. As a construct, however, perspectives diverge and a consensus is yet to be achieved. In their review, Kotanski and Hassed (2008) observe that mindfulness has been regarded as a cognitive ability (Carroll, 1993), as a cognitive style (i.e. at the interface of personality and cognition) (Sternberg, 2000; Hirst, 2003), as a facet of personality and emotional intelligence (Salovey & Sanz, 1995) and as a prereflexive ability (Brown & Ryan, 2003). In sum, mindfulness is regarded as a psychological process (Germer, 2005), but an adequate operational definition is yet to be reached (Gilpin, 2008).

Mindfulness has also been regarded in therapeutic contexts as a practice (Germer, 2005), although it would be more accurate to view mindfulness as something that can be practiced but is not a practice in itself (that is, the practice of being mindful). The application of mindfulness in therapeutic contexts emerged from its compatibility with various therapeutic interventions, such as the emphasis on free association or awareness to thought processes in psychoanalysis, and gestalt therapy’s focus on the here and now (Kotanski & Hassed, 2008). Having recognized the similarities between these interventions and components of mindfulness – that is, present-moment non-judgemental awareness and attention – the benefits of introducing mindfulness practices in a therapeutic context became apparent.

The most recognized models of applied mindfulness within therapeutic contexts are mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy

(MBCT). Gilpin (2008), citing Germer (2005), explains that mindfulness-based psychotherapies involve instructing clients in mindfulness skills. Alternatively there are mindfulness-informed psychotherapies, which do not involve teaching clients mindfulness skills but refer to mindfully-orientated therapeutic approaches.

MBSR was developed by Jon Kabat-Zinn (1990) as a stress reduction technique to improve coping strategies for individuals suffering from chronic pain. Kabat-Zinn developed a conceptual framework of MBSR that drew on mindfulness concepts, namely Krishnamurti's (1969) concept of "choiceless awareness", where no particular focus of attention or awareness is sought (Gilpin, 2008), and Goldstein's (1987) "bare attention" (Hafer, 1997). MBSR is aimed at cultivating a view where perceptual content is not judged or categorized, but is observed as it arises in a moment-to-moment flux (Hafer, 1997). In so doing, a mindful state of awareness is developed which entails viewing all experience as equal, with no greater emphasis being placed on painful experience than on non-painful and pleasant experience (Kabat-Zinn, 1990).

During the period of the eight week MBSR course, individuals engage in both formal and informal mindfulness exercises, the formal including a body scan exercise, sitting meditation and movement, allowing for varied focal points for awareness and attention (the body at rest; the mind; and the body in motion respectively) (Gilpin, 2008). The informal exercises involve practicing mindfulness in everyday life, or staying present to immediate experience (Gilpin, 2008). The importance of creating continuity in mindfulness stems from the view that mindfulness is

> …a way of being, a way of seeing, which is embodied, inhabited, grown into through the implementations of the methods and techniques that comprise the discipline (Kabat-Zinn, 2003; cited in Gilpin, 2008, p. 235).

The emphasis on mindfulness continuity has since been referred to as mindfulness-in-action (Safran & Muran, 2000) or meditation-in-action (Bruce & Davies, 2005). It must be noted that the emphasis on mindfulness continuity is not exclusively a Western notion, but emerged from the Buddhist mindfulness tradition as the aim of insight is to bring *bodhi-pakkhiya-dhammas* into being (Gilpin, 2008).

MBCT was developed by Segal, Williams and Teasedale during the 1990's as an intervention to prevent relapse into depression (Gilpin, 2008). MBCT is situated within the field of CBT. Working from the assumption that cognition underlies behaviour, and that cognition can be monitored and changed, CBT aims to produce cognitive restructuring, or the changing of maladaptive thoughts (Pear, 2007). CBT techniques are therefore directed at identifying patterns of thoughts and beliefs that influence inaccurate apprehension of reality, and replace these thoughts and beliefs with more adaptive ways of thinking (Pear, 2007).

The compatibility of mindfulness practice with CBT methods lies in its observational capacity – where cognitions can be monitored but not engaged in (Gilpin, 2008). Teasedale *et al*. (2000) hypothesized that practicing mindfulness develops metacognitive ability – the broadly grouped together cognitive functions that pertain to activities of "thinking about thinking" (Dimaggio, Lysaker, Carcione, Nicolò & Semerari, 2008, p. 779), or the awareness of and reflection on one's own thoughts and feelings. Teasedale *et al*. (2000) propose that through developing awareness of one's own thought content in a mindful way, one's relationship to one's thoughts are changed. In observing thoughts non-judgmentally in their moment-to-moment flux, the perspective develops that thoughts are "mental events" and "not facts" (Teasedale *et al*., 2000, p. 616). By relating to thoughts in this way, the individual is able to recognize that thoughts are aspects of the self, and not the sum total of the self. Thus they "relate to them in a wider decentred perspective" (Teasedale *et al*., 2000, p. 616).

3.4.3. Outcomes of mindfulness-based therapeutic practices: Contemporary research

Since the introduction of MBSR into the context of clinical psychology, the application of mindfulness-based practices for the purpose of stress reduction has gained considerable justification from research studies. Mindfulness-based therapeutic practice has been found as an effective stress reduction technique for a variety of populations, including cancer outpatients (Carlson, Ursuliak, Goodey, Angen & Speca, 2004), college students (Oman, Shapiro, Thoresen, Plante & Flinders, 2008; Rausch, Gramling & Auerbach, 2006), employees in a high-stress professional setting (Walach, Nord, Zier, Dietz-Waschkowski, Kersig & Schüpbach, 2007), health care

professionals (Shapiro, Astin, Bishop & Cordova, 2005), therapists in training (Shapiro, Brown & Biegel, 2007) and non-specified cohorts (Chang *et al*., 2004). Astin (1997) found that participants of mindfulness interventions showed an increase in their overall sense of control as well as the ability to utilize an accepting and yielding mode of control in their lives. These self-efficacies are regarded as two variables that are conceptually associated with reduced stress (Chang *et al*., 2004; de Raedt & Ponjaert-Kristoffersen, 2005).

Stress reduction or the management of stress is deemed important within health disciplines because unmanaged chronic stress may exacerbate current or lead to disorders and diseases such as heart disease, anxiety, depression, hypertension, substance abuse and gastrointestinal disorders (Astin, 1997; Brennan & Moos, 1990; Levy, Cain, Jarret, & Heitkemper, 1997; Shapiro & Goldstein, 1982; Treiber, Raunikar, Davis, Fernandez, Levy, & Strong, 1993; Whitehead, 1992). Physiologically, a stressful response to an event or situation is correlated to the activation of the HPAC (hypothalamus, pituitary, adrenal cortex) system in the body, resulting in increases of cortisol into the blood system (Orr & Patient, 2004). Prolonged release of cortisol may result in chronic immune-suppressive effects, deterioration of lymph gland structure and cognitive damage (possibly leading to depression and anxiety) (Orr & Patient, 2004).

Support for the efficacy of mindfulness-based therapeutic practice for depression relapse prevention has also been provided (Ramel, Goldin, Carmona & McQuaid, 2004; Smith, Graham & Senthinathan, 2007), indirectly resulting its application as a relapse-prevention intervention for other populations, such as alcohol and substance abuse (Witkiewitz, Marlatt & Walker, 2005).

The efficacy of mindfulness-based practice is not confined, however, as interventions for stress, chronic pain and depression alone, but has also been applied as a successful treatment for anxiety and negative affectivity (Hafer, 1997; McKee, Zvolensky, Solomon, Bernstein & Leen-Feldner, 2007; Semple, Reid & Miller, 2005) and disordered eating (Baer, Fischer & Huss, 2005; Kristeller & Hallet, 1999). Mindfulness-based practice has been found to produce positive changes in immune system functioning (Davidson *et al*., 2003), and has been associated with increased

physiological levels of melatonin (Massion, Teas, Herbert, Wertheimer & Kabat-Zinn, 1995). It has been found to improve levels of forgiveness (Oman *et al*., 2008), relaxation (Rausch *et al*., 2006), and positive states of mind (Chang *et al*., 2004). In effect, mindfulness-based therapeutic practice has been associated with improved well-being (Kabat-Zinn, Lipworth, Burney, & Sellers, 1987; Orsillo, Roemer, & Barlow, 2003; Ramel *et al*., 2004; Williams, Teasedale, Segal & Soulsby, 2000), and has come to be regarded as an effective self-care technique (Schure *et al*., 2008; Shapiro *et al*., 2007).

In an effort to better understand how and why mindfulness-based practices are effective in treating disorder and establishing well-being, research has examined the mechanism of attention involved in mindfulness activity. A large body of research situated within cognitive theory and neurobiology has found mindfulness-based practice to develop attentional control processes (e.g. Capeda, Kramer & Gonzalez de Sather, 2001; Halperin, Sharma, Greenblatt & Schwartz, 1991; MacLeod, 1991; Wenk-Sormaz, 2005). Additionally, regional cerebral blood flow increases in frontal and anterior cingulated regions of the brain, indicative of increased attentional processing, and EEG coherence involved in attention have been correlated to mindfulness-based practice (Badawi, Wallace, Orme-Johnson & Rouzere, 1984; Jevning, Anand, Biedebach & Fernando, 1996; Newberg *et al.*, 2001; Travis & Wallace, 1999). Long-term increases in the efficiency of the executive attentional network located in the anterior cingulated/prefrontal cortex have also been identified (Chan & Woollacott, 2007).

Having established that mindfulness-based practices improve attentional processes, research has gone on to examine the relationship between attention and the currently-known outcomes of mindfulness-based therapeutic practice. Jha, Krompinger and Baime (2007) found that improved endogenous orienting, conflict monitoring and alerting were related to increases in attentional control following an MBSR course. In their study on mindfulness-based practice in relation to emotional reactivity, Ortner *et al*. (2007) found that mindfulness-based practice was correlated to decreased interference from negative emotional stimuli. The authors suggested that a state of mindfulness attenuates prolonged reactivity to emotional stimuli through the ability to maintain attention with the control of disengaging from mental and emotional stimuli.

Supporting this view, Valentine and Sweet (1999) have found that practitioners of mindfulness were less vulnerable to unexpected events. It was suggested that this was due to their ability to distribute attention, which facilitates being aware of the present moment.

Mindfulness-based attention has been also been correlated to the prediction of depressive symptamology (Zvolensky *et al*., 2006). Furthermore, since impaired attention has been identified as a symptom of anxiety (Semple, Reid & Miller, 2005) and stress (Skosnik, Chatterton & Swisher, 2000), it has been suggested that the success of MBSR depends on its capacity to develop attention. However, a recent study by Anderson, Lau, Segal and Bishop (2007) did not find statistically significant correlations between attentional control and increased well-being. Despite this, the position of attention as a primary mechanism of change within mindfulness-based practice has come to be exemplified. Currently, perceptions exist that mindfulness-based practices are in essence attention enhancing techniques (e.g., Semple *et al*., 2005).

3.5. Mindfulness meditation and the therapeutic alliance

Already noted above was the compatibility of a compassionate disposition and postconventional awareness correlated with mindfulness meditation practice with some of the demands on therapists for establishing effective alliances with clients. Congruency between the demands of psychotherapists and the benefits of mindfulness-based practices has also been noted within contemporary research, yet little research has been conducted on the effects of mindfulness-based practices for therapist populations. Close examination of the studies that have been conducted yields information that suggests that these practices may have significant outcomes for therapists with regard to their role in establishing effective alliances with clients, thus motivating this study to examine the experiences of therapists engaged in mindfulness meditation practice.

Shapiro *et al*. (2007) have presented the prevalence of and vulnerability to occupational stress among therapists. Having found MBSR to be effective in the management of occupational stress for therapists in training, as well as for enhancing

mindfulness, self-compassion and positive affect, the authors have recommended integrating mindfulness-practice in the training of future therapists.

The outcomes of stress management and increases in self-compassion are relevant to the effective professional performance of therapists, possibly including their ability to form alliances with clients. Firstly, in terms of stress, citing Skosnik *et al.* (2000), Shapiro *et al.* (2007) explain that stress impacts attention and concentration, which may harm professional relationships. In the previous chapter, therapist presence with the client was highlighted as being important for effective alliance formation. Parker (1999) articulated that therapist presence includes acute receptivity towards the client, which enables them to immerse themselves in the client's frame of reference. The role of attention is important within this activity, as this immersion involves the complex process of focusing both on and beyond the client's current communication and behaviour, and the skill of relating the meaning of this communication and behaviour to a higher order framework. With stress negatively impacting attention, and impaired attention theoretically impacting negatively on presence that is necessary for effective alliances, it is logical to conclude that stress negatively impacts upon therapist's alliances with clients. It can also be speculated here, in considering the important role of attention in therapist presence, that the efficacy of mindfulness-based practices to increase attentional processes may render it successful in enhancing therapist presence.

In addition to the stress composite of attention impacting on the therapeutic relationship, Shapiro *et al.* (2007) have also remarked on the stress-related syndrome of burnout as impacting negatively on the therapeutic relationship. Burnout is a work-related stress syndrome that is characterized by emotional exhaustion and depersonalisation (Jawahar, Stone & Kisamore, 2007; Peterson, Demerouti, Bergstöm, Åsberg & Nygen, 2008; Rupert & Kent, 2007). Depersonalisation may be defined as

> …an emotional disorder in which there is a loss of contact with one's own personal reality, a *derealisation* accompanied by feelings of strangeness and an unreality of experience (*The Penguin dictionary of psychology*, 1985, p. 188).

Furthermore, Peterson *et al*. (2008) reported that general job burnout and exhaustion are correlated to work absenteeism due to illness, sickness presence (attending work despite feeling sick) and overtime. Within a therapeutic context, burnout may lead to impaired professional functioning (Lawson & Venart, 2005). Specifically, impairment refers to the failure to maintain the standards of care set out by the therapists' respective psychological boards and associations (Coster & Schwebel, 1997). With the psychotherapeutic relationship playing such a central role in the process of psychotherapy, it is possible to infer that any decline in standards of care are going to result in decline within the relationship, of which the alliance is a part.

The psychotherapeutic encounter is often regarded as inherently stressful (Menzies-Lyth, 1960; Hannigan, Edwards & Burnard, 2004). The emotional labour of giving help and support to others has been associated with depressive symptoms (Strazdins & Broom, 2007) and has been identified as an antecedent to stress (Barker, 2007). Given the possible harmful consequences of therapist stress on the client-therapist relationship, stress management is a vivid priority. Mindfulness-based practices for therapists may therefore, by way of alleviating stress, have benefits for the therapeutic relationship and by consequence, the alliance.

Turning attention now to the matter of therapist self-compassion in relation to the professional performance of therapists, Shapiro *et al*. (2007, p. 111), with reference to Gilbert (2006) and Henry, Schacht and Strupp (1990), have commented that:

> …the increases in self compassion [from MBSR] are particularly relevant to the field of counselling and therapy, as compassion for self, as well as for clients, has been posited as an essential part of conducting effective therapy… Research demonstrates that therapists who lack self-compassion and are critical and controlling toward themselves, are more critical and controlling toward their patients and have poorer outcomes.

In Chapter Two it was determined that a controlling approach from therapists towards clients is inconsistent with the requirements of negotiation and power sharing involved in a collaborative approach. Also acknowledged was the detrimental effect of therapists' controlled and limited responses on the alliance. Gelso and Hayes

(1998) addressed this issue within the context of therapist authenticity for empathy, explaining that these responses lead to therapists behaving incongruently (or inauthentically) within the encounter. Gelso and Hayes linked these responses to therapist self-doubt. Given these theories, if therapists' mindfulness-based practices lead to increases in self-compassion, both collaboration and therapist authenticity may be positively impacted by mindfulness-based practice.

A second study, conducted by Schure *et al*. (2008), also using a cohort of therapists in training, found that a mindfulness-based intervention resulted in mental changes that included "increased clarity of thought and capacity for reflection" (Schure *et al*., 2008, p. 86). These authors did not delineate how these mental changes may impact upon the therapeutic relationship, but Epstein (2007) has suggested that the quality of observation and reflection involved in mindfulness meditation may benefit the therapist in terms of monitoring countertransference (Epstein, 2007).

Furthermore, Safran and Muran (2000, p. 55) have drawn theoretical parallels between the observational and reflective stance cultivated in mindfulness practices and Freud's "evenly hovering attention", in which Freud specified the importance for therapists to not pursue their personal expectations by directing their attention on any one particular aspect of the client, but to maintain "the same measure of calm, quiet attentiveness" to "all that one hears". Theodore Reik (1948; cited in Safran & Muran, 2000) furthered this notion of Freud's, referring to the value of a non-judgmental listening stance of the therapist as allowing for more tacit dimensions of therapist-client communication to emerge. The necessity of therapist awareness of tacit client dimensions was highlighted in Chapter Two as being necessary for the achievement of accurate empathic understanding. Safran and Muran (2000), in drawing this parallel, have asserted that mindfulness practices may facilitate such a listening stance, as mindfulness is not only about being aware but additionally involves a non-judgmental mode of attention. In support of this theory, a study conducted by Nyanda (2005) found that therapist's experienced an increased attitude of openness towards clients following a mindfulness meditation intervention. Nyanda found this experience to be attributed to the cultivation of a non-judgemental attitude.

In addition, it is possible to reflect again on Chapter Two and recall the emphasis that Lowe (1999) placed on therapist awareness in relation to collaborative work necessary for establishing effective alliances with clients. Lowe posited that the monitoring of tacit power issues is important for collaborating with clients. An increased clarity of thought and capacity for reflection obtained through mindfulness practice may benefit the monitoring of tacit power.

Schure *et al.* (2008) also found interpersonal changes in their cohort of therapists in training that resulted from the mindfulness intervention. These included,

> …greater capacity for empathy and compassion…In counselling sessions, this translated into feeling more comfortable sitting in silence with clients and being able to stay focused on the therapeutic process at hand (Schure *et al.*, 2008, p. 54).

This finding supports the link between mindfulness and a compassionate disposition explicated earlier in this chapter. It also supports the hypothesis proposed above that mindfulness practice may, by increasing attention, benefit therapist presence in therapy.

The findings of increased compassion and presence following a mindfulness intervention are also apparent in a third study conducted by Bruce and Davies (2005). Although this study was conducted with a cohort of hospice nurses, the findings are of relevance to the review of outcomes of mindfulness practice. Bruce and Davies (2005) found that mindfulness meditation practice resulted in increased presence during nursing care, where participants experienced an increased capacity to bring awareness and attention fully to patients and families within the work setting. The authors referred to this continuation of focused awareness and attention as "meditation-in-action" (Bruce & Davies, 2005, p. 1335).

A second theme that emerged from this study was "abiding in liminal spaces" (Bruce & Davies, 2005, p. 1336). This included experiences of subjugated dualities, where boundaries between self and other, work life and spiritual life, and living and dying were dissolved. For example, participants reported realising the self as interdependent

with others, and realising that one can be at once living and dying (you may notice here the compatibility of the finding of an interdependent self with the aim of *shunyata* and *anatta* within the Buddhist mindfulness tradition). Some participants reported these experiences of liminal space as facilitative of empathy and compassion within their nursing care, as well as for the reduction of aggression – qualities that accord with effective alliance requisites from the therapist within the therapeutic context.

Bruce and Davies (2005) showed that mindfulness meditation practice also impacted upon participants' perceptions, resulting in (i) a vivid sense of appreciation and (ii) the ability to notice small details; (iii) mindfulness facilitated the cultivation of an open, non-judgemental attitude towards all experience that arose in the moment; and (iv) the ability to rest in groundlessness or uncertainty. A vivid sense of appreciation may be linked to Rogers' (1977) attitude of unconditional positive regard, in which an attitude of genuine respect for clients is shown to be necessary. The abilities to notice small details and cultivate a non-judgmental attitude correspond to Safran and Muran's (2000) speculations noted above that paralleled Freud and Reik's therapist listening stances with processes of mindfulness practice. It is also possible to locate an open and non-judgemental attitude within the role of the therapist for establishing effective alliances with clients by recalling Rogers' (1977) emphasis on non-judgment for unconditional positive regard. Having an open attitude may also impact therapist collaborative approaches, should it relate to the kind of therapist flexibility shown in Chapter Two to be valuable to collaborative work with clients (Ackerman & Hilsenroth, 2003; Teyber, 2006)

3.6. Chapter summary

Mindfulness meditation originated from contemplative traditions where it has been used for centuries as a technique to cultivate insight into the nature of the self and the world. Within the Buddhist mindfulness tradition, which has had the greatest impact of the dissemination of mindfulness-based practices into Western contexts, the practice of mindfulness meditation involves awareness and recollective functions that are formally applied in an effort to attain awareness of the contents of subjective experience, both explicit and tacit. Critically engaging in the contents and their relation to one another is believed to produce comprehension, wisdom, concentration,

calm, and insight. Specifically, the aim of Buddhist mindfulness meditation is to realise the interdependent nature of things, including the self; a realisation which is believed to mobilize a compassionate disposition towards others.

The movement of meditation to the West saw the integration of mindfulness into clinical psychology, and mindfulness-based practices (including mindfulness meditation) as therapeutic interventions have become increasingly popular. Research has consistently found these interventions to produce a range of benefits for multiple populations, to the point of mindfulness-based practices being regarded as somewhat of a panacea for physical and psychological maladies. Of relevance to this study is the matter that many of these outcomes are theoretically compatible with the demands on therapists in terms of their role in establishing effective alliances with clients. Increases in attentional processes, stress reduction, and increases in interpersonal warmth, caring and communion are examples.

Table Three below presents a synopsis of the links drawn between the therapist's role in effective alliance establishment and the aims and outcomes of mindfulness meditation examined in this literature review. Drawing such comparisons allows us to consider some of the features of experience that could potentially arise by examining therapists' experiences. In accordance with the IPA methodology, however, these conjectures serve only to orient the researcher and contextualize research findings within a theoretical framework.

Table 3:
A comparison between the therapist's role in effective therapeutic alliance establishment and theoretical aims and outcomes of mindfulness meditation

The therapist's role in effective alliance establishment		**Theoretical aims and outcomes of mindfulness meditation**
1. Collaboration	Egalitarian attitude	Compassion (includes perception and experience of equality with others) Self-compassion (includes decreased controlling approaches)
	Flexibility	
	Awareness of personal limitations	Self-awareness
	Reflexivity	Reflective, non-judgemental stance
	Self-confidence	Self-compassion
2. Secure and empathic affective bonds		
2.1. Congruence and	Honesty	High intimacy motivation (includes being

authenticity	Appropriate self-disclosure Respect for client Self-acceptance Self-awareness	perceived by others as more authentic) Self-compassion Self-awareness
2.2. Unconditional positive regard	Non-judgmental attitude Warmth, care, acceptance, liking and interest for and of client Self-acceptance Self-growth	Non-judgmental observation Compassion (includes kindness and tenderness towards others) and high intimacy motivation (includes) Self-compassion Unconscious aspects of the self emerging into conscious awareness
2.3. Accurate empathic understanding	Affective attunement to client's situation Cognitive attunement to client's situation Bodily-felt sense Self-awareness for the management of countertransference/therapist subjectivity Presence	Increased empathy Increased empathy Mindful observation and reflection Increased attention Stress management 'Meditation-in-action'

To conclude, we can observe that the skills and attitudes of therapist collaboration and the establishment of secure and empathic bonds necessary for forming effective therapeutic alliances with clients can be theoretically linked to many of the positive effects of mindfulness meditation practice. It would be premature to argue that there is any certainty to the ways in which therapist mindfulness meditation practice can impact therapists' role in the alliance since these links have not been previously researched. An examination of the lived experiences of some therapists who practice mindfulness meditation will provide an initial foundation of subjective information that will allow us to better understand the impact it has.

CHAPTER FOUR
METHODOLOGY

4.1. Introduction

The following chapter discusses the methodology of this research study. The chapter begins by declaring the purposes of this research and what these purposes necessitate from a research framework and design. This chapter goes on to show that these needs were met by selecting an IPA strategy located within the qualitative paradigm. Together, these form the research framework which is explored in depth by looking firstly at the primary features of a qualitative design, followed by the philosophical underpinnings of the IPA strategy. The ontological assumptions and epistemological implications of these philosophies are discussed. Finally, the design of this research is presented and explained. The research design includes methods for sampling, data collection, data analysis and the matter of validity and reliability of the design.

4.2. Purpose of research

The purpose of this research is twofold. Firstly, this research aims to understand the phenomenal impact of therapist mindfulness meditation practice on their role in the alliance through an inquiry into the experiences and meanings of a small cohort of therapists. The second purpose is to initiate a process of theory building on this topic, as it has not been previously researched, as far as the researcher is aware. The process of theory building involves integrating the stories of participants into existing theories on mindfulness and on the role of the therapist within the alliance.

4.3. Research framework

4.3.1. Ideological orientation: Qualitative research

The aims of this research are best met by a research strategy within the qualitative paradigm. Qualitative research aims to build theory by turning to those individuals who have personal experience with the phenomenon under study, and giving them a voice to express their own experiences and meanings (Mertens, 1998; Whitley, 2002). Where quantitative methods focus on observable characteristics of phenomena, qualitative research attempts to go beyond these aspects to "obtain a deeper and more human understanding of what has been discovered" (Louw & Edwards, 1997, p. 36). The phenomenon under study is thus represented in qualitative research in terms of

what it means to those experiencing it, which is precisely congruent to the first aim of this research.

Conducting this research within the qualitative paradigm will also contribute towards meeting the second purpose of this research, that is, to integrate participant experiences with mindfulness and alliance literature in order to build theory. The majority of research thus far conducted on mindfulness-based practices has taken an empirical approach, using neurological imaging to provide data on the physiological effects (e.g. Davidson *et al*., 2003; Jevning *et al*., 1996), and quantitative research methods to interrogate in particular the psychotherapeutic effects (e.g. Chang *et al*., 2004; McKee *et al*., 2007; Oman *et al*., 2008; Rausch *et al*., 2006). Patrick (1994, p. 38) argues that Western psychological literature is limited to these two domains and excludes investigation into "the subject's own reflexive awareness of their meditation experience". It has been over a decade since Patrick's publication, but qualitative research into mindfulness after this time is not extensive. The lack of qualitative literature is a critical gap that needs to be filled to develop a broader understanding of mindfulness and mindfulness-based practices. Adopting a qualitative approach towards this research may contribute to filling this gap, thus contributing to meeting this research's second aim of theory development.

According to Babbie, Mouton, Vorster and Prozesky (2001), the major features of a qualitative design include an ideographic strategy; the generating of open-ended data; an inductive approach towards analysis; and the acknowledgment of researcher involvement in the research process and production of knowledge. These features were incorporated into the design of this research, as will become clear throughout this chapter, and so it is necessary to present a basic outline of what each entails.

The features of the qualitative design – focus on individual meaning and experience, emphasis on context, open-ended data, emergent design, and inductive interpretation – are appropriate for dealing with the nature of research problem in this study. The objective of this study is to look at the impact of therapist mindfulness meditation practice on the alliance at a phenomenological level. The importance of researching this topic at a qualitative level rests on the issue that both mindfulness and the alliance are regarded as conceptually unresolved constructs (Gilpin, 2009; Kotanski & Hassed,

2009) and their theoretical treatment is still undergoing change and development. Furthermore, as far as the researcher is aware, the relationship between the constructs of mindfulness and the alliance has not been previously examined. A quantitative design requires sound understanding of the variables involved, yet it is only possible to speculate what these may be in terms of the mindfulness/alliance relationship. The theoretical limitations of these constructs and their relationship necessitates turning to those individuals who have first-hand experience in the area. Their experiences and the meanings that they make of them will allow for the development of themes as a starting point for understanding how mindfulness meditation as practiced by therapists impacts upon the therapist's role in the alliance. Their experiences may also include information regarding mindfulness meditation or the therapist's role in the alliance that has not yet been recognized at a theoretical level, thus allowing new information to emerge. By virtue of their experience, these individuals can be regarded as experts in the field. An open-ended design allows for participants own meanings to emerge rather than imposing or perpetuating the views of limited literature.

4.3.2. Research strategy: Interpretive Phenomenological Analysis

Interpretive phenomenological analysis (IPA) was selected as the strategy for this research because as a strategy that aims to explore how participants make sense of their personal and social world (Smith & Osborn, 2003) it met the aims of this research. IPA aims to generate open-ended data from which participant meanings can be identified and inductively interpreted. This strategy draws on philosophies of phenomenology, hermeneutics, and interpretation (Smith & Osborn, 2003), which are expanded upon below.

4.3.2.1. Philosophical underpinnings: Phenomenology

Phenomenology is a branch of philosophy concerned with the lived experience of the individual (Edie, 1965). Edmund Husserl is considered the father of phenomenology, although he drew on his interpretations of Descartes' Meditations (Edie, 1965). Husserl argued that human experience is a fundamental fact, and can therefore be used as a basis for drawing theoretical conclusions (Edie, 1965). Human experience, or the lived world of the individual (*Lebenswelt*), is comprised of strata of meaning which, in their totality, can be concretely described and drawn upon as a real phenomenon (Edie, 1965).

Husserl's phenomenology argued for the existence of a universal, implicit and pre-ontological essential self called a transcendental ego (Gendlin, 1965; Grabau, 1965). This is a structure of pure consciousness that precedes the constructing processes of thematic thought (Gendlin, 1965). When a person encounters objects in the world, they experience them immediately at this prethematic level of being (Gendlin, 1965). Because this level is prethematic, the immediate experience of objects allows the encountered object to be ultimately represented in a person's consciousness (Grabau, 1965).

Within Husserl's phenomenology, the meanings of objects or phenomena in the world – their structure, texture and aesthetics - come to be ultimately represented in immediate consciousness through the act of intentionality, or when consciousness is directed upon them (Cooper, 1990). Phenomena are present to consciousness, but consciousness can only gain access to them by intending them. These meanings are 'trafficked' by consciousness and translated into experience through the fundamental action of intentionality (Cooper, 1990; van der Mescht, 2004).

Thus the phenomenologist's goal to discover the ultimate nature or essence of an object is possible by entering into a person's *Lebenswelt* or immediate experience of that object (Giorgi & Giorgi, 2003) and studying the meanings of phenomena as they are represented in the transcendental ego consciousness (Cooper, 1990). Accessing the essences within this consciousness requires a kind of mental purge of the various assumptions that build up around the immediate experience (LeVasseur, 2003). These assumptions, which may include elements of personal history or matters of space and time, for example, are suspended or bracketed by a method that Husserl called the *epoche* (LeVasseur, 2003).

Husserl's phenomenology rests upon various assumptions such as a universal structure of the self (a transcendental ego), the fully shaped structure of phenomena in the world, and the adequate expressive linguistic ability of individuals, to name a few (Grabau, 1965; Gendlin, 1965). These assumptions have come under serious debate within the discourse of phenomenology. Grabau (1965, p. 149-151), for example, argues that "all experience is mediated", and that phenomenologists mistake subjective symbolic constructions for universal experiences:

> Consciousness never begins at the beginning, but with a mass of intentions which it inherits from the past and which are the result of previous conscious construction. It develops these further in the light of the urgencies of the situation in which it finds itself, and passes on its results to the future, where the work of the present construction is the starting-point for another act of consciousness (Grabau, 1965, p. 153).

Grabau's argument challenges the notion of a prethematic consciousness and highlights the importance of historical structures in determining current acts of experience and their meanings. Cooper (1990) presents a similar argument to that of Grabau's, explaining that the phenomenological study reveals subjective knowledge - phenomena are not sense datum that can be objectively and dissociatively observed, but rather are *of* us. Such challenges render the phenomenological study no more grounded on an absolute foundation than those in other paradigms (van der Mescht, 2004). A hermeneutic tradition of phenomenology came to be developed that did not strive to access pure experience, instead emphasising the necessity of contextual consideration within the construction of experiencing a phenomenon.

4.3.2.2. Philosophical underpinnings: Hermeneutics & intersubjectivity

Hermeneutics is a long-standing tradition of interpretation, originating in the field of theology as efforts to understand religious texts (Gadamer, 1976). Hermeneutics looks at the discourse of intersubjectivity, and is based on the principle that meaning is not always immediately available, but requires explication (Gadamer, 1976). Explication of covert meanings is necessary because human experience is understood to be located within historical, situational and dialogic contexts (Unger, 2005). These contexts function to influence the meanings that individuals attach to their experiences, which disrupts the idea that they can be taken at face value and are neutral (Unger, 2005).

The word 'hermeneutic' is derived from the Greek name *Hermes*, a Greek god who was responsible for interpreting or clarifying messages between gods (Thompson, 1990; cited in Lopez & Willis, 2004). Hermes is thus associated with 'announcement', and "the functioning of what is beyond human understanding into a form that human intelligence can grasp" (Palmer, 1969, p. 13). Within the

philosophical movement of phenomenology, a hermeneutic viewpoint is one that elucidates the experiences and meanings of individuals rather than simply describing them (Lopez & Willis, 2004).

Martin Heidegger (1962) was at the forefront in the development of a hermeneutic phenomenology. Heidegger believed that the lived world of the individual could not be reduced to a pure, prethematic consciousness because the individual was inextricably a part of the external world that he or she inhabited (Lopez & Willis, 2004). Heidegger proposed that human beings are *Dasein*, translated as "there being", meaning that they are situated and involved in the world (LeVasseur, 2003).

By *being-in-the-world*, Heidegger argued, consciousness cannot be separated from prior conceptions and knowledge, or from caring about future possibilities (LeVasseur, 2003). With these aspects of consciousness being inseparable, the process of bracketing is unsound, for as Cooper (1990, p. 48) explains, bracketing involves the reduction of experience to "the immanent contents of consciousness". Hans-Georg Gadamer (1965), a student of Heidegger's, referred to preconceptions as historical understanding or prejudices, and argued that they play a vital role in sensitizing, determining or limiting subsequent understandings of an experience (Unger, 2005).

The predisposition towards certain meanings implies that pre-understandings are fundamental to the process of understanding (Unger, 2005). The epistemological implication is that the researcher is impelled to acknowledge rather than suspend their own subjectivity. Thus instead of bracketing pre-understandings and future cares, hermeneutic phenomenology takes a reflexive role by exposing them and the ways in which they have influenced experience and the production of meaning. Koch (1995) explains that the researcher's individual interests and learning have motivated their pursuit of expertise in a particular field, ultimately leading them to consider a topic worthy and necessary of study. So too does preexisting theory function as an orienting framework that indicates the achievements and gaps in understanding and focuses the researcher to make decisions about sample groups and questions (Lopez & Willis, 2004).

In the case of this research, my previous immersion in mindfulness meditation practices stimulated the interest to pursue it as a topic worthy of study. My early experiences in the practice were informed by Buddhist rather than Western psychological discourse, and upon encountering the Western discourse of mindfulness-based practices in therapeutic contexts, I became aware of how differently these practices are utlised. This made me curious about the ways in which others experienced mindfulness meditation, and curious about how the various theoretical approaches of mindfulness meditation could account for these experiences. This personal background formed the basic motivation for studying mindfulness meditation, and the motivation to examine the experiences of others from both a Buddhist and Western psychological framework. It is also important to acknowledge that this background has significantly informed my interpretations of the data gathered in this study. While great care has been taken to present participant meanings for themselves, it is impossible to remove the preconceptions of mindfulness meditation experience shaped by my affiliations with Buddhist philosophy and psychology. In effect, the Buddhist lens adopted during the process of analysis is prevalent.

As Koch (1995) and Lopez and Willis (2004) point out, personal background and preexisiting theory also play a role in the process of sample selection. In my research into mindfulness meditation I came across those few studies that had used therapist cohorts and found recommendations for the use of mindfulness-based practices for therapists. The choice of looking at the experiences of psychotherapists was reinforced by my personal interest in the work of psychotherapy, having been a student of psychology for several years. In particular, I have always had an interest in therapist empathy and how this capacity is trained or developed. This capacity is theoretically located within the therapeutic alliance, and thus in order to study therapist empathy this research looked at the therapeutic alliance.

Being-in-the-world is not limited to existing within the structures of personal history and caring for future possibilities. Gadamer's notion of historical understanding also includes all the historical meanings of a tradition that lies in the social arena (Unger, 2005). Unger (2005, p. 4) explains that past historical meanings exist in an ongoing dialect with present meanings and interpretations:

> [The] elements of a given situation are distinct from the situation in which the elements exist – meaning and its substrate are different – yet these elements cannot be understood apart from the situation itself… For qualitative inquiry, the epistemological consequences of acknowledging the spheres of meaning that happen outside the sphere of subjective intentions and opinions are that these meanings are in constant negotiation.

The process of interpretation thus requires researchers to necessarily reflect on the ways in which historical situations constitute contemporary meaning, since these situations predispose one to "participate in the flow of tradition" (Unger, 2005, p. 5). The meanings are not always mentioned explicitly by the participants but can be gleaned from their narratives. The focus of hermeneutics is to interpret what humans experience rather than what they consciously know (Solomon, 1987; cited in Lopez & Willis, 2004).

The process of analysis will be explained in greater detail below, but it is necessary here to mention some of the analysis process in relation to this hermeneutic concern of historical understanding in order to clarify how it played out in the research. The theme of 'insight' resulted from an especially hermeneutic process. While immersed within the raw data, it was apparent to the researcher that participants all spoke about how their practice of mindfulness meditation had brought about new knowledge and understanding of themselves as individuals. The precise nature of these new personal understandings differed from participant to participant, however, making it challenging to discern a superordinate category that was appropriate to all these understandings. The obstacle at that time was that the researcher was failing to abstract the meanings of these experiences and interpret them within the broader discourse of mindfulness meditation, focusing instead on the explicit nature of what these experiences meant to participants in a futile attempt to find connections between them. It was through returning to Buddhist theory on mindfulness that the concept of 'insight' came to be seen as relevant to these explicit participant meanings. It is somewhat obvious, in retrospect, that mindfulness meditation practice, also known as insight meditation in circles drawing from Buddhist theory, would produce insights for practitioners. However, the value of insight is not emphasized within the mainstream Western psychological discourse of mindfulness. Because the researcher

was immersed within this mainstream Western discourse during this research, and because of the informative role that this outside tradition as a historical understanding has on the researcher's subsequent understandings, this concept was initially overlooked.

This experience reveals the hierarchy of knowledge that permeates the process of interpretation. Thompson (1990) explains that acts of interpretation are embedded within knowledge hierarchies and are significantly influenced by them. He says that socially acceptable ways of perceiving the world and phenomena within it often result in the silencing of less privileged ways of perceiving. Indeed, the dominant ideology of Western psychological views on mindfulness failed to accommodate the experiences of participants. Subsequent to this experience, the researcher engaged in a critical hermeneutics by becoming aware of a marginalized perception and giving it a voice (Thompson, 1990).

A final concept that hermeneutic studies draw on is Heidegger's 'constitutionality', or, as Gadamer called it, a 'fusion of horizons' (Lopez & Willis, 2004). Lopez and Willis (2004) explain that this concept is concerned with the intersubjective nature of meaning, and looks at the points of intersection between meanings by two or more parties. All individuals have a background made up of various assumptions, ideas, meanings and experiences, which Gadamer referred to as personal horizons. These horizons are not static, but move with the changes in the social and personal spheres. In other words, while individuals have their own separate horizons, when they meet with the horizons of another they intersect, and any meaning produced from this interaction is intersubjective – a product of these intersecting horizons. The epistemological implication for researchers is therefore not only to consider the researcher's personal background and the background of historical understandings in the production of meaning, but also the actual interaction between researcher and participants. This notion of intersubjectivity has become widely accepted within the paradigm of qualitative research, particularly within the data collection technique of interviewing. As such, this notion will be expanded upon below within the discussion of interviewing, where researcher reflexivity on this issue will also be presented.

The hermeneutic process of repeatedly moving back and forth between participant meanings, researcher subjectivity and theory is called the hermeneutic circle. Thus, the researcher encountered what Risser (1997; cited in Watson & Girard, 2004, p. 80) notes of the hermeneutic circle, that it is situated "between a living tradition and its interpretation".

4.4. Research design

4.4.1. Sampling

IPA requires a small sample group that is purposively selected because of the compatibility of their experiences to the topic at hand (Smith & Osborne, 2003). Their compatible experience allows them to talk in detail about the topic. Five participants, as it is recommended for IPA, who met the criteria (mentioned below), were selected. Unfortunately a low quality recording with one of the participants resulted in difficulties transcribing the data and this data was therefore not included in the study. The researcher was unable to conduct the interview with this participant a second time despite efforts being made to do so.

IPA recommends that the sample be as homogenous as possible so that patterns between participants can be drawn (Smith & Osborne, 2003). All participants met the inclusion criteria of being practicing psychotherapists in South Africa who had a minimum of eight weeks experience of mindfulness meditation practice, as eight weeks is the duration of mindfulness-based practice interventions in therapeutic contexts (Kabat-Zinn, 1994). However, all participants found had a minimum of one year's experience in mindfulness meditation.

The population of therapists practicing mindfulness meditation personally is small and setting too strict an inclusion criterion that included demographics such as gender and ethnicity would have drastically reduced the number of eligible participants. These demographics have also not been extensively explored in relation to mindfulness and thus their position in this topic has not yet emerged. Since this study is concerned with the alliance and mindfulness meditation practice as meta- constructs, this lack of information does not hinder the credibility or relevance of this study. For this reason too, the theoretical orientations of therapists was not included in the sampling criteria. This said, however, the relevance of these demographics along with other features of

a particular population – including the social landscapes such as class, religion and politics – should not be undermined. These features are very likely to impact upon the mindfulness meditation culture of a population (as well as its therapeutic one). This research has drawn from the South African population of therapists, and while their experiences have been analysed from a general body of mindfulness meditation theory, findings should not be generalised to a broader population. The expansion of the roles that certain demographics and social features has in a population's mindfulness meditation culture will allow for new levels of analysis to occur.

Contacting participants involved approaching teachers of mindfulness meditation known to the researcher via email, and requesting them to invite those of their students who fit the criteria to participate in the study. Names and contact details of these individuals were, with their consent, given to the researcher. A social worker, also known to the researcher, who is professionally involved with a number of psychologists agreed to invite those professional affiliates who fit the criteria to participate in the research. Finally, public media publications aligned with the interests of alternative health and wellness were scanned for potential participants. Psychotherapists advertising themselves in these publications were contacted via email and invited to participate.

4.4.2. Data collection: Semi-structured interviewing

Earlier in this chapter we explored the importance of creating open-ended data within qualitative research designs, and the semi-structured interview is a data collection tool that will achieve this as it aims to access detailed participant knowledge. Using interviewing techniques for data collection is also a requirement of the IPA strategy (Smith & Osborne, 2003).

Kvale (1996) explains that the technique of interviewing promotes individual perception and experience as a site of knowledge, the significance of which emerged out of the movements of postmodernism and phenomenology. Previously we saw that the movement of phenomenology privileged the experience of the individual as a source for gleaning knowledge about the meaning of phenomena in the world. Postmodernism, partly influenced by phenomenology, also emphasized individual subjectivity as a knowledge source. Kvale explains that postmodernism challenged

the legitimacy of global systems of thought by acknowledging that individuals relate to the world in a subjective way. A consideration of the relationship that individuals have with the world suggests a socially constructed and perceived reality. This situates meanings within the private domain of the individual. Together, postmodernism and phenomenology are part of what Michel Foucault (1978; cited in Henning, van Rensburg & Smit, 2009) refers to as an individualizing discourse. Thus within these movements came a shift within research towards personal narratives as a feature of knowledge (Kvale, 1996). Meaning is thereby accessed by entering into the subjective space of the individual.

Flick (2006) describes interviewing as a technique for gaining verbal accounts of participant experiences. These verbal accounts are collected through face-to-face interactions between a researcher and participants, where participants are provided with a space to express their experiences in their own words. Henning *et al.* (2009, p. 52) refer to interviews as a "'formatted' discussion" that reveals descriptions of participant subjectivity.

While the interview is aimed at collecting data that can be represented in research as participant subjectivity, we must recall the hermeneutic philosophies of 'being' and of meaning production as they have epistemological implications for what is actually produced from an interview. The semi-structured interview is a discursive type of interview; it is not standardized and is seen as a communicative event within which the actions of researcher and participants contribute towards the type of knowledge produced (Henning *et al.*, 2009). As a communicative event, the parties involved in the semi-structured interview have the ability to influence each other's meaning. Unlike the structured interview where the researcher strictly adheres to a predetermined set of questions, the semi-structured interview has a less rigid interview schedule and rather uses what the participant has spoken about to develop questions as the interview proceeds. The participant therefore plays a vital role in the structure of the interview, since their speech prompts the researcher towards a certain content of their subjective experience. But while the participant directs the researcher, so too does the researcher influence the participant. The participant may only be communicatively forthcoming if he or she feels secure with the researcher, for example. The researcher's responses to the participant's communication could be

interested, encouraging and supportive, or dismissive and impatient. Henning *et al.* (2009) refers to this as a dialogic communicative action. The following extract from one of the interviews conducted for this research study illustrates this action of the semi-structured interview:

Belle:	Uh, ja, it makes me feel a greater tenderness towards other people, more compassion, uh…at the same time I feel connected into it. I feel a deep interconnection between myself and another.
Researcher:	Mmm, you feel connected. Is that where the compassion comes from?
Belle:	Ja, I think, you know, I was describing the feeling of well we're all seeking something, we're all wanting that peace. We're all wanting maybe that connection with something bigger than ourselves.
Researcher:	Mmm
Belle:	Um…and its, ja, it's uh [pause] it's touching.
Researcher:	Touching? What do you mean by that?
Belle:	It's just touching to feel and sense other people's struggle and their humanity. Coz I think sometimes we can all feel quite…well maybe I'm generalising. Sometimes I feel quite disconnected. And I'm in my own little survival mode, and I've gotta work and do my thing, that I actually suddenly feel quite alone in it. I dunno maybe it's just me.
Researcher:	And so…so it's during the meditation that you feel more in touch with other people's struggle?
Belle:	Ja.
Researcher:	And is that…quite an intellectual sense, because you know that what you're going through, that internal struggle, and that they're going through it too, because you're in that same space?
Belle:	I'm not sure that they're going through it in the same way. I just have a sense that we're all looking for something. And it makes me feel part of something…
Researcher:	Mmm. Okay.
Belle:	As opposed to just this little one person out on a limb.

From this extract it is possible to see how the researcher and participant, Belle, are dialogically engaged with one another, where each of their expressions directs the proceeding utterances. The researcher reflects Belle's own words back to her to show that she has understood, but also asks questions around the experience that encourage Belle to expand upon her meaning. Henning *et al.* (2009, .p 57) explain that even

researcher single non-linguistic comments such as “Mmm” are laden with subtle messages:

> It says, ‘I would really like to know more of this. Can you see that I am interested? You have hit on something here!’ If [the researcher] does not pursue the issue at this moment in the interview, she may or may not lose some valuable information in the process, but will never know because she ‘called the shot’ and redirected the conversation.

The dynamic interplay between researcher and participant affects meaning at a second level too. Previously we explored Gadamer’s notion of ‘personal horizons’, which delineated the idea that intersubjectivity involves the according of meaning between parties. In line with this notion, Kvale (1996) sees the interview as an exchange of views, an ‘inter’ ‘view’. Because both researcher and participant are embedded within social discourses that inform their meanings, when the two interact these meanings will meet, and the relation between the two parties will determine how these meanings are accorded. Henning *et al.* (2009), drawing on the view of Baker (1997), explains this process further. These authors explain that during an interview the participant selects bits of information from his or her vast experience and knowledge. The participant’s location in cultural contexts functions to categorise their personal knowledge and experience so that some features of the experience are prioritized as important, while others may be omitted. Participants may judge their experience against cultural values and where there are divergences in value, the participant may choose to not express these.

The researcher needs to be aware of the role that social norms play in a participant’s conceptualization and expression of their experience. In the case of this research, the researcher aimed to have a friendly, non-confrontational attitude towards participants in an effort to establish a trusting bond with them so that they would feel secure to express more private meanings. Henning *et al.* (2009) also mention that the location of the interview is necessary to consider as an influence on the relation between participant and researcher. Participants were invited to meet where they felt most comfortable so that they could talk openly about their experience and the interviews all took place within the participants’ own homes. Had the interviews been conducted

on the researcher's territory, rather than the participants', participants may not have felt as at ease.

The researcher also strived to build her competence in the topic at hand so as to identify culturally appropriate terminology. When these terminologies arose in interviews, the researcher encouraged participants to unpack them so that their own meaning could be communicated. Henning *et al.* (2009) warn that taking these terminologies at face-value would otherwise result in obtaining only superficial data. The following extract is an example of the researcher striving to avoid assuming the socially acceptable understanding of 'mindfulness' by asking the participant to explain what 'mindfulness' is for her:

Loshini: And um and then what makes that easier for me, and what facilitates that is…is the meditation, Tai Chi and the yoga.

Researcher: The mindfulness practices

Loshini: And the mindfulness. Coz you can do yoga and Tai Chi without being mindful! Or without from the meditative…it can be purely from a physical kind of activity, and that's not what I'm talking about.

Researcher: Mmm, mmm. So this mindfulness, can you describe your mindfulness for me?

Loshini: [Laughter]

Researcher: What is it that you do?

Taking such a position with participants also resembles what Guba and Lincoln (1985) referred to as a stance of 'not knowing', mentioned earlier in this chapter as being important for the development of open-ended data. This stance, however, while theoretically recommended, was confounded by power relations between researcher and participant. Foucauldian theory acknowledges that research participants, including the researcher, are always positioned within the reciprocal relationship of power and knowledge (Hollway, 1989). While the position of researcher is usually viewed as being powerful (Kvale, 1996), in this situation it was the participants who were more powerfully positioned by virtue of their status as professionals in the field of psychotherapy. Some of the participants are involved in psychology departments at tertiary institutions in South Africa. As a post-graduate psychology student, the researcher perceived these participants as having greater authority. Adopting a stance

of ‘not knowing’ was threatened by this power dynamic, as the researcher was self-conscious of appearing incompetent or unknowledgeable in front of participants. This hampered, at times, a deep questioning of participants’ experiences, and the researcher found it necessary to return to these topics that had not been explored in sufficient detail within the first interview during follow up interviews.

What we observe from the above discussion is that the dialogic action and intersubjectivity of the semi-structured interview positions the subjective experience of the research participant in a relational framework (Hollway, 1989). Firstly, both researcher and participant subjectivities are informed by their personal contexts, where social conditions become integrated in various ways within their individual experiences and meaning production. Secondly, researcher and participant exist in a dialogical, reciprocal, non-polarised relationship where the production of meaning is not considered neutral but co-constructed (Hollway, 1989). Reflecting on the specific contexts of researcher, participants and interview process has enabled us to understand how meaning within this research study has been influenced.

Eight interviews in total were conducted. Each participant was interviewed at least once in a face-to-face interview, and follow up interviews were conducted on the telephone once the first interview had been transcribed. One participant was unable to be reached for a follow up interview.

4.4.2.1. Interview design: Thematising

The process of designing a semi-structured interview design requires the researcher to have detailed knowledge of the topic at hand (Kvale, 2007). According to Kvale (2007), a broad understanding of the topic allows the researcher to focus the study and determine the aims of the research, and also helps the researcher to identify themes within the topic towards which the interview will be orientated. Thus the first steps towards designing the semi-structured interview schedule for this research began with the initial explorations of literature on the concepts of meditation, mindfulness, mindfulness-based practices and the therapeutic alliance. For explicating themes of the alliance, the Working Alliance Inventory (WAI) was drawn upon. The WAI was developed by Hovarth in 1981 as a measure of the working or therapeutic alliance across theoretical orientations. It is possibly the most widely used measure of the

alliance (see Catty *et al*., 2007; Rozmarin *et al*., 2008). The WAI defines the alliance according to Bordin's tripartite model of the alliance, measuring therapists' approaches towards tasks, goals and bonds with clients from therapist, client and observer perspectives.

Kvale (2007) calls the process of explicating themes within the literature 'thematising'. The purpose of thematising was to facilitate the researcher's own conceptual understanding of mindfulness meditation and the alliance. Having a relatively sound understanding of the concepts enabled the researcher to anticipate areas that participants may discuss during the interviews and provide background knowledge that would be drawn upon to engage in the interview dialogue (Kvale, 2007). The aim of the research was to explore how therapists experienced their mindfulness meditation practice to impact upon their role in the alliance. The research design is thus exploratory and not hypothesis testing, and therefore requires little preplanned structure (Kvale, 2007). The purpose of drawing out these themes was not, therefore, to develop a highly structured set of interview questions for participants. The researcher wished to minimise the influence that her personal biases and assumptions from historical understanding might have on participants and keep the questions as open as possible. Thus, based on the areas of the alliance measured by the WAI, the researcher was able to develop her own set of questions that asked how therapists approach the tasks, goals and bonds of therapy. The interview schedule included a set of questions that asked how each of these approaches was impacted by the participant's mindfulness meditation practice. Specific themes of mindfulness meditation were not included within the schedule as the researcher wished to allow participants to bring forward their own experiences without being led by researcher assumptions. Thus much of the interview was spontaneous and dialogic, continually working with the responses from participants and delving into them in greater detail, allowing their own stories to unfold in greater depth

See Appendix I for a version of the interview schedule.

4.4.2.2. The ethics of interviewing

All research should be guided by ethical principles, and the American Psychological Association endorses that research into the human condition should be utilized to

promote human welfare (Kvale, 2007). In the case of qualitative research, Kvale (2007) describes the interview inquiry as a moral enterprise both in terms of the means and ends of the interview. Ethical issues are paramount because the process of interviewing involves the movement of an individual's private life into the public domain, and the researcher is responsible for ensuring that this process proceeds with respect for the participants' well-being.

Each stage of the data collection process was conducted under strict ethical adherence. In accordance with the University requirements, and the advice of authors on qualitative research (e.g. Kvale, 2007), the ethical protocol was drawn up prior to the interviews being conducted in anticipation of the ethical issues related to the nature of the research investigation. Participants were provided information regarding the topic of the research, the features of its design, the possible risks and benefits from participation in the research, and their rights as research participants. These rights included the voluntary nature of the study, their right to choose what to disclose during the interview as well as the right to withdraw from the study under stipulated conditions. These points were compiled into a written document which was emailed to participants prior to the interviews along with an invitation for them to raise any queries regarding the research itself or the document.

In accordance with Kvale's (2007) guidelines, participants were briefed in greater depth about the nature of the research, as well as to the purpose and procedure of the interview prior to the interview, as it was not necessary to withhold this information. Liaison with participants was not homogenous as the snowballing method meant that the researcher gained access to each participant in a unique way. In some instances there was substantial email contact prior to the interview where discussions and queries took place. In other cases these discussions took place telephonically, and in others, in person. Participants were all invited to raise concerns or questions before the interview began, and the written agreements were read, opened to exploration and signed by both participant and researcher prior to the interview.

Confidentiality for participants was ensured by protecting their identities. Their identities were disguised by use of pseudonyms on any documents or recording labels (i.e. the stored recorded interviews during the transcription phase). Any information

revealing their identities within the transcripts were removed and replaced with pseudonyms. This was done in a manner that did not influence the meanings within the data content in any way. Only the researcher had access to the interview recordings and these were stored on the researcher's personal computer and secured with a password known only by the researcher. Furthermore, participant identities were not disclosed to any person except to the researcher's primary supervisor, with the participants' permission.

Another ethical issue involves considering the impact or consequences for individuals involved in the study. No potential harm was expected since the topic under investigation was not directed towards traumatic experience or undesired behaviours, but rather towards a practice that participants voluntarily participated in. Nonetheless, the consent form clearly stated that participants were not required to discuss any issues that they did not want to and were given the option of withdrawing from the study for reasons stipulated in the document. It was found, however, that far from having a negative impact upon participants, most of the participants found their involvement in the study to be beneficial. One participant stated,

> **Loshini:** It's actually been useful to talk about, and I wouldn't mind getting a copy of this transcription… It's helping me clarify things…it's part of what I normally do and don't do enough of sometimes, where I really think about things…write it and explore it and so forth.

The nature of the topic did require the participants to talk about their therapeutic relationships, but once again the consent form stipulated that the identity of clients should necessarily be protected. Participants were able to provide examples of interactions without revealing their clients' identities, thus the situation did not arise for the researcher to omit client identities from recorded data.

Should this research be published, it is expected that the information should be beneficial to the population of therapists who practice mindfulness meditation personally in terms of knowledge production and theory generation. All of the participants found their mindfulness meditation practice to be helpful in their

therapeutic alliance, and these experiences are reflected in this study. However this research does not aim to promote the practice of mindfulness meditation for therapists, but rather to expose some of the impacts it has had for others. At the core of this issue is the matter that the research is qualitative and does not make general claims on the phenomena in question nor the group being represented, the emphasis is on the anecdotal. Thus, should the experiences of other therapists who belong to this group be different, there is room for these to be included in later research on the topic.

4.4.3. Transcription

The interviews were recording using a high quality digital recorder. These recordings were transferred directly to the researcher's personal computer for storage and to play for transcription. All audio recordings were transcribed verbatim by the researcher. A hired typist would have been useful for reliability purposes as it would have allowed the transcriptions to have been checked by two people, however, financial limitations did not allow for this. Allowing a typist access to the data would also have compromised the parameters of confidentiality agreed upon between researcher and participants. Nonetheless, there are benefits to the interviewer being responsible for the process of transcribing. Kvale (2007) explains that much of the subtle interactions that occur during the interview are not captured in a linguistic verbatim transcription. The researcher was able to draw on memory and researcher interview notes during the process of transcription, which allowed for these aspects to be taken into account within the data. Kvale (2007) asserts that the inclusion of these aspects enhances the meaning of the data because it adds further dimensions to it.

Since interviews took place in a quiet location, the disruption of background noise disruption was avoided, thus the audio recordings were clear and easily transcribed with accuracy (except for one interview, the recording difficulties of which were mentioned earlier in this chapter). Follow up interviews were conducted telephonically as some of the research participants reside in different provinces. Financial limitations restricted the researcher's direct access to these participants. Telephonic interviews were also recorded, but they were of a lower sound quality and therefore more difficult to transcribe.

Verbatim transcriptions allowed the researcher to familiarize herself with the raw data. The transcripts also allow for the information to be accessed repeatedly and managed without it being changed in any way (Smith & Osborn, 2003).

4.5. Data analysis

Data analysis was conducted according to the analysis requirements of the IPA strategy, which are delineated as a five step process by Smith and Osborn (2003).

The first step of analysis in IPA involves the researcher familiarizing herself with the raw data. Having read and re-read the transcriptions, the researcher was able to gain a contextualised overview of the data (Henning *et al.*, 2009).

The researcher proceeded in the analysis by making two columns on either side of the transcripts, both for the purpose of coding the data. The left column was used to note significant meanings within phrases and sentences in the participants' accounts. Smith and Osborn (2003) refer to these notes as units of meaning. For example, "tenderness for others", "becoming more gentle", and "noticing myself" are meaning units that emerged. Each transcript was dealt with separately to ensure that each participant's meanings were not confounded by the meanings of others - the researcher entered into the lived-world of participants as individuals.

Once completed, the researcher embarked on step three of the IPA analysis. Step three involves the researcher inductively interpreting the initial units of meaning explicated in step two. Smith and Osborne (2003) recommend that the researcher returns to the beginning of each transcript and proceeds to abstract the meaning units into more concise constructs or themes using slightly more psychological terminology. These inducted themes were written down in the right hand column on the transcripts. Already in this chapter we identified that there is a great deal of meaning beyond the simple articulation of a participant's experience, but these unarticulated meanings are multiple and a variety of interpretations of a data set can be pursued (Henning *et al.*, 2009). Thus the process of inductive interpretation within this research considered different ways that units of meaning could be abstracted. The researcher, being engaged in a hermeneutic process, aimed for these inducted themes to retain the essential meanings of participants, but simultaneously used theory to guide the

interpretations, as Henning *et al.* (2009) recommends for interpretation. An example may be provided to illustrate this process of transforming initial meaning units into inductively interpreted themes: the meaning unit "there's a body felt sense [for understanding]" became 'embodied empathy'. This example reflects the integration of alliance theory, as within this body of theory empathy is seen as a process of understanding. The participant's meaning is still retained, but it has been transformed into more psychological terminology. The researcher ensured that this psychological terminology captured the meaning of the participant by returning back to the participant's account and checking the researcher's meaning with what was actually said by the participant.

It must be noted here that staying close to the participants' meanings and limiting researcher bias did at times result in notions being brought to the fore by participants' experiences that had not been anticipated by the researcher. Subsequently, the discussion of these notions required small pieces of literature that had not been introduced or extensively dealt with in the literature review to be included.

In accordance with Smith and Osborn's (2003) fourth step of IPA analysis, inducted themes were then listed as they arose in the transcript chronologically. Having coded the data, it was then ready to be categorized. A preliminary grouping or clustering of themes into superordinate themes was organized. This organization was based on what themes appeared related to one another in terms of their meaning. This stage was the most challenging aspect of analysis as it became apparent that there was a causal sequence between themes. For example, two participants spoke about the role that their mindfulness meditation practice plays in managing issues of countertransference, which consequently emerged as an induced theme. However, where one participant correlated her ability to manage countertransference to an experience of familiarity with her own cognitive, affective and physiological patterns that she gained through mindfulness meditation, a second participant correlated this theme to an experience of spaciousness as a consequence of mindfulness meditation practice. Other participants had also spoken about gaining a sense of spaciousness, but the outcome of this sense for their role in the alliance was something different to the management of countertransference. The researcher came to realise that there were two levels of meaning within the data – the effect of mindfulness meditation practice, and the

impact of these effects of the role of the therapist in the alliance. The process of categorizing the interpreted meanings revealed these levels of meaning to the researcher, and subsequently the researcher was required to return to the previous steps of analysis to clarify that units of meaning and interpretations captured these levels. Interpretations were clustered at first according to outcomes for the alliance, but this way of grouping themes became clumsy and circular, as outcomes all related to collaboration and positive affects for bonding. Clustering themes according to the effects of mindfulness meditation was a more coherent way of organizing the themes.

The organization of superordinate themes thus required a constant hermeneutic shifting back and forth between themes within and between participant accounts, as well as between the personal context of their meanings and the theoretical context of these meanings.

The fifth and final step of the analysis involves drawing up a final table of clustered themes. An appropriate name or title was then allocated to these clusters to represent them within a superordinate category. This table can be viewed in Chapter Five.

4.6.'Validity and reliability' in the research

Babbie *et al.* (2001) explain that both qualitative and quantitative studies aim to achieve validity and reliability, but due to their different ways of framing the research design their manner of dealing with these notions differ. The positivist notions of validity and reliability have required adaptation to fit with the assumptions and goals of the qualitative research paradigm. The following discussion highlights the ways in which qualitative research deals with the translation of validity and reliability into its paradigm, and shows how these translated notions were achieved in this research study.

The concepts of validity and reliability are concerned with the accuracy of an instrument to measure the actual dimensions of an object of study, and the success of the instrument to produce the same results if used repeatedly with the same object of study (Babbie *et al.*, 2001). Within the positivist paradigm, the aim of achieving validity and reliability is to produce universal facts or truth claims regarding phenomena in the world. Diverging from this view, qualitative research rejects the

idea that objective facts can be discovered, emphasising instead the intersubjective nature of reality. This position does not subordinate the necessity to conduct research that represents the world and phenomena within it, but in dealing with an intersubjective world, these representations are not objective, universal facts but contextualised constructs of meaning and interpretation (Henning *et al.*, 2001).

In the 1980s, Dutch philosopher Adri Smaling claimed that the concepts of validity and reliability essentially refer to the notion of doing "justice to the object of study", a notion which he called Münchhausen objectivity (Babbie *et al.*, 2001, p. 275). Various terminologies and principles, such as Smaling's, have emerged within qualitative research as abstractions of validity and reliability. Unger (2005) argues that qualitative research needs to be guided by the principle of legitimacy, which is achieved through obtaining detailed data and an adequate interpretation. Watson and Girard (2004) argue that research aiming to uncover meanings should ascribe to integrity, which entails the research have wholeness, honesty and soundness. Prominent qualitative research theorists Guba and Lincoln (1989) propose that qualitative research needs to be trustworthy. Trustworthiness includes the principles of credibility, transferability, dependability and confirmability. Kvale (2002) explains that foregrounded amongst these notions are the aesthetics and ethics of research. Qualitative researchers have the responsibility of representing that which they are studying in the research, but need to be candid about the ways in which biases have contributed to their interpretation. They are engaged in a task of craftsmanship, as Kvale (2002) views it, and their craft is one that should be comprehensive in its detail towards participant, researcher and contextual knowledge.

This research has drawn upon the notion of trustworthiness proposed by Guba and Lincoln (1985) as it involves a thorough conceptualization of the concepts of qualitative 'validity' and 'reliability'. The principles of credibility, transferability, dependability and confirmability, as explored by Babbie *et al* (2001), will be discussed, as will how each of them were achieved within this research.

According to Lincoln and Guba (1989), credibility is concerned with the compatibility of the meanings interpreted by the researcher and the actual meanings of participants. One of the ways that this can be achieved is through prolonged engagement with

participants to the point of data saturation (Babbie *et al.*, 2001). In this study, an allocated duration of one and a half hours was set aside for the initial, primary interview. This length of time allowed participants to communicate a great deal of information. In some cases, participants were open to conducting the interview within an indefinite time frame, which allowed for an unhurried communication that enabled researcher and participant to explore the topic until saturation point. A secondary aim of the follow up interviews was to create additional time for participants to speak about their experiences had any new ideas developed following the first interview. Participants were also invited to contact the researcher should they have desired to share further. These processes allowed for data saturation to be achieved. It must be noted here that the primary aim of conducting follow up interviews was to clarify meanings that had arisen in analysis of the first interview. This process has been referred to as 'member checks', a second credibility strategy which involves returning to the data source "to check both the data and the interpretation" (Babbie *et al.*, 2001, p. 277).

Persistent observation is another strategy that can be employed for the purposes of credibility (Babbie *et al.*, 2001). This requires the researcher to "constantly pursue interpretations in different ways in conjunction with a process of constant and tentative analysis" (Babbie *et al.*, 2001, p. 277). The process of analysis during this study involved several layers of analysis. Initially, emergent themes were identified for participants individually. Integrating participant themes with one another in order to identify superordinate themes was a challenging process, as was previously mentioned, and the researcher was required to constantly revisit the individual sets of data to clarify whether or not the interpretations at this level retained their accuracy. When inconsistencies were found, the researcher had to restart this level of analysis to ensure that themes were being abstracted in a credible manner. For example, the first list of superordinate themes included 'therapist skills', 'therapist principles', 'therapist perceptions of clients' and 'therapist personal self'. While these were indeed dimensions of impact that participants communicated mindfulness meditation to have, it was difficult to present the different ways in which their meditation practice produced these impacts, and many of the participants' meanings were lost in this abstraction. The researcher had to pursue a different way of interpreting data so that

both the meanings attributed to their mindfulness meditation practice and the impacts upon their role in the alliance could be included.

Credibility was also achieved through a process of inter-rater reliability. One of the interview transcripts was given to one of the researcher's supervisors, and both the researcher and the supervisor went through the five step analysis procedure of coding and categorizing the data contained within this transcript. Once completed, the two parties met and compared interpretations. Both parties had found the same meaning units and inducted interpretations, although the clustering of inducted themes differed. Since themes can be clustered in a variety of ways, it was of greater importance for the purpose of credibility that the actual meanings themselves were consistently identified.

A second principle of Guba and Lincoln's 'trustworthiness' is transferability, which refers to "the extent to which the findings can be applied in other contexts or with other respondents" (Babbie *et al.*, 2001, p. 277). Ensuring that participants did meet the inclusion criteria for the research contributes to the transferability of this research, as does securing the relevance of the data collected (Babbie *et al.*, 2001).

In addition to being transferable and credible, qualitative researchers need to ensure that their research findings are dependable. Researchers need to ensure that if they were to repeat their study at another time with either the same sample or a different sample within the same target population, that there would be similar findings (Babbie *et al.*, 2001). Conceptualising the topic clearly, ensuring participants understood the research problem and being consistent with the data collection process ensured the dependability of this study.

Finally, qualitative research needs to be confirmable, meaning that the findings are the product of the focus of the inquiry and not the product of researcher biases (Babbie *et al.*, 2001). Personal biases were reflected upon and made explicit within this chapter. Furthermore, in accordance with Babbie *et al.*'s (2001) suggestion, a paper trail was maintained of the various processes involved in the research study, which enabled for each stage to be monitored both by the researcher and the supervisors.

CHAPTER FIVE
DATA RESULTS

5.1. Introduction

The following chapter presents the results of this research. It begins with an overview of participants' narratives so that the reader may have a contextualized understanding of the themes that have been inducted. This overview contains participant's histories of mindfulness meditation, a description of their practice, and a brief account of how they have experienced their practice to impact upon their role in the alliance. While the researcher has been responsible for summarizing participants' narratives, follow-up contact with participants where it was possible has confirmed these summaries to be an accurate reflection of their general experience.

Three superordinate themes emerged from participant accounts and were identified using an interpretive approach, as discussed within chapter three of this study. The three themes are: insight into the structure of selfhood; immediate mindfulness meditation during therapy; and self-care. An analysis of each theme is presented following the overviews of participant narratives, where each theme is described, the process of researcher interpretation is explained, and detailed descriptions of participant accounts are provided.

5.2. Overview of participant narratives

5.2.1. Helen, Clinical Psychologist, Johannesburg

Helen (pseudonym) has been practicing mindfulness meditation for approximately 17 years. Helen's mindfulness meditation practice began with TM and Vipassana meditation. Following that she began practicing the Kriya Yoga and Sahaj Marg meditation forms. She explains that through these experiences a personal style of mindfulness meditation has developed. Helen describes her mindfulness meditation practice as "a foundation that's really helped me to grow a lot" in terms of bringing her information for understanding "who you really are". She explained that meditation has helped her to "go within" and access subjective aspects that "wouldn't be normally accessible via the conscious mind".

Initially, however, Helen was using her meditation practice to help her "cope", "recover from sickness" and to keep herself "balanced" during years of traveling. Helen still uses her meditation for healing, and balance, and in her experience, this use of meditation impacts upon her role in the alliance. Ensuring her physiological health and establishing a balance between work and leisure helps Helen to maintain her general professional performance.

As a result of her experience with various forms of mindfulness meditation Helen has come to integrate some of the meditation techniques into her therapy, teaching them to clients but also using them for herself in ways that facilitate her ability to understand the client's situation. With regards to the latter, Helen articulated that she is able to enter into a meditative state during therapy where her intuitive capacities for understanding are heightened.

Helen's experiences during meditation have also formed a knowledge base for making sense of the world. A meaning that she emphasized was that of "unity", which she says has had the biggest impact upon her approach towards clients. Her view of unity involves "recognizing that there's no real difference" between herself and her client, or a realisation "that it's all one". In one instance, this meaning has impacted upon her valuing of clients and her ability to be non-judgmental towards them. In a second instance, her sense of unity enables her to identify with clients, where she recognizes a parallel between her own situation and theirs. This allows her to share the process of psychological change during therapy. She uses her meditation for her own personal growth, the process and achievements of which enables her to role model processes of psychological change for clients, which she finds beneficial to creating a secure bond with clients.

5.2.2. Larry, Clinical Psychologist, Johannesburg

Larry (pseudonym) has been practicing a mixture of forms of mindfulness meditation for approximately ten years. He aligns himself with Hinduism, and regards his mindfulness meditation practice as an integral part of his spiritual life as a Hindu. Larry describes himself as "essentially a TM practitioner", but has had experience with forms of mindfulness meditation under the tutelage of a master, as well as Raja Yoga meditation.

Larry explained that the system of TM privies much of the meditation process to TM initiates only, and was unable to speak widely of his actual meditation experience. However, he was able to share that his technique involves accessing "subconscious" material that has "honed" him to become "more subtle" in terms of his awareness of his thoughts, his behaviour and his relationships with others. Larry's encounter with subtle awareness, he expressed, has rendered him more "sensitive" to clients' own subtle dimensions.

Larry's meditation practice provides him with "a quiet time" that is conducive to becoming "more reflective in my thought processes" and "more reflective in the kind of work that we do as well". Larry uses meditation to reflect upon his role as a psychotherapist from a spiritual perspective. These reflections have led him to an understanding that there is a spiritual connection between himself and his clients, which forms a meaningful foundation for his valuing of clients. His reflection during meditation further enables him to observe and critically evaluate his own personal limitations, which helps him to be open and accepting to the experiences of clients.

Larry also experiences an increased sense of control over the symptoms of physical illness as a result of his mindfulness meditation practice. By managing the effects of physical illness, he explained, he is more available for and within therapy.

5.2.3. Belle, Clinical Psychologist, Johannesburg

Belle (pseudonym) began her mindfulness meditation practice two years ago when she was invited to a Buddhist retreat. Prior to this formal entry into meditation, Belle had experimented "informally" in personal meditation. Having learnt techniques from the retreat, she was able to "bring it into your own life".

Belle describes that her meditation entails "observ[ing] your thoughts and your own mind" and "the emotional impact that those thoughts have on you". She critically engages with her observations in order to establish the associations within and between thoughts and affects. She finds this "enlightening" because the meditation enables her to go beyond her "normal ruminations" and "work something out". She explained that she gained a new awareness of herself; "it sort of opened up a realm of my…person that I…don't think I had ever really delved into before". In becoming

more self-aware, Belle has found that she has become familiar with her own thought and affective patterns. She finds this is generally helpful for the alliance because it helps her to "experientially monitor issues of countertransference".

Belle's introduction into mindfulness meditation made her realise "just how unconscious I am generally…and how I do things so very thoughtlessly". In effect, she has become more "mindful" of how she communicates and responds to clients, which she finds important for establishing alliances with them. Belle also related experiences of feeling profoundly connected with others during meditation, which she found to be "moving". These experiences evoke a strong affective reaction of "tenderness" and "compassion" for others, as well as a sense of "sharedness". She draws on these experiences during therapy, and thus is genuinely able to have these same feelings for clients. At times this involves Belle entering into a meditative state during therapy, and she finds that this is able to help her "feel" the clients and "really get a sense of where they are", as well as to "listen to the atmosphere of the relationship". This helps her to understand the client and make them feel "acknowledged".

5.2.4. Loshini, Counselling Psychologist, East London

Loshini has been practicing mindfulness meditation "on and off" for the last thirty years, along with other formal mindfulness-based practices such as yoga and Tai Chi and informal mindfulness practices such as journaling. Recently Loshini completed an eight week MBSR course and explained that "I felt in the best space that I've ever been… [I felt] self-assured". She explained that prior to this course she was experiencing difficulty in drawing boundaries between her personal and professional needs, often prioritizing the professional aspect, and as a result was becoming "burnt out". This included a decline in her professional work performance that was marked by less collaboration and increased negative affects, as well as suffering from symptoms of physiological disease. Her experience of self-assurance that she gained from the MBSR course prevented such impairment and suffering, and made her realise "the importance of more consciously integrating [formal and informal mindfulness practices] into my day to day life", including mindfulness meditation.

In addition to helping her cope with burnout and disease, Loshini found that practicing mindfulness meditation allowed her to access an aspect of herself that was separate from her negative patterns of anxiety and striving, for example. She struggled to conceptualise this aspect, but settled on the word "essence" for lack of a better term. She described this essence as being characterized by compassion, strength, focus and flexibility; "one could describe as almost a sacred space". She explained that she is able to access this essence through being reflexive, and that the mindfulness meditation provides her with a sense of spaciousness that allows her to do so. Accessing this space allows Loshini to draw on all these characteristics during therapy, which she finds is important, both for creating a strong alliance with clients, but also for working collaboratively with them. She explained that this process often involves entering into a meditative state during therapy.

Loshini has also built a concept of the self based upon this experience of accessing an essence or sacred space. Her experience has made her sensitive towards this same space within her clients, which enables her to be less judgmental and more compassionate towards them.

5.3. Results

Below is a tabulated format of the superordinate themes within participants' narratives of how they experience their mindfulness meditation practice to impact upon their role in the alliance. These themes were generated through a process of induction carried out by the researcher.

Table 4:

Master table of data themes

Themes
1. Self-care
1.1. Physical well-being
1.2. Occupational impairment prevention
1.3. Personal growth: 'Doing the work yourself'
2. Insight into the structures of selfhood
2.1. The self as interconnected
2.2. The self as multidimensional
2.3. The self as limited

3. **Immediate mindfulness meditation during therapy**
3.1. Embodied empathy
3.2. Therapist presence
3.3. Responding mindfully

5.4. Analysis findings

Within chapter four of this study the process of data analysis was described as being inductive. Having immersed herself in participant accounts, the researcher was able to extract units of meaning and then relate these to a higher order framework to determine superordinate themes. The latter process was hermeneutic in nature, since some of the interpretation of meaning units were informed by the researcher's familiarity with theoretical literature on the topic. Nonetheless, the following analysis attempts to present participant meanings as accurately as possible. Detailed, lengthy extracts from interviews are provided within each section to enhance this accuracy, and the researcher has also candidly reflected upon her process of interpretation.

5.4.1. Self-care

Participants spoke about using their personal mindfulness meditation practice for improving their physical well-being, for preventing occupational impairment, and for their personal growth. They explained that these aspects of their mindfulness meditation experience impacted upon their role in the alliance in terms of their availability for and within therapy, the general quality of their work performance, and their authenticity and support for clients respectively. The researcher categorized these experiences as experiences of self-care since these experiences all pertain to personal physical and psychological well-being. Mindfulness meditation literature has also widely explored these facets of experience as self-care activity.

5.4.1.1. Physical well-being

Almost unanimously, participants identified that their mindfulness meditation practice has improved their physical health and helps them to manage the symptoms of chronic physiological illness and disease conditions, without which participants were less available for and within therapy.

Helen: It was the meditating that helped me recover from sickness and just kept me balanced… I use the techniques inside my own meditation for healing.

Larry: I've had problems with breathing, and my heart condition, and my cholesterol levels were high… All of that has been controlled.

Loshini: When I don't [meditate] my body shows it. I get fybromalgia… I get a physiological response.

5.4.1.2. Occupational impairment prevention

Participants had various experiences of mindfulness mediation that facilitated their ability to prevent occupational impairment, which will be presented below. Participants claimed that their meditation practice allowed them to access a particular "space", a psychological state that they found conducive to maintaining their desired quality of professional performance. They explained that their psychological state and subsequent ability to work collaboratively and create secure and empathic bonds with clients was dependant on consistent meditation practice, and that without it their abilities noticeably declined. Some participants therefore described their meditation practice as necessary for creating effective alliances with clients, as these abilities were directly related to their role in the alliance.

Loshini relayed an experience that she had following an eight week course in MBSR:

Loshini: I felt in the best space that I've ever been… I felt selfish, I felt self-indulgent, I felt self-centred for taking all this time [off work to attend the course]…And I've never felt in such a good space…and [a colleague] said to me…he said, 'And guess what,' he said, 'you're now self-assured'. And…he was *absolutely* accurate... And that was really an eye-opener for me.

Loshini gained a sense of self-assurance from her mindfulness-based practices, which she said reconfigured what it means to her to take time off for herself to engage in self-care activities such as mindfulness meditation:

Loshini: What that means, what it does, what it adds to my life…personally… What it adds to my work life. Because ja, you're in a very good, very diff…good

space when you're working with people…. And that's…that's where I do my best work, from that kind of space [ref to essence]… From that space… And it's easier then to have boundaries.

It is evident in the interview excerpt above that Loshini finds it easier to establish boundaries between her work and professional life when she is practicing mindfulness meditation, and to achieve a balance in her personal and professional needs. She went on to further explain the importance of this for her work performance:

Loshini: I get pulled in by giving away my time to people. And at the moment there're a lot of kind of needy kind of dependant people on my books, and I find myself giving away too much time… I give away *my* time… It's this constant kind of thing about balance and boundaries…and I think the challenge here is…what I've realised is that…to get that balance between all this…is you've gotta work at it constantly…you've gotta constantly work at bringing back this experience into your life… [Mindfulness] helps to constantly self-correct and balance a way of living and work… whereas when I'm not doing that or working in that way, my boundaries go [rasping sound]…then I just take people…I don't think of myself then.

Loshini explained that it is important for her to give consideration to her personal needs and balance these with the professional demands that she confronts. Her mindfulness meditation practice allows her to access the skills and qualities that she uses to work effectively with clients, including working collaboratively and creating secure, empathic bonds with them. She explained that without mindfulness meditation practice she becomes "burnt out", which she described as being characterized by exhaustion, impatience, and inappropriate directive approaches towards clients. In effect, her meditation and other mindfulness-based practices are viewed as necessary for being compassionate and present with clients, as well as for working collaboratively with them:

Loshini: [Meditation] brings me back to this kind of space where I feel kind of strong, where I feel compassionate, I feel caring for myself and for other people… [When] I'm in that space where I'm actually taking care of myself in terms of the meditation and Tai Chi and things…I really can work with the process that the person is working with, in a very different space… For me it's very important, it's almost non-negotiable that I actually…involve

those kinds of things, or integrate those things into my life. If I want to work how I do work with people, I *have* to do those things…If I want to work like some psychologists work, from the role of an expert, who basically diagnose, decide what the problem is, tell people what to do…then I don't think I would have to do it as much. But…I work in a very different way from that…and from a collaborative approach…So I really, really have to be fully present and I have to use all my faculties…I use all my faculties when I work, my body, my mind. And I just find working like that I need to take that space in order to…meditate, do Tai Chi and that…otherwise I feel quite depleted. I get quite depleted or sort of burnt out. And I know when I'm…when I haven't been doing it, I can feel it… When I'm not [meditating] I burn out very quickly…then I become kind of exhausted and impatient and directive and all the things that I really, really don't like!

A second participant, Helen, also explained that her mindfulness meditation practice helps her establish a balance between her work and professional lives. This includes tending to personal matters without associating feelings of guilt to it:

Helen: It's also helped me to not let myself work too much, to keep that pacing. Like music, you've gotta have the sound and the silence between the notes. So it's given me that pacing where I don't just have congestion of work, I make sure I take holidays and time off…Coz I think if you don't do meditation, then before you know it you're caught up and you're doing working 50 days, 50 hours and you're stuck… It gives you that balance between leisure and actual work… Meditating, it helps me to be able to own my own space, my own space and time without guilt.

Helen explained that when she is not practicing mindfulness meditation she experiences decreased presence and a decreased sense of connectedness with clients:

Helen: And I really notice the difference when I'm not meditating… You can just feel you start to get more wound up and less present and less connected, and caught up in the rat race…and become a little bit engaged in drama.

In sum, participants found that their mindfulness meditation practice enabled them to balance their personal and professional needs and prevent a reduced or impaired quality of their professional work in terms of alliance formation with clients.

5.4.1.3. Personal growth: 'Doing the work yourself'

Two participants, Loshini and Helen, used their mindfulness meditation practice for their personal growth. The researcher has drawn on one of the participant's statements in abstracting the overarching meaning of this experience, categorizing it as "doing the work yourself".

Loshini uses mindfulness meditation along with other mindfulness practices for her own ongoing personal growth. She feels that her engagement in personal growth produces experiential knowledge of psychology that expands upon her theoretical knowledge that she draws on in her therapeutic work with clients. The experiential knowledge, she believes, gives an authenticity to her work as it involves an effort and commitment to psychological change. Loshini she feels clients are receptive to her efforts, and it engenders trust from them:

Loshini: You're constantly doing the work yourself… I think then there's a trust…there's an authenticity and there's something real here… I'm doing the work I need to…it's one of my non-negotiables of being a therapist… Yes, you've gotta know your theories, yes, you've gotta know case formulations, treatment plans, but you personally have to do the work. Otherwise for me that's the difference between a very good psychologist and an okay psychologist.

Helen, who emphasized recognizing the parallel self-aspects in clients, uses mindfulness meditation to do her own healing of shared client and personal issues. She believes that it is important to role-model the healing process for the client, from which they receive encouragement and support.

Helen: You have to role-model it as well…you've got to have done whatever they have done. You've gotta be able to do whatever they need to do. Unconsciously they check it out, and they can see. It's like…a baby bird flying. If it sees the mother bird flying it believes it can fly and then it does too… So unconsciously they've looked, and saw how the mother bird flied, and then it does too… Sometimes the mother bird can't fly, and then the mother bird's got to learn to fly too. And that's the same process.

5.4.2. Insight into the structures of selfhood

It is evident, even to the reader having read the overviews of participants' narratives that the matter of self-awareness featured strongly in participants' mindfulness meditation experiences. Participants spoke about meditation bringing "unconscious" or "subconscious" material into conscious awareness, indicating that their self-awareness is expanded through their practice, and previously unknown self-aspects become known. The following extracts from interviews may be considered:

Belle: It sort of opened up a realm of my uh person that I…I don't think I had ever really delved into before… I suppose it made me realise then just how unconscious I am generally.

Loshini: So it just helps to access who you really are, and that brings a lot of information in that wouldn't be normally accessible via the conscious mind.

Michelle: So it's like an inner kind of awareness and an inner dialogue you have.

Participant meditation experiences are beyond enhanced self-awareness, however, as participants reported that their meditation practice also allows them to engage with the contents of awareness and reflect upon them. The process of reflection involves making sense of these contents and then integrating or endorsing these meanings in their day-to-day life. Within the context of the alliance, some of the meanings that they built upon their meditation-specific self-awareness were explained as having a direct impact upon their approach towards clients in determining the tasks, goals and bonds of therapy. This group of meanings revolves around the awareness that participants gained regarding the structures of selfhood. The researcher has interpreted this group of meanings as 'insight into the structures of selfhood'. Arriving at this category of 'insight' did involve using one of the participants' own usage of the term 'insight', but also required a hermeneutic process of returning to meditation literature to confirm an appropriate application of this term for conceptualising all participants' experiences. In Chapter Three, insight was defined as the acquisition of a new perspective which results from retrospective reflection of knowledge derived from immediate experience and has implications for current actions (Safran & Muran, 2000).

The following analysis explores those insights into the structure of selfhood that participants reported to impact upon their role in the alliance. Three major categories of insights were identified by the researcher: insight into the self as interconnected; insight into the self as limited; and insight into the self as multidimensional.

5.4.2.1. The self as interconnected

Three participants, Loshini, Larry and Belle, had meditation experiences where they became aware of themselves as interconnected with others. Making sense of these experiences differed between participants, and each of their meanings are presented below. All participants drew on their meanings of interconnectedness within the therapeutic encounter, and found them to impact upon collaborative work and creating secure and empathic affective bonds with clients.

Helen explained that her mindfulness meditation practice has produced "amazing amounts of insights" that created "a very profound change in my whole life". One of the insights that she has gained is that of the self as interconnected, which she cites as being "the biggest thing that I work with" in her therapy. In terms of her relationship with others, her mindfulness meditation practice has had the effect of "seeing them as part of your own self…and recognizing that there's no real difference…You realise that it's all one". This insight has derived from specific experiences that Helen has had during mindfulness meditation practice: "but it's my own experiences that have done it for me":

Helen: I've had amazing experiences …very spiritual kinds of experiences. Quite a few. Where I even went into parallel realities… But there've been a lot of experiences that have been very weird and sort of synchronous with other realities and other dimensions and other…literally meeting parallel selves on the earth…which was very weird, and a lot of people find it weird to understand, even me, I do…There are lots and lots of weird things that have happened in my life. And all that as a result of [meditation]. That's why I can help.

Helen explained that her insight into herself as interconnected with others has impacted her role in the alliance in terms of valuing her clients. This insight has

helped her to “identify the parallels in the person that comes to you as that reflection [of yourself]”. Because of this she attributes equal value to her clients as she does to herself: “I value them as much as I value me. It’s the same thing”. In effect, Helen perceives her encounters with clients not only as important for their psychological change, but important for her learning too:

Helen: We are both working together in our own learning process. Because there are always reflections…it’s a two-way process, as I said, and often the whole therapy process is an act on…both levels, we’re both learning how to fly.

The second participant, Belle, stated that during her mindfulness meditation practice she feels “connected” to others, a feeling that she described as “powerful” and “moving”:

Belle: You feel somehow connected to other people as well when you’re doing it. I feel a great sense of union in that, I think it’s quite powerful…

Researcher: Mmm. Tell me more about that connected feeling. How do you describe that connectedness?

Belle: Um I suppose when I…when I’m sitting I – I’m describing a memory to you – of this beautiful waterfall…

Researcher: Mmm

Belle: We found a place on either side of it. I was on this side of it, she was on that side of it, and we decided to do an individual meditation, not together, coz also the sound of the rushing water and whatever, it was...it…it was…enough. Um…and I just remember opening my eyes at this one point and looking across at her and thinking, ‘I feel such…tenderness for this other human being who was also struggling with things internally, externally’ and um that she was also seeking in her own way to make sense of her own internal world.

Researcher: Mmm

Belle: As was I. Um… And I found that quite moving. I also found it very moving being in a group of people in that group meditation that I did, I have done once or twice. And uh well we’d do a walking meditation, for example…

Researcher: Okay

Belle: And we’re all walking in this circle. I feel connected to people. And like we’re all trying to reach some…some sort of… [Pause] …place where we feel connected. Does that make sense?

Belle went on to explain her experience of interconnectedness during mindfulness meditation practice, saying that meditation puts her in touch with a feeling of "emptiness" within herself. She describes this as an "existential black hole" that makes her, at an intellectual level, query how people as individuals connect to the world. With this reflection, she becomes moved by a sense of humanity and experiences "tenderness" and "compassion" towards the shared struggle of people:

> **Belle:** Just being…becoming aware of my own business in my head and my sometimes my critical thoughts uh… getting in touch with my own sort of emptiness inside…I'm talking from an intellectual understanding…When I think of it I know the feeling…But I think it's that…that sort of existential [sighs] black hole that we all have, I think, sometimes. I'm so alone in this. You know, what connects… How do I…how does one connect with the rest of the universe. Um…although you're not alone, I mean, you're not, you know that intellectually but there is something quite alone…uh lonely about our individual journeys on this planet, for me…We're all seeking something, we're all wanting that peace. We're all wanting maybe that connection with something bigger than ourselves…and it's…touching... It's just touching to feel and sense other people's struggle and their humanity…it makes me feel a greater tenderness towards other people, more compassion, uh…at the same time I feel connected into it. I feel a deep interconnection between myself and another.

Belle explains that this sense of interconnectedness with others and the subsequent feelings of tenderness impact upon her ability to create secure, empathic bonds with clients because she is able to recall those experiences during the therapeutic encounter:

> **Belle:** I know that very clearly, that tenderness for other people, approaching them in the struggle of life together…especially when you're in that quiet moment [within therapy]… when there're no words…there's a sense of really being connected to them.

Larry uses mindfulness meditation practice to reflect on the law of Karma, the Hindu law of action and reaction.

Larry: [With mindfulness meditation] I've had the opportunity to become…reflective in my thought processes… Meditation, uh reflection…is important because it gives you a chance initially to have that quiet time. And this quiet time takes you to higher levels of consciousness… And that is exactly what I felt.

His reflections on this law during meditation practice have impacted on his understanding of the spiritual connection that he has with others, including his clients. His understanding is that there is a profound spiritual connection with clients, and that as a consequence of this connection, his work with clients plays an important role in his own spiritual development. Thus, as with Helen, Larry's insight into the self as interconnected with others impacts on his ability to create secure and empathic affective bonds with clients in terms of valuing clients:

Larry: I always believe that clients who come into my practice, or those that I interact with, it's just not a coincidental thing. It has a spiritual dimension, and it's orchestrated from the sources above. And I always tell my clients this, that they are like the old Chinese adage, you know, when the student is ready, the master will appear. So there is a spiritual connection…It's all as a consequence of your own spiritual journey that people come to you…So I would thank them from a Hindu perspective for coming into my life so that I would be able to make a change, because I would see this as Karmic action. You know, they're giving me an opportunity to evolve spiritually as well.

To summarise this category of insight, participants' experiences of mindfulness meditation resulted in an insight into the self as interconnected. They identified this insight to impact upon their role in the alliance by providing a meaningful foundation for valuing all clients, and for enhancing feelings of compassion and tenderness for clients.

5.4.2.2. The self as multidimensional

Two participants, Loshini and Larry, were found to have developed a conceptualization of the self as having a multidimensional structure based on their personal experiences of becoming aware of their own multidimensionality during mindfulness meditation practice. Conceptualising the self as multidimensional impacted upon participants' perceptions of clients, where they strived to perceive the

client in a holistic manner. Participants communicated that perceiving clients holistically impacted upon a secure, empathic bond with clients by facilitating feelings of compassion, non-judgment and sensitivity.

Loshini and Larry reported that their meditation practice enables them to access dimensions of the self that they do not usually encounter when they are not meditating. Having accessed these dimensions of the self during meditation, the participants found themselves as being sensitive to the same kinds of dimensions in clients. In other words, their awareness of their own multidimensional structure formed a foundation for understanding the structure of the client's self. They explained that these dimensions are not always explicitly presented by clients and are often subtle, yet as a result of their own experiences they trust that they exist and strive to perceive them within the client. The researcher interpreted that these participants' experiences of encountering a multiple dimensions of the self during mindfulness meditation practice has influenced the way they conceptualised the structure of the self as a general concept. Participants use this self-concept as a lens through which they perceive clients.

Loshini explained that during her mindfulness meditation practice she experiences a part of herself that she describes as her "essence" (although she uses this term reluctantly), which she says is comprised of positive qualities:

> **Loshini:** …a kind of space where I feel kind of strong, where I feel compassionate, I feel caring for myself and for other people…and the way in which to get into that space or um what will help is…is through…is an ongoing or consistency with my meditate…well, my practice of meditation, Tai Chi, reflexivity…

She explains that through being "reflexive" in mindfulness meditation, she has become aware that this "space", her essence, is separate from her negative patterns of thoughts and emotions:

> **Loshini:** …if I think about myself, and this is where I've got to through being reflexive and things like that, uh is that around this kind of core or whatever you want to call it…don't…strike that word off…around this kind of

essence that I'm talking about…is all our *stuff*, you know, that what we all have… But around this, these are all the things that I would work with and that is um my personal issues, like…I often get anxious… It's anxiety, doubting myself, and that pushes me, I strive, I work harder, and everything like that um and then I push myself at my work. Now, when I'm not meditating and um, you know on a regular basis or doing my Tai Chi, or taking time out to be reflexive…those are the…the patterns that I get pulled into… They're certainly not [part of the essence]… They take me away from that, okay. Which I know is here. I know inherently that's there.

Loshini has drawn on these experiences of her different patterns to inform the way she views the structure of the self: "my own understanding of what we are as people… it's a sense that I carry…it's a belief that I have about how I see people". She sees that there are more dimensions to a person's self than their negative patterns. Thus, in terms of the impact that this insight has had on her role in the alliance, Loshini explained that her concept of people helps her see the client as a "whole person", which helps her to be more compassionate, less judgemental and less inappropriately directive towards them. She sees this as more than simply caring about a client, but about having an "active…metaperspective" of the client. She sees this as important to forming an alliance with the client:

Loshini: …it's to see my own kind of patterns, destructive patterns…as well as to see that in the person that I'm working with. But not to get caught up with that, to know that the person is more than that. Because if I just get stuck in with those kind of destructive…qualities that I or the person that I'm working with have, …you don't see the whole person… And that, for me… I think true compassion is to…to acknowledge the essence of that person, and by acknowledging the essence of them means that you don't then…almost judge them or get stuck or get caught in all their stuff, which is what people come into your room with. They come with a lot of *stuff*. And it's very easy to get like…maybe judgemental about that stuff and 'You should be doing this, you shouldn't be doing this, and that's wrong,'… But...to be able to hold the…the two together, is that yes there is this stuff… And there's something much larger and greater uh that isn't tainted by all this stuff…Which then, knowing that about the person allows me to be compassionate about all the issues that the person brings without getting stuck in them… So it's not just about caring, it's a more…it's an active kind of… It's a metaperspective…that allows you to do it, but it…but it's about

acknowledging, and really seeing and…really seeing more deeply into that…person. That…the person's not all this [stuff], just part of it… So yes, all this other stuff floats around, but I go in coming with that. No matter who I'm working with, if it's a child, a couple, female, male, is that's what…what's…what's important for me. And that's what forms the relationship.

Larry presented a similar experience to that of Loshini's. Larry explained that meditation brings about a "spiritual awakening", that brings about changes at a subconscious level of consciousness - "Initially you become….aware that you shouldn't be doing certain things, and at a subconscious level it takes over… So it works on the subconscious, I would say." He goes on to explain that the changes that occur on a subconscious level begin to manifest in day-to-day ways of being:

Larry: 'Coz… you've been told it would impact positively upon your day-to-day living, and that is what has happened. And interaction with people, your personal experiences…. It does have an impact.

For Larry, one of the impacts is an increased sensitivity towards the subtle dimensions of others: "[Meditation] hones you to become more subtle. I know that, I can…I can feel it". When asked if this perception of others is based on a conceptual understanding of the self, he answered, "Yes, when you move up to higher levels of meditation, that takes over". In other words, his meditation experience has enabled him to form a concept of the self as being multidimensional, where some of these dimensions are explicit, and others less so.

He explained that this subtlety has impacted upon an increased sensitivity to the multidimensionality of clients, which enables him to better understand them:

Larry: …an increased sensitivity to people, the experiences to people, and um the kind of dimensions they bring into your therapeutic environment... Now obviously when you talk about yoga and meditation, it goes beyond the three dimensions, you talk about fourth, fifth and sixth dimensions that come in... So when you have someone who comes into your practice, you don't really see them in terms of…the normal three dimensional things… You see them as a person…which is at another level. And you interact with them…at those…subtle levels, which are very much higher than the gross…

5.4.2.3. The self as limited

The insight of the self as limited was experienced by Larry. This insight may be regarded as a process of introspection, as it involved a retrospective glancing inwards for the purpose of expanding awareness of an already known aspect of subjectivity. This experience differs slightly from the previous insights discussed, as these former insights show a more emergent awareness. However, Larry's experience was included within this superordinate category because it contains a process of enhanced self-awareness that produces a change in knowledge that is still suitable to the meaning of insight.

Larry explained that during mindfulness meditation practice he is able to reflect upon the way in which his beliefs and assumptions generate his therapeutic framework. Through these reflections, he explains becoming aware of how his own preconceptions may be limited. In terms of the impact that he has found this experience to have on his role in the alliance, Larry says that recognizing and accepting his own limitations allows him to be open to accepting the experiences of clients that differ from his own:

Larry: My meditation has taught me to become less on the 'Aha!' thing [and] say well, if this is true, I need to accept it. This is an education…you would become more objective… You would see it as another dimension to reality…coz so often…if we don't experience or don't see it, we say it doesn't exist. And it does…My experiences are limited, and I depend to a great extent on my clients for the education… Sometimes you need to become critical of your own spiritual development as well, and see that, 'You know what, my spirituality puts blinkers on my experiences. And my spirituality may, and my religious beliefs may retard me', but you need to say that to yourself, do you think that it would retard you. And if it is, then you need to become reflective… You have to be reflective in everything you say and do, and meditation allows you to.

5.4.3. Immediate mindfulness meditation during therapy

Participants' experiences of mindfulness meditation were not limited to private, personal practice. Having practiced mindfulness meditation privately, three participants also claimed that they enter into a mindful meditative state during therapy when working with clients. The term 'immediate' was assigned to this experience

because participants explained it to be a direct, momentary mindfulness meditation experience within therapy, rather than being an experience derived from inference or introspection of previous learning:

Loshini: …in a way meditation's about bringing your point on…on to focus on something… And it's either normally your breath, that's what I focus on…people do candles or phrases or mantras, and…but that's why I think in the therapy room why I can get to that space, is if I'm fully focused on that person. I'm in a meditative state *anyway*… I get into a meditative state with the person…and when I'm with that person, when I'm doing my best therapy is when I'm in that state *with* that person.

Helen: It's almost like I just tune in. It happens in an instant…And then automatically just go straight into that… It's almost like a merging with the other person's inner child. 'Coz you access that. 'Coz it's actually a connection to your own.

Belle: I'm almost in that meditative state.

The three participants described the mindfulness meditation experience as providing them with a sense of spaciousness, slowed time, and stillness. Participants explained that these qualities facilitated the skills of observation and reflection:

Loshini: …it gives a distance, a slowing down, a separation from things so that I can observe thoughts, emotions… It gives you a sense of space.

Helen: It just helps me to sort of clear up my own clutter in my own head, which allows space.

Belle: …it just creates a bit more space to think… It's your space to think and to feel.

Entering into mindfulness meditation within therapy allowed participants to access and apply these skills of observation and reflection during therapy. Participants found that these skills, when used in therapy, impacted upon the therapeutic processes of using a body-felt sense for understanding, which the researcher has termed 'embodied empathy'; presence with clients; and upon their responses to clients – processes that

participants found to be important in working collaboratively with clients towards the tasks and goals of therapy, and important in creating secure and empathic affective bonds.

5.4.3.1. Embodied empathy

Helen and Loshini commented that the skills of observation and reflection which are facilitated in therapy by immediate mindfulness meditation are utilized in the therapeutic process by using a body-felt sense for understanding the client's situation. They found this to impact upon their role in the alliance in terms of enhancing their understanding of the client. The researcher has drawn from extant theory on the alliance and categorized this theme as 'embodied empathy'.

Loshini explained that her immediate mindfulness meditation experience involves a high level of awareness: "It's a very fully aware state, because meditation is fully aware. It's not just zoning out". She explained that this level of awareness allows her to acknowledge and recognize "feelings and sensations" in the body, which she uses as information for understanding the client:

> **Loshini:** I go with my body, I use my body a lot in therapy… So it's not just what I'm listening to, it's what I'm actually picking up in my body… There's a body-felt sense like 'Jeez, there's something not right here, I'm uh…' And I often check out, is this *my* stuff, or is it…is it that other person's…or is it something that that person's feeling? So it's not just what I'm listening to, it's what I'm actually picking up in my body.

In addition to enhancing her awareness of the body-felt sense, the above quote reflects that being in the mindful meditation state within therapy involves managing issues of countertransference that may arise in the body-felt sense process. She explained that the sense of spaciousness characterizing the mindful meditation state allows her to reflect on the information received at a body level and accurately discerning whether it is her personal material or the material belonging to the client. She is able to "separate" herself from her own material and observe her body-felt sense more objectively:

Loshini: …it gives you a sense of space which you can then use in relation to the person that you're working with, meaning um…you…it's easier to work out what's your stuff than what isn't your stuff… Because you're giving yourself that space or that ability to get a metaperspective if we're talking theoretically I think… So I think *that's* what meditation facilitates… It gives you a bit of distance from…from what's happening in your body and everything to say 'right, is this my stuff?… Or is this a dynamic between this person and I, or is this about the person?' So it gives you…it gives you more authority, I think, or more…or you can trust more what you're picking up… There's a greater sense of discernment and accuracy I think that…so you can discern…That's what, I think you can discern things more easily...in the process… It helps me separate myself so I'm not engrossed in my kind of issues.

Helen also articulated that she used the sensations that she has in her body during immediate mindfulness meditation within therapy as an "accurate" source of information on the client. Helen explained that in the mindful meditation state she has an increased "sensitivity" of the body. She believes that the body-felt sense is a manifestation of the client's emotion, thus at the bodily-felt level she is able to access some of the client's emotion, because it is at this level and in the meditative state that she is able to "merge" with the unconscious of the client. She described this as an automatic and intuitive process:

Helen: …it's not a conceptual understanding of the body, it's an intuitive one… My body's got its own wisdom… It's almost like I just tune in. It happens in an instant… It's almost like an instinctive kind of a….um…a…connect…not a merger…but a…ja, it's almost like a merging with the other person's inner child. 'Coz you access that… And by being able to concretize it as a body feeling the healing can be speeded up because the emotion is held in the body's feeling… So when you access the feeling it helps the emotion to speed up, it unlocks it… It's almost like I can feel the wisdom of my body take over…and it's accurate…

5.4.3.2. Therapist presence

The researcher found that for two participants, Loshini and Belle, the quality of presence achieved by entering into mindfulness meditation within therapy also impacted upon their role in creating a secure, empathic bond with clients. Participants

expressed that the skills of observation and reflection that characterize their mindful meditative state facilitate their ability to focus on the client, be receptive to them in a way that accurately grasps their situation, and respond appropriately. Loshini and Belle articulated that the quality of presence that they achieve in the mindful meditative state during therapy helps the client feel acknowledged and connected to the therapist respectively.

Loshini explained that the mindfulness meditation experience in general is characterized by presence, because mindfulness meditation involves paying attention to and being aware of the present moment. She explained that when she enters into the meditative state during therapy, the client is the subject of her awareness and attention, and thus being present with the client involves being focused on and aware of them in the moment during therapy:

> **Loshini:** Mindfulness…is really for me about the thing of being fully present, focused in the here and now, being able to notice things and to actually name that… Mindfulness, if you look at some of the definitions of mindfulness, it's about being fully focused, fully present and fully aware of whatever you're doing or experiencing at that moment. [Within therapy], it's that person.

For Loshini, presence was facilitated in immediate mindfulness meditation again by the qualities of "spaciousness" and "slowing down". These qualities enabled her to attend to the client in the present moment by listening attentively and patiently without feeling anxious about achieving outcomes:

> **Loshini:** …slowing down and attending to the here and now of what is this person saying right now, right here, what are they experiencing right now and right here, and staying with it… It's listening very, very deeply…and listening from a sense of spaciousness, slowing down and not having this kind of striving or anxiety, which I can often have…What it helps me with is slowing down…you're not so goal orientated… And that definitely effects my listening, and definitely effects my questioning. I don't rush in with my questions… It helps me to really listen, to slow down the process and even though I know…this person wants to get better and they want a quick thing

to get better…if I slow down the process, which meditation really helps me with, the healing process is shortened.

Loshini perceived her presence as providing clients with a sense of being acknowledged, which she emphasized as being important to the alliance:

Loshini: I'm listening, watching, feeling, observing… And I think then possibly *that*…will help the relationship, because it gives them a feeling of really being acknowledged – fully acknowledged.

Belle also communicated that immediate mindfulness meditation impacts on her presence with clients. She explained that this is facilitated by the quality of "stillness" that she experiences during mindfulness meditation, and involves listening to her own feelings and to the "atmosphere of the relationship" between herself and clients. She refers again to the sense of connectedness that she can achieve in the meditative state, and remarks that the connected feeling is part of her experience of presence with clients:

Belle: It's a stillness. Sometimes…you know that…that sitting still and listening to what's inside you?… Sometimes I find myself doing that with children a lot. 'Coz with children when you're playing, there's more space to do this… 'Coz they'll be playing with something, and you're trying to get a sense of where they are, and what's happening between you, so it's easier to just sort of be still inside yourself. And listen...to your own feelings… Just to feel that tone of what's happening between us, and the atmosphere in the room, you know… Atmosphere of the relationship. Which I think you do when you are meditating, you're still, you're listening to the atmosphere inside you. So it's a similar sort of thing… It reminds me of the title of a book that we had. It was called um 'Being alone in the presence of the other'… As I said to you, you know when you're in a group of people, when you're with somebody else…there's…you've got company. So you're in that still place but you're also connected, which is nice.

From the above extract, we can observe that Belle's process of presence within therapy is aimed at "trying to get a sense of where [the client is]" by concentrating on the client, observing and listening to the atmosphere of the therapeutic relationship, and connecting with the client. She went on to communicate additional components to

her experience of presence in the mindful meditative state, explaining that it involves concentrating on clients, and being receptive to their affective state, as well as a process of reflecting on the information that she has received in order to manage issues of countertransference. Being present with the client in this way evokes a compassionate emotional response from her, which she expresses to the client:

> **Belle:** I mean, and in that moment you can feel very, you know, connected with their [humanity]… I'm almost in that meditative state myself, trying to hold myself in there to concentrate on her… It helps to be able to sit quietly and just feel that angry little soul. And then to feel it's her anger, you know, to be able to separate yourself from it. And to feel such tenderness 'coz you know that somewhere she's hurting… Um and to try and reach her…

Belle believes that this provides clients with "an experience of warmth and connectedness", which encourages a secure and empathic affective bond between her and them.

When questioned on the influence of her mindfulness meditation practice on the ability to manage issues of countertransference during therapy, Belle explained that her private mindfulness meditation practice has increased her awareness of the patterns of her thoughts and emotions. Repeatedly encountering these patterns during meditation familiarized Belle with these patterns. As a result of familiarity, Belle was better able to recognize her patterns when they arose in therapy, and separate them from her clients' material:

> **Belle:** [Meditation] sort of makes it [monitoring countertransference] more experiential within yourself, and then you can come back to that place when you're in a therapy situation…You…in the room, are observing yourself and your own thoughts and feelings and behaviours so that you can try and make a healthy separation between what's yours and what's theirs.

Thus both Belle and Loshini perceived the process of therapist presence to be impacted by the experience of immediate mindfulness meditation within therapy. A sense of stillness and spaciousness enhanced their ability to focus on and listen to the client and be receptive to their experience, including at an affective level. The participants believed their quality of presence made clients feel acknowledged,

connected as well as feelings of warmth, thus promoting the development of a secure, empathic bond with clients.

5.4.3.3. Mindful responding

Helen, Loshini and Belle expressed that the skills of observation and reflection which they access during immediate mindfulness meditation within therapy impact upon their process of responding to clients. They expressed that their responses to clients are important to the bond dimension of the alliance. Participants explained that the immediate mindfulness meditation state enables them to observe themselves in terms of their reactions to clients by stepping back and reflecting upon them in order to understand them. The result is that participants' responses to clients are controlled and thoughtful, or mindful. Participants felt that mindful responding is important to creating a secure, empathic bond with clients.

Helen: It also helps me to not take things personally… to manage if there's an anger out burst, not to just sort of erupt. It helps me to contain myself and just be able to look at it from a higher perspective. So it buys me time. Because I can hold myself in my own centre easier… It helps me to get the understanding rather than …reacting. It helps me to respond better.

Belle: It helps you to just…to not retaliate perhaps, or not react to things thoughtlessly.

Loshini: I'm very much part of the process…but while you're in that, to be able to still at the same time be able to step back within myself, to observe myself in the process…[mindfulness is about] not to be pushed and pulled by what you're noticing, but to notice…that is what's happening, these are my feelings about it, these are my thoughts, and well what am I going to do about it, or what do I need to do about it…it gives a distance, a slowing down, a separation from things so that I can observe thoughts, emotions…you can make choices.

5.5. Chapter summary

This chapter has presented the results of this study and the analysis of data. Summaries of participant narratives were provided for the reader to gain a basic contextualized overview of each participant's experience. Results of this study were

that participants experienced their mindfulness meditation practice to impact upon their role in the alliance in terms of self-care; gaining insight into the structure of selfhood; and the ability to enter into an immediate meditative state during therapy. These constituted the primary themes, and they along with their respective composite meaning units were presented in a tabulated format. An analysis of the data followed, where these themes were presented in a more discursive format, presenting participants own communications of these themes in greater detail, as well as showing briefly how the researcher arrived at the categories of meaning. The aim of this analysis was to remain as close to participant's own meanings as possible and minimise (but not eliminate) the influence of theoretical and researcher bias.

CHAPTER SIX
DISCUSSION

6.1. Introduction

The aim of this chapter is to discursively explore participant experiences and meanings and try to make sense of them by locating them within a theoretical framework. Experiences and meanings that cannot be accommodated or understood with theory function as indicators to gaps in extant literature. These 'outlying' experiences and meanings can be drawn upon for the purposes of theory building.

The current study identified three superordinate themes within participants' experiences of how their mindfulness meditation practice impacts upon their role in the therapeutic alliance with clients, namely: 'self-care', 'insight into the structures of selfhood'; and 'immediate mindfulness meditation during therapy'. Each of these themes will be discussed using a two-phase approach. The first phase involves situating participant experiences of mindfulness meditation within the broader discussion of mindfulness and mindfulness-based practices. The second phase deals with the participant meanings of how their meditation experiences impact upon their role in the alliance. Thus the second phase involves relating these meanings to the body of literature on the therapeutic alliance. Employing a two-phase approach to the discussion was deemed necessary because this study is concerned with *how* participants' mindfulness meditation practice impacts upon the alliance, and not simply *what* the impacts on the alliance are. The 'how' under consideration is a process – beginning with participants' meditation experiences, followed by the meanings they attach to these experiences, and finally the position of these meanings within the context of the alliance. Please note that these phases are included for the sake of comprehensiveness. Each theme, however, has demanded a unique structure for discussion and these phases are not always dealt with consecutively throughout.

6.2. Self-care

The theme of self-care is perhaps the most anticipated impact of therapist mindfulness meditation practice on their role in the establishment of the alliance, as the use of mindfulness-based practices for the purpose of improving general physical and psychological well-being is widespread within the field of clinically applied

mindfulness-based practices (e.g., Schure *et al*., 2008; Shapiro *et al*., 2007). Moreover, extant literature looking at mindfulness-based practices as a technique for self-care has already identified some of the benefits of therapist mindfulness-meditation practice for their general professional performance (Shapiro *et al*., 2007).

6.2.1. Physical well-being

Participants reported that their mindfulness meditation practice improves their physical health and helps them to manage the symptoms of chronic physical illness. In support of this finding, mindfulness-based practices have repeatedly been found to positively impact upon physical health. MBSR has been effectively utilized by individuals suffering from chronic pain as an intervention for improving coping (Kabat-Zinn, 1990). The application of Kabat-Zinn's (1990) MBSR model to individuals suffering from various physical illnesses and diseases, such as heart disease and gastrointestinal disorders, has also yielded successful results (Astin, 1997; Brennan & Moos, 1990; Levy, Cain, Jarret, & Heitkemper, 1997; Shapiro & Goldstein, 1982; Treiber *et al*., 1993; Whitehead, 1992). Davidson *et al*. (2003) have suggested that mindfulness-based practices improve immune functioning. Participant experiences of finding their mindfulness meditation practice to improve their physiological health are therefore well supported by extant literature.

Participants in this study did not explain in detail how their meditation practice functions to improve their physiological health, and the topic was not pursued in the interviews because the impact of physical health on the alliance was deemed relatively indirect (this issue will be explored below). From their brief comments, however, it is possible to see that participants find their meditation practice to facilitate the management of physical ailments, and not cure them. Their experiences are that symptoms of illness are "controlled" (Larry). These experiences are in alignment with contemporary theoretical views on the relationship between mindfulness-based practices and physiological health outcomes. Kabat-Zinn's theory states that mindfulness facilitates the coping of pain, but not the elimination of pain; and more biomedical-based views explain that the cortisol production from mindfulness-related stress reduction significantly limits the exacerbation of physical illness and disease (Orr & Patient, 2004), thus promoting health, but not necessarily determining it. This is an important distinction to make, as the extensive support for

mindfulness-based practice as an intervention for physical ailments may give the impression that it is a panacea for general disease, illness and disorder. The field of behavioural medicine which examines the relationship between mind and body should, ideally, be explored here in order to gain a more comprehensive understanding of the role that mindfulness plays in health-related experiences. Unfortunately this is not possible due to length limitations of this project.

The impact of managing the symptoms of physiological illness and disease on the alliance were found to be indirect, as mentioned above. Physical well-being is regarded by participants as what is essentially a foundational component to their general work performance, and included in this is their performance in the alliance. Participants reported that when they are not practicing mindfulness meditation, the symptoms of negative physiological conditions are unmanaged, and the experience of these symptoms interferes with their availability both for and within therapy. This finding supports Coster and Schwebel's (1997) theory that psychologists maintain their normal state of professional functioning or performance if they are able to manage the inevitable stressors in their personal and professional lives. Within the study at hand, managing the stressor of physical illness has been found important to professional functioning.

Previous research has also noted that work absenteeism due to illness as well as sickness presence (attending work despite feeling sick) may be symptoms of general job burnout and exhaustion, or consequences of chronic stress (Peterson *et al*., 2008), which can lead to impaired professional performance (Jawahar *et al*., 2007; Peterson *et al*, 2008; Rupert & Kent, 2007). Thus participants' experiences of managed physical illness are indicative of preventing occupational impairment (this topic is discussed in greater detail below).

6.2.2. Occupational impairment prevention

A second facet of participant's self-care experience of mindfulness meditation practice involved the practice of mindfulness meditation for preventing occupational impairment. Participants explained that when they were not practicing mindfulness meditation, they felt less present with clients, less connected to them, more "wound up" and "engaged in drama" (Helen), less patient and more inappropriately directive.

Participants described this as a decrease in professional performance in terms of working collaboratively with clients. They also found that in this state they were less equipped to create secure and empathic bonds with them. One participant referred to this as a state of burnout.

Participant descriptions of impaired professional performance that ensues when they are not practicing mindfulness meditation are consistent with theoretical descriptions of the type of impairment resulting from burnout. Theoretically defined, burnout is a work-related stress syndrome that is characterized by emotional exhaustion and depersonalization (Jawahar *et al.*, 2007; Peterson *et al*, 2008; Rupert & Kent, 2007). Burnout, and even less severe conditions of therapist stress, have been correlated to reduced therapist concentration and attention (Skosnik *et al*, 2000) and has been correlated to work absenteeism due to illness, sickness presence (attending work despite feeling sick) and overtime (Peterson *et al.*, 2008). While participant accounts of the professional impairment that ensues when they are not meditating do not indicate experiences of depersonalization, their accounts do reveal emotional exhaustion, decreased presence, overtime and, if we draw on the earlier theme of 'physical health', illness.

Consistency between the theory of stress-induced impairment and participants' descriptions of impairment suggests that the efficacy of participant mindfulness meditation practice in preventing impairment may be a consequence of stress reduction or management. Certainly, and again this was touched on earlier, mindfulness-based practices have repeatedly been found to successfully reduce stress or improve coping strategies for managing stress (Carlson *et al.*, 2004; Chang *et al.*, 2004; Oman *et al.*, 2008; Rausch *et al.*, 2007; Shapiro *et al.*, 2005; Shapiro *et al.*, 2007) including for therapists (Shapiro *et al.*, 2007). Furthermore, from the perspective of stress-reduction, it has been found that practicing mindfulness improves one's overall sense of control (Astin, 1997). In the study at hand, participants explained that practicing mindfulness meditation helped them to take ownership of their personal needs, to "giv[e] me a space for myself" and thereby establish boundaries between their personal and professional lives without guilt. One participant, Loshini, emphasized the achievement of "self-assurance", which she gained through consistent mindfulness-based practice, as capacitating her to create

such boundaries and not work overtime. This facet of their experiences may be interpreted as indicative of an overall sense of control.

The interpretation that participants' mindfulness meditation is functioning to prevent occupational impairment through reducing stress is, theoretically at least, plausible. This interpretation is useful because it allows us to make recommendations to therapists that professional impairment resulting from stress may be prevented through mindfulness meditation, or possibly other mindfulness-based practices. This is important because the psychotherapeutic role has been regarded as inherently stressful (Menzies-Lyth, 1960; Hannigan, Edwards & Burnard, 2004), making it is necessary that therapists are able to cope with stressors if they are to avoid impairment. If mindfulness meditation is consistently found to be effective for therapist stress reduction and, subsequently, preventing occupational impairment, then integrating them into therapist training programs would be worthwhile.

This said, I am inclined to argue that such an interpretation rests on the hegemonic discussions of clinically-applied mindfulness, as the model of MBSR holds a prominent position within this field. Consideration of an alternative interpretation is necessary for a more critical appreciation of this theme within participants' experiences. While one participant did describe the impaired condition that proceeded from not practicing mindfulness meditation as burnout, there was no direct mention of this condition as a condition of stress. What is apparent in participant accounts is a marked distinction between the quality of the capacities that they draw on for forming alliances with clients. For example, Loshini commented that working collaboratively with clients is demanding, and requires her to use "all my faculties". She goes on to describe her mindfulness meditation practice as a necessity for equipping her sufficiently to work in this manner. Without her meditation practice, her ability to draw upon these faculties is diminished. Helen's account also describes a diminished quality of occupational performance that ensues when she does not meditate, as she says she feels "less present" and "less connected". The implication is that meditation is functioning not necessarily to reduce stress, but to enhance capacities that participants use for forming alliances with clients. It appears as though a state of personal and professional well-being, achieved through mindfulness meditation

practice, motivates participants to continue leading a balanced life, which includes scheduling time for personal activities.

6.2.3. Personal growth: 'Doing the work yourself'

Two participants used their mindfulness meditation for personal growth. This involved using meditation for engaging with subjective experience and conducting psychological "healing" (Helen). Mindfulness discussions confer on the efficacy of mindfulness-based practices to develop various functions or capacities, where we may take development to imply increases in effective functioning. Attentional processes (e.g. Capeda *et al*., 2001; Chan & Woollacott, 2007; Halperin *et al*., 1991; MacLeod, 1991; Wenk-Sormaz, 2005), self-control (Astin, 1997), coping strategies (Chang *et al*., 2004; Carlson *et al*., 2004; Oman *et al*., 2008; Rausch *et al*., 2006; Shapiro *et al*., 2005; Shapiro *et al*.,2007; Walach *et al*., 2007) and general well-being (Kabat-Zinn *et al*., 1987; Orsillo *et al*., 2003; Ramel *et al*., 2004; Williams *et al*., 2000) are some examples of functions or capacities that have been found to increase following mindfulness-based interventions. Within the Buddhist mindfulness tradition, self-awareness and self-understanding are believed to be enhanced through regular mindfulness meditation practice (e.g., Bailey, 2004; Epstein, 2007; Fenner, 2005; Gilpin, 2008; Sri Dhammananda, 1964; 2002).

Of concern to this study is how the use of mindfulness meditation for personal growth impacted upon participants' role in the alliance. Interestingly, participants did not express that their personal growth impacts upon the alliance by way of establishing well-being from which optimal professional performance could be founded upon, as might be expected (and as was the case with establishing physical well-being). This study found that participants' active engagement in personal growth became weaved into the therapeutic encounter as a representation of their own commitment to the process of psychological change. Participants paralleled their engagement in personal growth with the therapeutic process of the client. In so doing, their own engagements with personal growth allowed them to role-model the therapeutic process of the client, and also provide them with experiential knowledge on psychological change. Loshini experienced this as demonstrating their authenticity which engenders trust – "You're constantly doing the work yourself… I think then there's a trust…there's an authenticity and there's something real here." Helen found that this supports and

encourages the client to engage in their own process of psychological change – "Unconsciously they check it out, and they can see. It's like…a baby bird flying. If it sees the mother bird flying it believes it can fly and then it does too".

Therapist authenticity, a trusting bond between therapist and client, and therapist support and encouragement for the client were identified in Chapter Two as facets of an effective alliance. Therapist authenticity, which pertains to the therapist's genuine use of self in the therapeutic encounter, is one of Rogers' (1977) necessary core attitudes of therapists; and trust between therapists and clients is one of the primary features of the affective bond within the therapeutic alliance measured by the WAI. Therapists will have unique ways of going about establishing these dimensions of the alliance with clients, and it is of interest to observe that in the case of these participants these dimensions are impacted by mindfulness meditation practice.

6.3. Insight into the structures of selfhood

The theme of 'insight into the structures of selfhood', if you will permit me to argue, is a particularly interesting finding. The notion of insight into the nature of the self has been discussed in Buddhist theory on mindfulness meditation, and these Buddhist notions have been theoretically explored in Western psychology by some scholars attempting to create a framework for mindfulness that integrates Buddhist and Western psychological mindfulness perspectives (e.g. Epstein, 2007; Gilpin, 2008). Despite this, however, the facet of insight into the nature of the self does not appear to have been widely explored within mindfulness research in the West, nor, for that matter, has the concept of insight alone. This finding points to a gap in Western mindfulness research, and subsequently to a gap in mindfulness theory in the West. As such, the following discussion on participant experiences of insight into the structure on the self and how it impacts upon their role in establishing alliances with clients may contribute to filling this gap in research and theory.

Participant insights were conceptualised in the analysis as those reflections on the contents of awareness which emerged from their mindfulness meditation practice that resulted in a shift in perspective and behaviour. The concept revolves around the integration and application of experiential knowledge that is gained through meditation practice (Pelletier, 1978). Support for the achievement of insights resulting

from mindfulness meditation practice can be found in Buddhism. Fenner's (1995) description of Buddhist Middle Path mindfulness meditation explained that mindfulness meditation enables practitioners to achieve *dharmata*, the realization of the nature of things, and *tattva*, insight into reality through the process of paradoxical analysis. Mindfulness meditation allows practitioners to become aware of cognitive and affective composites of experience and engage in a process of critical reflection where the underlying thoughts and feelings on which beliefs are built are examined for a real or instrinsic basis (Fenner, 1995). Beliefs that are illogically founded can be identified and dispelled. Epstein (2007, p. 48), in his writings on Buddhism and psychotherapy, has also postulated that mindfulness meditation can "uncover the elementary particles of the 'I' experience" by enabling the practitioner to "attend[] to both the subjective intimation of the experiencing I *and* to the abstract cognitions that form it on a conceptual level". In other words, practitioners of mindfulness not only become aware of the composites of their experiences, but reflect upon these composites as concepts too. Participants in this study were found to integrate their conceptual understandings resulting from their mindfulness meditation practice into their approach towards clients, specifically to work collaboratively with them and to create secure and empathic affective bonds.

Theravada Buddhism delineates mindfulness (*sati*) as involving both awareness to the present moment and a recollective activity. The recollective function enables practitioners to reflect on the relationships between mental, affective and physiological contents of awareness that arise during *sati* practice (*satipatthana*). The process of reflecting on the relationship between contents of awareness is believed to provide *sati* practitioners with a thorough understanding of the self, facilitating the development of insight (*vipassana*). Participants in the study at hand similarly emphasised the importance of reflection during their meditation practice, whereby they were able engage in the contents of awareness and commence in a process of meaning-making regarding the structures of the self. It was evident in the analysis that participants then integrated these meanings into their therapeutic approach, the impacts of which on their role in the alliance will be discussed shortly.

In contrast to the Buddhist emphasis on insight, perspectives on mindfulness-based practice within the Western discourse of clinically applied mindfulness have little

explored the idea of insight, despite this body of theory acknowledging the central role that the mechanism of awareness plays (e.g., Bishop *et al*., 2006; Kabat-Zinn, 1994; Magill, 2003; Teasedale *et al*., 2000). Neither the term 'insight' nor the idea that particular understandings of the self emerge in response to increases in self-awareness are prominent features of this discourse. As far as I am aware, only Teasedale *et al*. (2000) have approached the notion of insight (although they have not defined it as such). These scholars promote that mindfulness-based practice develops the understanding that thoughts are "mental events" and "not facts" (Teasedale *et al*., 2000, p. 616). Of interest, Teasedale *et al*. assert that this understanding can be generalised to a broad population of mindfulness practitioners, suggesting that mindfulness-based practice does not simply enhance self-awareness, but produces a specific understanding of the self that is common between practitioners. Furthermore, Teasedale *et al*. argue that as a result of achieving this understanding, one's relationship with one's cognitions may be altered.

While we may perceive Teasedale *et al*.'s theory as a theory about insight, compatible as it is with the definition of insight used here, it remains insufficient to accommodate the insight experiences of participants within the study at hand. Teasedale *et al*.'s theory of insight appears to be insight into the process of mindfulness-based practice. It is about gaining awareness and understanding of the act of adopting a metaperspective. My concern is this: what about the possibility of additional insights? What about gaining awareness and understanding not only of the process of mindfulness-based practice, but what of the contents that arise during it? Gilpin (2008) has argued that the recollective activity of Buddhist mindfulness-based practice has not been widely incorporated, if at all, into Western mindfulness-based practices, where emphasis instead is placed on present-moment awareness alone, and the contents of awareness are merely observed with little reflection. It is of course possible, or likely even, that individuals practicing clinically applied mindfulness will reflect upon their experiences, but Gilpin explains that this process has not been formalised within the practices themselves.

Such a significant divergence in mindfulness practice has important implications for mindfulness research and theory: researching different forms of mindfulness will produce findings that are specific to that form of mindfulness. It would be unsound to

generalise these findings to other forms of mindfulness. It is regularly pointed out that the construct of mindfulness is currently conceptually unresolved (e.g. Gilpin, 2008; Kotanski & Hassed, 2008), and efforts to resolve it may benefit by considering this marked difference between Buddhist and clinically-applied mindfulness-based practice. We should be reminded here that all participants in this study had experience forms of mindfulness meditation beyond clinically-applied mindfulness-based practice, which may be the reason for the emergence of the theme of insight.

The divergence in forms of mindfulness and the subsequent experience of insight also has implications for its application across contexts. Experiences of insight may not be of value to some contexts, but it may prove valuable to others. If this should be the case, mindfulness-based practices that formalize the recollective activity and promote the development of insight may need to find their way into the clinical application of mindfulness.

6.3.1. The self as interconnected

This study found that participants gained insight into the self as interconnected, and that this insight impacted upon their role in establishing alliances with clients both in terms of working collaboratively with them as well as in terms of creating a secure and empathic affective bond: participants experienced tenderness and compassion for clients, and this insight functioned as a meaningful foundation for genuinely valuing all clients.

The finding of mindfulness meditation practitioners experiencing interconnectedness has emerged in previous research. In their IPA study on the practice of mindfulness meditation by a cohort of hospice nurses, Bruce and Davies (2005) found that participants' boundaries between the self and other became blurred. This is an isolated study, however, and the researcher was unable to find more in the way of Western mindfulness research supporting this finding. However, the Buddhist mindfulness tradition has spoken widely on the experience of an insight into the self as interconnected in relation to mindfulness meditation practice, as the ultimate aim of Buddhist mindfulness meditation is to achieve the realization of *shunyata*, or the 'empty', interdependent nature of all things including the self (Novick, 1999). The realisation of the self as interdependent, called *anatta*, is achieved through observing

and reflecting upon the subjective dimensions of the self via the contemplative practice of mindfulness meditation (Epstein, 2007). Consistent with this theory, one participant reported that as a result of her experiences of mindfulness meditation practice, “you realise that it’s all one” (Helen).

It must be noted here, however, that the likelihood of participants having fully achieved *shunyata* realization is low, as this is an ultimate goal of Buddhist mindfulness meditation and requires advanced practice (Bailey, 2004; Epstein, 2007). Buddhism explains, however, that *shunyata* realization is ever widening, meaning that there are varying degrees of *shunyata* recognition, although it is beyond the scope of this study to differentiate between these degrees (Bailey, 2004). It will suffice to observe that there does appear to be compatibility between participants’ insight into the self as interconnected and a basic, albeit a somewhat crude, notion of *shunyata* realization.

Of primary concern to this study are the implications of this insight for the participants’ role in the therapeutic alliance. This study found that insight into the self as interconnected impacted upon participant affects and attitudes in a manner that enhanced their unconditional positive regard for clients.

One participant, Belle, reported that the experience of interconnectedness with clients renders her feeling more “compassionate” and “tender” towards them. Belle’s sense of interconnectedness that she gained during meditation and her subsequent reflection on this sense enabled her to intellectually identify with a shared existential dilemma with others. By identifying with others at an existential level, an affective response of tenderness towards others was activated – “It’s just touching to feel and sense other people’s struggle and their humanity…it makes me feel a greater tenderness towards other people, more compassion” (Belle).

In the cases of Helen and Larry, insight into the self as interconnected enabled them to value others to the same extent that they value themselves. These participants drew on their insight into interconnectedness to understand that clients contribute to their own personal spiritual and psychological development. The client’s value is not ascertained according to what they provided participants with at a professional level,

but according to what they provided participants with at a more intimate, personal level.

Having genuine caring and compassionate affects as well as an attitude of respect for or valuing of clients is often described in alliance literature as being difficult to achieve due to the diversity of clients that therapists tend to encounter (Rogers, 1977). This is not difficult to comprehend, since therapists are not mechanistic organisms, but are people, bound by personal likes and dislikes. Nonetheless, these affects and this attitude, which fall within Rogers' attitude of unconditional positive regard, are necessary for creating a secure base for the client and for ensuring that clients take responsibility for their own process of change (Bowlby, 1969; Rogers, 1977; Zetzel, 1956). It is interesting that despite the emphasis that alliance literature places on this therapist attitude, it is not commonplace for these discussions to include explanations of how these affects and attitudes might be trained or developed. Rogers did express that unconditional positive regard may be promoted through therapist self-acceptance and personal growth, but further literature on the topic seems to be limited, certainly within the body of literature reviewed for this study. The finding from the study at hand suggests that therapist mindfulness meditation practice may contribute to the development of this attitude. Rogers may have been correct in his recommendation, for we have already come to see that participants in this study utilize mindfulness meditation for personal growth. However, to be more precise, it is participants' insight into the self as interconnected within their experience of mindfulness meditation that has been found to capacitate them with these affects and the attitude of valuing clients.

In support of this argument, the Buddhist concepts of *shunyata* and *anatta* may be more closely examined, for here a relationship between the principle of interdependency and *karuna*, or compassion, has been delineated (Gilpin, 2008). Buddhism purports that through a realisation of *shunyata*, mindfulness meditation practitioners are able to perceive and experience equality with others. The perception and experience of equality of others facilitates understanding, from which feelings of kindness and tenderness inevitably emerge. With a realisation of *anatta*, there is no need to infer about another's situation and make clumsy speculations about the condition of another. An experience of equality allows one to permeate the boundaries

that are typically perceived as existing between oneself and another, where the two are so intimately infused that the one can attain a complete and intelligent comprehension of the other.

Indeed, it is possible to observe a common sense of equality or shared-ness that underpinned participants' affective and attitudinal responses to their insight into the self as interconnected. Interestingly, the participants in Bruce and Davies' (2005) study mentioned earlier also related their experience of interconnectedness resulting from mindfulness meditation practice to enhanced empathy and compassion in their nursing care activities. We may theorise thus that an emphasis on mutuality encourages compassionate interpersonal affects and attitudes that are optimal for a relational space.

In support of this finding, there is a second body of literature that can be considered as well. It has not linked experiences of interconnectedness with compassion, but it has linked mindfulness meditation with qualities of compassion. Chandler *et al*. (2007) identified a relationship between interpersonal warmth, caring and communion and mindfulness meditation practice. Chandler *et al*. (2007) reviewed that TM practitioners display postconventional awareness, which is characterized by high levels of principled moral reasoning and intimacy motivation. Furthermore, Shapiro *et al*. (2007) found that following an MBSR intervention, a cohort of therapists showed increases in self-compassion, which they theoretically linked to lower critical and controlling approaches towards clients. These findings indicate an emerging pattern between mindfulness-based practices and what we may refer to as compassionate interpersonal affects and behaviours. This relationship requires further verification from future research, and an expansion on the underlying reasons for the occurrence of this relationship. Limited as this body of literature may be, it does offer support for participant experiences in the study at hand.

6.3.2. The self as multidimensional

Two participants reported gaining insight into the self as multidimensional within their experience of mindfulness meditation practice. Based on experiences of encountering dimensions of the self that they do not usually encounter when they are not meditating, they developed a conceptualisation of the self as multidimensional.

Conceptualising the self in this way impacted upon participants' perceptions of clients, where they strived to perceive the client in a holistic manner. Participants communicated that perceiving clients holistically impacted upon a secure and empathic affective bond with clients because it facilitated feelings of compassion, non-judgment and sensitivity.

The efficacy of mindfulness-based practices in developing the practitioner's awareness of more tacit composites of their present moment experience is widely recognized (e.g., Epstein, 2007; Fenner, 1995; Teasedale *et al*., 2000; Ozaniec, 2006; Pelletier, 1978), and indeed the introduction of mindfulness into Western clinical contexts was primarily a consequence of identifying this efficacy of mindfulness-based practices (Kotanski & Hassed, 2008). Epstein (2007) has argued that mindfulness meditation allows the ego to observe both experienced and conceptual self-representations. Due to the non-judgemental attentional mode adopted during mindfulness meditation, even self-representations that had been previously rejected are able to enter into the practitioner's awareness. As a result, he explains, the practitioner becomes aware of increasingly subtler representations of the self.

This finding offers support to Epstein's view on mindfulness meditation, as it is apparent that tacit dimensions of the self have emerged into participants' awareness, and have been examined at both experiential and conceptual levels. This theory, however, does not fully account for the impact that this experience has on participants – it does not account for the translation of this experience into the construction of a generalisable self-concept, that is, a self-concept that goes beyond apprehending subjective contents towards apprehending a structure of the self that is more universal. If we return to participant accounts, we observe that their experiences of the various dimensions of the self that they encounter during meditation practice give rise to an appreciation of the structure of the human psyche, not only of their own:

Loshini communicated that her mindfulness practices, including meditation, helps her to access what she refers to as her "essence" - "…a kind of space where I feel kind of strong, where I feel compassionate, I feel caring for myself and for other people". She experiences her "essence" as being a dimension of the self that is separate from her negative patterns – "around this kind of essence that I'm talking about…is all our

stuff, you know, that what we all have… personal issues". Her experience of accessing this "essence" forms a knowledge base – "I know inherently that's there" - from which is built a conceptualization of the self as a general concept - "…my own understanding of what we are as people… it's a sense that I carry…it's a belief that I have about how I see people." As a result, Loshini strives to observe the dimensions of essence and negative patterns, which together comprise her concept of the self, within her clients too - " ...it's to see my own kind of patterns…as well as to see that in the person that I'm working with".

Larry also developed a concept of the self as multidimensional based on his experiences of encountering multiple dimensions of his own self during mindfulness meditation. For Larry, experiences "take over" at a conceptual level, and this has changed the way he "sees" and "interacts" with his clients –

> …you don't really see them in terms of…the normal three dimensional things… You see them as a person…which is at another level. And you interact with them…at those…subtle levels…

It is possible to interpret that for these participants their experience of their own dimensions of self is used as knowledge, appraised almost as fact, and inspires them to recognize the same dimensions in others too. They seem to have a deep sense of trust or certainty in the dimensions which they observe and reflect upon during their meditation experience, as if grasped with a sense of universal constancy.

This finding suggests two things: first, that the meditation experience is sufficiently powerful to change perceptions or conceptualizations of the self (a notion discussed above with regards to insight); and second, that participants bring a great deal of their personal experience into therapy. With regard to the latter, it is evident from participant accounts that their self-concepts are not simply reflections of the self-concept held by the particular theoretical mode within which they are working, but are additionally constructed by their personal experiences of the self. We may assume that therapists would not be working within a theoretical orientation that is incompatible with their personal world-views, but this finding nonetheless suggests that therapists are not exclusively building their self-concepts from a foundation of

theory. The epistemology of therapist self-concepts it thus highlighted as important for consideration.

To digress slightly, it is of interest to note that despite the sense of security that participants show to have in their awareness and reflections on the dimensions of the self, participants struggled to describe the self-concepts that have arisen. Loshini showed a resistance towards conceptualizing this self-structure as an "essence" or "core", explaining that these terms are "bandied around easily. This reveals her awareness of the discourse of mindfulness, but her reluctance to adopt the terminology within this discourse suggests that her experience diverges from these views. It is important to comment on this matter, for it points to a perceived inadequacy of mindfulness terminology, or possibly even psychological nomenclature, in capturing experiences of mindfulness. This allows us to consider the novelty, or perhaps the complexity, of the meditation experience, or more specifically in this case, of insight into the multidimensional structure of the self. It also brings us back to the need for research to investigate these experiences further so that a more phenomenologically accurate theoretical framework may be developed.

The matter of therapist self-concepts and the consideration of how they are constructed have been shown by this study to be important within the context of the alliance, because participants expressed that these self-concepts impact upon their role in the alliance. In support of this, cross-cultural research has shown that concepts of the self play a central role in the parameters of healing encounters, including the expected outcomes and definitions of change, as well as the processes of healing (Csordas, 1994; Csordas & Lewton, 1998). If we are to draw on this notion and reflect upon the various modes of psychotherapy, we observe that self-concepts are fairly unique to each theoretical orientation of psychotherapy, and it is possible to identify the influences that these concepts have on the psychotherapeutic parameters. It is fairly obvious that the self-concept held by a particular mode of psychotherapy will determine, for example, the goals of therapy. Less apparent is the influence of therapist self-concepts within the therapeutic alliance. The idea itself is not especially novel - the alliance may be a meta-construct relevant to all modes of psychotherapy, but there are varied perceptions of it between theoretical orientations of psychotherapy. CBT, for example, places less emphasis on the affective bond

component of the alliance than does the humanistic school, the latter valuing the affective bond component as a necessary and sufficient condition for client growth. This distinction arises out of the dissimilar concepts of the self held by these schools – CBT's emphasis is on the cognitive dimensions of the self over less tangible self aspects (Corey, 1996). While the idea that therapist self-concepts impact upon the alliance is not novel, it nonetheless appears as though no great emphasis has been placed on therapist self-concepts as a factor pertaining to therapist variance within the alliance.

In the study at hand, it was found that participants experienced their multidimensional self-concepts as impacting upon compassionate interpersonal affects and their ability to understand the client, facets of unconditional positive regard and empathy respectively (Rogers, 1977). Loshini expressed that working from a self-concept that comprehends an "essence" that is separate to negative patterns allows her to see beyond the negative patterns that the client presents in therapy. She is able to view them from a "metaperspective" and see them as a "whole person". Understanding that clients have an "essence" underlies an approach to clients that is more compassionate, less judgmental and less inappropriately directive towards them. For Larry, drawing on a multidimensional self-concept enables him to perceive and relate with clients "as a person", with an increased sensitivity towards their tacit dimensions. This facilitates his ability to understand them more holistically.

While participants had differing self-concepts, common to both is the idea that there are dimensions of the self - or in the context of therapy, of the client - that are not explicit but which nonetheless are important to observe:

Loshini: …it's about acknowledging, and really seeing and…really seeing more deeply into that…person… acknowledging the essence of them.

Larry: And you interact with them…at those…subtle levels, which are very much higher than the gross.

Thus, the increases in compassionate interpersonal affects and empathic ability are linked to the development of a self-concept that emphasises the existence of tacit dimensions.

6.3.3. The self as limited

This study found that one participant, Larry, gained insight into the self as limited as a result of his mindfulness meditation practice, and that this insight impacted upon his role in the alliance by way of generating an attitude of openness and acceptance towards clients.

This particular insight does not appear to have emerged in previous research on mindfulness. Nyanda's (2005) study on therapist mindfulness meditation found that therapists' mindfulness meditation practice produced experiences of an increased attitude of openness towards clients. However, the finding from the study at hand is discordant at a causal level, because Nyanda found that this attitude was related to the non-judgemental and accepting mode of attention and awareness paid during mindfulness meditation practice, a theory also presented by Safran and Muran (2000). This mode of attention and awareness may be described as yielding, and thus has clear links to an open attitude. The finding at hand, however, shows that Larry's attitude of openness related to becoming aware of and accepting towards his personal limitations, and not to the employment of a particular mode of attention and awareness during the therapeutic encounter. This awareness produced an understanding that his knowledge and experience are limited, and it is this understanding which motivates an inclination towards being open and accepting towards client, supported by an interest to learn from them – "My experiences are limited, and I depend to a great extent on my clients for the education."

Larry's experience encompasses the notion that individual experience is not preclusive of the experiences of others. Certainly, when it comes to the activity of collaboration that is necessary for effective alliance formation (Bordin, 1979), therapists cannot assume knowledge of the client and they are required to encourage the client's participation in both the discovery and the construction of their knowledge on the client's situation (Safran & Muran, 2000). Theoretically, the process of collaboration is embedded within the discourse of power, where it is argued that

collaboration requires therapists to interrogate the power dynamics inherent in their role as a therapist (Lowe, 1999). While Larry's experience does not involve a direct confrontation of power dynamics, it is possible to describe his insight into his own limitations, and his subsequent welcoming of the experiences of clients for his own education, as unassuming and lacking the conspicuous superiority that defeats collaborative activity.

6.4. Immediate mindfulness meditation during therapy

Participants reported that having practiced mindfulness meditation personally, they were able to practice it immediately during therapy too. This involved a direct, momentary experience of mindfulness meditation rather than an experience derived from previous inference or introspection. Participants' immediate mindfulness meditation experiences were characterized by a sense of spaciousness, of time slowed down, and stillness. Participants found these qualities to facilitate the skills of observation and reflection during therapy. Participants reported that being in a mindful meditative state during therapy with clients impacted upon their use of a body-felt sense for understanding the client's situation, as well as on their quality of presence and on their ways of responding to clients.

The finding of immediate mindfulness meditation during therapy resembles the concept of 'mindfulness-in-action' (Safran & Muran, 2000), which emphasises the production of moment-to-moment mindfulness as integrated in everyday experience. Similarly, the aim of mindfulness meditation in Theravada Buddhism is to develop a range of mental abilities, or to bring *bodhi-pakkhiya-dhammas* into being (Gilpin, 2008). Mindfulness meditation is therefore understood as a training process, or cultivation (*bhavana*), where that which is achieved through the practice is continued throughout day to day living.

The term 'meditation-in-action' has also been introduced into literature (Bruce & Davies, 2005). In Bruce and Davies' (2005) study, meditation-in-action referred to consciously intending to be mindful. Participants in Davies' study experienced increased presence and the ability to relax into the immediacy of the activity without being distracted by notions of the past or future. It appears that both mindfulness-in-action and meditation-in-action are terms used to describe the same process of

anchoring attention and awareness in daily routine activities. Having found that participants in the current study claim to enter into a meditative state during therapy, and not simply claim to be mindful, it may be necessary to distinguish between these in-action constructs based on the fact that meditation and mindfulness, while mutually inclusive, are not identical activities. Within the context of Buddhist meditation practice, mindfulness is a mechanism of the insight (or mindfulness) meditation practice. Mindfulness includes the process of being non-judgmentally aware and paying attention to the present moment in order to establish an accurate perception of the immediate moment (Hafer, 1997; Tart, 1994). It is possible to be mindful in all activities if one stays present to one's immediate experience (Gilpin, 2008). Mindfulness-in-action, therefore, is considered to be an informal mindfulness practice (Gilpin, 2008). Meditation, on the other hand, is a formal way of applying mindfulness (Gilpin, 2008). It is purported that meditation enables the practitioner to engage in mindfulness processes in more potent manner, and one that is less likely to be achieved in ordinary consciousness (Bailey, 2004). Epstein (2007, p. 83) says, "mindfulness practices…do not lead to the states of trance or absorption that complete the path of *samadhi*". Meditation is therefore argued to produce what is commonly referred to as a nonordinary state of consciousness (Mack, 1993).

The phenomena of nonordinary states of consciousness are contentious and have undergone extensive critique in the history of psychology. The domain of transpersonal psychology, which was particularly active during the 1990s, is devoted to exploring such phenomena. However, these phenomena are complex and difficult to examine empirically, and have also been largely pathologised by traditional Western approaches to psychology (Knight, 1998). Attempts to grasp them were commonly perceived as grounded in fanatical idealism, and being unreasoned and illogical (Bailey, 2004). Transpersonal psychology has since become somewhat of a marginalized discipline within psychology, and the researcher was unable to find information regarding therapists entering into nonordinary states of consciousness during therapy within the extant psychological literature reviewed for this study. Participant experiences are thus difficult to situate within a theoretical framework. This said, it may be premature to suggest that therapist states of consciousness during therapy require further study. Research has found long-term or trait effects of mindfulness-based practices, particularly in attentional processes (Chan &

Woollacott, 2007). It is possible that there are additional trait effects of mindfulness-based practices that have thus far eluded research, especially considering that research into mindfulness-based practices is far from exhaustive and is, rather, on the increase (or so it appears). Identification of these trait effects would facilitate a more accurate differentiation between mindfulness- and meditation-in-action. Pursuing research into this topic in the future is recommended.

6.4.1. Embodied empathy

Participants' experiences of being able to access the skills of observation and reflection during mindfulness meditation were found to facilitate the use of a body-felt sense for understanding the client when they entered into mindfulness meditation during therapy. This experience was found to impact upon participants' role in establishing alliances with clients in terms of them creating secure and empathic affective bonds with them, since this experience allowed them to access tacit dimensions of the clients' situation and better understand them.

Participant experiences of being able to observe and reflect on their bodies during mindfulness meditation are consistent with concepts and applications of all mindfulness-based practices, as mindfulness involves being aware of and paying attention to all facets of present moment experience, including physical sensations (Kornfield, 1993). Previous research into mindfulness-based practices by therapists and nurses has also shown that these cohorts experienced increased awareness of and sensitivity to their bodies (Bruce & Davies, 2005; Newsome *et al*., 2006). Participants reported, however, that much of what they are "picking up" (Loshini) in their body in the meditative state during therapy are tacit referents of the clients', and not their own, situation. There is support for this experience within extant literature. Safran and Muran (2000) have explained that early psychoanalyst Sandor Ferenczi (1915) theorised there to be a form of unconscious communication that occurs between therapist and client within the therapeutic encounter. These authors have suggested that this theory may be explained using contemporary emotion research, which has identified that situation appraisal which occurs at a preconceptual level can manifest as a felt-sense in the body. This body-felt sense can then be interpreted by the conscious mind and be made explicit through information-processing activities, where this information is transformed into cognition and emotions (Safran & Muran, 2000;

Vanaerschot, 2007). They explain that emotions in particular provide a “rapid, condensed and sophisticated appraisal of a situation” (Safran & Muran, 2000, p. 46), emphasising that, as a result, therapists need to be able to communicate with clients at this level and attune themselves to the unarticulated aspects of a client’s situation in order to gain a comprehensive understanding of it. Working from this theory, participant experiences indicate that their immediate state of mindfulness meditation enables a detailed situation appraisal at a preconceptual level.

Working at a preconceptual level is, we may conclude, theoretically associated with advanced accurate empathic understanding. The ability to accurately communicate with a client at this tacit level is made challenging by the subtle nature of this experience, and is confounded by issues of countertransference or therapist subjectivity. There is not an extensive amount of information within the discourse of the alliance that explains how embodied empathy may be developed, despite the emphasis on it for alliance formation. Theoretically the process is understood, but what of actually *embodying* the process of embodied empathy? How can therapists actually successfully achieve this process of understanding? This study found that participants’ experiences of embodied empathy during immediate mindfulness meditation during therapy do not only involve awareness of the body, but also a discerning attitude that functions to separate their personal subjectivity from the clients’. At this point, participant experiences diverge:

Helen maintained that her process of embodied empathy is implicit in nature, describing it as an automatic and intuitive process:

> **Helen:** it’s not a conceptual understanding of the body, it’s an intuitive one… My body’s got its own wisdom… It’s almost like I just tune in.

Nonetheless, Helen expressed confidence that this process is accurate in receiving client information – “…it’s accurate,” – and thus makes reference to the “wisdom” of her body.

For Loshini, there is a definite conscious process of separating her personal subjectivity from the contents of the body-felt sense during immediate mindfulness meditation during therapy:

> **Loshini:** Because you're giving yourself that space or that ability to get a metaperspective… It gives you a bit of distance from…from what's happening in your body and everything to say 'right, is this my stuff?'

Loshini's sense of spaciousness in the meditative state allows her to reflect and thus discern between subjectivities. It is this ability that provides her with a sense of confidence in her body-felt sense:

> **Loshini:** [Meditation] gives you more authority…or you can trust more what you're picking up… There's a greater sense of discernment and accuracy.

Thus both participants exhibit confidence in their ability to trust the accuracy of the body-felt sense, enabling them to engage in a process of embodied empathy. It must be noted that participants do not rely exclusively on their own belief that this sense is accurate, but relay their senses back to the client for confirmation. Both reported that their accuracy has been repeatedly confirmed by clients, which reinforces their trust in their body-felt sense.

Epstein (2007) has noted that that being mindful has obvious benefits for managing countertransference because of its ability to bring one's awareness to subjective contents of experience. This finding from the study at hand supports his assertion, but goes one step further to suggest that it is not simply being in a mindful state that facilitates the management of countertransference, but being in the mindful meditative state. As a result, this finding suggests that therapists may benefit by formalizing the activity of mindfulness as mindfulness meditation practice, as participants' experiences of embodied empathy are specific to the meditative state.

6.4.2. Therapist presence

Participants' immediate mindfulness meditation experiences during therapy were reported as impacting upon their presence with clients. The qualities of stillness and

spaciousness which characterized the meditative state were found to enable the abilities of focus and listening, as well as on receptivity to the client's situation, particularly affective dimensions of the client' experience.

This finding is in alignment with previous research which has found mindfulness-based practices by therapists to be correlated with increases in their ability to stay focused and present (Fauth & Nutt Williams, 2005; Newsome *et al.*, 2006; Nyanda, 2005). Previous research has also confirmed that attentional processes improve following mindfulness-based interventions (Capeda, Kramer & Gonzalez de Sather, 2001; Chan & Woollacott, 2007; Halperin, Sharma, Greenblatt & Schwartz, 1991; MacLeod, 1991; Wenk-Sormaz, 2005), accounting for the increases in therapists' abilities to concentrate and focus. However, this study along with those mentioned above conducted with therapist cohorts show that the mechanism of awareness involved in mindfulness-based practice is also included in their experience of enhanced presence - "fully focused… and fully aware" (Loshini). Thus therapist presence is shown to be enhanced as a result of both of these mindfulness mechanisms.

Parker (1999) has noted that therapist presence involves attending to the here-and-now of the client's situation. In this study, the quality of presence achieved in the state of immediate mindfulness meditation appeared to involve a holistic attending to the here-and-now of the client's situation, where multiple levels of communication were attended to simultaneously. Loshini stated, "I'm listening, watching, feeling, observing…" Belle commented,

Belle: And listen...to your own feelings… Just to feel that tone of what's happening between us, and the atmosphere in the room, you know… Atmosphere of the relationship… [I'm] trying to hold myself in there to concentrate on her… It helps to be able to sit quietly and just feel that angry little soul. And then to feel it's her anger, you know, to be able to separate yourself from it. And to feel such tenderness 'coz you know that somewhere she's hurting… Um and to try and reach her…

It is possible to observe that participants' experiences of presence in the meditative state involve attending to the client's verbal communication, to non-verbal

communication (possibly visual cues) and affective reciprocal communication (that is, to both "feel" the client and to have an appropriate affective response). Because of these multiple levels of communication being attended to, participants' experience of presence may be described as a broad or holistic heightened receptivity.

Once again it must be noted that these experiences were attributed specifically to the mindful meditative state that is characterized by a sense of stillness and spaciousness:

> **Loshini:** …and listening from a sense of spaciousness, slowing down and not having this kind of striving or anxiety, which I can often have…What it helps me with is slowing down…you're not so goal orientated… And that definitely effects my listening, and definitely effects my questioning.

> **Belle:** It's a stillness. Sometimes…you know that…that sitting still and listening to what's inside you?… Sometimes I find myself doing that with children a lot. 'Coz with children when you're playing, there's more space to do this… 'Coz they'll be playing with something, and you're trying to get a sense of where they are, and what's happening between you, so it's easier to just sort of be still inside yourself… Which I think you do when you are meditating, you're still, you're listening to the atmosphere inside you.

This finding suggests that the quality of presence achieved by participants, this holistic receptivity, is not attributable only to the mechanisms of awareness and attention, but how they combine during actual meditation practice to produce the phenomenal state of direct meditation.

The participants reported that this quality of presence encourages the client to feel acknowledged, connected to the therapist, as well as to have feelings of warmth. Chapter Two showed that it is important for clients to have such experiences, or to feel understood, genuinely and warmly cared for by the therapist, and to feel that the therapist is emotionally available for them (Orlinsky *et al*., 1994; Mallinkrodt, 1991; Teyber, 2006). Attachment theory views these experiences of the client, and this care-giving style of the therapist, as verification of the existence of a secure therapist-client bond (Bowlby, 1969). Thus we may conclude, from the perspective of attachment theory and according to participants' perceptions, that the quality of presence which

participants achieved within the state of immediate mindfulness meditation during therapy fosters the development of a secure therapist-client attachment bond.

6.4.3. Mindful responding

All three participants who experienced immediate mindfulness meditation during therapy related this experience to the ability to respond mindfully to clients. They explained that their ability to observe themselves in this state allowed them to monitor their reactions before expressing them and thus respond in a controlled manner.

Studies confirm that mindfulness-based practices are effective in reducing emotional interference on cognitive tasks (Shapiro *et al*., 2007; Ornter *et al*., 2007). Having also correlated MBSR to improvements in the ability to disengage from physiological pain experiences (Ortner *et al*., 2007; Zautra *et al*., 2008), cognition research suggests that the increases of attentional control resulting from mindfulness-based practices facilitate in the attenuation of response to cognitive content (Ortner *et al*., 2007). Similarly, participants showed an ability to attenuate their immediate reactions – "It helps you to just…to not retaliate perhaps, or not react to things thoughtlessly" (Belle); "…not to just sort of erupt. It helps me to contain myself…" (Helen).

Mindfulness discourses have also theorized that behind the ability to control affect, cognition and behaviour is a decentred perspective. Teasedale *et al*. (2007) proposed this term, defining it as a perspective that sees events as relating to a wider reality rather than being of the self. This view is also found in the Buddhist mindfulness tradition. Within the Theravada Buddhism, the aims of mindfulness practice are to develop awareness of phenomena as impermanent (*anicca*), unsatisfactory (*dukkha*), and not-Self (*anatta*) (Gilpin, 2008). By developing these insights, "ultimately, one becomes liberated from any view of the world constructed and seen from a self-centred perspective" (Gilpin, 2008, p. 243). By realizing the impermanent nature of things, individuals realise that nothing exists inherently and they are able to detach themselves from them (Epstein, 2007). It must be noted that in Buddhism, detachment does not connote disinterest. While a sense of this may occur within one's mindfulness meditation practice (Tart, 1994), the goal is not to remove oneself from the situation, but to develop a more realistic perception of it and one's relationship to it.

Consistent with Teasedale *et al.*'s (2007) theory of a decentered perspective and the Buddhist principle of detachment, participant accounts showed an ability to subordinate personal issues towards a less self-centric perspective, more client-centred perspective of the therapeutic situation in a manner that did not remove them from the situation entirely. We can also observe that participants related these experiences to an empathic ability. Helen commented, "Not withdraw, but to get a higher vision… It helps me to get the understanding." Loshini expressed,

> **Loshini:** I'm very much part of the process…but while you're in that, to be able to still at the same time be able to step back within myself, to observe myself in the process…[mindfulness is about] not to be pushed and pulled by what you're noticing, but to notice…that is what's happening, these are my feelings about it, these are my thoughts, and well what am I going to do about it, or what do I need to do about it…it gives a distance, a slowing down, a separation from things so that I can observe thoughts, emotions…you can make choices.

Interestingly, Strupp (1980) has noted that therapists' personal reactions to clients, particularly in instances of client hostility and negativism, is a common deterrent to the formation of an effective alliance. McPherson *et al.* (2006) found that therapist reactions are situation-bound, and difficult therapeutic situations such as dealing with client trauma can evoke negative reactions such as shock, anxiety, provoked feelings or behaviour and helplessness within the therapist. With these studies in mind we may conclude that participants' ability to control their reactions to clients and respond mindfully not only encourages the development of an effective alliance, but also helps to moderate negative experiences of the therapist.

6.5. Chapter summary

Table Four below provides a summary of the major discussion points of this chapter. This table shows the various impacts that participants' use of mindfulness meditation for self-care, insights into the structures of selfhood, and experiences of immediate mindfulness meditation during therapy has on both the collaborative and the secure and empathic affective bond dimensions of the alliance. These impacts are comprised of skills, attitudes and compassionate interpersonal affects. This chapter has argued

that participants experienced their mindfulness meditation practice to capacitate them with these skills, attitudes and affects which they used to create effective therapeutic alliances with their clients. In order to work towards a model of understanding the impact of therapist mindfulness meditation practice on the therapist's role in the therapeutic alliance, these findings may be drawn upon by future research into this topic.

Table 4:
Towards a model: The impact of therapist mindfulness meditation practice on the therapeutic alliance

	Self-care	**Insight into the structures of selfhood**	**Immediate mindfulness meditation during therapy**
Collaboration	General availability due to physical well-being Stress management Enhanced capacities for collaboration	Openness	
Secure and empathic affective bonds	General availability due to physical well-being Stress management Enhanced capacities for creating secure and empathic bonds Therapist authenticity Trust Supportiveness and encouragement	Tenderness Compassion Valuing of all clients Non-judgmental attitude Increased sensitivity to client experience Acceptance	Embodied empathy Increased therapist presence Controlled, mindful responding

CHAPTER SEVEN
CONCLUSION

7.1. Introduction

The concluding chapter of this project provides an overview of the study where the aims and methodology are recapped. Following this, a summary of the main findings are presented. The implications of these findings are then considered and recommendations for future research on this topic are proposed. Finally, the limitations of this study are reflected upon.

7.2. Overview of the study

Mindfulness-based practices have become an increasingly popular subject for psychological study since the introduction and assimilation of mindfulness to the West. A prevailing body of research into the practice of mindfulness by therapists has identified outcomes which have been theoretically linked to the formation of positive therapeutic relationships, but which have not as yet been directly researched. The study at hand has attempted to fill this gap by examining how a group of therapists experience their mindfulness meditation practice to impact upon their role in the therapeutic alliance (an aspect of the therapeutic relationship). This study was deemed important because the alliance has been cited as the most significant variable of any process-to-outcome relationship, across all theoretical orientations of psychotherapy (Norcross, 2002; Wampold, 2001). If client outcomes are to be optimized, fully comprehending the alliance and factors of variance within it is beneficial.

The research problem targeted in this study was delineated in Chapters Two and Three, where the compatibility between many known outcomes of mindfulness-based practices and the demands of the therapist in the alliance was shown, and previous research on therapist mindfulness-based practices were discussed. These chapters also functioned as a theoretical framework for understanding the experiences of participants in the study at hand. Thus Chapters Two and Three reviewed the discourses of the therapeutic alliance as a meta-theoretical construct and of mindfulness meditation respectively.

The methodology deemed best fitted to meeting the needs of the research problem was an IPA design. In accordance with this design, in-depth semi-structured interviews were conducted with a small group of consenting therapists who practiced mindfulness meditation. Data were analysed hermeneutically and inductively according to Smith and Osborn's (2003) IPA method.

7.3. Summary of findings

Overall, this study found that participants experienced their mindfulness meditation to capacitate them with various skills, attitudes, knowledge and affects that they found facilitative of collaborative work with clients and of creating secure and empathic bonds with them. Three primary themes emerged, namely: (i) self-care; (ii) insight into the structures of selfhood; and (iii) immediate mindfulness meditation during therapy.

The theme of self-care showed that participants used their mindfulness meditation practice to enhance their well-being at physical, professional and personal levels. These experiences were supported by extant research that has demonstrated the efficacy of mindfulness-based practices for the management of physical illness and disease and stress, and for improving psychological well-being. This study found that the use of mindfulness meditation for these levels of self-care was experienced to impact upon participants' role in the alliance in numerous ways. Physical well-being was necessary for participants to be available for and within therapy, avoiding the situations of work absenteeism and sickness presence that have been correlated to therapist burnout and impaired professional functioning. At the level of professional self-care it was found that general skills, attitudes and affects that participants found necessary to their role in the alliance were maintained, or possibly even enhanced, and prevented from declining by their practice of mindfulness meditation. Finally, participants' practice of mindfulness meditation for achieving personal (including psychological and spiritual) growth was found as contributing to the authenticity of their role as a therapist, which they found beneficial for establishing trust with clients.

The theme of insight into the structures of selfhood presented those experiences of participants that involved the transformation of their self-awareness achieved during mindfulness meditation practice from present-moment awareness into more

concretized, demonstrable perceptions and understandings of selfhood and of interpersonal relations. It was found that these specific perceptions and understandings capacitated participants with compassionate interpersonal affects, skills for accurate empathic understanding, and attitudes and skills for working collaboratively with clients. Participants gained insight into the self as interconnected, which mobilized compassionate interpersonal affects and a genuine valuing of clients that resonated strongly with Rogers' (1977) notion of therapist unconditional positive regard for clients. Insight into the self as multidimensional was found to enhance participants' holistic appraisal of the client by increasing their sensitivity towards tacit dimensions of the client's situation. This facilitated feelings of compassion, non-judgment and accurate empathic understanding. The participant insight into the self as limited enabled an open and accepting attitude towards clients, an attitude that corresponds to the requirements for working collaboratively and for unconditional positive regard.

Finally, it was found that participants at times entered into an immediate state of mindfulness meditation during therapy. Entering into this state was experienced by participants as facilitating their observation skills and capacity for reflection, which they utilized for enhancing the processes of embodied empathy, presence with clients, and for responding mindfully. Entering into this state further allowed for the experiential monitoring of countertransference, enabling accurate empathic understanding. Collectively, these experiences were found to be indicative of a high quality of accurate empathic understanding and enabled participants to create secure therapist-client attachment bonds, both of which were shown as necessary for an effective alliance.

7.4. Implications of the study and recommendations for future research

Current research into mindfulness-based practices has focused primarily on its application as a self-care technique. Research has examined mindfulness-based practices within the context of clinical psychology, where it is applied as an intervention for illness and disorder, and outside of this context where it is applied as a stress reduction technique for various populations including therapists. This study offers support to this body of research as it has similarly found participants to use their meditation practice for the purposes of self-care. While this body of extant

research has identified relationships between self-care and professional performance, the study at hand showed that in the context of therapy these benefits extend into the domain of the alliance.

It is the findings of insight into the structure of the self and of immediate mindfulness meditation during therapy that contributes most to the discourses of the alliance and of mindfulness. Firstly, these themes were shown to capacitate participants with skills, attitudes and affects necessary for effective alliance formation. Should future research repeat these findings, mindfulness meditation may prove to be a valuable practice to integrate into the training of therapists. In particular, the relationship between mindfulness meditation and compassionate interpersonal affects is recommended for further study.

Secondly, in relating these themes to the discourse of mindfulness it was found that there were different conceptualizations and practices of Buddhist and Western mindfulness. These distinctions require a more thorough appreciation and more explicit commentary within mindfulness discourse. Furthermore, because of the value attributed to the experiences more specific to Buddhist mindfulness, current Western conceptualizations and practices of mindfulness may find it beneficial to integrate Buddhist concepts and techniques if the aims of Buddhist mindfulness are desired.

Thirdly, it is recommended that future research consider the distinctions between the constructs of mindfulness-in-action and meditation-in-action. This requires a closer examination of the trait effects of meditation and how these compare to the state of consciousness during meditation practice.

Finally, future research should be conducted on therapists' self-concepts as a possible factor of therapist variance within the alliance. Within this area, the role of therapists' personal experience in determining their self-concepts should be considered and examined for their alignment with the theoretical orientation in which therapists situate themselves.

7.5. Limitations of the study

The primary limitation of the study was the challenge of dealing with such broad and complex constructs as the therapeutic alliance and mindfulness meditation. Their complexity was not anticipated at the onset of this project, but became apparent through immersion in extant literature and during the process of data collection with participants. Pinning these constructs down theoretically was not without difficulty, as being meta-constructs does not exempt them from having idiosyncrasies remnant of the numerous discourses that feed them. As a result, there are some fugitive nuances of both constructs. But the effect was most strongly felt in the way of using a homogenous sample because the range of participant mindfulness meditation was wide both in terms of length of practice and technique. Understanding their experiences theoretically demanded the discourse of mindfulness be reviewed broadly, and unfortunately many of their experiences were explored in insufficient depth. A research design that made use of implementing a predetermined mindfulness meditation intervention would have alleviated this issue. This said, however, the length and depth of the experiences of those participants used in this study allowed them to speak widely and knowingly on this topic.

There were also financial limitations to this project. Journals not subscribed to by my institution of study, such as the *Journal of Transpersonal Psychology*, were not exhaustively accessible to me due to these financial restrictions, and I am aware that there are publications on this topic that have not been read for this study. Access to participants outside of the Eastern Cape and Gauteng regions was also inhibited by financial limitations.

This study may have benefited from a larger sample group, although the sample used did fit within the requirements of the IPA method. Potential candidates for participation were few and far between. This was not the result of poor sourcing efforts, but of the strict criteria for participation. The loss of one set of data was also of significant detriment to this study.

Finally, while the research design was theoretically most apt to meet the needs of the research problem, it was not a pragmatic design for working with a therapist population. The professional work of a therapist is demanding and offers little in the

way of spare time for repeated and lengthy interviews. In particular, therapists working in government practice deal with a large number of cases per day. A quantitative design would best suit research of therapist populations, and again gratitude is extended to the participants for their time.

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APPENDIX I
INTERVIEW SCHEDULE

1. Interview preliminaries

1.1. Introductions

1.2. Purpose and nature of the study

1.2.1. Brief explanation of research problem

1.2.3. Invite and resolve queries

1.3. Participant role in the study

1.3.1. Explanation of data collection process (semi-structured interviewing lasting approximately one and half hours in duration) and participant involvement

1.4. Ethical considerations

1.4.1. Reading of consent form within which the rights of the participant are detailed

See Appendix II for a version of the participant consent form

1.4.2. Invite and resolve queries

1.4.3. Signing of consent form by both participant and researcher

1.4.3. Reading of form consenting to the audio recording of interviews

1.4.4. Signing of audio recording consent form by both participant and researcher

2. Thematic interview guide

2.1. History of mindfulness meditation practice

2.2.1. Personal introduction into mindfulness meditation – when and why

2.2.2. Nature of current practice – style and frequency

2.2. Contextual overview of mindfulness meditation experience

2.2.1. General impacts of mindfulness meditation on self

2.2.2. General impacts of mindfulness meditation on self in relation to others

2.4. Personal therapeutic framework including

2.4.1. Approach towards tasks and goals of therapy with clients

2.4.2. Approach towards affective bonds with clients

2.5. Experienced impacts of mindfulness meditation practice on approaches towards the tasks, goals and bonds of therapy

2.5.1. Impact on collaborative approaches

2.5.2. Impact on dimensions of forming an affective bond

3. Closing the interview

3.1. Invite additional comments

3.2. Thank participant for their involvement

3.3. Establish framework for future contact and follow up interviews.

APPENDIX II

PARTICIPANT CONSENT FORM

RHODES UNIVERSITY
DEPARTMENT OF PSYCHOLOGY

AGREEMENT

BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I __________________________ agree to voluntarily participate in the research project of Tarryn Gillitt, entitled *The mindful therapist: An interpretive phenomenological analysis of therapist mindfulness meditation and the therapeutic alliance*.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Masters of Arts degree at Rhodes University.

2. The researcher is interested in therapists' meanings and experiences of their mindfulness meditation practice and how it relates to the therapists role in the therapeutic alliance.

3. My participation will involve participating in a semi-structured interview which will take approximately 90 minutes, as well as a second follow up contact to confirm the researcher's understandings.

4. I will be asked questions of a personal nature but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.

5. I will be asked questions related to my work but I am not required to breach client confidentiality.

6. I am invited to voice to the researcher any concerns I have about my participation in the study and to have these addressed to my satisfaction.

7. I am free to withdraw from the study at any time – however, I commit myself to full participation unless some unusual circumstances occur or I have concerns about my participation which I did not originally anticipate.

8. The report on the project may contain information about my personal experiences, attitudes and behaviours, but the report will be designed in such a way that it will not be possible to be identified by the general reader.

Date signed on: ________________
Participant: ________________
Researcher: ________________