Understanding the Student Intern's Journey Through a Holistic Counseling Center: A Phenomenological Inquiry

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Concordia University–Portland
College of Education
Doctorate of Education Program

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Understanding the Student Intern’s Journey Through a Holistic Counseling Center:

A Phenomenological Inquiry

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Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Transformational Leadership

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Concordia University–Portland

2018
Abstract

Eight counselors in training (CITs) were followed through their professional counseling internships in a holistic outpatient counseling center. All participants were similarly exposed to mindfulness activities including yoga, qigong, meditation, and auricular acupuncture over the course of a semester, then asked to respond to the research question: How do student interns of the study site perceive and describe their lived experience of mindfulness phenomena?

Phenomenological methodology was applied to the study and data was gathered through focus group discussion and face-to-face interviews. CITs registered descriptions of mindfulness phenomenon with insight, depth, and meaning. Their descriptions were recorded, transcribed, coded, themed, and distilled to the four invariant themes of attunement, allowing, well-being, and flow. The four themes were consistently reflected in literature and hold promise to the benefits of mindfulness practices for CITs personally and professionally. In sum, this study was a relevant response to the research question. Results of this inquiry, while encouraging, are limited by research methodology, sample size, and geographic region. More research is needed to further assess the potential benefit of mindful approaches for therapists and clients alike.

Keywords: mindfulness, counselor education, CACREP
Dedication

This work is dedicated to my family, friends, professional colleagues, and doctoral cohorts who have supported me throughout this remarkable adventure. Thank you for standing by me, I am a very fortunate man.

“Things aren’t all so tangible and sayable as people would usually have us believe; most experiences are unsayable, they happen in a space that no word has ever entered, and more unsayable than all other things are works of art, those mysterious existences, whose life endure beside our own small, transitory life” (Rilke, 2004, p. 15).
Acknowledgments

Great thanks to the counselor interns whose interest, curiosity, and eagerness to participate made this project possible. Their willingness to lend their lived experiences of mindfulness to this body of work expands how we may consider concepts of health and well-being and adds to a small but growing body of research on counselor mindfulness.

I wish to acknowledge and thank the remarkable professionals of the holistic study site for supporting my effort, including administrators Kathie Hamman, MA LPC-S and Krysta Kothmann, MHA for site permissions and for their kind accommodations of me during this lengthy project. Thanks to Martha Marshall, MA LPC for her insight, inspiration, and critical oversight as external reviewer during this inquiry.

Much gratitude to Concordia University faculty for their guidance and academic wisdom during this project. I am fortunate to have encountered Chad Becker, Ph.D. to serve as my Chairperson, and Joshua Johnson, Ed.D., and Dana Shelton, Ph.D. to serve as my committee.

My appreciation goes to artist Susan Panasik whose beautiful illustrations complimented this study and to authors Harriet Beinfield and Efram Korngold for permission to include these in the project. Thank you, Maja Duerr and Carrie Bergmann for the design, illustration, and permission to use the tree of contemplative practices in this work.

Finally, to my family. My greatest appreciation to you Kristi, Alex, Jessica, and Louis for your unconditional love and support of me in this journey, even in my depths of crazymaking behavior and angst. It is astonishing to have you all in my corner. Thank you!
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Chapter 1: Introduction

Introduction to the Problem

As far as human beings know, our species is the only one that commits suicide. Only we humans are equipped with the higher functions of a neocortex allowing capacity to worry about future events and carry shame from the past. The sad fact is that humans kill themselves at an alarming rate. According to the Center for Disease Control, the suicide rate in the United States has increased 24% over the past 15 years (Curtin, Warner, & Hedegaard, 2016). Statistically, nearly 50% of Americans will seriously consider suicide and one in 10 will attempt it (Harris, 2008).

Furthermore, a quarter of the adult population of the United States will suffer from drug or alcohol addiction sometime in their life. Our country is currently involved in an opiate addiction epidemic, resulting from Western science’s attempt to treat pain with pills. Americans consume the vast majority of the world’s prescription opiates including nearly 100% of the world’s hydrocodone. Drug overdose deaths are now the leading cause of death among Americans under 50-years-old (Calabresi, 2015; Edwards, 2017; Harris, 2008; Katz, 2017).

Americans suffer. We are coaxed to pursue happiness and become frustrated when we cannot get what we want. We cling to pleasure, avoid discomfort at all costs, and constantly feel disappointed that we do not measure up. Despite having the highest standard of living the world has ever known, Americans seem to be more miserable than ever (Csikszentmihalyi, 2008; Harris, 2008).

If there is good news about suffering, it is that most of our unhappiness is made up, a product of our mind. This is a hopeful message and a secret to mediating suffering among us. Ancient healing practices help engage a spiritual path as a resource for psychological well-being.
Eastern healing traditions are perhaps best known for promoting mindfulness remedies to alleviate suffering, although sages and saints of every religious tradition have known some essential truth of this path; human beings are fundamentally capable of finding peace through contemplative practices (Hanson, 2009).

The problem is that aspiring psychotherapists in professional counseling programs are not taught mindfulness methods to heal. Instead, curricula in most professional counseling programs are heavily influenced by a Western medical view that understands mental health through a biomedical lens. This includes the Diagnostic Statistical Manual (DSM) through which counselors in training (CITs) are taught to understand symptoms of suffering. The Western medical model discounts invisible aspects of human nature including mind, spirit, familial, relational, cultural, subjective, and phenomenological aspects of suffering and well-being (Jackson, 2012).

Mental healthcare professionals need all the tools they can muster to help address the onslaught of unhappiness in our world. Integration of Eastern approaches would promote a more holistic understanding of suffering, remedy and well-being, and may provide a much-needed solution. However, despite of the fast-growing influence of mindfulness approaches in mainstream psychotherapy practices, academic institutions are slow to promote the integration of Eastern and Western healing paradigms if they do so at all (Christopher, Christopher, Dunnigan, & Schure, 2006; Duffy, Guiffrida, Araneda, Tetenov, & Fitzgibbons, 2017; Epstein, 2017; Kabat-Zinn, 2013; Pollak, Pedulla, & Siegel, 2014)

**Background, Context, History, and Conceptual Framework for the Problem**

What we know as Western medicine took root in the 17th century when René Descartes ushered in an age of scientific query, reduction, and reason. For Descartes, the human being
could be dissected and understood as machinery; every effect had a physical cause that could be known, removed, treated or repaired. This line of thinking contributed to a scientific method known as Cartesian medicine in which science is absolute truth. Cartesian medicine left no room for uncertainty; under scientific laws, all phenomenon could be explained and what could not be empirically known was not valued. The resulting separation between mind (spirit) and body (physical) became known as Cartesian dualism, and it developed a narrow view of health, particularly in regards to mental suffering. Cartesian medicine became the basis of the biomedical model of medicine, one that denied invisible aspects of mental suffering and healing, treating only the defective physical human machine (Beinfield & Korngold, 2013).

While Western biomedical science has led to countless healing miracles of the physical human body, it has failed as a paradigm to treat mental suffering according to Whitaker (2012). Western scientific and pharmaceutical remedies continue to be the preferred method of treating mental suffering. Most psychiatrists treat only with drugs, advancing a chemical imbalance theory of mental suffering. Today, nearly 10% of Americans over age six are prescribed antidepressants, while human misery continues to rise (Angell, 2011; Moore & Mattison, 2017).

Research is clear about the healing benefits of mindfulness practices, known to help therapists and clients alike. Studies cited in the literature review included quantitative inquiries, exploring the relationship between mindfulness practices and diagnoses of the DSM and symptoms of mental distress. These studies found reductions in the symptoms of PTSD, bipolar disorder, substance abuse, anxiety, mood, stress, anger, sleep disturbance, and relational conflict (Grepmair et al., 2007; Hofmann, Grossman, & Hinton, 2011; Kearney et al., 2013; Perich, Manicavasagar, Mitchell, Ball, & Hadzi-Pavlovic, 2013; Wolever et al., 2012).
Other studies cited in the literature review show the benefit of mindfulness practices on CITs (Boellinghaus, Jones, & Hutton, 2013; Bohecker, Vereen, Wells, & Wathen, 2016; Bruce, Manber, Shapiro, & Constantino, 2010; Fulton & Cashwell, 2015; Rothaupt & Morgan, 2007). These studies used qualitative methodology, seeking to understand the experience of mindfulness of the student. The few studies conducted in the classroom as stand-alone mindfulness courses in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) affiliated institutions are unusual (Duffy et al., 2017). A rare exception was studies conducted by Christopher at Montana State, tracking students through his course, Mind/Body Medicine and the Art of Self-Care (Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher et al., 2006; Christopher et al., 2011; Christopher & Maris, 2010; Maris, 2009; Schure, Christopher, & Christopher, 2012).

The Christopher studies and others focused on the experience of mindfulness activities on attunement in the therapeutic relationship, the development of compassion and empathy, self-compassion, self-care, stress management, increased insight, and awareness. They found mindfulness practices beneficial to CITs personally and professionally (Boellinghaus et al., 2013; Bohecker et al., 2016; Bruce et al., 2010; Fulton & Cashwell, 2015; Rothaupt & Morgan, 2007).

This study is supported by a framework of knowledge identifying problems with an exclusive reliance on Western medical science to remedy mental suffering. Concerns with this approach include over-diagnosing (pathologizing) and providing medicinal remedies to address what may be typical aspects of human experience (e.g., The DSM 5 revision on bereavement), (Jackson, 2012; Seligman, 2004). Western approaches assume clients must be given what they
lack by an outside expert. It minimizes the role of the client in therapy and excludes the healing potential of the invisible mind (Hanson, 2009; Kabat-Zinn, 2013; Seligman, 2004).

Innate healing potential has long been championed through humanistic and existential psychological theories (Maslow, 1943, 1966, 2014; Rogers, 1957, 1959, 1961, 1980). These frameworks allow consideration of natural and stealth healing aspects of humanity. Similar to Eastern healing paradigms, these theories assume human beings are naturally motivated and capable of growing into their best potential (self-actualization) and can do so under conditions of unconditional positive regard, acceptance, genuineness, and empathy nurtured through a therapeutic relationship (Maslow, 1943; Rogers, 1961). Healing mental suffering is a task that occurs from the inside out, enlisting cooperation from the client, rather than mere reliance of an application of skill, procedures, or medication administered by expert others (Bohart & Tallman, 1999; Kabat-Zinn, 2014). Innate knowledge and healing abilities reside in the realm of the unique being, not just in the healer (Scheur et al., 2012; Kabat-Zinn, 2014; Maslow, 1943; Rogers, 1961; van Manen, 1990; Yalom, 2002).

I have found the inclusion of Eastern concepts paramount in understanding the whole human experience and have integrated mindfulness activities into mental health programming through my agency for over 20 years. My frame of reference as a human being, psychotherapist, person of faith, and doctoral student exposes me to the dynamics of both scientific and mystic knowing. My experience as a mental healthcare practitioner gives me evidence that inclusion of Eastern healing concepts with conventional tenets of Western psychotherapies works well to encourage clients to lead a more fulfilled and meaningful life. This personal knowledge can be recognized as a primary source of information that cannot be doubted (Moustakas, 1994; Rogers, 1961; van Manen, 1990).
Statement of the Problem

Mindful awareness is not valued in our culture nor promoted in our professional healthcare programs (Epstein, 2017; Kabat-Zinn, 2014). CACREP accredited programs are taught to satisfy eight core components and five areas of specialization (CACREP, 2016). These CACREP requirements emphasize rote learning by memorizing and repeating explicit information on theories, strategies, models, and skills (Mahoney, 2003). While structure and codifiable information is an essential framework for aspiring counselors, journeying from a student to a professional requires more than explicit knowledge.

Cultivation of here and now presence in the therapeutic relationship is the prerequisite to all work that follows; it is the first common factor of psychotherapy (Bruce et al., 2010; Rogers, 1961; Wampold, 2015; Yalom, 2002). According to Campbell & Christopher (2012), mindfulness activities promote presence and being over the doing of therapeutic skills and techniques. Attributes of awareness, presence, acceptance, and compassion are essential tools for CITs to move beyond an apprentice status (Ponton, 2012).

The mindfulness culture of a holistic mental healthcare center provides ample opportunity for CITs to experience and practice tacit knowledge and mindfulness skills. This study will help the principal investigator (PI) understand the lived experiences of CITs as they are exposed to mindfulness approaches during a professional internship. A holistic understanding of mental suffering and treatment remedies is necessary to address the growing affliction of psychological misery. Status quo approaches taught in mainstream professional counseling programs maintain a narrow understanding of problem and solution, perpetuating Cartesian dualism, and the separation of body and mind.
Purpose of the Study

Mindfulness interventions are gaining credibility in America as clinicians discover healing properties associated with the practice (Pollak et al., 2014). Research has identified curative factors associated with mindfulness to include intention, attention, compassion, exposure, and non-attachment helpful in addressing mental suffering and alleviating symptoms from stress to psychosis (Baer, 2003; Brown, Ryan, & Creswell, 2007; Germer, Siegel, & Fulton, 2013; Shapiro, Carlson, Astin, & Freedman, 2006). The benefits of mindful practices can be appreciated by clients and therapists alike.

However, academia promotes knowledge from the neck up and in the left hemisphere of the brain (Pink, 2006; Robinson, 2011). In CACREP accredited counselor education programs, subtle, invisible aspects of knowing are discounted in favor of empirical, evidence based, scientific, and biomedical approaches and procedures to healing. According to Epstein (2017), these approaches often force clinicians to engage in the metrics of healing; the commodification of medicine and the “mechanics of healthcare” (p. 13). While there may be a benefit in understanding this aspect of humanity, it does not account for the entire human experience. Understanding how the invisible mind works holds potential to clarify the origins of human suffering and to provide a spiritual path to remedy suffering.

CITs will participate in mindfulness activities as they journey through a counseling internship over the course of a semester. Yoga, meditation, auricular acupuncture, and qigong are everyday aspects of the study site’s holistic culture. Exposure and practice of mindfulness occur through client programming, clinical supervision, weekly staffings, and continuing education offerings.
There are few studies exploring mindfulness activities with CITs in CACREP accredited programs. This is because, as Duffy et al. (2017) assert, professional counseling programs do not provide stand-alone mindfulness instruction in required programming. This study provides CITs an opportunity for exposure to Eastern ideas while many are still enrolled in mainstream universities. This investigation will explore the subjective lived experience of mindfulness phenomenon as it is perceived and described. It is hoped that this inquiry will contribute to a body of scholarly work to understand the potential of mindfulness approaches for clients and aspiring therapists.

**Research Questions**

This inquiry represents my passion and curiosity around mindfulness methods to ease suffering. Mindful approaches to healing have been integrated into the therapeutic strategies for clients of this study site since 1996. As PI of this study, I am interested in understanding mindfulness phenomenon from the CIT’s perspective. I believe it will be personally and professionally relevant to CITs and I am curious to know how CITs will subjectively perceive and describe Eastern approaches as they are experienced.

The primary research question in this qualitative study is; How do student interns perceive and describe their lived experience of mindfulness phenomena? A related sub question of this investigation will help me understand personal and professional meaning in the context of the mental healthcare agency which is; How do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes?

Understanding another’s subjective truth is best accomplished through phenomenological methodology. This approach will help the PI get to the depth of another’s experience as it is lived. Interviewing during the data gathering aspect of the study will avoid asking canned
questions and instead will ask open-ended questions that will solicit dialogue and description. Encouraging a descriptive approach is more likely to yield deep and comprehensive data that let the phenomena speak for themselves (Giorgi, 1985; Moustakas, 1994; van Manen, 1990). Keywords can be used as non-directional prompts during data collection and are found in the primary question. The words, how, perceive, describe, experience, and mindfulness may be helpful in gathering essence and meaning of the lived experience of mindfulness (LaCourse, 1990).

**Rationale, Relevance, and Significance of the Study**

Healing professions have become focused on the metrics of evidence-based treatments and tend to “measure what can be counted and not what really counts” (Epstein, 2017, p.13). The Western science paradigm of healing is evident through the use of psychotropic interventions, explicit and codified treatments approach, procedures, methods, and theoretical applications. Though helpful, these diminish the role of innate healing potential present in all human beings and establishes the role of the therapist as the expert enlisted to fix the broken human machine (Beinfield & Korngold, 2013; Kabat-Zinn, 2013).

The Western medical paradigm of healing is based on a deficit model, one that seeks to identify dysfunction, disease, and pathology. It is the dominant way in which mental health concerns are understood and treated. Western medicine has held sway over the evolution of the DSM, the rise of the pharmaceutical and health insurance industries, and accreditation standards of CACREP (Angell, 2011; Christopher, 2011; Duffy, Gillig, Tureen, & Ybarra, 2002; Elkins, 1998; Germer, et al., 2013; Hansen, 2003; Jackson, 2012).

What counts in psychotherapy is the cultivation of the therapeutic relationship. Relationships are the precondition of all therapeutic work and are considered the primary
common factor of psychological healing (Bruce et al., 2010; Rogers, 1957, 1961; Wampold, 2015). Mindfulness practices facilitate relationship by promoting here and now, real-time attunement to the unique individual. Awareness, acceptance, compassion, and reflectivity are skills promoted by mindful practices and are an essential aspect of counselor education (Ponton, 2012; Yalom, 2002).

The therapeutic relationship is not something that is given to the client. Instead, it is a collaborative effort, one that Kabat-Zinn (2013) calls participatory medicine. A CIT exposed to mindfulness practices may develop attitudes leading to the cultivation of more therapeutic alliance and holistic understanding of mental suffering, remedy, and maintenance of mental well-being. Curative factors associated with mindful activities are shown to benefit both sides of the therapeutic relationship. They include dimensions of intention, attention, insight, compassion, and mind-body functioning, enlisting a whole person arsenal of healing potential within the therapist and client (Baer, 2003; Brown, Ryan, & Creswell, 2007; Duffy et al., 2017; Fitzgibbons, 2017; Shapiro et al., 2006).

Mindfulness practices are not required or taught in CACREP accredited professional counseling programs and there are few studies exploring the significance of mindfulness approaches with CITs (CACREP, 2016; Duffy et al., 2017; Mahoney, 2003). This study may contribute to a better understanding of mindfulness activities in the therapeutic relationship. It matters that this inquiry may confirm some of the underappreciated aspects of mindful contributions to human suffering. This study may add to a small body of research promoting the use and practice of Eastern ideas used in concert with Western practices.
**Definition of Terms**

It is necessary to define a few frequently cited terms and practices in order to give the inquiry proper context. These are defined here.

**Acupuncture.** Acupuncture is an ancient energetic healing tool that promotes balance and flow of qi (pronounced /chee/) through the use of needles. The study site uses an auricular (ear) acupuncture protocol developed by the National Acupuncture Detoxification Association (NADA). This tool reduces craving, promotes calm, and improves confidence in client populations (Voyles & Toomin, 2017).

**Eastern philosophies of healing.** Eastern practices recognize natural and accessible healing attributes innately present in all human beings. These beliefs have ancient origins and pre-date Western approaches. This paradigm acknowledges a spiritual path to healing that can be practiced non-verbally wherever one goes. Eastern approaches understand a deep connection between mind, body, spirit, and nature, which include mysterious and intangible experiences of life (Beinfield & Korngold, 2013, Hanson, 2009).

**Meditation.** Meditation is a general term used to describe a practice of focused attention that can improve psychological flexibility, insight, and mental clarity. The study site instructs meditation practices influenced by Kabat-Zinn (2013), Saltzberg (2001) and others. Practices include insight meditation, body scan, loving-kindness meditation, breath meditation, and a variety of other activities promoting focused attention.

**Mindfulness / Mindful approaches.** These practices are commonly aligned with Eastern healing philosophies and are not easily defined by Western scientific methods. Mindful methods are considered non-conceptual, non-verbal, experiential and phenomenological, allied with human *being* (Germer, et al. 2013). Mindfulness is defined by Kabat-Zinn (2014) as
“paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4). Mindfulness activities must be experienced to be known and are practiced all over the world (Siegel, 2010).

**Qigong.** Qigong is a moving, breathing meditation that typically helps energize and empower participants through controlled breathing exercises. Qigong stimulates qi, a life-force energy that promotes balance, healing, and improves overall well-being (Campbell & Christopher, 2012).

**Western philosophies.** Western approaches evolved from Cartesian medical methods of healing. These approaches use bio-scientific and empirical, certain truths to understand and treat human suffering. This paradigm promotes remedy primarily through understanding human beings as a biological entity and seeks to remedy mental suffering through regulation of brain chemistry (through psychotropic medication), scientific and evidenced-based procedures, and healer skills (Beinfield & Korngold, 2013).

**Yoga.** As an ancient Indian practice, yoga is a mindful activity that promotes body awareness, balance, strength, flexibility, and peace of mind. Yoga generally includes a series of postures combined with breathing exercises. It embraces a wide range of disciplines whose ultimate goal is the joining of body, mind, and spirit (Kabat-Zinn, 2013).

**Assumptions, Delimitations, and Limitations**

As PI, I believe this study has the potential to enlighten CITs and by extension researchers and academics, about the stealth power of mindfulness approaches in a clinical practice. Prior research has shown these approaches beneficial to client and therapist alike. I assume that prior research will hold true in CIT’s subjective experience of mindfulness activities.
I intend to investigate and understand with depth the essential, lived experience of CIT interns as they are exposed to mindfulness practices at a holistic mental health center.

**Assumptions.** My chosen methodology (phenomenology) assumes that the essence of the lived experience of participants in this study can be described and is a valid and ultimate measure of truth (Rogers, 1961; van Manen, 1990). I believe this study will help cultivate holistic therapists, ones who can embrace both evidence-based approaches and the subjective and mysterious truths of an individual’s innate healing potentials that cannot be understood in a traditional Western scientific manner (Baer, 2003; Brown, Ryan, & Creswell, 2007; Duffy et al., 2017; Shapiro et al., 2006).

**Limitations.** Limitations of this study are evident in the nature of the methodology of choice. This inquiry uses qualitative means and phenomenological approaches to understand the subjective, lived experience of participants. Qualitative methods by definition, do not attempt to solve problems, understand cause and effect, or prove anything. Instead, this phenomenological investigation is human science research that may enable the PI to understand the meaningful essence of another’s uniquely human experience with mindfulness phenomenon (Moustakas, 1994).

**Delimitations.** Delimitations—study boundaries of choice—included considerations about sample size, duration of the inquiry, setting, and a limited number of mindful activities. This inquiry occurred over the course of a semester and included a small number of CITs ($n = 8$). Study size parameters allowed sufficient exposure to mindfulness practices with a small enough group to extract in-depth data for analysis more thoroughly. Of the vast number of practices that may be considered mindful, this study included those most commonly offered through the study site; yoga, auricular acupuncture, qigong, and meditation. These study choices assured that the
inquiry could be accomplished in a reasonable amount of time, allowing adequate exposure of the phenomenon, and ample connection to participants, keeping the study manageable.

The study occurred on the premises of the study site, a state licensed, Commission for Accreditation of Rehabilitation Facilities (CARF) mental healthcare facility. This setting provided access to comfortable, private, confidential space, and a culture of promoting a curious investigation of an innate healing potential for all stakeholders in the agency. The study site served as a container for this inquiry; a place to learn, practice, and experience mindfulness activities, then reflect, discuss, and describe the lived experience.

Chapter 1 Summary

Human misery is growing in America. Increased occurrence of suicide, diagnosed depression, anxiety, and drug addiction are evidence of mental suffering that has not been reduced by conventional Western medical intervention. Our culture’s first response to mental suffering is to treat it with psychoactive drugs; many medical professionals treat mental suffering only with drugs (Angell, 2011). This leaning illustrates the Cartesian rift; a historical tendency in the West to focus solely on physical and empirically proven aspects of understanding human suffering and remedy. The Western paradigm of healing leads many towards the hope of magic pill solutions to solve the chemical imbalance problem of human misery (Angell, 2011; Beinfield & Korngold, 2013; Drain, 2017). America’s current opioid epidemic is an example of a crisis that has been fueled by a single-minded attempt to treat pain with pills (Edwards, 2017; Katz, 2017). The Western medical solution in this case has become a problem. As Whitaker (2012) lamented, Western biomedical approaches alone are a failed paradigm for managing mental suffering.
The Western medical paradigm is the dominant approach by which healthcare professionals are taught to understand and address mental suffering. This paradigm has influenced the development of the DSM, CACREP standards and insurance and pharmaceutical industries, and is the preferred lens through which CITs are taught to understand diagnoses and remedies of mental suffering in professional counseling programs (Bohart & Tallman, 2003; Gorman, 2001; Hansen, 2003; Jackson, 2012). The problem is that mindful awareness is not valued in our culture nor taught as a healing option in mainstream professional healthcare training programs. Exclusion of mindful healing approaches occurs despite research showing growing efficiencies of mindfulness practices and their popularity in mainstream clinical practices outside of academia (Epstein, 2017; Kabat-Zinn, 2014; Pollak et al., 2014). Eastern, mindfulness approaches enlist and mobilize invisible aspects of healing innate to the human experience (e.g., spiritual, mindful, relational, familial, cultural, phenomenological). These subjective attributes of mindfulness are the subject of this investigation.

This inquiry is a qualitative study exploring the subjective experiences of CITs in a holistic healing culture. Specifically, phenomenological methodology will be used to capture an understanding of the lived experiences of CITs as they engage in, perceive, and describe the essence of mindfulness activities. I raise two research questions in this study. Primarily I ask, “How do student interns of the study site perceive and describe their lived experience of mindfulness phenomena?” The secondary, related question is, “How do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes?”

It is hoped that this inquiry will contribute to a small, but growing body of scholarly work on holistic means to address the epidemic of mental suffering in America. To date, there are
very few studies on mindfulness practices of CITs. It is rare that these therapeutic techniques are taught in CACREP accredited professional counseling programs (Duffy et al., 2017). This study was limited to a small sample of participants ($n = 8$) over the course of a semester of involvement as CITs at a holistic, mental health agency. The study was designed as a human science project to understand unique (mindfulness) phenomenon among CITs rather than measure cause and effect.
Chapter 2: Literature Review

Introduction to the Literature Review

According to Germer et al. (2013), most professional counseling programs are steeped in Western medical model concepts of understanding mental disorders. Students who learn diagnoses from the Diagnostic Statistical Manual (DSM) of the American Psychiatric Association (APA) are taught evidenced-based theory and research and are drilled in micro-counseling skills. According to Hansen (2003), Western psychiatry has dominated the mental healthcare profession with a culture of seeing mental suffering through a biomedical lens. The principal model of psychotherapy is an application of this medical-like treatment model (Bohart & Tallman, 2003).

Western medicine aligns with a materialistic view of a patient (Dossey, 1995). “The symptom is seen as having a physical cause—a foreign agent in the body, such as a virus or a bacterium, a broken bone or a ruptured organ, a faulty gene, runaway cells, chemical imbalances” (Bohart & Tallman, 2003, p. 6). Treatments and interventions in the Western medical model paradigm imply an application of an entity (psychotropic medication) or procedure (theoretical or manualized treatment) administered by an expert from without. As with the physician, the psychotherapist is the expert on what is wrong with the client, makes a diagnosis, determines and then administers the course of treatment. With this understanding the clinician becomes a mechanic, entrusted to fix the broken human machine. Other than complying with the prescribed regimen of care, the afflicted individual is passively involved in the healing process (Beinfield & Korngold, 2013).

While medical models of psychotherapy are helpful in reducing the astounding variability of the human experience, they can become a type of diagnostic shortcut that limits the
understanding of the whole human experience (Germer, et al., 2013). Critics of the medical model are concerned that a medical model paradigm is deeply rooted in the DSM, thereby “ignor[ing] almost completely any factors that might contribute to mental illness other than the biological and neurological” (Jackson, 2012, p. 4). Tight attachment to the medical model prohibits curiosity and pretends to know with certainty, truths about an individual’s diagnosis and treatment. Gorman (2001) advocated stepping back from teaching taken for granted, understanding of mental disorders in the DSM, and challenging students to hold expert certainties more lightly in their quest to become mental healthcare professionals.

Fusion to a paradigm compels a client to conform to a therapist’s assumption about dysfunction and healing resulting in theory countertransference by which a psychotherapist unconsciously places the client in a theoretical box. In this box the client must either fit or display resistance (Miller, Duncan, & Hubble, 1997). Theory countertransference as Maslow (1966) warned, is like the therapist whose only tool is a hammer, requiring every problem to be a nail. Maslow's (1966) hammer and nail metaphor represent the narrow approach to understanding mental health emphasized in CACREP accredited professional counseling programs.

According to Pollak et al. (2014), mindfulness (Eastern) approaches have not only found a place in mainstream psychotherapy, [they are] now the fastest-developing area in clinical practice. Many clinicians have come to view mindfulness as a curative mechanism that transcends diagnosis, addresses underlying causes of suffering, and is an active ingredient in most effective psychotherapies (p. vii-viii).

Eastern approaches enlist the client in the healing process, “that might best be called participatory medicine” (Kabat-Zinn, 2013, p. xlvii), acknowledging the power of the innate
healing potential of individuals. Integration of Eastern and Western approaches create a more holistic enterprise between client and therapist; one that trusts that innate healing occurs from the inside-out along with Western interventions that work from the outside-in. However, Eastern ideas are not promoted in traditional counselor education programs.

**Study topic.** Near the completion of professional counselor education programs, students must intern with an approved agency to gain real life and tacit experience in the counseling arena. Students choosing involvement through the study site were exposed to holistic services not taught in CACREP accredited professional counseling programs (Duffy et al., 2017; Epstein, 2017; Kabat-Zinn, 2013). In addition to conventional Western approaches to psychotherapy, mindfulness activities were part of the therapeutic curriculum for program participants. Therapeutic offerings included formal mindfulness practices of yoga, qigong, meditation, and auricular acupuncture. This inquiry investigated the subjective, lived experiences of student interns as they journeyed through a semester of involvement in the study site’s culture of holistic treatment. The study was structured to understand the personal and professional experiences of CIT volunteer participants (Creswell, 2013; Moustakas, 1994; van Manen, 1990).

Critical issues have emerged from the investigation of literature adding relevance to this study. Some advance concern over an exclusive alignment to the Western medical model concept of diagnosis and treatment of mental health conditions (Jackson, 2012; Kabat-Zinn, 2013). The Western medical paradigm is organized around biomedical aspects of illness, which works well to manage physical concerns of human illness but is limited in addressing more invisible aspects of humanity including the roles of mind, spirit, faith, family, community,
phenomenological, systemic and cultural aspects of suffering and healing (Hansen, 2003; Jackson, 2012).

Other literature identified the effectiveness of Eastern, mindful approaches to increase client awareness and intuition and to reduce symptoms of mental suffering (Baer, 2003; Brown, Ryan, & Creswell, 2007; Germer, Siegel, & Fulton, 2013; Shapiro et al., 2006). Additionally, mindfulness approaches have been found to enhance aspiring therapists by encouraging self-care, cultivating insight, preventing burnout (compassion fatigue) and encouraging attunement and trust in the therapeutic relationship (Boellinghaus et al., 2013; Bohecker et al., 2016; Christopher et al., 2006). Literature shows that exposing professional counseling student interns to Eastern, mindfulness healing approaches help both the client and therapist in the therapeutic relationship.

This study will follow student interns as they learn, practice, and experience mindful approaches to therapy within the holistic culture at the study site. Student interns will be taught auricular acupuncture, yoga, mindful meditation, and qigong as therapeutic techniques integrated with conventional, Western therapeutic interventions (group, individual, family, and multi-family psychotherapy). Understanding a student’s subjective experiences of these mindfulness approaches is the nature of this inquiry (Moustakas, 1994; van Manen, 1990). Qualitative methodology will be employed to study the essence of the student intern’s subjective experience; specifically, phenomenological investigation will assist an effort to pursue the most authentic understanding of a student’s personal and unique, lived experience relative to the phenomena of mindful healing practices (Creswell, 2013).

**Context.** The study site is a state licensed, clinical training institution, and CARF accredited facility charged to provide programs and services to address mental health disorders of client stakeholders. The study site embraces a holistic philosophy, tending to physical,
mental, and spiritual concerns of client stakeholders. Mindfulness activities incorporated into the treatment curriculum include yoga, meditation, acupuncture, and qigong. While these approaches are commonly identified as Eastern, non-verbal and contemplative healing practices are utilized all over the globe. These techniques offer a counterbalance to conventional Western medical models of talk therapy and biomedical remedies to treat mental health concerns. Program assumptions trust that the integration of Eastern and Western approaches will help create a powerful healing synergy assisting participants to lead a more functional life as evidenced by reduced symptoms of mental distress and improvement of value-based living (Harris, 2008; Kabat-Zinn, 2013; Mehta, 2011).

Program evaluations and outcomes of the study site bear this out. Depending on the diagnosis, clients are administered measures to assess the severity of symptoms upon admission and completion of programming. These tools help the agency gauge change in symptoms over the course of the program involvement and validate the program’s effectiveness to treat symptoms of depression, anxiety, and addiction. However, well-being and happiness are more than a quantitative Western scientific measure of symptom reductions (Csikszentmihalyi, 2008, Harris, 2008). Mindful collaboration with Western psychotherapy promotes attunement to an individual’s subjective experiences of personal values, including the role of spirit, connection, and meaning in life. Becoming more grounded in here and now being, requires “affectionate attention,” living each moment to the fullest, including being with moments of pain and suffering (Kabat-Zinn, 2013, p. 53).

The study site provides practicum and internship opportunities to students of CACREP accredited professional counseling programs and teaching institutions from the Southwest area of the United States. An internship allows tacit knowledge sharing opportunities for students,
including experiential and whole body (holistic) knowledge in addition to explicit, objective, codifiable, and theoretical understanding of diagnoses and manualized treatment of mental suffering (Hislop, 2013).

Area professional counselor education programs do not provide Eastern healing concepts in their course curriculum, limiting students to the Western biomedical understanding of mental health diagnosis and treatment during their academic training (CACREP, 2016; Chodoff, 2002; Duffy et al., 2017; Jackson, 2012; Kabat-Zinn, 2013). Understanding the phenomenological experience of student interns as they are exposed to Eastern healing may create an opportunity to learn more about student attitudes towards mental suffering and healing (Moustakas, 1994; van Manen, 1990). This inquiry may uncover questions about teaching attitudes, counselor education curriculum, and student experiences leading to future studies and expanded understanding of treating mental suffering.

**Significance.** Literature shows the Western medical paradigm (particularly pharmaceutical remedies) in treating mental suffering has failed to stem the growing tide of mental health concerns. According to the National Institute of Mental Health (NIMH), 46% of adults have met criteria for mental illness established by the American Psychiatric Association (APA) and codified in the DSM in their lifetime. These adults have met at least one (most met more than one) category of mental illness including disorders of anxiety, mood, impulse control, and substance use (Angell, 2011). Anxiety disorders are the most diagnosed mental illness in the United States affecting 18% of the population, 40 million people (Drain, 2017). The World Health Organization (WHO) has predicted that depression will soon become the second most debilitating disorder in the world (Harris, 2008).
The Western medical practitioner’s response to mental suffering is most commonly treated by psychoactive drugs. Angell (2011) stated, “In fact, most psychiatrists treat only with drugs, and refer patients to psychologists or social workers if they believe psychotherapy is also warranted” (p. 1). This shift away from psychotherapy has occurred over the last four decades as biomedical research scientists advanced the chemical imbalance theory of mental illness. In the ten years following the rollout of Prozac in the 1980s, people treated by antidepressants tripled and currently “about 10% of Americans over age six take antidepressants” (Angell, 2011, p. 2; Whitaker, 2012)

Americans’ desire for medicinal remedies is staggering. According to Smith (2011), Americans represent 5% of the world’s population and consume over 50% of the world’s pharmaceuticals, including 99% of the world’s Vicodin (Edwards, 2017; Smith, 2011). Despite advances in biomedical treatments to relieve pain and suffering, human misery does not seem to be diminishing but growing by leaps and bounds. If Western medical approaches worked, we would expect to see the prevalence of mental suffering decline. Instead, human suffering is more widespread than ever before (Csikszentmihalyi, 2008; Harris, 2008; Whitaker, 2012). Lost in the roll out of Western psychiatry’s biomedical, pharmaceutical cures are ancient mindfulness practices of Eastern origin. These alternative approaches to Western psychiatric influence are not offered in CACREP accredited academic curricula. Outside of professional counseling programs, mindfulness approaches are rapidly gaining steam in mainstream psychotherapy practices. Many clinicians appreciate the curative power of mindfulness practices (Pollak et al., 2014). The growing disconnection between rising numbers of mental health diagnosis and a status quo approach taught in professional counseling programs is of significant concern.
The culture of the study site embraces a broader understanding of human suffering and well-being. Agency practitioners promote a curious investigation of mental suffering and remedy, expanding beyond the focus of physical (chemical imbalance) causes and cures. My curiosity about Eastern healing strategies stems from an introduction to auricula (ear) acupuncture in 1991. As an adjunct tool to promote mental health in clients, acupuncture helped me to explore healing and psychotherapy in an inside-out manner. Getting well and changing for the better was not all in the therapist’s (or chemist’s) hands. Therapists could not make anyone more functional but could help the client access and unleash innate healing potential that was already there (Maslow, 1943; Rogers, 1961). Acupuncture represented an Eastern healing tool that taught clients and practitioners that healing could be non-verbal, non-judgmental, client-centered, empowering, and chemically free.

My experience with acupuncture represented a turning point in clinical thinking and launched me into a quest to learn more about Chinese medicine, Eastern healing philosophies, Taoism, Buddhism and non-Western approaches to diagnosis and treatment. I have come to respect the stealth power of these approaches as they put clients in touch with the inherent capacity to heal and to trust innately the resilient, soulful wisdom of an inner teacher (Palmer, 2004, p. 25).

**Problem statement.** The essential problem statement of this investigation is that CACREP accredited counselor education programs do not include mindfulness training in their required course curricula. This, despite the utility of mindfulness-based approaches now finding their stride in mainstream clinical psychotherapeutic practice (Pollak et al., 2014). According to Duffy et al. (2017), a small number of studies on mindfulness activities with CITs are done on the campuses of CACREP programs.
Stand-alone mindfulness courses in CACREP accredited programs are virtually unheard of. When mindfulness approaches are taught on campus, they are offered as an elective or packaged in a CACREP core requirement; mindfulness-based activities integrated into a counseling theory and practice course (Duffy et al., 2017; Fulton & Cashwell, 2015), infusing mindfulness into small group requirement (Bohecker et al., 2016) and Christopher et al.’s (2006) elective course, Mind/Body Medicine and the Art of Self-Care. Typically, CITs gain experience in mindful approaches outside their graduate training program, through workshops and seminars, on their time and at their expense (Duffy et al., 2017).

Mindful awareness is not appreciated in our culture, and we are not taught the benefits of a mindful path. Kabat-Zinn (2013) noted, “As a rule, our schools do not emphasize being, or the training of attention” (p. 592). Rather, our culture values productivity, performance, procedures, and evidenced-based outcomes. According to Epstein (2017), there is a current crisis in healthcare stemming from the commodification of Western medicine that has influenced a clinician’s focus away from healing of patients to the procedures of health care. Epstein (2017) noted that mindless inattention could result in disasters and added that “awareness of my own mind might be one of the most important tools I could have in addressing patients’ needs . . . something no one had spent much time teaching me in medical school” (p. 3).

Professional counseling students are taught from a Western biomedical paradigm that has held significant sway over the DSM and CACREP accreditation standards and ignores Eastern/mindful approaches to understand and treat mental suffering (Hansen, 2003; Jackson, 2012). It is the argument of this inquiry that the medical model approach alone is inadequate to stem the rising tide of mental healthcare needs (Chodoff, 2002; Whitaker, 2012). A more holistic understanding of human nature (of the client and clinician) is needed to address the
magnitude of mental suffering—an understanding that could be bolstered by the inclusion of mindfulness practices in CACREP accredited professional counseling programs.

Cultivating a holistic understanding of mental suffering and curative options present an academic opportunity of value in the arena of professional counseling programs. This inquiry will contribute a baseline study for future inquiry into the significant problem of the growing affliction of mental health disorders and the narrow lens through which future psychotherapists are taught to understand, diagnose and treat suffering clients.

**Organization.** Information has been framed to present the evolution of Western medicine in mental health, conceptual components of East and West paradigms of understanding diagnoses and treatment and methodological considerations of this study (Machi & McEvoy, 2012). The literature shows the great promise of Western medicine and its shortcomings when layered on problems of the mind. Literature shows the influence of Western biomedical approaches have dominated the field of psychology to the exclusion of less scientific and more subjective Eastern and mindfulness healing practices.

Outside of the academic institution, mindful approaches are gaining attention as methods to access inherent healing potential and remedy mental suffering (Pollak et al., 2014). Ancient Eastern practices are becoming more mainstream as mental health consumers are exposed to and educated about the ancient healing arts. Research shows that the practice of mindfulness skill benefits both student interns and client stakeholders. Investigation of the literature confirms the value of the holistic platform that has been a part of the study site’s services since its inception.

As graduate counseling students transition from academia to professional practice through the internship experience, it is helpful to understand their subjective experience with mindfulness approaches through qualitative methods. This methodology is appropriate for some
reasons, primarily because of the unique experience of the student intern is the object of understanding. Additionally, the very nature of moment to moment mindful practices are difficult to translate into quantitative data. It is anticipated that this investigation will shed light on the value integrating Eastern concepts to psychotherapy and the problems of exclusive alignment with a biomedical approach to mental suffering. I believe this inquiry will provide an opportunity for future exploration of East/West integration in professional counseling programs.

**Conceptual Framework**

“A conceptual framework is an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous” (Ravich & Riggan, 2012, p. 7). This conceptual framework links personal interest, literature and research methodology to structure an investigation of professional counseling student interns as they journey through a holistic counseling center. Arguments of relevance include discussion of the problem of Western biomedical approaches to treat mental suffering, the value of ancient Eastern and mindfulness practices, the role of being and personal and professional interest in the topic.

**Problems with the Western medical paradigm.** Szasz (1973) noted that, “every ordinary illness that persons have, cadavers also have. A cadaver may thus be said to have cancer, pneumonia or myocardial infarction. The only illness a cadaver surely cannot have is mental illness” (p. 87). In discussing the myth of mental illness Szasz (1960; 1973) noted that, however we wanted to categorize the mind, it was not a physical thing. Jackson’s (2012) article highlighted controversies with the recent revision of the DSM, as it “applies psychiatric diagnoses to an even greater number of what might be considered normal ranges of human emotions and behaviours…extend[ing] still further the medicalisation of human distress and difference, without the scientific and biological evidence to support it” (p. 4).
Nevertheless, Western biomedical, scientific methods have been the dominant way of conceptualizing mental suffering. The Western medical model of understanding mental health has directed the treatment landscape and become the chosen method of teaching, understanding and treating mental disorders in American culture. The Western paradigm has held sway over the evolution of the DSM, the rise of the pharmaceutical industry and CACREP accreditation standards in professional counseling programs (Angell, 2011; Christopher et al., 2011; Duffy et al., 2002; Elkins, 1998; Germer et al., 2013; Hansen, 2003; Jackson, 2012).

The Western medical paradigm was birthed during the Renaissance. René Descartes, a 17th century French philosopher, mathematician, and scientist ushered in an era of scientific revolution based on reductive and analytic reasoning. Descartes likened a healthy human to a well-made clock, asserting, “I do not recognize any difference between the machine made by craftsmen and various bodies that nature alone composes” (Beinfield & Korngold, 2013, p. 19). The resulting scientific method of understanding physical cause and effect (Cartesian medicine) contributed to the control and cure of a multitude of biological afflictions on humanity. The scientific method also contributed to a separation of physical and non-physical attributes of humanity that became known as Cartesian dualism; what could not be scientifically understood or controlled was not considered valuable to the scientific method.

Mehta’s (2011) critique of mind-body dualism explored the impact of this divide regarding the costs and benefits of understanding human nature and health. Mehta (2011) raised some interesting questions challenging the narrow focus on biological factors and control of diseases and acknowledged mind-body dualism as having benefitted humanity by unshackling science from religious dogma of the 17th century. However, the costs have eliminated the
dynamic interplay of intangible aspects of human beings and their relationship to nature resulting in “great strides forward, and a huge leap backward” (Mehta, 2011, para. 10).

The discovery of second generation psychiatric medications (SSRIs) in the 1980s, held great promise in the scientific community for the eradication of mental suffering. However, with all its promises, advances in neurosciences and molecular biology has been insufficient to stem the rising tide of mental illness in the United States. According to Whitaker (2012), the Western, biomedical paradigm of diagnosing and treating mental disorders has not been successful.

The value of Eastern approaches. Eastern healing paradigms include non-physical aspects of humanity that do not fit neatly within the Western medical science model of sickness and cure. Mindfulness tactics work with healing capacities innately present in all human beings. In this respect, Eastern healing strategies are aligned with nature; presuming that stealth healing forces are gracious, naturally present, and can be enlisted to remedy mental suffering. Kabat-Zinn (2013) appreciated the inherent function in humanity when he proclaimed, “as long as you are breathing, there is more right with you than there is wrong, no matter how ill or how hopeless you may feel” (p. 2). This is a departure from Western approaches that tend to seek out deficit and dysfunction. According to Seligman (2004), a flaw of Western psychology has been its preoccupation to diagnose, pathologize, and victimize the human condition.

Pollak et al. (2014) noted an astonishing rise of mindfulness approaches in mainstream Western clinical practice, primarily because psychotherapists have come to appreciate the healing value of mindfulness interventions. Healing factors associated with mindfulness approaches can treat a wide range of disorders from psychosis to stress. Further, there is a universal appeal of Eastern concepts that transcend the theoretical diversity of Western approaches to mental suffering (Germer et al., 2013). Healing mechanisms of mindfulness
include components of attention, intention, attitude, insight, exposure, nonattachment, enhanced mind-body functioning, self-management, acceptance, cognitive change, and integrated functioning (Baer, 2003; Brown, Ryan, & Creswell, 2007; Shapirio et al., 2006). This holistic merger of Eastern and Western healing practices would help restore the Cartesian rift. Eastern and Western (Cartesian) philosophies of healing are depicted below in Figure 1.

Figure 1. Human being as machine and garden (Beinfield & Korngold, 2013). Use of the illustration is allowed with permission of the authors of Between heaven and earth: A Guide to Chinese Medicine.
There is a scarcity of research investigating exactly how this apparently simple mindfulness practice works. Shapiro and Carlson (2009) noted that attempting to understand and quantify non-physical, subjective, and phenomenological components academically and quantitatively are in some ways antithetical to the very nature of Eastern mindful approaches. As Hölzel et al., (2011) suggested, “functional and structural neuroimaging studies have begun to explore the neuroscientific processes underlying these components” (p. 537). Hansen with Mendius (2009) noted Western science has “learned more about the brain over the last 20 years than in all of recorded history” (p. 6), resulting in discoveries that are beginning to merge concepts of psychology, mindfulness, and neurology.

**The role of being.** Humanistic, existential, and positive psychology movements have provided space for the role of subjective, experiential, natural, and stealth healing aspects of human beings (Csikszentmihalyi, 2008; Maslow, 1943, 1966, 2014; Rogers, 1957, 1959, 1961, 1980; Seligman, 2004). With views comparable to Eastern healing tenets, these Western psychotherapies acknowledge healing potentials are naturally present and accessible in human beings. Maslow (1943, 2014) proposed that human beings were inherently motivated to self-actualize and grow into the nature of their own being and potential. Maslow’s (1943) theory of innate motivation and wisdom to manage basic needs was a departure from Freud’s medicalizing human suffering. Human beings come equipped with innate wisdom according to Palmer (2004), containing “a seed of selfhood that contains the spiritual DNA of our uniqueness—an encoded birthright knowledge of who we are, why we are here, and how we are related to others . . . we may abandon that knowledge as years go by, but it never abandons us” (p. 32).

Rogers’ (1957) core therapeutic factors of unconditional positive regard, acceptance, genuineness, and empathy remain benchmarks of effective therapy. These competencies have
less to do with clinicians doing therapeutic techniques, than developing practices of awareness and being in the world (Campbell & Christopher 2012). According to Rogers (1961), a therapist who knows his or herself is better able to help others do the same. Acknowledging and accepting our humanity allows human beings freedom to “change and grow in the direction natural to the human organism” (p. 64). Rogers (1961) conceded the nature of change as a strange and “almost oriental point of view . . . the more I am open to the realities in me and in the other person, the less do I find myself wishing to rush in to fix things” (p. 21). According to Rogers (1961) functional change occurs in a non-linear, non-intellectual, subjective, and paradoxical manner.

Kabat-Zinn (2013) lamented that this artful way of being in the world is not appreciated in our culture, nor is it taught in our schools or universities.

It is doing that is the currency of our modern education system. So often the doing is under the pressure of time, as if we were being pushed through our lives by the pace of the world, without the luxury of stopping and taking our bearings, of knowing who is doing the doing. Awareness itself is not highly valued, nor are we taught the richness of it and how to nurture and use it. (p. 440)

Promoting the art and healing potential of mind-body being is a central argument in this inquiry, and “being is a fundamental term of the human science research process itself” (van Manen, 1990, p. 175).

**Personal experience.** Van Manen (1990) acknowledged that one’s life experiences are immediately accessible in a way that no one else’s is. The essence of my lived experience includes a deep appreciation of powerful and invisible aspects of reality as well as observable, verifiable facts. It is through my subjective and phenomenological connection with life that I
came to understand this information. I consider my subjective experience, as Rogers (1961) asserted, is the ultimate measure of truth for me; the most valid kind of understanding. My journey as a human being, psychotherapist, and a doctoral student has brought me into a convergence of knowledge, combining scientific and mysterious life realities.

I have learned that intelligence is not dependent upon any single aspect of human knowledge being dominant over the other, but of a deep and dynamic interplay between the seen and unseen knowledge. This blend of knowledge is evidenced through the faith-based institution of Concordia University endorsing this study; promoting a phenomenological understanding of an ineffable God through belief, faith, and trust, while at the same time sanctioning scholarly and empirical, academic research to glean the truth. Managing these truths require awareness, wisdom, and skill. I look to find a functional balance in my personal, professional, and academic life. I have found Eastern concepts to embrace an inclusive understanding of humanity and I have integrated these concepts into the culture and services of the study site for over 20 years. It is my conviction that a healthy human connection and affective psychotherapy (including integration of mindfulness approaches) can preclude the need for the excessive use of prescription medications (or mood-altering substances) and help direct clients towards a richer and more meaningful life experience.

**Review of Research Literature**

Aforementioned definitions of mindfulness helped frame this inquiry; reviewed literature explored mindful approaches to mitigate the mental suffering of clients and to improve therapeutic and self-care skills of aspiring professional psychotherapists. This research included quantitative and qualitative methodology. Boolean search methods included keywords; mindfulness meditation, Eastern medicine, Western medicine, counseling education,
psychotherapy, yoga, qigong, Chinese medicine, Taoism, Buddhism, spirituality, wellness, and mental health. Some data bases were used in searching relative literature including Sage Journals, PsychARTICLES, Psychological Database, and Psychology Collection. Google Scholar was also a valuable resource in helping to access relevant books and articles for this inquiry and provided proper citations for pertinent references to this inquiry.

**Mindfulness measures.** Some studies examined mindfulness measures. These studies were important to consider for the measurement tools they explored and for questions they generated for phenomenological inquiry. Baer, Smith, Lykins, Button, Krietemeyer, Sauer, . . . Williams (2008) explored the construct validity of the Five Facet Mindfulness Questionnaire (FFMQ) (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). The FFMQ is a 39-item self-report measure aimed at identifying five key facets of mindful practice in daily life; observing, describing, acting with awareness, non-reactivity to inner experience, and non-judging of inner experiences.

Baer et al. (2008), drew samples from four groups (regular meditators, \( n = 213 \), demographically similar non-meditators, \( n = 252 \), a non-meditating community sample \( n = 293 \), and a non-meditating student sample, \( n = 259 \)) seeking to understand if the long-term practice of mindful skills promotes psychological well-being (PWB) as hypothesized. “Results were largely consistent with predictions. Four of the facets (all but acting with awareness) were significantly correlated with meditation experience . . . and meditators scored significantly higher than in other samples” (p. 339). Baer et al.’s. (2008) qualitative study “provide[d] good support for the construct validity of the FFMQ” (p. 341).

Williams, Dalgleish, Karl and Kuyken (2014) examined the factor structure of FFMQ and Neff’s (2003) Self Compassion Scale (SCS) related to individuals with recurrent depression.
Williams et al. (2014) drew from three adult samples (unspecified, \( n = 940 \), meditators, \( n = 235 \), and clinical subjects, \( n = 424 \)) and concluded that the FFMQ should be used with caution for comparing meditator and non-meditation samples “unless the observing/noticing facet [of the questionnaire] is excluded.” Williams et al. (2014) determined that the factor structure of the SCS fell below criteria acceptable to measure self-compassion concluding that there is need for a “more psychometrically robust measure of self-compassion” (p. 416).

Stauffer and Pehrsson (2012) conducted a quantitative study investigating statements of competency standards questioning how therapists should be trained to deliver mindfulness skills to clients in practice. The study investigated the extent to which experts on mindfulness (\( n = 52 \)) agreed with a proposed set of 16 competency statements on a five-point Likert-type scale. Stauffer and Pehrsson (2012) concluded that competencies were “more than modestly endorsed” (p. 231) by the study’s experts on mindfulness. The authors conceded their approach was subject to bias and that “a qualitative study would no doubt yield additional information about competencies” (p. 237). This study was valuable in its potential to provide questions veiled in competency statements that can be used in qualitative inquiry.

Grossman (2011) questioned whether Western psychological paradigms could measure the “detailed and complex Buddhist phenomenology of the mind” (p. 1034). He noted the recent popularity of mindfulness approaches resulted in an abundance of self-report inventories that purported to measure the ancient practice. However, Grossman (2011) claimed the Buddhist construct of mindfulness resulted from 2500 years of development and was “oriented towards a gradual understanding of direct experience” (p.1035). By contrast, Grossman (2011) noted, “Western psychologist-defined versions” (p. 1035) of understanding mindfulness have attempted
to objectify and quantify the ancient practice for which Western psychology had little frame of reference.

Grossman (2011) wondered if “developers of these self-report scales [were] actually inventing their own definitions and at the same time draping them in the orange robes of Buddhism by citing partial and incomplete definitions of Buddhist scholars” (p. 1035). In summary, Grossman (2011) advocated a greater emphasis on qualitative methods versus “completion of a 5-minute self-report questionnaire” (p. 1039) to understand the complex psychological mechanisms involved in mindfulness practices. The open-ended inquiry found in qualitative research would afford greater opportunity for insight into mindful mechanisms, particularly as it is understood within the traditions of the Buddhist perspective.

**Studies on mental health.** The healing impact of mindful practices was explored through some quantitative studies. Perich et al. (2013) measured the impact of mindfulness-based cognitive therapy (MBCT) on bipolar disorder. A pool of 95 clients with bipolar diagnoses was screened and randomly assigned to one of two, eight-week treatment groups; one offering treatment as usual (TAU, n = 47), and one offering MBCT in addition to TAU (n = 48). Clients assigned to the MBCT group received information and skill practice (e.g., guided sitting meditation and body-scans) adapted from mindfulness curricula of Kabat-Zinn (2013) and Segal, Williams, and Teasdale (2012). Perich et al. (2013), identified “significantly improved state anxiety” (p. 333) and reduction in dysfunction attitudes with those assigned to the MBCT group reported 12 months after completion of the eight-week program.

Kearney et al. (2013) conducted a quantitative pilot study on the effects of loving-kindness meditation (LKM) on posttraumatic stress disordered (PTSD) clients. LKM derives from a Buddhist tradition of meditation; the phrase ‘loving-kindness’ originates from the Pali
The word *metta* meaning love, “and can be described as an unconditional friendliness, benevolence, and goodwill” (Kearney et al., 2013, p. 426). The study selected veteran participants (*n* = 42) with PTSD diagnoses receiving services at a large urban Veterans Administration hospital. As an adjunct to their usual care, the subjects were treated with a 12-week course of LKM. The study noted that compared to the baseline, measurements obtained after the 12-week course demonstrated increased self-compassion and mindfulness skill, and a reduction of PTSD symptoms three months post-LKM course.

Hofmann et al. (2011) published a compilation of research studies for the National Institutes Health (NIH) exploring the potential of LKM and compassion meditation (CM) as psychological interventions. Their review of the literature concluded that LKM and CM are “highly promising practices for reducing stress and negative affect such as anxiety and mood symptoms” (p. 11). The authors noted that LKM practices might be a useful tool in targeting interpersonal problems such as anger management, and both CM and LKM may be “particularly useful for treating relationship problems, such as marital conflicts, or counteracting the challenges among caregiving professionals” (p. 11).

Wolever et al. (2012) examined mindfulness approaches to reduce worksite stress. Their quantitative randomized control trial among subjects of a national insurance carrier measured the impact of “two mind-body workplace stress reduction programs designed to be highly accessible to employees” (p. 247). Participants (*n* = 239) consisted of volunteers who scored high on the 10-item Perceived Stress Scale (PSS) (Cohen, Karmack, & Mermelstein, 1983). Wolever et al. (2012) randomly assigned participants to a yoga stress reduction program, one of two mindfulness-based programs or a control group consisting of assessment only; each intervention was offered one hour a week over the course of 12 weeks. The research team identified a
statistically significant decrease in stress on the PSS compared to the control group. “Both the mindfulness-based and therapeutic yoga programs may provide viable and effective interventions to target high-stress levels, sleep quality and autonomic balance in employees” (p. 246).

A quantitative study in Germany by Grepmaier et al. (2007) sought to understand whether promoting mindfulness in psychotherapists in training (PiT) influenced treatment results of their patients. Their randomized, double-blind, controlled study explored the impact of Zen meditation on PiTs and therapeutic outcomes for patient participants ($n = 124$) under their care. Grepmaier et al. (2007) randomly assigned 18 PiTs into two groups; one practicing Zen meditation before psychotherapy ($n = 9$) or a control group ($n = 9$) which performed no meditation. Patients were likewise randomly assigned to PiTs who either practiced meditation ($n = 63$) or did not ($n = 61$). Both patients and PiTs were blinded to the conditions of the study.

Patients used a variety of instruments to measure therapeutic change during psychotherapy sessions Grepmaier et al. (2007) found that, patients treated by PiTs who regularly participated in Zen meditation before therapy scored significantly higher on their assessment of individual therapy than patients treated by PiTs that did not meditate before sessions… [concluding] directed promotion of mindfulness could positively affect the therapeutic outcome (p. 337).

**Studies on counselors in training.** Bruce et al.’s (2010) article noted that although “research consistently shows that effective psychotherapists are best distinguished by their ability to relate to their patients” (p. 83), there has been limited empirical attention given to methods of training therapists to cultivate quality relations with patients. Rogers (1957, 1961) understood the importance of the therapeutic relationship as the crucial components of
therapeutic change. Wampold (2015) argued that the therapeutic relationship was the first common factor of psychotherapy, a prerequisite to all therapeutic work.

Bruce et al. (2010) claimed that mindful practices assist a therapist in training with self-attunement, which is the basis of an attuned relationship with a patient. Attunement and its closely related concept of empathy are fostered by mindful practices according to Bruce et al. (2010). Bruce et al. (2010), advised that “therapists do not have to wait for empirical validation to benefit from mindfulness practice…preliminary empirical evidence suggests that meditation enhances foundational therapeutic skills” (p. 93). Preliminary evidence included the aforementioned research by Grepmair et al. (2007). The research of Shapiro, Astin, Bishop, and Cordova (2005) emphasized the potential benefits of mindfulness-based stress reduction for healthcare professionals. Bruce et al. (2010) concluded that “any practice that develops qualities of curiosity, openness, acceptance, and love, particularly toward oneself, would yield benefits in the therapy room” (p. 93), including mindful meditation, yoga, tai chi, qigong, or other practices with the intent to expand self-exploration. “The therapist who is able to know himself is better able to know the patient, and therefore better able to help the patient know himself or herself” (p. 94).

Boellinghaus et al. (2013) conducted a qualitative study on trainee therapists (TT) receiving ‘loving-kindness meditation’ (LKM) as a potential tool to explore self-care and compassion during therapy training. Boellinghaus et al. (2013) pointed to research suggesting that newer and younger therapists were at a disproportionately higher risk for psychological distress and burnout from their profession, emphasizing a need for self-care among TTs. The authors sought to understand “how trainees made sense of their experience of practicing LKM” (p. 270) by conducting semi structured interviews on TTs (n = 12). Subjects were screened and
selected based on previous experiences with an MBCT course “to ensure familiarity with mindfulness meditation practice, which are thought to facilitate the encounter with LKM” (Boellinghaus et al., 2013, p. 270). The small number of participants was necessary to provide the space to discuss and explore the subjective experience of the subjects adequately.

Boellinghaus et al. (2013) intervened with subjects by offering an 8-week LKM course followed by interviews which explored topics pertinent to a broad range of experiences including personal and professional development and relationships with themselves and others. The analysis yielded ‘master themes’ and ‘subthemes’ that indicated TTs became more aware of themselves, their thoughts, feelings, and patterns relating to others. “Such increased self-awareness seemed to have enabled participants to be more accepting, compassionate, and caring towards themselves” (p. 274). The authors concluded that this study offered a detailed insight into the experience of the sample, clearly increasing TT’s ability to be compassionate and caring towards themselves and others. Boellinghaus et al. (2013) believed these findings would provide a platform for future quantitative research in this area.

Fulton and Cashwell’s (2015) research conducted a quantitative study to measure the impact of mindfulness on student counselor empathy and anxiety. A sample of masters-level counseling interns ($n = 152$) was recruited from 12 geographically diverse professional counselor education programs accredited by CACREP. The authors mailed packets of questionnaires to participants which included the FFMQ, the Self-Other Four Immeasurables (SOFI: Kraus & Sears, 2009), the Interpersonal Reactivity Index (IRI: Davis, 1980) and the Trimodal Anxiety Questionnaire (TAQ: Lehrer & Woolfolk, 1982). Responses to the questionnaires yielded results that supported awareness and compassion in reducing anxiety and improving empathy with masters-level counseling students.
Fulton and Cashwell (2015) acknowledged promising results with implications for counselor education programs. They noted however, that “future studies are needed to corroborate these findings…[and] ultimately, if mindfulness is to be adopted as part of counselor training, researchers must demonstrate that such training will improve counseling performance and positive client outcomes” (pp. 131–132).

A qualitative study by Rothaupt and Morgan (2007) sought to understand mindfulness practices of counselors and counselor educators and the results of those practices. The authors selected six subjects from members of the Rocky Mountain Association of Counselor Educators and Supervisors. The six qualified as subjects by being professionally licensed mental healthcare professionals, engaged as full-time counselors or counselor educators and by self-identifying as using mindful practices. Data was collected through semi structured interviews asking five initial guiding questions: (a) How do you define, mindfulness?; (b) What is the nature of your mindful practices?; (c) How did you get started with the practices?; (d) How do your mindfulness practices impact your counseling or counseling supervision?; and (e) How do your mindfulness practices impact your own self-care?

Rothaupt and Morgan (2007) analyzed data using Merriam’s (2002) constant comparative method exposing themes as the study progressed. The authors gleaned some valuable themes from the subjects, identifying mindfulness rituals of practice and beneficial outcomes of mindfulness practices. Among the themes, present moment living, mind-body awareness, connection to others, abundant gratitude, and cultivation of solitude all help promise as core processes important in the counseling relationship. The authors hoped that future research would advance the premise that mindfulness practices by counselors and counselor educators “can be positively traced to through their impact on students, counselors, and, ultimately, on clients”
(Rothaupt & Morgan, 2007, p. 53). Rothaupt and Morgan (2007) concluded by acknowledging a need for more research investigating how mindfulness practices can be integrated into existing counseling education and supervision training programs.

Bohecker et al. (2016) conducted a qualitative study using grounded theory methods to explore the lived experiences of CITs (CITs; \( n = 20 \)) participating in a mindfulness small group experience. Bohecker et al. (2016) determined that a grounded theory design would be the “most appropriate method…to obtain a deeper understanding of the experiences of the participants’ process” (p. 19). The research team used Charmaz’s (2006) constructivist grounded theory method that assumed the interaction between the researcher and the subject would produce the data and meaning in the study.

Bohecker et al. (2016) used CACREP required a small-group training course to expose CITs to a mindfulness experiential small group (MESG) curriculum. The curriculum provided an 8-week psycho-educational and experiential format divided into three parts: (a) mindful orientation; (b) mindful awareness; and (c) mindful practice. The authors learned that incorporating an MESG type of program into counselor education “has the potential to contribute to the models of counselor development and pedagogy . . . [and] such programs may assist CITs to successfully navigate difficult emotions and tolerate ambiguity that are a part of learning” (p. 28). Bohecker et al. (2016) concluded by encouraging longitudinal research to understand the effects of MESG on CITs over time.

A number of qualitative studies were conducted investigating Christopher’s course at Montana State University entitled, Mind/Body Medicine and the Art of Self-Care (Campbell & Christopher, 2012; Christopher et al., 2006; Christopher et al., 2011; Christopher & Maris, 2010; Chrisman et al., 2009; Maris, 2009; Schure et al., 2012). The course, initiated in 1999, was
offered in the curriculum of Montana State’s Counseling and Human Development, a CACREP accredited teaching institution. An elective, Mind/Body Medicine and the Art of Self-Care was based loosely on the MBSR program (Kabat-Zinn, 2013) for masters-level counseling students. It taught practical tools for self-care in graduate school and beyond, familiarized students in mindfulness and contemplative practices and their relevance in counseling, psychology, and behavioral medicine (Campbell & Christopher, 2012).

Qualitative methods to investigate student experiences in Mind/Body Medicine and the Art of Self-Care included focus groups, journal responses to questions, narratives, and phone interviews. Christopher et al.’s (2011) research studied the longitudinal effects of the course on students. The study had a sample of 54 students who attended the course over the previous five years. Through phone interviews, the study analyzed answers to questions and concluded that the course seemed to have long-term positive personal and professional impact on students.

Maris’ (2009) qualitative study of Christopher’s course was a first-person case narrative. Maris (2009) revealed a very beneficial account of the course experience. Although the phenomenological information was interesting, this study alone yielded very thin data. However, Maris’ (2009) contribution to the greater knowledge of Christopher’s work was valuable.

**Review of Methodological Issues**

Researchers, using traditional scientific means, struggle to agree on exactly how to define mindfulness. It follows that writing about the non-conceptual, ineffable mind academically and conceptually is a difficult proposition; “in some ways antithetical to the very nature of mindfulness” (Hayes & Shenk, 2004; Shapiro & Carlson, 2009, p. 3). Gunaratana (2002) asserted, “You can play around with symbols all day long and you will never pin [mindfulness]
down completely” (p. 137). Quantitative research methods are limited in their understanding the subjective human experience.

Humanistic and existential psychologists understood the difficulty gleaning objective psychological data from a subject that cannot be removed from relational and contextual circumstances. Maslow (1966) held that human science should not be forced into the mold of physical science. According to Elkins (1998), “psychology should have its own epistemological assumptions and methods. What we study should determine how we study it . . . traditional methods of physical sciences are not phenomenon-friendly” (p. 169). Creswell (2013) noted that with epistemological assumptions, researchers use qualitative studies as a means to get as close as possible to the participants being studied, “this is how knowledge is known - through the subjective experience of people” (p. 20). For Rogers (1961), one’s subjective experience was the highest benchmark of truth.

The PI seeks to understand the experience of the counseling student interns. It is fitting that qualitative methodology will be employed to assist in the endeavor. Christopher et al. (2011) believed that their research was enhanced through qualitative methods “revealing dimensions of change that have been ignored or are not captured by preexisting measures” (p. 322). Qualitative methodology offers a “legitimate mode of social and human science exploration” to guide this inquiry (Creswell, 2013, p. 6) and will shape understanding from “the ground up, rather than handed down entirely from a theory of from the perspectives of the inquirer” (Creswell, 2013, p. 22). The philosophical assumption of social constructivism underpins this research design (Creswell, 2013). This worldview illuminates understanding of subjects in the world in which they live and work, “leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas” (p. 24).
Qualitative researchers have a vast assortment of research approaches available to them; Tesch (1990) for example, accounted for classification of 28 qualitative approaches. Creswell (2013) distilled qualitative approaches to five that include narrative research, phenomenology, grounded theory, ethnography, and case study. Narrative research emphasizes the life of an individual through the stories of individual experiences, while ethnographical research analyzes and describes common patterns of a culture-sharing group. Case study approaches seek to study an event, program, or activity in the context of a case or a setting in which the case is presented. Researchers interested in developing theory are guided by grounded theory research. This type of qualitative research studies the process and interaction from many individuals and serves to guide researchers in generating new or contrasting ideas compared to extant literature (Creswell, 2013).

According to Creswell (2013), phenomenological methodology “describes the common meaning for several individuals of their lived experience of a concept or a phenomenon” (p. 76). Phenomenological research aims to distill an individual’s experience of a phenomenon to a descriptive, commonly understood essence. This description includes the what and the how individuals experience and concludes with “a descriptive package that discusses the essence of the experience for individuals…interpreting the texts of life” (Creswell, 2013, p. 79).

Moustakas (1994) has emerged as an important resource to explore his interest in transcendental and psychological phenomenology aligning with the nature the study site’s holistic work in training counseling students and treating clients with psychological disorders. Van Manen’s (1990) work may also contribute to qualitative methodology with his discussion of hermeneutical phenomenology (texts of life) and dynamic interplay of phenomenology as “not
only a description, but . . . also an interpretive process in which the researcher makes an interpretation of the lived experience” (Creswell, 2013).

A concern associated with all research methods is the credibility of the study; to what extent does data, data analysis, and conclusions accurately reflect the nature of the study? (McMillan, 2012). In quantitative research, the criteria for credibility are based primarily on the validity and reliability of numbers and scores. Qualitative researchers have encountered criticism from scientific researchers for their failure to comply with traditional measures of validity and reliability (Creswell, 2013). Wolcott (2009) had little concern for traditional means of validation, choosing to replace the term with a broader understanding. “Validation neither guides nor informs” (p. 136) and does not capture the essence of what Wolcott (2009) seeks. Rather than convincing others, qualitative research endeavors to “understand what is really going on” in this naturalistic research approach (Creswell, 2013, p. 248).

According to Creswell (2013), qualitative researchers can enhance credibility through holistic utilization of eight validation strategies to improve the accuracy of their studies. These include prolonged engagement, triangulation, peer review, negative case analysis, clarifying researcher bias, member checking, rich and thick descriptions, and external audits. McMillan (2012) advocated for triangulation, an approach using multiple data sources that contribute not only to thick and rich description of a study, but also to the believability and validation of a study. Creswell (2013) recommended that qualitative researchers utilize at least two strategies in any study conducted, noting that triangulation, detailed and thick descriptions, and member checking are “reasonably easy methods to conduct” (p. 253).

**Synthesis of research findings.** Research in this investigation contains quantitative and qualitative methodology. Quantitative studies advance empirical and scientific understanding of
observable data, using systematic and scientific methods to minimize bias and avoid overly simplistic explanations of a topic (Adams & Lawrence, 2015). Quantitative research cited in this inquiry helped to understand changes in measurable mental health symptoms when exposed to mindfulness approaches. These methods help to validate mindfulness as a tool for mental health clients.

Qualitative research helps to understand the personal, subjective, and phenomenological experiences of subjects involved (Creswell, 2013; Moustakas, 1994; van Manen, 1990; Wolcott, 2009). Qualitative data collection methods allow researchers to identify themes embodied in the human experience. These themes help to summarize the what of an individual’s experience and how they experienced it (Moustakas, 1994; Creswell, 2013). Qualitative research in this review seeks to understand themes of lived experiences of CITs exposed to mindfulness practices.

**Symptom reduction in clients.** Hofmann et al.’s (2011) work provided a review of literature for the National Institute of Health (NIH) that explored the impact of LKM and compassion meditation (CM) on psychological distress. The researchers summarized the impact of LKM and CM as “highly promising practices for improving positive affect and for reducing stress and negative affect such as anxiety and mood symptoms” (Hofmann et al., 2011). In a similar investigation of the impact of LKM, Kearney et al. (2013) provided a pilot study to examine the impact of a 12-week LKM course on subjects with PTSD in a Veterans Administration Hospital. Compared to baseline symptom assessment, this study found evidence that subjects involved in the LKM course reduced symptoms of PTSD and depression as well as being a “safe and acceptable” (p. 426) treatment approach for Veterans.

Perich et al. (2013) conducted a randomized controlled trial through which the impact of MBCT was explored with patients diagnosed with bipolar disorder. This study compared
treatment as usual, versus MBCT and concluded that although MBCT did not lead to significant reduction in hypo/manic recycling of symptoms, MBCT did significantly reduce co-morbid anxiety with patients and improve dysfunctional attitudes of bipolar patients. A quantitative pilot study from Wolever et al. (2012) examined the impact of mindfulness approaches on symptoms of stress in the workplace. The researchers found “significant reduction in perceived stress and sleep disturbance” (p. 255) for participants assigned to mindfulness intervention groups.

In a study that represented a shift from client to therapist function, Fulton and Cashwell’s (2015) research explored student counselor anxiety and development of empathy. The study was promising in that it supported the research hypothesis that mindfulness-based awareness and compassion would supplement counselor empathy and ability to construct a therapeutic relationship, a prerequisite to therapeutic gains of a client. Further, Fulton and Cashwell (2015) found that mindfulness approaches may help develop perspective which could help reduce student counselor anxiety.

Grepmaier et al.’s (2007) double-blind study was unique in that it examined the impact of mindfulness practices on psychotherapists in training (PiT) to understand whether and to what extent, mindfulness practices influenced therapeutic outcomes of patient sessions. The research showed that patients who participated in therapy with PiTs who regularly practiced Zen meditation scored significantly higher in global functioning scales and had lower scores than patients treated by the control group of PiTs who did not meditate regularly. This study linked the mindfulness role in promoting the use of the PiT as a therapeutic instrument, rather than the techniques he or she employed and found that mindful PiTs were shown to promote more positive outcomes in patients.
Benefits for counselors in training. The common elements of qualitative studies for this investigation revolved around understanding the subjective experience of mental health counselors and therapists in training as they were exposed to mindfulness approaches. These studies were shaped by understanding the personal perspective of the subject in a grassroots manner rather than the exploration of theory imposed from the top down by a researcher (Creswell, 2013).

Boellinghaus et al.’s (2013) qualitative study understood that younger therapists were in greater need of self-care than more seasoned professionals. They found that an LKM course for therapists in training increased self-awareness, self-compassion, and compassion for others, thus providing a buffer to clinician burnout and a means to develop a more effective therapist-client relationship. Bohecker et al. (2016) conducted a grounded theory approach to explore the lived experiences of student interns experience with a mindfulness group curriculum in a CACREP accredited counseling education program. They learned that exposing mindfulness concepts to students may help the student manage difficult feelings and accept ambiguous situations that come with counselor education.

Research associated with Christopher’s course at Montana State University (Campbell & Christopher, 2012; Chrisman et al., 2009; Christopher et al., 2006; Christopher et al., 2011; Christopher & Maris, 2010; Maris, 2009; Schure et al., 2012) is most compatible to the research methodology of this inquiry. Christopher developed a mindfulness course for masters-level counseling students at a CACREP accredited counselor education program. Entitled Mind/Body Medicine and the Art of Self-Care, the course was modeled after Kabat-Zinn’s (2013) MBSR program at the University of Massachusetts. Students enrolled in Christopher’s course were
exposed to yoga, qigong, and mindfulness meditation, offering practical self-care tools and insights into Eastern healing philosophies.

Researchers sought to explore student involvement in the course through qualitative means of understanding “a participant’s experience in his or her own terms, perhaps revealing dimensions of change that have been ignored or are not captured by preexisting measures” (p. 322). Christopher et al. (2006) hypothesized that students would benefit personally and professionally through their participation in the course, and in fact, research confirmed these speculations. Similarly, the PI of this inquiry hopes to understand the experience of student interns from CACREP accredited institutions as they are exposed to yoga, qigong, mindfulness meditation, and auricular acupuncture through the study site’s programs. It is hoped that this study will confirm and add to the existing knowledge of the Mind/Body Medicine and the Art of Self-Care studies.

Critique of Previous Research

Qualitative studies are limited by the perceptions of the subjects and they have acquired significant criticism in the scientific community for their inability to adhere to traditional, empirical means of reliability and validity (Cresswell, 2013). Qualitative researchers have re-conceptualized what validity means as a term to capture a subjective lived experience. Creswell (2013) suggested eight validation strategies, the use of at least two enhance the accuracy of the study.

Boellinghaus et al.’s (2013) phenomenological study of therapists in training (TT) with an LKM course may have discouraged the sharing of personal experiences by having a fellow TT conduct the semi structured interviews. The study could be strengthened by clarifying and correcting researcher bias on the front end of the investigation. Additionally, Boellinghaus et al.
(2016) could have employed triangulation to utilize different data collection sources. However, the researchers found results to complement results from similar studies and proposed that findings would serve as a “helpful platform for future quantitative research in this area” (p. 276).

A grounded theory research study by Bohecker et al. (2016) identified several limitations in their study of CITs in an MBSR group including a geographically limited sample (from one university in the northwest United States), professional relationships between students and faculty, and short duration of the study. The use of prolonged engagement and clarification of researcher bias would use two of Creswell’s (2013) validation strategies to enhance the accuracy of this study. Bohecker et al. (2016) suggested further research of qualitative and quantitative methods to understand the long-term impact of mindfulness on CITs.

The body of qualitative research associated with Christopher et al.’s (2006) Mind/Body Medicine and the Art of Self-Care course provided a variety of data over years that has led to a substantial understanding of a counseling student’s experience with mindfulness approaches. Christopher et al. (2006) conducted qualitative research on students collecting data from focus group participation. The researchers used the interaction of group to generate responses from open-ended questions and produced findings that strongly reflected the intended benefits of the course and only perceived weaknesses inconsistent across the subject population.

Schure et al. (2008) examined the course through a four-year qualitative study that collected data from 33 participants. Students were asked to respond to questions by voluntarily submitting journal entries. The strength of this study was in the collection of data over four years and in findings that were reliable across cohorts. Schure et al. (2008) acknowledged some limitations with the study including the self-report nature of the study, knowing that responses would be reviewed by the course instructor, and responses are required by the course.
Maris’ (2009) first person narrative contributed to a body of knowledge about her experience in the course. By itself, the account of her journey lacked corroboration, though combined with previous research, it confirmed the significance of mindfulness exposure for CITs. Christopher and Maris (2010) summarized nine years of previous qualitative research concluding that the different studies all pointed to the same conclusion; mindfulness exposure to counseling students produced a positive influence for students and their approaches to psychotherapy.

Christopher et al. (2011) studied the long-term influence of students that took the course. This study randomly selected 18 course participants from 54 who took the course over a five-year period. The interview process removed the instructor from interview process to minimize the impact of subject familiarity, and all participants responded to the same set of questions asked in the same order. These precautions increased the validity of the study and results were consistent with previous qualitative studies of the course.

Together, the Christopher course inquiries utilized some validation strategies to enhance understanding the subjective experience. The research was reliable, corroborating the results of other studies. The inclusion of longitudinal research combined with other means of triangulation bolstered the hypothesis that course participants benefitted from mindfulness influences personally and professionally. Still, more research would be important to generalize findings beyond the Montana State counselor education population.

Quantitative studies apply scientific approaches to control for biases and influences that may interfere with a genuine desire to understand a topic (Adams & Lawrence, 2015). Quantitative studies cited in this inquiry are interested in understanding the cause and effect of
mindfulness approaches on symptoms of mental distress occurring in a population of effected clients. Each of the studies carries strengths and limitations.

Kearney et al.’s (2013) study of the effects of an LKM on veteran’s symptoms of PTSD demonstrated a link between participation in an LKM course and reduction in PTSD symptoms scored at course completion and again three months later when compared to scores at a baseline assessment. However, this pilot study lacked randomized control features that would have strengthened findings. The authors also acknowledged that the pool of subjects was predominantly Caucasian, with over half previously involved in mindfulness interventions, leading the researchers to conclude that findings may not generalize to other populations.

Perich et al. (2013) studied the impact of MBCT on client symptoms of bipolar disorder. This research included a control arm with random placement of subjects into a ‘treatment as usual’ group which helped the study to conclude the potential role of MBCT in reducing bipolar symptoms. Limitations of the study included a small sample size relative to other similar studies, a shorter follow-up period than other published trials, and a high dropout rate at 12-month follow-up.

Wolever et al.’s (2012) randomized control study was buoyed by a large sample of participants (n = 239) measuring the effects of MBSR on symptoms of stress amongst workers in a major insurance company. The authors noted statistically significant reductions in stress symptoms compared with controls, consistent with other similar studies. Limitations of the study included concern that the research, conducted with corporate subjects, may not be representative of the national population.

In Fulton and Cashwell’s (2015) study, 152 masters-level counseling interns were selected from CACREP accredited counseling programs representing geographically diverse
regions of the United States. The large pool of subjects combined with a regional diversity of students increased the study’s external validity. However, subjects were primarily European Americans from CACREP program so it is unknown how results would generalize to more ethnically diverse populations from non-accredited programs. Although findings supported the researcher’s hypotheses that mindfulness-based awareness and compassion practices predicted counselor empathy and anxiety, all instruments used were self-report measures, which could have been influenced by self-knowledge and social desirability.

Grepmair et al.’s (2007) randomized, double-blind controlled study explored the effects of mindfulness practices on PiTs and their impact on patients during therapy. The multiple controls used in this study significantly minimized bias and increased the accuracy of the research. Grepmair et al. (2007) found a significant reason to promote the use of mindfulness practices for CITs, noting that positive therapeutic outcomes resulted from those CITs who practiced mindfulness before therapeutic sessions. A limitation of the study was the small sample \( (n = 18) \) who were predominantly females. Nevertheless, the study impressed a number of researchers who cited Grepmair et al. (2007) in their research, including Fulton and Cashwell (2015), Bruce et al., (2010), Christopher and Maris (2010), Christopher et al. (2011), and Campbell and Christopher (2012).

**Chapter 2 Summary**

This inquiry is an attempt to understand the lived experience of professional counseling students as they journey through an internship in a holistic mental healthcare center. The integration of mindfulness practices at the study site provided a unique learning experience for student interns, providing exposure to yoga, qigong, meditation, and auricular acupuncture along with conventional psychotherapeutic approaches in a community counseling setting. Area
professional counselor education programs do not offer Eastern healing concepts in their course curriculum, limiting students during their academic training to the Western biomedical understanding of mental health diagnosis and treatment.

Understanding the phenomenological essence of a student intern’s experience as they are exposed to Eastern healing approaches may create the opportunity to learn more about student attitudes towards client suffering and healing, including the benefits of self-care as students begin the transition from academia to professional work. Exploring experiential truths of a student aligns with the conceptual framework of this study. Experience, as stated by Rogers (1961), “is the highest authority . . . the touchstone of validity . . . becoming more authoritative as it becomes more primary” (pp. 23—24). Cultivating an openness to explore one’s experience is essential to the psychotherapeutic process “that to the degree that each one of us [therapists] is willing to be himself, then he finds not only himself changing; but he finds that other people to whom he relates are also changing” (p. 22).

Traditional quantitative research methods are limited in their ability to understanding the subjective human experience. The research design that is best suited for examination of a subject’s lived experience is qualitative methodology. Qualitative methodology provides a sensible approach to investigate social, psychological, and cultural questions. According to Creswell (2013), the ground up approach of qualitative methodology is how knowledge is gleaned from the subjective experience of subjects. Of the many qualitative approaches available for researchers, the best fit for this inquiry is phenomenological methodology. Creswell (2013) described the phenomenological approach as a methodology that can distill a shared meaning for some subjects of their lived experience of a concept of a phenomenon.
Validation strategies for qualitative research methods are suggested by Creswell (2013) and include the use of at least two to improve the credibility of a researcher's qualitative study.

Review of research suggested powerful benefits of mindfulness practices for both students and clients. Quantitative studies helped to understand cause and effect; how the practice of mindfulness techniques impacted objective, measurable symptoms of mental distress. The quantitative methodology applied the scientific method to minimize bias and control for influences that may interfere with empirical understanding of the topic. Studies researched for this project examined the role of mindful practices in addressing mental health diagnoses commonly encountered by student interns at this study site.

A number of qualitative studies reviewed for this study summarized experiences of therapists in training exposed to mindfulness practices. Qualitative studies generated from a Montana State University course on mindfulness generated an abundance of information about student’s experience with yoga, qigong, and meditation in a CACREP accredited professional counseling program. These studies were impressive by their number, the number of researchers involved in the studies, and the variety of validation strategies employed in the qualitative methodology over time.

While a growing body of research supports the efficacy of mindfulness approaches in psychotherapy, the state of existing research of this nature is scant; a relatively small number of studies research the CIT’s exposure to mindfulness practices while enrolled in CACREP accredited programs. As Duffy et al. (2017) noted, “most prior research has examined only the experiences of CITs who participated in mindfulness-based stress reduction classes or activities that took place outside of their required counseling courses” (p. 30). This inquiry may represent one of the few studies conducted on subjects currently enrolled in a CACREP required course
which is the internship. Understanding the lived experience of CITs through a holistic counseling center utilizing phenomenological methodology is hoped to bolster existing research.
Chapter 3: Methodology

Counselor education programs are taught principally to CACREP standards and the criteria of the National Counselor Examination for Licensure and Certification (NCE) standards. Accredited programs “must address all required content” (CACREP, 2016, p. 2). Adhering to the conditions of these entities ensures that graduates of professional counseling programs can repeat explicit, codifiable knowledge intended “to promote a unified counseling profession” (CACREP, 2016, p. 2). These standards of training professional counseling students, while important, emphasize education from the neck up and slightly to the left side of the brain (Pink, 2006; Robinson, 2011). “This is where many professional academics live…academic life tends to deny the rest of the body” (Robinson, 2011, p. 117). ‘Doing’ the academics of counseling include learning diagnoses, theory, micro-counseling skill, manualized application of treatment, and then memorizing and reciting this information through comprehensive examination (Germer et al., 2013; Hansen, 2003, Hislop, 2013; Mahoney, 2003).

Explicit knowledge aligns with a procedural, intellectual, objective, physical, and scientific understanding of suffering and well-being taught by CACREP accredited programs (Hansen, 2003). As Epstein (2017) suggested, this emphasis has been fostered by commodification of medicine and healthcare “that has forced clinicians’ focus from the healing of patients to the mechanics of healthcare . . . demoralizing metrics that measure what can be counted and not what really counts, sometimes ironically in the name of evidenced-based and client-centered care” (p. 13). The codifiable aspects of counselor education overlooks the unique, ineffable, relational aspects of humanity, and limit the understanding of the whole human experience (Germer et al., 2013; Jackson, 2012).
The internship requirement for professional counseling students provides an opportunity for real-life application of academic theory and skill, along with gaining tacit experiential knowledge that is difficult to detect and codify (Hislop, 2013). The tacit realm of knowing involves information that is not always accessible by our verbal capacity; it is a broad whole-body range of experiential knowledge that informs us we know more than we can say (Polanyi, 1958, 1969). The culture of the study site was rich with tacit experiential learning opportunities expressed through mindfulness approaches. These approaches, not typically taught in CACREP programs, provided an opportunity to add to a relatively small number of studies researching CITs involvement with mindfulness activities while enrolled in a professional counselor education program (Duffy et al., 2017).

Mindfulness practices support the therapeutic relationship; a prerequisite to all psychotherapeutic work (Bruce et al., 2010; Rogers, 1957, 1961; Wampold, 2015). Mindfulness approaches to mental health cultivate an attitude of presence that helps CITs move beyond ‘acting as if’ they are counselors to grow in their ability to be in the present moment with each unique client. Moment to moment awareness, as Yalom (2002) suggested, is a vital aspect of counselor training. Appealing to novice therapists, he advised, “an essential part of your education is to learn to focus on the here and now. . . . The everyday events of each therapy hour are rich with data” (p. 47). Similarly, Ponton (2012) noted that “mindfulness—the attitude of presence, awareness, acceptance, and reflectivity—is essential on the journey from novice to expert [therapist]” (p. 190).

Knowledge of another’s phenomenological perceptions cannot be understood through traditional, empirical, Western quantitative methodology. (Cresswell, 2013; van Manen, 1990). As Shapiro and Carlson (2009) noted, “attempting to write about mindfulness in an academic
and conceptual manner is in some ways antithetical to the very nature of mindfulness” (p. 3).

Therefore, this inquiry was best served by a qualitative research method that investigated meanings and essences of a whole experience, rather than statistical measurements and generalized explanations of the particular. Phenomenological methodology was used in this human science research and helped guide the PI to get as close as possible to the subjects of this inquiry in an attempt to know what they know about the essence of their mindfulness experiences (Moustakas, 1994; van Manen, 1990).

In this chapter, I explain the purpose, methods, designs, and procedures of this phenomenological inquiry. I also consider limitations of the study, including limitations of design, validation, dependability, potential conflicts of interest, and ethical issues in the study. Drawing from the disciplines of psychology, sociology, and education, the works of phenomenological researchers Moustakas (1994) and van Manen (1990) were key in guiding this study.

**Research Questions**

The core and sub questions for this inquiry originated from this researcher’s intense curiosity about mindfulness. According to Moustakas (1994), it is this intense personal history that inspires the work “Permitting aspects of the questions into awareness is essential in formulating the core question that will remain viable and alive throughout the investigation” (p. 105). The core question for this inquiry was: How do student interns perceive and describe their lived experience of mindfulness phenomena? The related, sub question was: How do student interns understand their lived experience of mindfulness phenomena as it relates to personal and professional attitudes? During the study, CITs were led to describe perceptions of their
experiences as they understood them and as their perceptions related to their experiences personal and professional attitudes.

Formulating appropriate interview questions were vital in determining “what an experience means for the persons who have had the experience and [can] to provide a comprehensive description of it” (Moustakas, 1994, p. 13). In van Manen’s (1990) view, ready-made questions could be sufficient to elicit the whole experience to the fullest. Rather, initial data is acquired through open-ended questions and dialogue “by adopting a strictly descriptive approach, [the researcher] can let the phenomena speak for themselves” (Giorgi, 1985, p. 151). A researcher’s skill and willingness to engage in mixtures of questions, responses, and silence are key to gathering a narrative description of the phenomenon. For this study, it was important to understand subjects as curious co-researchers, regarding their experiences and perceptions as a primary source of knowledge that could not be doubted (Moustakas, 1994; Rogers, 1961; van Manen, 1990).

The use of keywords derived from the core question helped develop a set of open-ended questions and topics from which personalized meaning and value were attained (Moustakas, 1994). For example, keywords from this inquiry included: how, perceive, describe, experience, and mindfulness. The non-directional, unrestricted nature of these keywords helped engage subjective, qualitative (rather than quantitative) aspects of experience, essence, and meaning (LaCourse, 1990). Moustakas’ (1994) general interview guide included examples of broad questions that aided in uncovering essential, rich, and dynamic descriptions of a CIT’s lived experience of the phenomenon. Queries included: How do you describe mindfulness? What physical sensations were you aware of during mindfulness practice? What changes did you perceive during your experience of mindfulness? Describe what stood out most during your
experience with mindfulness. What did you notice about mindfulness practices and your personal well-being? How did you experience mindfulness practices relative to your counseling relationships? What effects did mindfulness experiences have on your professional counseling development?

Van Eckartsberg (1986) advocated that the data generating process include combinations of query and dialogue with the participant. Additionally, as van Manen (1990) suggested, it is wise for researchers not to ask too many questions:

Patience and silence may be a more tactful way to gather recollections and proceed with a story . . . and whenever it seems that the [CIT] begins to generalize about the experience, you can insert a question that turns the discourse back to the level of concrete experience:

Can you give me an example? What was it like? (p. 68).

**Purpose and Design of the Study**

**Purpose.** Outside of academia, mainstream clinical practices are embracing mindfulness approaches at a rapid pace, recognizing curative mechanisms in mindfulness that transcend diagnoses and theory (Pollak et al., 2014). The study site was an example of an agency that embraced a holistic approach to the mental health care, integrating mindfulness practices with conventional, empirical, best practices promoted in CARF accreditation. Through counseling internship at this site, CITs were exposed to mindfulness strategies not taught through CACREP influenced curricula.

The purpose of this study was to explore and understand with as much depth as possible the unique essence of the lived experience of CITs as they encountered mindfulness phenomena through a professional internship at the study site. The PI believes this inquiry will add to a growing body of knowledge about the impact of mindfulness approaches in the counseling
profession; in this study, the experiences of CITs with mindfulness, both personally and professionally. In prior research, mindfulness contributions to well-being appear on either side of a therapeutic relationship. They include healing influences of attention, intention, attitude, insight, exposure, nonattachment, enhanced mind-body functioning, self-management, acceptance, cognitive change, and compassion, (Baer, 2003; Brown et al., 2007; Duffy et al., 2017; Shapiro et al., 2006). This investigation was significant because of the relative lack of mindfulness courses offered in CACREP accredited counseling programs and the scarcity of research on CITs and mindfulness training amid mounting evidence of the affective nature of mindfulness interventions. It matters that this inquiry confirmed many of these mindfulness contributions to mental well-being.

Student interns were exposed to a culture of mindfulness activities through training, practice, and participation in treatment groups and clinical staffing where these approaches were marshaled and experienced. Phenomena of mindfulness can be described as non-verbal, experiential, present-centered, and non-judgmental awareness (Germer et al., 2013; Kabat-Zinn, 2013). According to van Manen (1990), these experiences of the Geist (mind) are not well understood by detached observation, scientific experimentation, statistical measurements, and quantitative analysis (van Manen, 1990). Phenomenology is a philosophy of the unique, “interested in what is essentially not replaceable” (p. 7) in contrast to behaviors that can be classified, compared, and generalized. It was through human science, phenomenological research that the PI was able to appropriate another’s subjective knowledge in order to come to an understanding of a deeper significance of the human experience. As van Manen (1990) suggested, “we gather other people’s experience because they allow us to become more experienced ourselves” (emphasis is van Manen’s, p. 62).
Professional counselor education programs exist in an era of explicit, evidenced-based, manualized, treatment approaches, considerably influenced by the Western medical paradigm of understanding mental suffering and its treatment (Angell, 2011; Epstein, 2017; Hansen, 2003). Counseling standards promoted by CACREP and the NCE are linked to empirical, scientific, controlled, observable, and generalized understanding of psychotherapy; counseling programs teach these standards exclusively (CACREP, 2016; Duffy et al., 2017; Germer et al., 2013). While there is value in understanding the explicit doing of counseling, the omission of mindfulness approaches is problematic in that it ignores hidden aspects of human being that contribute to suffering and well-being. Being, as van Manen (1990) noted, is the essential aspect of the human science investigation process itself.

The problem with the narrow view is its omission of immeasurable components of healing that could be enlisted to treat the whole human being. The existing paradigm of Western medicine is not enough to slow down rising rates of mental suffering in our culture (Whitaker, 2012). The general argument of this inquiry is that the narrow view provided in academia could be broadened by integrating Eastern methods and ideas. These ideas foster the growth of skills based on experience and being, rather than the explicit mode of doing (Kabat-Zinn, 2013). Mindfulness attributes are shown to help both client and therapist in the therapeutic process (Germer et al., 2013; Pollak et al., 2014).

**Design.** Moustakas (1994) and van Manen (1990) provided design outlines used for this phenomenological study. Van Manen (1990) explained the methodological structure for human science research as the “dynamic interplay among six research activities” (p. 30) including: attending to the phenomenon of question, investigating it, reflecting on essential themes, describing the phenomenon through writing, maintaining orientation to the topic and question,
and assessing the holistic balance of these activities throughout the course of the study. Moustakas’ (1994) contribution to method design included four aspects: preparing to collect data, data collection, organizing and analyzing data, and summarizing outcomes. The design approach of this study combined the activities of these phenomenological researchers.

The initial activity of this inquiry required leaning into the phenomenon of interest known as mindfulness. This topic has been an object of personal curiosity and significance for me during my professional career. The holistic culture of the study site provided the arena to investigate mindfulness phenomenon among CIT participants in this inquiry. Preparation for this phase included the formulating research question, conducting the literature review, selecting research participants, and developing guidelines by which CITs experienced the phenomenon and to understand and describe their experiences.

During the investigation aspect of the study, CITs were taught and exposed to mindfulness practices commonly offered in study site’s programs. These included mindfulness activities of yoga, qigong, auricular acupuncture, and meditation. Mindfulness practices were taught by trained and experienced professionals. CITs were encouraged to eventually teach basic mindfulness activities to program participants (mindfulness phenomenon can be experienced as a provider or recipient of the activity). There were many opportunities to engage in mindfulness practices during the semester internship. Mindfulness practices were embedded in the holistic culture of the agency occurring formally, and on-site daily. CITs were encouraged to informally engage in mindfulness activities as a moment to moment awareness were cultivated and practiced throughout the day. Encouraging curious investigation of mindfulness among study participants (co-researchers) was helpful in bringing a richness and depth of experiences to the data collection aspect of the study (Fraelich, 1989).
Before the data collection phase of the design, the PI took measures to maintain an impartial stance regarding the other’s subjective experience. Bracketing is a phenomenological research activity used to support a strong connection to the fundamental topic and question of the inquiry (van Manen, 1990). Bracketing was accomplished by separating topic and question from an irrelevant supposition that would contaminate the study. The activity of époché was also a helpful practice before and throughout the data collection process (Moustakas, 1994). Époché helped the PI adopt an attitude of looking at things in a naïve and open-minded manner. The époché practice required sustained attention and presence, not unlike the mindfulness practices of this inquiry.

During the data collection phase of the study, CITs were encouraged to document accounts of their lived experience by journaling personal perceptions of mindfulness phenomenon immediately after a practice occurred. Capturing the essence of an experience as close to real time as possible, resulted in a pre-reflective understanding of mindfulness phenomenon, gathering perceptions as they were experienced before they were abstracted was beneficial (Schutz & Luckman, 1973). Journal data became fuel for focus group dialogue. During focus group interviews, one participant’s reflection and description encouraged a more intimate recollection of the lived experience from other subjects. Data collection also consisted of subsequent face-to-face interviews meant to mine rich, deep, descriptions of the phenomenon, validate fundamental themes, and to “bring into nearness, that which tends to be obscure” (van Manen, 1990, p. 32).

According to van Manen (1990), “human science research is essentially a linguistic project: to make some aspect of our lived world, of our lived experience, reflectively understandable, and intelligible” (pp. 125—126). Hermeneutic writing is the art of
understanding a phenomenon by objectifying a subjective experience using the essential tools of description and reflection (Giorgi, 1979). Moustakas (1994) detailed data analysis examples derived from the work of Colaizzi (1973), Keen (1975), Stevick (1971), and Van Kaam (1959, 1966). Combinations of these approaches helped to move raw, descriptive data through a reduction process. Coding strategies from Saldaña (2016) helped narrow data into groups (horizontalizing), then into clusters of invariant constituents (horizons), to eventual construction of “textural-structural descriptions of the meanings and essences of the [mindfulness] experience” (Moustakas, 1994, p. 122).

Van Manen’s work (1990) provided an additional design activity that encouraged a holistic evaluation of the study. The ability to detach and assess the overall research design throughout the project assured that each part of the design was aligned and in balance with the core question. This was important so that the researcher did not get lost in any one aspect of the design but was able to step back and discern that all parts properly contributed to the finished project.

**Research Population and Sampling Method**

According to Moustakas (1994), there are no specific advanced criteria for selection of research participants in a human science study other than they have experienced the phenomenon in question, there is an intense interest in the subject and a willingness to participate. Creswell (2013) proposed a purposeful sampling strategy for use in qualitative research that include decisions of whom to select, the site of the study, the sampling strategy (criterion), and the sample size. The essential selection criteria for this phenomenological inquiry required that subjects were CITs, which all would have exposure to and experience in the phenomena of interest. Mindfulness phenomenon occurred through the practice of mindful activities including
yoga, meditation, qigong, and acupuncture. Because phenomenological researchers explain the unique and particular experience of individuals rather than generalizing causal relationships from a larger sample, sample sizes tend to be smaller. Smaller samples allow the researcher to collecting extensive detail about each individual in a study. Dukes (1984) recommended a sample size of between three and 10 individuals in a phenomenological study; Trumbull (1993) proposed 12—15 participants. The study site typically engages four to six student interns per semester and employs two to three graduate Licensed Professional Counselor interns (LPC-Interns) during a year. The PI recruited eight CITs subjects to participate in this inquiry voluntarily.

CITs were made aware of professional internship sites through their teaching institutions. Some students were directed to the study site by professors aware that holistic and mindfulness culture could be a good match for some. Other students choose the study site, aware of the scope of the agency work with addictions, depression, anxiety, and family systems in a group setting. Some students found the study site through word of mouth from previous or current student interns. At this study site, CITs were selected for an internship through a combination of factors that included interest, availability, and agency need. Intern candidates were screened and interviewed allowing both parties to assess the fit. Typically, CITs committed to a two-semester internship.

There was a formal invitation for CITs to participate in this human science research project. Using Fraelich’s (1989) example, potential subjects were recruited through a letter of invitation detailing the nature and purpose of the study along with requirements for participation. Interested participants were then interviewed to determine willingness to engage in the requirements of time and work involved in the study. CITs were assured that all identifying
information in the study would be removed from the finished dissertation. Further, CITs were informed that they could freely terminate involvement in the inquiry at any time during its course. Volunteers in this study were required to practice mindfulness activities over the course of a semester, keep a mindfulness journal, participate in a focus group interview, an individual follow-up interview, permit recordings of interview sessions, and allow aspects of analyzed data to be used for a doctoral dissertation and possible publications. Upon completion of data analysis, participants were given copies of evolving themes to allow member checking of data, ensuring its accuracy.

It was important that CITs not only be invited to participate, but also be encouraged to join the project as a co-researcher, a fellow inquisitor. It was, after all, the participant’s subjective experience that was the ultimate measure of understanding of mindfulness phenomena in this inquiry. Participation requirements were communicated, understood, and agreed to. Final recruitment procedures were included a signed and dated letter of informed consent.

**Mindfulness training and practice.** Mindfulness practices are numerous and can be easily integrated into psychotherapy sessions through everyday activities including moving, breathing, eating, listening, and stillness (Campbell & Christopher, 2012; Reilly, 2016; Siegel, 2010;). Common mindful disciplines (sometimes known as Eastern approaches or contemplative practices) are rooted in Taoism, traditional Chinese medicine, Buddhism, and contemplative Judeo-Christian practices, but are known and practiced in all cultures of the world (Siegel, 2010). Figure 2 depicts a variety of mindfulness practices.

Mindfulness activities are a crucial component of the holistic healing culture of the study site. CITs were exposed to some mindfulness practices during the course of their internship. Mindfulness activities were used to promote here and now awareness of thoughts, emotions, and
physical sensations. Participants were encouraged to be open-minded and curious about their experiences.

Yoga, qigong, meditation, and auricular acupuncture were the prominent mindfulness activities offered to CITs through the study site’s programs and services. The study site devotes a third of a client’s treatment program to the practice of mindfulness activities. These activities were conducted by trained healthcare professionals. CITs were exposed to daily involvement in these mindfulness activities through their participation in treatment groups and weekly supervisions and clinical staffings. Consistent exposure to mindfulness activities assured that all CITs had a similar opportunity to experience the phenomenon of interest. CITs were nurtured in the practice of mindful meditations and were coached to eventually conduct simple mindfulness activities (e.g., body scan). CITs were provided state certified training in auricular acupuncture— a five-point protocol known to reduce drug craving—promoting emotional regulation and produce a state of relaxation in participants (Voyles & Toomin, 2011). This intensive training included an introduction to Chinese medicine, instruction in point location, needling technique, and rudimentary tenets of Taoist philosophy.

CITs participated in a basic Hatha yoga regimen administered to program participants by registered yoga practitioners. Yoga promotes body awareness, strength, flexibility, and peace of mind. Qigong is a moving, breathing meditation that typically helps to energize and empower participants through controlled breathing exercises. Meditation is a general term that is used to describe a practice of concentration and awareness that can lead to mental clarity, psychological flexibility, and insight. The study site’s practitioners instructed Buddhist meditation practices influenced by Kabat-Zinn (2013) and Saltzberg (2001). Practices included, but were not limited to a body scan, insight meditation, and loving-kindness meditation.
Figure 2. The tree of contemplative practices, representing the variety of mindfulness activities. Concept and design by Maja Duerr; illustration by Carrie Bergman. Use of the illustration is allowed without permission for educational purposes. (“The Center for Contemplative Mind in Society” n.d.).
Instrumentation

Instrumentation used to obtain data from subjects was similar to other qualitative approaches and techniques. These included interviewing, observing, and collecting written responses. However, according to van Manen (1990), the nature of data in phenomenological research is ambiguous. Phenomenological researchers are not merely interested in reporting on how something is seen from another’s perspective. Deeper understanding is the quest of the phenomenological researcher, in an alignment of the research question that asks to understand the essence of a student intern’s subjective lived experience with mindfulness phenomenon.

As van Manen (1990) suggested, researchers are an important instrument for phenomenological data collection. An adept human science researcher is a “sensitive observer of the subtleties of everyday life” (p. 29) and can skillfully toggle between conversationally gathering information and reflecting on lived experiences of the subject. Adopting a hermeneutic attitude will help researchers understand a thing from an exclusive, subjective experience rather than knowing it in a purely intellectual manner. Hermeneutic phenomenology “is a descriptive methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves” (p. 180). The hermeneutic researcher attempts to avoid misunderstanding and elicit intentions and meaning behind the data. Hermeneutics requires human interpretation of facts and translation to text. Since there are no such things an un-interpreted human phenomenon, this methodology is “inevitably an interpretive process” (van Manen, 1990, p. 180).

According to van Manen (1990), it is difficult to extract the self of the researcher from the project of understanding the phenomenon; predictably the researcher grows in self-knowledge and self-awareness as the study progresses. Accordingly, it is a wise practice for researchers to keep these aspects in mind during the inquiry. Keeping a journal of reflections
during the project will help the PI stay attuned to the hermeneutic process, insights gained, patterns discovered, and staying true to the original research topic and question. I did so during this inquiry.

According to Moustakas (1994), phenomenological investigation typically involves a long interview as an instrument to collect data. One-on-one interviews were the prominent data collection instrument utilized in this inquiry. Semi-structured interviews were conducted in an individual, face-to-face format as well as a focus group format to pursue essential themes of the phenomenon. Individual interviews were the principal instruments of data collection. The PI used the interview protocol tools (see Appendix A B C) and tips and techniques for a semi-structured inquiry from Leech (2002) and Jacob and Furgerson (2012). Tracking themes in depth and teasing out unique perceptions and meanings of the lived experience of individuals was at the crux of this study.

The focus group was used to bring attention to the project research and begin the data gathering phase. A group format was an ideal arrangement, familiar to CITs training in group therapy and a communal venue through which many mindfulness activities are experienced at the study site. Yalom (1995) noted that groups are a vehicle for generating information among its members; as participants describe their lived experiences with mindfulness phenomenon, others may be inclined to reflect, recall, and describe their own essential lived experiences with mindful practices. Focus groups can produce the most meaningful data when participants are similar and supportive of one another (Krueger & Casey, 2009; Morgan, 1988; Stewart & Shamdasani, 1990). This was true for CITs involved in a professional journey together, using a team approach with a common mission, in the holistic culture of study site. A quality recording
device was used during this phase of data collection and enabled transcription, coding, and analysis of data.

The use of written information through journals, diaries, and logs was a helpful source of lived experience with mindfulness. However, as van Manen (1990) suggested, “writing forces the [CIT] into a reflective attitude—in contrast to a face-to-face conversation in which [CITs] are much more immediately involved” (p. 64). I used written information and face-to-face questioning, along with conversational reflection as data gathering instrumentation.

According to van Manen (1990), written records, “may contain reflective accounts of human experiences that are of phenomenological value” (p. 73). I required participants to keep a journal and to record experiences following a mindfulness experience. Participants were coached that any information that arose to during data gathering was of potential interest to the PI, including information that was real, imagined, observable, or felt; “consciousness is the only access human beings have to the world” (van Manen, 1990, p. 9). Participants were encouraged to express their impression in any manner they chose freely.

**Data Collection**

I used individual and focus group formats to conduct interviews of participants in this project and utilized open-ended questions in a semi structured manner. Focus group served as a vehicle to bring to the forefront emerging themes of the experienced phenomenon. Individual, face-to-face interviews were vital to glean the more personal and essential aspects of themes. Group and individual interview formats were familiar with CITs; these structures were the primary means of interaction with clients in the counseling arena which was also used to facilitate CIT supervision, clinical staffing, and professional training.
The use of basic counseling skills to facilitate data collection was helpful to this process (Jacob & Furgerson, 2012; Yalom, 1995). As aspiring psychotherapists, CITs are taught the importance of confidentiality, safety, rapport, and connection in the therapeutic relationship. These conditions must likewise be met if the interviews are to yield deep, rich, vital, and substantive descriptions of lived experience. CITs were interviewed in a relaxed, casual, and safe space within the sanctuary of the accredited, licensed mental healthcare facility of the study site. CIT descriptions of mindfulness experiences were recorded from the focus group interview, to allow for transcription and analysis of essential themes at a later date. Individual participants were interviewed to pursue a deeper understanding of themes generated in the focus group. Before completion of the project, participants were given analysis data to member check information for its validity. Instruments of data collection and protocols can be found in Appendix A B and C.

A PI should be free of supposition. Before the interview and throughout the research process, Moustakas (1994), suggested the use the epoché approach for the PI as “a way of looking at being [with] an unfettered stance” (p. 85). Adopting epoché is much like the Zen practice of beginner’s mind; “if your mind is empty, it is always ready for anything, it is open to everything” (Suzuki, 2011). Epoché requires letting go of what we think we know about an experience including past associations, biases, and facts in order to look at things with an original attitude and fresh eyes. Van Manen (1990) encouraged a similar process for study participants to “try to focus on an example of the experience which stands out for its vividness, or as it was for the first time” (p. 65). From both ends of the interview an open-minded attitude was encouraged to help produce a vivid lived-experience description.
Moustakas (1994) suggested that the interview process begins with an activity aimed at creating a climate of relaxation and safety; under conditions of comfort participants are more apt to respond honestly and comprehensively. Through their semester-long involvement in this study, CITs became familiar with mindfulness activities that promoted calm. Before the data gathering component of the focus group, CITs were provided a light lunch and led through a mindfulness exercise, promoting safety and comfort of the activity. The focus group interview was informal, interactive, and utilized open-ended and non-directional questions and phrases, silence, patience, and re-direction as needed to steer co-researches to the lived experiences of mindfulness phenomenon. Moustakas (1994) provided a topical guide to help elicit deep and significant data which helped to sufficiently address research questions. As the PI, I was a vital instrument in data collection and drew from my experience and counseling background to facilitate data collection in the focus group setting. Counseling skills included the use of language, silence, timing, and picking up on non-verbal signals to draw out the thick and rich meaning of the co-researcher’s experiences (Jacob & Furgerson, 2012).

CIT’s written logs were an important source of information for this phenomenological study (van Manen, 1990). CITs were instructed to review and reflect on written descriptions of their experiences of mindful activities before involvement in the long interview focus group. The interview was captured through audio recording and was later transcribed, analyzed, and reduced to themes of meaning. Subsequent interviews occurred with CIT participants, first, to clarify emerging themes transcribed from the focus group interview, and later to member check analyzed data for its accuracy or correction as necessary for a final draft.

Individual interviews conducted after the focus group participation provided a more intimate, face-to-face opportunity to delve into the individual CIT’s lived and personal
experience of mindfulness phenomenon. I used conventional counseling skills to extract the meaningful story of the holistically experienced phenomenon (Conte, 2009; Jacob & Furgerson, 2012; Leech, 2002; Yalom, 1995). Protocols included the skillful use of attending and attuning to the participant, questioning, listening, and engaging in both structure and immediacy. Interview protocols are outlined in Appendix C and project-specific tools can be found in Appendix A and B.

**Identification of Attributes**

Mindfulness phenomena must be experienced to be known and can vary greatly in quality and intensity depending on an individual’s subjective experience to a practice (Siegel, 2010). Mindful moments occur in everyday life when people fleetingly take a pause in life’s activity and gather thoughts and attention; noticing thinking, feeling, hearing, or sensing at any given moment. The continuum of mindful awareness ranges from everyday awareness to more informal and formal practice of mindfulness activity. According to Germer et al. (2013), common aspects of mindful moments are:

- Non-conceptual, intuitive awareness that is separate from thought process.
- Non-verbal in nature. An ineffable awareness that “cannot be captured in words because awareness occurs before words arise in the mind” (p. 9).
- Centered in the present moment, here and now awareness (fixation on thought removes us from here and now awareness).
- Non-judgmental, experienced without evaluation.
- Participatory, attuned to and engaged in being with the experience of mind-body awareness.
- Liberating, creating detachment and space from conditioned expectations and suffering.
Attributes of mindfulness occur spontaneously during everyday life and moments of mindfulness practices. They are not unusual according to Germer et al. (2013), but the continuity of these attributes is a rare thing; stringing together moments of mindful attributes is the practice of this healing art. Mindful moments are also deeply personal and particular to the individual. As mindfulness is practiced and deepened, insight, compassion, and detachment (freedom) can occur leading to curative factors that help to alleviate an individual’s mental suffering (e.g., DSM diagnosis). According to the Dalai Lama (2003), wisdom and compassion are “two wings of a bird” (p. 56) that can arise from mindfulness practice. Compassion is a by-product of wisdom; “the deep awareness and acceptance of things as they really are” (Germer et al., 2013, p. 10). These attributes are known to be beneficial to both healer and afflicted.

Data Analysis Procedures

The essential challenge of phenomenological analysis occurs when a researcher attempts to interpret another’s interpretation (Gadamer, 1986). According to van Manen (1990), the phenomenological researcher’s problem is “not always that we know too little about the phenomenon we wish to investigate, but that we know too much” (p. 46). Prior knowledge gets in the way of analysis and predisposes researchers to think they already have a thing understood. Therefore, it is crucial that researchers acknowledge how assumptions, biases, and scientific knowledge can creep into analysis. It is therefore necessary to identify, suspend, and bracket information to deliberately hold it at bay.

Bracketing is a term borrowed from mathematics encouraging researchers to set aside what they know about an experience by placing the study’s topic and question in brackets (Husserl, 1911/80). All other information, falling outside the bracketed topic and question can be thought of as knowledge that contaminates understanding of the essential structure of
another’s experience and is intentionally held at bay. This idea helps researchers to strip away subjective, private feelings, expectations, theoretical understandings, and to enable examination and reduction of the experience of a phenomenon as it is lived to its purest form (Moustakas, 1994; van Manen, 1990).

Moustakas (1994) recommended revisiting époché as the first step in phenomenological reduction. In époché, no position is taken, enabling the researcher to understand things as they really are and to “describ[e] in textural language just what one sees, not only in terms of the external object but also the internal act of consciousness, the experience as such, the rhythm and relation between phenomenon and self” (p. 90). During this inquiry, the PI used an EPR to help keep an objective position in the inquiry. Once free (as can be) from contaminating presuppositions through bracketing information and engaging in époché, Moustakas (1994) explained the general process of phenomenological reduction to include, horizontalizing statements, “clustering horizons into themes, organizing themes into coherent textural descriptions of the phenomenon” (p. 97). Specific outlines and examples of phenomenological analysis are offered through Moustakas (1994) including methods of analysis from Colaizzi (1973), Giorgi (1979), Keen (1975), Stevick (1971), and van Kaam (1959, 1966).

In this study, transcripts from recorded participant interviews were referenced to analyze the lived experience of mindfulness. Coding procedures from Saldaña’s (2016) text assisted in horizontalizing data into eventual invariant themes. Moustakas (1994) helped to understand the process of data analysis through horizontalizing in phenomenological methodology. We understand horizons as limitless; a never-ending procession of a new horizon arrives as the previous one recedes. Just as horizons are infinite, so too are the continuous and unlimited discoveries of perceptions of experience. Horizons make researchers conscious of unending
mystery, helping the PI to be open to new and evolving understandings of phenomena. Initially, through horizontalizing, all statements were treated with equal value. However, as analysis continued, statements irrelevant to the topic and question were eliminated as well as redundant and overlapping statements. This left only horizons; unique meanings and unchanging aspects of the essential phenomenon (Moustakas, 1994).

Horizons were then clustered into themes. Theme analysis according to van Manen (1990), “refers . . . to the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work . . . themes may be understood as the structures of experience” (pp. 78—79). Theme analysis allows human science research to make sense and meaning of the phenomenon and compile constellations of invariant constituents and “capture the phenomenon one tries to understand” (van Manen, 1990, p. 87).

Finally, organized themes were integrated into a “unified statement of the essences of the experience of the phenomenon as a whole” (Husserl, 1931, p. 44.) The text should be coherent, descriptive, real, and deep. The task of describing the phenomenon in textural language that “requires that I look and describe; look again and describe; look again and describe; always with reference to textural qualities . . . descriptions that present vary intensities . . . where everything and anything is available as given in experience” (Moustakas, 1994, p. 91).

Limitations of the Research Design

Van Manen (1990) was clear about the limitations of phenomenological research in general. The nature of data is vague within the human science perspective; “the thing gained is not a quantifiable entity” (p. 53). Therefore, a phenomenological investigation does not prove anything in the Western science tradition. Experiences can only be borrowed and understood through “insightful description” (p. 9). The researcher’s position, therefore, is a potential
limitation for this inquiry and must be held at bay through member checking, the process of 
epoché, and bracketing topic and question.

Human science research does not measure causal relationships or uncover quantitative 
factors in the lived-experience. Phenomenology does not attempt to generalize data; it, therefore, 
cannot simplify the unique, unclassifiable, and immeasurable human being (Auden, 1986). The 
nature of qualitative methodology and human science research limits the scope of understanding 
by design.

According to Moustakas (1994), a phenomenological investigation contains specific 
characteristics, “it seeks to reveal more fully the essences and meanings of human experience” 
(Moustakas, 1994, p. 105). The phenomenon of interest, mindfulness, was explored through the 
lived experience of CITs ($n = 8$) over a semester and within the holistic culture of the study site. 
These delimitations, study boundaries of choice, helped ensure that the project was done in a 
reasonable amount of time (a semester) and with a small sample size allowing a closeness to 
each of the participants. These conditions enabled the PI adequate time to extract in-depth data 
from each of the CIT subjects.

Of the vast number of activities that may fall into mindfulness practices (see Figure 2.), I investigated a limited number of mindfulness exercises in this study. These included the formal 
and informal mindfulness experiences encountered at the study site; yoga, qigong, auricular 
acupuncture, meditation, and informal experiences that occurred before staff meetings, 
supervisions, and during staff trainings.

Data collection instruments included written accounts of experiences, the focus group 
interview, one-on-one interviews, and subsequent follow up interviews on validating the data. 
The PI was also an instrument of data collection through the use of counseling skills and
heuristic inquiry to get to the depth of the CIT’s experiences (Moustakas, 1994). The EPR co-facilitated the focus group and was an important asset to the project. She assured critical oversight of this important data collection point and a peer review of the process. The focus group was a familiar format for both CITs and the PI providing a level of comfort and safety for extracting phenomenological data. The synergy of these data collection methods (written accounts, questions, process, reflection, and re-direction) provided triangulation for the study and lent validity to the project.

Data from this inquiry may be helpful to social science investigators; transferable to other similar studies. My desire is that this study will contribute data to a small number of studies conducted on CIT’s exposure to mindfulness practices and explore a more holistic understanding of healing for therapists and clients (Duffy et al., 2017; Fulton & Cashwell, 2015).

**Validation**

Phenomenological human research is not a pragmatic analytic science and does not produce hard facts or scientific generalizations. Therefore, validation strategies look different from the traditional scientific standards of reliability and validity. Wolcott (2009) expressed little use for the term ‘validation’, instead preferring the use of the word *understanding* to capture critical elements and to write plausible interpretations of the essence he sought. Similarly, Eisner (1991) preferred the term *credibility* rather than *validation* in his research. Eisner (1991) considered “evidence that breeds credibility that allows [researchers] to feel comfortable about their observations, interpretations and conclusions” (p. 110). To find credibility, Eisner (1991) looked for consensus in the opinions of others.

**Credibility.** Member checking is a means by which a researcher can have confidence in the truth of data. According to Lincoln and Guba (1985), member checking is “the most crucial
technique for establishing credibility” (p. 314) in qualitative research. During this inquiry, CITs were given copies of coding passes and asked to carefully examine, validate, correct or make additions to the data record. The EPR was included in data checking as well was encouraged to review the data for its accurate description of emerging invariant themes of mindfulness phenomena. All participants were given a copy of the synthesized and textural unified statement of the essences and asked to carefully examine the description of their lived experiences with mindfulness phenomenon.

Triangulation is another strategy by which credibility can be reinforced. Triangulation relies on multiple means of data collection, thereby substantiating phenomenological evidence (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991). In this inquiry, CITs recorded written responses to mindfulness exercises immediately after an activity is experienced. CITs were then interviewed in both group and individual, face-to-face sessions, and observed engaging in mindfulness activities weekly as a regular occurrence of clinical staffing.

Multiple means of data extraction were detailed in the focus group interview, conducted with a combination of open-ended inquiry, discussion, conversation, reflection, silence, and redirection as a means to extract deep and rich phenomenological data (van Manen, 1990). Together, all of these strategies worked to strengthen the inquiry’s understanding of a CIT’s subjective experience with the phenomenon of mindfulness.

**Dependability.** Dependability is a function of data being consistent, stable, and transferable between like studies. This inquiry’s consistency was aided by an EPR who scrutinized research methods and meanings. The EPR helped to keep the researcher honest by providing opportunity and space to process thoughts, express concerns, and clarify bias (Lincoln & Guba, 1985). Debriefing with the EPR helped significantly in the bracketing process and
affirmed that the project was on an ethical track, keeping the PI’s predispositions separate and detached from the data.

Dependability was also helped by prolonged involvement with subjects. In this inquiry, CITs were available on site during the project. CIT availability contributed to easy access to participants and helped ongoing questioning and clarification needed to elucidate essential lived experiences mindfulness phenomenon.

**Expected Findings**

According to van Manen (1990), “phenomenological human science is a form of qualitative research that is extraordinarily demanding of its practitioners” (p. 33). Phenomenology requires researchers to be steadfast to the fundamental research question, resisting the temptation to weigh in with opinion, speculation, guesswork, or expected findings of the phenomenon in question. Expected findings reported here must be suspended through the process of epoché and bracketed away to prevent these biases from contaminating the understanding of the phenomenon as experienced by others.

Mindfulness practices cultivate qualities helpful in the therapeutic process. I expected CITs to identify common themes of mindful experiences including, increased capacity for attention, attunement, emotional regulation, insight, and attitude. I believed that mindful attention would manifest in CITs being more aware of bodily sensations, feelings, thoughts, or in noticing when we have taken leave of our attention in the moment-to-moment events of a mindfulness experiences. Becoming more aware of here and now experiences and “see[ing] with new eyes” (Moustakas, 1994, p. 86) are the common experience of mindfulness practices (Germer et al., 2013; Kabat-Zinn, 2012, 2013; Suzuki, 2011; Yalom, 2002).
Emotional regulation was a theme that I expected to hear about from CITs. Sometimes called affect tolerance, mindfulness practices are known to have a therapeutic impact on mental suffering (a major reason behind mindfulness approaches are offered through the study site). I expected that CITs would report on reduced anxiety or a sense of calm experienced during a mindfulness practice. I anticipated that CITs would notice the transient nature of feelings as they became more practiced with mindfulness experiences. I expected to hear descriptions of letting go of or holding emotions more loosely during the experience of mindfulness activities.

As CITs attuned to themselves through mindful practice, I expected that they would be more likely to attune to others; “A psychotherapist’s relationship to himself or herself has a direct bearing on his or her relationship to patients” (Bruce et al., 2010, p. 87). I expected CITs to notice increased awareness of self and more connection to others as mindfulness practices accumulated. This, in turn, was expected to result in manifestations of insight, compassion, empathy, and acceptance in the therapeutic relationship and beyond. I expected to find a change in attitude personally and professionally among CITs through their exposure to mindfulness practices. I believed CIT involvement in the study would yield a positive experience that could lead to professional competency and personal well-being.

All of these expectations were possible but are purely speculative at the onset of this inquiry. The impact of mindfulness practices is, after all not quantifiable, but experiential, mystical, subjective, and often subtle. This research was an attempt to distill the real, lived experience of CITs with mindfulness phenomenon; an understanding that goes deeper than this researcher’s speculations and what can be understood through textbook descriptions of the phenomenon.
Ethical Issues

Ethical issues for this phenomenological inquiry revolved around: (a) humane treatment of all individuals involved and (b) ethical considerations of research and publication guided by the American Psychological Association (APA) (2010). As a state licensed facility and provider of mental health services, the study site is guided by state health department regulations and is subject to rules and client rights governing safe, humane, dignified treatment, free from abuse, neglect and exploitation for all stakeholders. It is the responsibility of the PI to uphold the facility license mandate to assure that all stakeholders, including participants of this study, are treated by these ethical standards.

Additionally, the study site operates under the accreditation of the Commission for Accreditation of Rehabilitation Facilities (CARF) and is federally mandated to comply with the health insurance portability and accountability act (HIPAA) assuring confidentiality and security of healthcare information. State health services, CARF, and HIPAA hold the study site accountable and subject the agency to routine external audits ensuring substantial compliance with ethical standards of outpatient mental health services.

CIT participants were subject to the same ethical principles of humane treatment as any other stakeholder influenced by the study site. This meant that subjects of this research were thoroughly informed of the purpose, design, and requirements of the study (e.g., audio recording, transcription, journaling) and that their involvement would be kept safe and confidential. Once informed, subjects were allowed free choice to participate or to decline without concern of retribution. Hatch (2002) stated that investigators should be sensitive to the power imbalance that may occur between subject and researcher during the invitation process, refraining from coercing potential participants into signing consents. Subjects were free to change their mind.
about participation and were allowed to drop out of the inquiry at any time if so inclined. A formal letter of invitation and consent form was drafted for all potential participants to review before formally consenting to participation in this study.

Participants were provided the opportunity to ask and answer questions before giving consent and were encouraged to question the nature and purpose of the research project throughout its duration. This way misconceptions were eliminated along the course of research and concerns of deception were removed. Debriefing participants was a way to assuage fears and correct confusion during the project. Debriefing occurred as needed and especially at the end of the study when the work of the project was shared, participants were acknowledged as significant contributors to the project, and participants were left with a sense of dignity.

Research and publication ethics required that the study’s intentions were cleared by Concordia University’s Institutional Review Board (IRB) before conducting the research. This occurred through a formal submission of the inquiry to the IRB and subsequent approval to conduct the study. It was also essential that permission was granted by the study site’s administrators to assure that disruption would not occur during the investigation (APA, 2010; Lincoln, 2009). Letters of permission were submitted by the study site’s Clinical Director and Director of Operations approving the project. Eight CITs signed IRB approved informed consent forms.

Conflict of interest assessment. The APA (2010) defines conflict of interest as “taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to: (a) Impair their objectivity, competence, or effectiveness in performing their functions as [researcher] or (b) Expose the person or organization with whom the professional relationship exists to harm or exploitation (p. 6).
According to this definition, there was no foreseen conflict that would impair the PI’s ability to competently conduct this study or expose participants or the study site to harm or exploitation. However, due to the potential conflict involved in this study a conflict of interest (COI) management plan was submitted to IRB. The COI management plan outlined measures to mitigate possibilities of COI that including transparent presentation of data, external monitoring of research methodology, and maintaining a detach from biases that might contaminate the study. The COI management plan was approved by Concordia University’s IRB.

**Researcher’s position.** I was the PI in this phenomenological study; there were no other researchers. Participants were sometimes referred to as co-researchers, as it was hoped that they would engage in this study with a curious enthusiasm and a truth-seeking attitude that would help validate the inquiry. However, I was solely responsible for the study’s design, ethical procedures, and completion.

Formal mindfulness activities (yoga, qigong, acupuncture, and meditation) were conducted by trained staff members. I kept detached from direct involvement in formal mindfulness activities during the study to avoid influencing participants. I managed the focus group interview and utilized an external peer reviewer (EPR) as co-facilitator to keep field notes and observe for non-verbal information during this data collection activity. The EPR is a licensed professional counselor not affiliated with the study site and capable of providing the necessary, objective oversight, and direct feedback to me as the PI. However, it was my ultimate responsibility to analyze data, assure that data was member checked, and translate experience into a comprehensible, textural description of the lived experience of CITs experiencing mindfulness phenomenon.
It was necessary to the inquiry that I honestly reflected on and suspended my experiences and biases with the phenomenon in question. My mindfulness practice, the concept of epoché, and bracketing helped in awareness and suspension of prior knowledge that might have contaminated the research process. Also, having other eyes on the study aided the validation of consensus building and kept my research position transparent and unprejudiced. Enlisting the help of an EPRs kept my bias in check, provided valuable feedback, and supported the ethics and validity of the study.

**Ethical issues in the study.** I am the founder and executive director of the study site and have worked for many years developing an integrative approach to mental health, inclusive of ancient Eastern and mindfulness practices. I came into this study frontloaded with years of experience and expectations regarding the use of mindfulness practices to promote mental well-being. I believe in the therapeutic value of these approaches and I was excited to engage in a phenomenological investigation of mindfulness experiences among CITs in my agency. In light of this, it was imperative to keep presuppositions in check and refrain from influencing the lived experience of the CITs with my own lived experience. This potential ethical issue was mitigated through checks and balances, including peer review, debriefing opportunities with EPR, and approval of a written study proposal from the IRB.

I was also sensitive to my position of power in the agency. As the ultimate authority at the study site, I regularly train, supervise, employ, and act as a gatekeeper of CITs for my agency and profession. During this inquiry, it was important to remove myself from these regular roles to mitigate any possible influence my involvement would have.

Ethical issues in this study were anticipated, identified, planned for, and lessened. The PI recognized concerns by declaring possible COI to the IRB in a proposal narrative. The proposal
was reviewed by the director of Concordia University’s IRB and developed to include a written COI management plan eventually approved by the IRB of the university.

Chapter 3 Summary

Over the last two decades, mindfulness approaches have found their place in psychotherapy. According to Pollak et al. (2014), they are the fastest growing area of clinical practice, yet mindfulness approaches are neglected in the curricula of professional counseling programs. This study explored the lived experience of CITs as they were exposed to mindfulness approaches (yoga, qigong, auricular acupuncture, and meditation) through counseling internship in an outpatient holistic mental healthcare facility. Phenomenological methodology helped to understand the essence of mindfulness experiences through designs aided by the work of Moustakas (1994) and van Manen (1990).

This study matters because of the rising numbers of mental health diagnoses in America and of a failure of the Western medical paradigm alone to remedy this concern. Mindfulness practices hold promise, yet CITs have very little experience in learning about or practicing mindfulness as a therapeutic approach unless they do so through workshops and trainings outside of professional counseling programs (Duffy et al., 2017). This inquiry will add to a small but growing number of studies on CITs with exposure to mindfulness activities in a therapeutic setting. It is my hope this study will expand the narrow view of mental health remedies offered through professional counseling programs.

Eight CITs were invited and participated as co-researchers in this phenomenological study in an attempt to understand the inquiry’s primary question: How do student interns perceive and describe their lived experience of mindfulness phenomena? Participants were informed in writing about the study’s design and expectations following research and publication
ethics outlined in APA (2010) guidelines. Over the course of a semester, CITs learned and practiced mindfulness activities on a daily basis through structured program activities in client groups and informally through supervision, weekly staff meetings, and trainings as a routine aspect of the study site’s culture.

Phenomenological data was collected initially through the CIT’s written account of their perceptions and descriptions of mindfulness activity. Their documentation occurred immediately after the experience, as close to the lived experience as possible and before reflection of the event. Later in the semester and after reviewing journalized accounts, CITs were engaged in a 90-minute, focus group interview. This interview was overseen by the EPR and was audio recorded for transcription and analysis. Participants were then interviewed individually and face-to-face to clarify transcribed data and to delve deeper into unique experiences of mindfulness phenomena. Individual interviews were kept to 60 minutes in length though participants were re-visited frequently to member check data, clarify responses, and to review emerging themes during the analysis stage of the inquiry. Once this was done, the invariable aspects of the phenomena were organized and integrated into a coherent textural description.

Engaging in ongoing transparency, bracketing, and suspending of prior knowledge and overall credibility of the project were ongoing concerns. This inquiry followed guidelines outlined in APA (2010) standards regarding ethical considerations of human subjects in research and publication. The study site is dedicated to the ethical treatment of the entirety of its stakeholders, including CITs, and is in good standing with external auditing agencies that hold the study site accountable to best practices standards. These entities provide regular external audits to assure that this study site remains in exceptional compliance with ethical expectations.
Chapter 4: Data Analysis and Results

As principal investigator (PI), I used qualitative research and phenomenological methodology to understand the lived experience of CITs as they encountered mindfulness activities in a holistic counseling center. The study was designed to uncover the essence of mindfulness phenomenon among CITs and addresses the two study questions: How do student interns of a holistic mental healthcare agency perceive and describe their lived experience of mindfulness phenomena, and how do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes? Thinking about mindfulness approaches in psychotherapy serves to explore the potential benefit for CITs and the mental health populations with whom they work. Exposure to these approaches and understanding their phenomenological impact in the development of CITs is rarely addressed in mainstream academia (Epstein, 2017; Kabat-Zinn, 2013). Therefore, this inquiry may shed light on more subjective, holistic, natural, and accessible means to mitigate suffering and promote well-being on both sides of the counseling relationship.

In this chapter I introduce the study population, describe research methodology and analysis, summarize findings, and present data and results. Additionally, I summarize my interest in the research, role as principal investigator, as well as my personal and professional experience that has influenced this inquiry.

Description of the Sample

Eight counselors in training (CITs) accepted invitations to voluntarily participate in this study. All were affiliated with professional counseling programs offered through teaching institutions in the Southwest area of the United States. Six males and two female adult participants provided data for this study. All participants self-identified as white though one
reported a mix of Middle East ancestry. All participants sought this agency as a training site approved by their professional programs. Participants were in the waning stages of degree and licensure to practice counseling independent of professional guidance.

All CIT participants were new to the culture of mindfulness approaches utilized in this mental health agency. All had some exposure to mindfulness activities (e.g., yoga and meditation), primarily through their own volition; none had any formal mindfulness instruction through their professional academic programs. CITs were all similarly exposed to mindfulness practices during their fall semester of internship. Participants were asked to journal about their experiences for later use as a reflective tool before group and individual interviews were conducted.

**Research Methodology and Analysis**

Subjective experiences cannot be understood through quantitative methodology. Conventional Western biomedical and traditional scientific approaches are suited to measuring the metrics and mechanics of healthcare, not understanding subjective experiences (Epstein, 2017). Western scientific methods work well when applied to physical aspects of health and well-being, but are dismissive of invisible, ineffable aspects of the whole human experience, including one’s subjective account of truth (Germer et al., 2013; Jackson, 2012; Rogers, 1961). Attachment to Western medicine and empirical truths stem from a longstanding relationship with Cartesian medicine and its quest to understand all phenomenon as tangible, physical, observable, and undeniable (Beinfield & Korngold, 2013).

Reviewed literature revealed problems in seeing mental health concerns solely through a biomedical lens. Using only this lens reduces mental suffering to a physical, chemical imbalance, promoting a deficit view of suffering and a tendency to pathologize and medicate
afflicted individuals (Jackson, 2012; Seligman, 2004; Whitaker, 2012). The Western medical model of understanding mental suffering has significantly influenced the landscape of the mental healthcare profession including the evolution of the DSM, the pharmaceutical industry and curriculum of professional healthcare programs; it undervalues the role of innate and spiritual, potential of healing innately existent in human beings (Bohart & Tallman, 1999, Duffy et al., 2002; Kabat-Zinn, 2013; Mahoney, 2003). In light of rising instances of mental suffering in America, Western, biomedical approaches to understand and treat mental disorders has largely failed (Whitaker (2012).

Often associated with Eastern traditions, mindful and contemplative practices are known and practiced throughout the world (Hanson, 2009). Literature has shown mindfulness approaches to hold promise as a helpful remedy of mental suffering. According to Pollak et al. (2014) there has been a dramatic rise in mindfulness approaches in clinical practices, even though this potential has not been encouraged in the academic arena (Epstein, 2017; Kabat-Zinn, 2013). Research has indicated benefits of mindfulness practices for symptoms of mental suffering from a wide range of mental health diagnoses, such as global assessment of functioning (Grepmair et al., 2007), anxiety, anger, and mood disorders (Hofmann et al., 2011), post-traumatic stress disorder (Kearney et al., 2013), bipolar disorder and anxiety, (Perich et al., 2013) and workplace stress (Wolever et al., 2012). Furthermore, mindful practices have been shown to benefit aspiring therapists in the therapeutic process, for example development of self-compassion and empathy (Boellinghaus et al., 2013), affect tolerance (Bohecker et al., 2016), self-awareness, and therapeutic relationship (Bruce et al., 2010), self-care (Christopher et al., 2006) empathy and anxiety (Fulton & Cashwell, 2015), and present moment living (Rothaupt & Morgan, 2007).
I have used qualitative methodology and phenomenological investigation to understand the unique and meaningful experiences of the CIT’s lived, subjective truths that cannot be understood quantitatively. Phenomenological approaches best suit this human science project, helping me to understand underappreciated aspects of humanity particular to the experience of CITs in the context of mental healthcare and psychotherapy (Moustakas, 1994).

**Phenomenology.** To understand unique and subjective lived experiences of mindfulness among CITs, I have used phenomenological methodology influenced by Moustakas (1994) and van Manen (1990). Hermeneutic phenomenological human science is a path to comprehend experiences from ‘inside’ the subject rather than an intellectual or theoretical exercise. This approach captures the meaning of phenomenon as it is lived and experienced (van Manen, 1990).

According to Moustakas (1994) phenomenological design consists of four phases; preparation to collect data, data collection, organizing and analyzing data, and summarizing outcomes. Van Manen (1990) adds additional design structures including [researcher] reflection on essential themes and keeping a holistic balance of all research activities throughout the duration of this study. This inquiry incorporated design activities from both phenomenological researchers.

**Preparation to collect data.** CIT participants were exposed to daily mindfulness activities over an academic semester as a routine aspect of their involvement in agency programming. Formal mindfulness practices are woven into program curricula and include yoga, qigong, auricular acupuncture, and meditation. Informally, participants were exposed to a culture of mindfulness infused into the center operations through supervisions, clinical staffings, staff training, and continuing education opportunities. Participants in this study were asked to
keep a journal of their mindfulness experiences for later use in the focus group inquiry. All CITs had similar exposure to mindfulness activities and the phenomenon of interest on site.

The process of collecting, validating, and analyzing data occurred simultaneously throughout the research phase of this study, whereby the principal investigator engaged in hermeneutic insight as well as coding and data reduction. According to van Manen (1990), a researcher’s strong orientation to the phenomenon of interest prevents shallow and inaccurate findings. Having and holding my personal beliefs lightly supported an impartial stance in this investigation and prevented PI influence and contamination of data. Epoché and bracketing activities were important prerequisites to data gathering and were sustained throughout the study. External peer reviewer (EPR) helped the PI to maintain an objective stance in this inquiry by monitoring data gathering and analyzing strategies.

My experience with mindfulness has emerged over my career as a psychotherapist and I have found value in spiritual approaches to healing and well-being. I have come to respect aspects of humanity that transcend neurobiological and empirical approaches to life. As Hanson (2009) put it, the good news about human misery is that most of what we suffer about is made up; we do not have to believe everything we think. I appreciate that there is more to ‘knowing’ than textbook knowledge. Exploring and trusting innate, soulful wisdom is facilitated through mindfulness practices that help individuals to know more than they know (Kabat-Zinn, 2013; Palmer, 2004).

**Data gathering.** PI gathered data using multiple means including journaling, focus group discussion, individual interviews, and field notes. Journaling proved to be a helpful reflection tool prior to face-to-face focus group and individual inquiries. Multiple means of data gathering (triangulation), over time (prolonged exposure), member checking data, and inclusion
of the EPR improved the truth of the data helping to make the study dependable (Eisner, 1991; Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Lincoln & Guba, 1985; Wolcott, 2009).

Data gathering was initiated through a face-to-face focus group discussion. Participants responded to open-ended questions about mindfulness beginning with; “describe a typical mindfulness experience; what is typical for you?” The focus group format proved a valuable vehicle for generating data as participants shared unique and common experiences of their personal journey. The supportive and safe nature of the CIT cohort encouraged contemplation and recollection, contributing to rich, deep, and insightful data during the focus group session (Jacob & Furgerson, 2012; Krueger & Casey, 2009; Morgan, 1988; Stewart & Shamdasani, 1990; Yalom, 1995). The 90-minute focus group was conducted in a confidential, comfortable, group therapy room. The discussion was audio recorded, then transcribed for coding.

The EPR took field notes during focus group, observed non-verbal communication, and listened for any emerging themes in subject responses. Immediately after the focus group, the EPR and the PI met to debrief and process the experience. This meeting also served as a pre-coding exercise helping the PI to attune to codable moments and to begin coding activities even as data was continually gathered (Saldaña, 2016).

Transcribed audio files were received and corrected for errors, after which individual participants were interviewed to review verbatim data, add to or correct the record and to drill deeper into emerging themes and meanings. The study participants and the PI were often at the study site at the same time facilitating ongoing data gathering, questioning, and member checking of data as needed. Prolonged and easy access to participants increased the credibility of the inquiry and the consensus of opinion regarding the lived experiences of mindfulness encounters (Eisner, 1991; Wolcott, 2009).
**Data analysis.** Saldaña’s (2016) work was instrumental in establishing coding strategies appropriate for this phenomenological study. First cycle, *In Vivo* coding, was employed to identify verbatim statements associated with the phenomenon of interest. Words and phrases from Participants were selected and helped to sort inherent meanings associated with lived experiences of mindfulness (e.g., “I feel it in my shoulders”). *Concept* coding was an additional first cycle coding strategy that moved verbatim data into symbolic categories, representing a broader meaning of experience (e.g.: relaxation) (Saldaña, 2016). Independent from first cycle coding, the EPR contributed field notes from her observation of the focus group. Her notes included non-verbal data as well as a consolidation of quotes and themes heard during the activity adding validation to the initial coding process.

Unfolding initial themes were wide-ranging and winnowed down by consolidating relevant data, eliminating irrelevant information, and narrowing repeating accounts (Moustakas, 1994). Theme reduction resulted from many passes of coding including second cycle *Pattern* coding to cluster data into a smaller number of categories (Saldaña, 2016). From this point, themes of invariant data, horizon events, began to emerge (Moustakas, 1994; van Manen, 1990).

Participants and the EPR were shown emerging themes and the PI welcomed feedback to confirm or correct the data record; a few minor corrections were made. Inviting participants as curious co-researchers added clarity, validated themes, and consolidated data during the analysis phase of this study (Moustakas, 1994). Some themes shared subtle similarities and presented a heuristic opportunity to “explore the possible and plausible interaction and interplay of major codes” (Saldaña, 2016, p. 276). The use of *Codeweaving* helped me to parse the difference between word choices and to “think not only of what words you have chosen, but what related words you have not” (Saldaña, 2016, p. 277). In the end, as Saldaña (2016) suggested, “data are
not coded, but recoded” (p. 68). Coding allowed refinement of data by moving between data, coding, categorizing in a cyclical, non-linear manner.

According to Saldaña (2016), “the final number of themes or concepts should be held to a minimum to keep the analysis coherent” (p. 25). Creswell (2013) advised five or six themes and Wolcott (1994) suggested that “three of anything major seems an elegant quantity for reporting qualitative work” (p. 10). This inquiry identified four themes associated with the essence of mindfulness phenomenon experienced by CITs; attunement, allowing, well-being, and flow.

Table 1
Four Invariant Themes; attunement, allowing, well-being and flow

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Attunement</td>
<td>Attunement describes the focused attention to manifestations of mind-body sensations including physical, mental, emotional, spiritual, and relational aspects of moment-to-moment experiences. Attunement is the theme by which all other themes are noticed.</td>
</tr>
<tr>
<td>Allowing</td>
<td>Allowing is a willingness to be open to whatever mindfulness experiences manifest. Allowing includes a curious and inviting attitude towards one’s inner or outer world and a decision to neither cling to or avoid here and now experiences. Allowing was described as a way to create space to hold experiences, ‘like an empty bowl’. Allowing helps build affect tolerance and reduce anxiety.</td>
</tr>
<tr>
<td>Well-being</td>
<td>Well-being is the perceived benefit associated with mindfulness activities and describes general health and safety with self and others. Well-being is the essential byproduct of mindfulness practices and the reason why mindful activities are gaining popularity in clinical practices. Well-being included descriptions of physical relaxation, self-compassion, emotional regulation and non-judgment.</td>
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<tr>
<td>Flow</td>
<td>Flow is an effortless, instinctual and total engagement in here and now activities. Flow was described as timeless and fluid, a highly focused, and intuitive state, separate from thinking. When in the state of flow, CITs felt confident and capable, not judging their ‘performance’ as counselors and unattached to session outcomes.</td>
</tr>
</tbody>
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Summary of the Findings

CITs answered the primary research question (How do student interns of a holistic counseling center perceive and describe their lived experience of mindfulness phenomena?) with insight and depth. Participants discerned numerous attributes of mindfulness phenomenon and described them in detail. The formal mindfulness practices of the study site were an initial gateway to the phenomenon, though CITs also encountered mindfulness phenomenon through paying attention to everyday, ordinary, here and now events.

CITs identified and described personal and professional benefits of mindfulness practices relative to the inquiry’s sub question. Participants perceived and explained improved connection and attention to relationships and identified physical and emotional benefit of mindfulness practice that extended beyond the study site. In this study, CIT’s lived experiences of mindfulness were manifest in the four unique and invariable aspects of attunement, allowing, well-being and flow.

Attunement. The theme of attunement referred to focused awareness, an ability to notice present moment occurrences. The attunement theme included focused attention to physical sensations (e.g., breath and body), mental activity (e.g., thoughts and thinking), emotions (e.g., fear and shame), relationship (e.g., parts of self, others, and group), and spirit (e.g., compassion and empathy). Participants described attention to present moment experiences, even noticed about noticing; aware that their attention wandered away from the present moment.

The theme of attunement was central to definitions of mindfulness and descriptions of mindfulness attributes found in literature (Kabat-Zinn, 2013; Germer et al., 2013; Pollak et al., 2014; Siegel, 2010). Attunement was also cited as an important theme in the cultivation of therapeutic relationships (Bruce et al., 2010; Epstein, 2017; Ponton, 2012; Rogers, 1961;
Wampold, 2015; Yalom, 2002). The attunement theme was frequently referenced in literature as a curative mechanism of mindfulness (Baer, 2003; Brown et al., 2007; Duffy et al., 2017; Shapiro et al., 2006).

**Allowing.** The allowing theme referred to an ability to let in and be with whatever experience manifested during a mindfulness exercise. By allowing, CITs neither grabbed for nor pushed away present moment occurrences. Allowing conveyed a willingness to hold lightly; a curious and inviting approach to an experience. Allowing was described in literature as a way to build tolerance of unpleasant experiences and to create space to include all sensations that arose during any given moment (Bohecker et al., 2016; Bruce et al., 2010; Fulton & Cashwell, 2015; Hanson, 2009; Harris, 2008; Kabat-Zinn, 2013; Neff, 2011).

**Well-being.** The theme of well-being referred to the participant’s overall sense of health and safety. Well-being included physical relaxation, reduced stress, emotional regulation, self-compassion, self-care, and non-judgment. Well-being is the essential byproduct of mindfulness practices and the reason why mindfulness approaches were included in the curriculum of mental health programming at the study site. The theme of well-being was described by studies noting symptom reduction for a variety of mental health diagnoses of the DSM (Grepmaier et al., 2007; Hofmann et al., 2011; Kearney et al., 2013; Perich et al., 2013; Wolever et al., 2012).

The well-being theme was backed by research literature on curative factors of mindfulness activities among clients (Baer, 2003, Brown et al., 2007; Germer et al., 2013; Shapiro et al., 2006). Mindfulness practices were also found to contribute to the CIT’s well-being (Boellinghaus et al. 2013; Bohecker et al. 2016; Bruce et al. 2010; Campbell & Christopher, 2012; Fulton and Cashwell, 2015; Rothaupt and Morgan, 2007; Shapiro et al., 2006; Yalom, 1995)
Flow. The theme of flow was explained as a sense of ease and effortless engagement in here and now activities. Flow was experienced as flexible, fluid, instinctual, creative, spontaneous, peaceful, and even euphoric. The flow theme had a timeless and ineffable quality which made it difficult to describe and hard to pin down. Of all identified themes of this inquiry, flow was most beneficial, an optimal experience that seemed automatic, highly focused and effortless (Csikszentmihalyi, 2008; Gunaratana, 2002; Hayes & Shenk, 2004, Siegel, 2010; Shapiro & Carlson, 2009).

The flow theme was often identified as a spiritual experience, occurring innately and intuitively, separate from thinking (Germer et al., 2013; Palmer, 2004). The flow theme has been frequently referenced through Eastern healing traditions including Buddhism, Taoism, and tenets of Chinese medicine, however the theme of flow can be found in spiritual healing paths throughout the world (Beinfield & Korngold, 2013; Germer et al., 2013; Hanson, 2009; Watts, 2000).

Presentation of the Data and Results

CIT’s rich and articulate descriptions of lived experiences with mindfulness phenomena occurred in response to open-ended, probing questions during the data gathering phase of research. From first person descriptions of mindfulness encounters, participants exhibited a universality of mindfulness experiences and a consensus of description leading to four invariant themes of mindfulness phenomenon; attunement, allowing, well-being, and flow (Eisner, 1991; van Manen, 1990; Yalom, 1995). The theme of attunement (focused attention) is central to all other themes as described in Kabat-Zinn’s (2013) frequently cited definition of mindfulness: “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4).
**Attunement.** The theme of attunement in this inquiry included attention to physical, mental, emotional, spiritual, and relational aspects of moment-to-moment experiences. One participant described his experience with body attunement this way:

I feel it in my chest and shoulders [pointing to this region of the body], I really enjoy breathing deeply during meditation. I just focus on my breath for pretty much the entire meditation; presence is a theme for me. I notice past and future tend to crop up, more commonly the future, like planning and stuff like that. Not necessarily thinking about the past, but as it crops up, I redirect my attention back to my breath, it’s kind of like a constant, I don’t know, it’s a constant thing I do during mediation.

This aspect of attunement was similarly described by another participant:

"Initially attention [is] on my breath, and I might stay with that the whole time, or I might find myself focusing on places in the body where I notice something, and for me, it’s often in my stomach or guts. There are days where I’ll find myself drifting off and I’ll realize I’m not present and either I’ll direct myself back and get present or I’ll just accept it.

Other participants noticed “whole body sensations,” “connection with body and breath,” “noticing where I am in myself,” “I’m more in tune with my body,” and “ribs, stomach, jaw, abdomen, and feel those muscles just hang and drop.” The attunement theme was not limited to noticing pleasant sensations. Participants described a “focus on the fact that I am feeling discomfort right now,” “I’m having a shitty day,” “noticing a lot of discomfort arising,” awareness of “unprocessed stuff in myself or my life show[ing] up,” “experiencing emotions in my body—my throat and gut,” and “wow, I’m really frustrated right now.” Participants also
identified “racing thoughts,” “mind chatter,” noticing “how much I’m thinking—my God!,” and awareness of “screaming inside.”

The attunement theme included awareness of relational aspects of being; connection and reconnection with self and others. Participants noticed that mindfulness, “gets me more access to all the bits, the relaxed bits and the keyed-up bits and the excited bits and the scared bits, and like, having a fuller awareness of myself,” and “I’m kind of watching it [my inner life], talking to myself on different levels.” Others described attunement as “like an old friend,” “it doesn’t feel foreign,” and the “curious way sitting with my own self, then converts into being willing to sit with other people,” and “I’m not blocked from connection with others.”

Participants commented on the attunement of mindful practices in the therapeutic relationship. One participant put it this way:

I think practicing mindfulness with clients just creates like a stronger rapport with them. I’ve noticed, being in the room, like laying down on the yoga mats and moving and breathing together, it’s kind of unspoken, but I just feel like it just creates such a stronger connection . . . there’s like a playfulness too with clients, that you can interact with them, just more lightness, and then kind of reflecting on experiences and laughing and giggling, it’s being curious about other people’s experiences, asking each other.

Another subject agreed; “This is not just a solitary thing that happens in mindfulness for us, but this group strength, and I mean I feel it. It knits us together.”

In direct response to the principle research question, CITs described perceptions of their lived experiences of mindfulness activities, noticing what they noticed with clarity. Participants described general physical, mental, emotional, spiritual, and relational aspects of mindfulness which became the attunement theme. CIT’s purposeful attention resulted in many other
described facets of their mindfulness experiences. Other verbatim descriptions of mindfulness phenomena were eventually reduced to the additional invariant themes of this inquiry. CITs perceived and described the impact of mindfulness experiences on personal and professional attitudes relative to the inquiry’s sub question as well.

The attunement theme was significant in this study due to its link to establishing therapeutic relationships (Epstein, 2017; Ponton, 2012; Rogers, 1961; Yalom, 2002). Self-attunement is a prerequisite to an attuned client-therapist relationship according to Bruce et al. (2010). The therapeutic relationship is identified by Wampold (2015), as being the first common factor of psychotherapy.

**Allowing.** The allowing theme was described in several ways among participants:

“Kind of empty bowl feeling for me. Instead of trying to shut everything out, it’s more of like a balance between dark and light and closed and open, and so it kind of allows me to also notice my surroundings,” others “found that I’m not super attached to outcomes when I do these things,” and that mindfulness has “given me a greater capacity to live with tension of uncertainty,” and noticing that, “I’m feeling really aggravated right now. I wonder what that’s about, rather than getting attached to a particular emotion or thought. Yeah, I think that’s about it. Curiosity allows those things to ease.” Another commented; “I find myself much less frustrated or allowing of frustration.” “When I’m well . . . present in my everyday life, and not getting sucked in, I find my confidence as a helper is increased.”

One participant described; “emotional awareness is a big benefit of mindfulness to me, and curiosity, not necessarily valuing whatever’s going on inside of me but observing it for what it is . . . and tolerance too . . . not just emotional tolerance, but bodily discomfort too.” He explained his ability to be with the pain of a toothache:
Recently I’ve had like a really bad toothache . . . I tried meditating and it did cut a bit of the pain out . . . I couldn’t lay down because of shooting pain, and I was just miserable. I tried mindful breathing into my tooth and that kind of stuff and it did help a little bit though the pain was still there.

Another description was similar:

I was walking up a flight of stairs one time with a cup of coffee that was hot and it splashed everywhere, it spilled on my hand. I don’t know why I did this, but I was like, just observe the sensation of the coffee on my skin, . . . and the pain from the burning coffee dissipated rather quickly, it was kind of cool.

The theme of holding lightly is not the same as letting them go. As one participant expressed; “I found that in these mindful activities, my thoughts are still there. They just don’t have as much power, like I don’t give them as much power. I don’t know if that makes sense, but they don’t consume me like they would otherwise,” and “I can meditate and being in, you know, being in a crappy place and it can do something for me and I wouldn’t say it’s always like, ‘oh, I felt so relaxed and stress-free’. No, I just felt the shittiness of my day, and I’m just glad to have done it.”

One participant noticed:

feeling more cohesive or more flexible, it’s almost a buffer against feeling overwhelmed.

Like, it kind of checks my ego. It is not my responsibility to fix this, but to sit with and be with. And when I remember that, I know how to do that. There’s been a kind of reconnection between my desperate selves and my own, who I think I am and who I want to be and trying to connect those pieces. A little bit of frivolity and jolliness that doesn’t
discount the seriousness or the gravity of what we are doing, which feels great to me, in my experience.

Descriptions of the allowing theme helped the PI understand CIT’s personal and professional attitudes relative to the study’s sub question. CITs described the allowing theme of mindfulness phenomena as one that helped to make room for thoughts and feelings without needing to avoid or fix them. The personal benefit of allowing was exposure to emotional intensity without getting caught up in it. Professionally, allowing has been found to help prevent countertransference and entanglement in another’s issues. Allowing supports affect tolerance, significant in managing burnout among inexperienced healthcare professionals (Boellinghaus et al., 2013; Bohecker et al., 2016; Christopher et al., 2006; Yalom, 1995). Adopting a more curious and detached association with emotions (allowing), benefitted CITs personally and by extension, benefited their professional relationship by permitting acceptance of the client, regardless of the session content.

**Well-being.** The well-being theme was identified as a general sense of health and safety with self and others. It was described as physical (relaxation), emotional (regulated), spiritual (forgiveness, self-compassion), and as self-esteem (competence, confidence). Participants identified physical comfort associated with mindfulness activities and the “ease of relaxation or relief that comes with it,” “for me, it’s relaxation and just quieting, and enjoy[ing] the feeling of that.”

In some cases, the described sense of well-being attributed to mindfulness activity was profound among participants; “Almost like a dopamine hit or something, where I just feel so at peace and everything after that, if I can get that moment in, everything the rest of that day is going to go so much smoother,” and “meditation as a purification practice.” Participants also
noted “strong sensations of love,” and that “I let it go more easily or I just forgive myself today or something. That I really have noticed, and it’s been dramatic for me,” “a feeling of complete peace. Like there’s no threat whatsoever,” and a sense of “enjoying life.”

Participants were specific about the health benefits of mindfulness on their lives; Warrior’s breath [qigong] type of breathing helps me through stress the way a cigarette used to. Literally, it gives me that hit, you know? That satisfaction of that [audible inhale] . . . That’s what I wanted from a cigarette. That’s what I want, the inhale. It’s really helped as a stress reliever once I get stressed out.

Another stated:
I’ve always been a super anxious person, and I have found that my anxiety has gone down significantly since being at [the agency] and practicing mindfulness, and that’s something I’ve struggled with like my whole life. So, I do think it works. The mental clarify that I talked about, just calming my mind down, being still. I have noticed some of our clients in the group that move, and I used to always be that person, and when I see someone doing that, I would want to do it. So being able just to sit and be still, I don’t know. I’ve just noticed I’ve been able to do that and I’m not screaming internally… I’ve been able to be still.

Participants were aware of the well-being of emotional regulation; “I think I’m more emotionally resilient. Like we were talking about the letting go of the pain that we hear and the hurt that we hear. So, I think it creates . . . it allows me to be more resilient,” and “we hear a lot of hurt and pain and stuff like that, and I think it’s a good way to sort of just turn the valve and release some of that a little bit. Self-care and realization that I don’t want to bring their stuff home with me.” Also, “I don’t get gripped by it [client trauma],” “I stay in my lane,” “I’m not
distracted by that tension and uncertainty of fear,” and “less prone to trauma or hijacking,” or “getting caught up in my own shit.”

Health and well-being of mindfulness was described as the “ability to savor this moment,” “to experience the richness out of what is happening right now,” and “to be ok in the moment.” One subject noted, “mindfulness equals, I’m well . . . like my overall wellness. I’m taking care of myself, which translates into being present in a session . . . and I think being present ties into my ability to form relationships, with clients, with people in my personal life.” As one subject summarized; “this place (the center), being a mindfulness place, it feels more safe emotionally. It feels like this isn’t an intellectual debate about the right and wrong ways to go about things, and there’s something healthy in it not being that.”

Well-being was a frequently described manifestation of mindfulness phenomena by CITs in this study. In fact, the healing qualities of the well-being theme is the principle appeal behind the growth of mindfulness approaches in clinical practices in America as well as the intention behind mindfulness activities offered by the study site (Pollak et al., 2014). The well-being theme was clearly articulated by CITs and was a direct answer to the inquiry’s principle and sub questions. Primarily understood by CITs in the context of personal attitudes and benefits of mindfulness, the well-being theme was also appreciated in its impact on professional counseling relationships.

Flow. The theme of flow was experienced by CITs as an optimal ‘place to be’, where self-judgment and performance anxiety ceased to exist and instinctual abilities flourished. One subject described flow as similar to musical improvisation; “It’s what I experience in playing music, where thoughts are not really happening.” Another related:
With music, when I’m playing, I notice that I’m not thinking. It’s a kind of, I’m just one with the experience. It’s like I am the experience. There’s not a separation between and there’s not a doing about it. It’s kind of being done and I’m along for the ride. I’m the doer and the receiver. And so, it feels like I am an experience rather than a thing.

Another subject had a similar experience:

And so, there’s something about the curiosity in the play and I get this kind of liquid, timeless feeling about it, where it’s just all . . . fun is not quite the word . . . there’s a level at which I’m engaged with my mind, but it feels loose and light and there’s nowhere it needs to go and I’m responding to something inside. So, it sort of comes out as expression, but then I notice something and I’ll engage with the sensory.

Descriptions of flow included analogies to sports and art where there is; “an instinctual response in the moment with a goal in mind of getting whatever objective accomplished,” or with creative writing:

I’ve done it sometimes for two hours and not even noticed and I get into that flow where it’s just like I’m so used to doing it that I don’t really have to think about it. It’s just kind of like, it takes up no mental energy, but I’m able to think creatively.

Time distortion is a common element of flow. One subject described the time distortion aspect this way; “The loss of time, I guess it’s crazy. Like if we meditate as a group or something, somebody asked if that seemed like a long time or that seemed like a short time. Usually my answer is both.” Other participants described, “losing track of time itself,” “no idea how much time passed,” and “I don’t even notice the passage of time.”

Flow is often described as a state that can be “dropped into,” “dipped into,” “stepped into,” “entered,” “immerse yourself in,” “like a threshold, you know, that you could cross from
one place of being to another for me,” “something about dropping into that,” and “like the liquid metaphor came to my mind. It’s just kind of floating in something and it’s a calm.”

Once in the state of flow, participants noticed that intelligence was not necessarily a cognitive thing; “Like it’s this pre-thought or forethought, like it’s just the train to get to the place where you can respond or react in the moment to what you need to,” or like “a psychedelic experience, which is tremendously fun.” Others described; “I let my mind go quiet where I don’t have to actually use words to think,” and “It’s like I’m rarely ever thinking before I’m saying,” “I go into that trance mode where I just don’t think,” and “I don’t have words for that experience.”

In flow participants noticed a non-striving quality about an activity, “I’m not worried about how I’m performing,” “It’s not as much doing it as it is a kind of flow state,” and “being in the moment with no idea of anything that needs to happen,” “capable and flexible and able to do the dance, like be in the moment without having to make sure I do it correctly.”

One subject summarized the flow theme well;

I feel I’m at my best, the most centered place in sessions is when I can drop into something like that and be attending and listening and with that person, and there’s a sort of floating quality with that too. It’s not just kind of a passive lump, and I’m also not scheming and plotting and imaging on what’s the next thing I’m going to say, which I might do in a social context or something if I’m not paying attention. And I find that easier and easier sometimes to get into in a session, and I can’t help but think that’s connected.

The flow theme was a direct response to the inquiry’s sub question addressing the personal attitudes of CITs in response to mindfulness phenomena. CITs described the personal
power of the flow theme and the curious nature of the counseling session conducting itself when the CITs were in flow. The flow theme was elusive in that it was difficult to experience when one strived to get there. However, when flow was encountered, CITs lost distinction between the doing and noticing of activity. The highly focused flow state allowed expansion beyond typical conditioned limitations and expectations of CITs (Csikszentmihalyi, 2008; Germer et al., 2013).

Chapter 4 Summary

Eight CITs participated in this phenomenological inquiry during a semester of professional internship in a holistic mental healthcare facility. CITs experienced formal mindfulness practices of yoga, meditation, qigong, and auricular acupuncture, and engaged in frequent mindfulness practices offered during clinical staffings, trainings and clinical supervision. Study participants kept journals of their lived experiences with mindfulness activities and provided data during focus group and individual interviews. Participants addressed the two research questions (how do student interns perceive and describe their lived experience of mindfulness phenomena? and how do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes?).

During data gather activities, participants responded to open ended questions regarding their lived experiences of mindfulness with richness and depth. Verbalized perceptions and descriptions of mindfulness experiences were audio recorded, transcribed, coded, and reduced into invariant themes. Data analysis utilized first cycle In Vivo and Concept coding strategies to narrow data into clusters (Saldaña, 2016). Member checking the data and reviewing results with the EPR, lent credibility to narrowing themes. The employment of second cycle coding, Pattern coding, reduced data to a smaller number of invariant themes. Finally, Codeweaving helped to explore and clarify fine distinctions and interplay of identified themes; to think and re-think the
use of language and word choice to texturalize the essential meaning of the experienced phenomenon (Moustakas, 1994; Saldaña, 2016; van Manen, 1990).

Four invariant themes were identified during this research; attunement, well-being, allowing, and flow. The themes were clear responses to research questions asked to understand the participant’s lived experience of mindfulness phenomena and to grasp personal and professional attitudes towards the phenomena. The themes were the results of the research methodology outlined in chapter three and aligned with the literature review and the conceptual framework identified in chapter two.
Chapter 5: Discussion and Conclusion

Chapter five provides a summary of the inquiry’s purpose, results, discussion, interpretations, and concluding remarks relative to the inquiry’s problem statement and the research questions. Phenomenological methodology was applied to this qualitative study. The study addressed the research questions: How do student interns of the study site perceive and describe their lived experience of mindfulness phenomena, and how do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes?

There are few studies conducted on counseling students and mindfulness practices while students are still engaged in academia. This is because courses on mindfulness approaches are not in the syllabi of CACREP accredited professional counseling institutions and spiritual approaches to healing are not valued in mainstream academia (Duffy, 2017; Epstein, 2017; Kabat-Zinn, 2014; Robinson, 2011). As incidents of mental suffering climb in America, it is a problem that potential remedies are neglected in favor of status quo treatment approaches. The purpose of this inquiry was to investigate the healing potential Eastern approaches and to advance the integration of holistic ideas among CITs and teaching institutions.

The discussion included exploration of the results compared to the reviewed literature, as well as limitations of this inquiry, potential implications for the development of CITs, and the study’s potential impact on the field of professional counseling. The study concluded with recommendations for further research in the area of mindfulness, counselors in training, and psychotherapy.
Summary of the Results

Conventional Western and biomedical approaches to mental health alone are inadequate to slow the rising occurrence of mental health diagnoses in America (Angell, 2011; Curtin et al., 2016; Drain, 2017; Edwards, 2017; Harris, 2008; Jackson, 2012; Katz, 2017; Whitaker, 2012). The Western medical model of healing tends to ignore non-biological factors contributing to suffering, healing, and well-being. These factors include the impact of community, spirit, mind, relational, cultural, familial, and phenomenological aspects of the human experience (Beinfield & Korngold, 2013; Duffy et al., 2002; Elkins, 1998; Epstein, 2017; Germer et al., 2013; Hansen, 2003; Jackson, 2012; Kabat-Zinn, 2013; Whitaker, 2012). The narrow view of the Western medical approach is rooted in the scientific method which understands suffering as a physical condition. It is the dominant lens through which healthcare is seen in the United States, influencing managed care, the pharmaceutical industry, and how healthcare professionals are taught to understand and treat mental suffering.

Mindfulness approaches to healing promote the use of ineffable and invisible aspects of humanity to advance well-being. Although mindfulness activities are most commonly associated with Eastern healing traditions, they are known and practiced throughout the world (Hanson, 2009). Because of their effectiveness to alleviate mental suffering, mindfulness approaches have become one of the fastest growing characteristics of clinical practices in mainstream psychotherapy (Pollak et al., 2014).

The literature is clear that mindfulness practices alleviate symptoms of mental suffering commonly found in diagnoses from the Diagnostic Statistical Manual (DSM) (Grepmair et al., 2007; Hofmann et al., 2011; Kearney et al., 2013; Perich et al., 2013; Wolever et al., 2012).
These studies revealed that mindfulness approaches reduce symptoms of disordered mood, anxiety, substance use disorder, stress, anger, sleep disturbance, and relational conflict. The research identified healing factors of mindfulness to include intention, attention, compassion, exposure, and non-attachment (Baer, 2003; Brown et al., 2007; Germer et al., 2013; Shapiro et al., 2006).

Further, research has shown the benefits of mindfulness practices to therapists; particularly inexperienced therapists in training (Boellinghaus et al., 2013; Bohecker et al., 2016; Bruce et al., 2010; Christopher et al., 2006; Fulton & Cashwell, 2015; Rothaupt & Morgan, 2007). Evidence associated with these studies identified mindfulness practices contributing to foundational counseling skills including nurturing the therapeutic relationship, fostering empathy, compassion, openness, and presence. Self-care benefits of mindfulness practices for CITs included self-compassion, affect tolerance, and reduced anxiety. These qualities of mindfulness help CITs prevent issues of countertransference, compassion fatigue, and burnout. Despite mounting research indicating a therapeutic benefit of mindfulness approaches and their growing influence in clinical practices, Eastern healing practices are rarely taught in CACREP accredited professional counseling programs. Instead, Western scientific understanding of mental suffering remains the dominant way of conceptualizing and treating mental suffering and in the training of healthcare professionals (Christopher et al., 2006; Duffy et al., 2017; Epstein, 2017; Kabat-Zinn, 2013; Pink, 2006; Robinson, 2011).

The omission of mindfulness training in CACREP accredited institutions has resulted in few studies being conducted on CITs and mindfulness while counseling students are actively enrolled in these professional counseling programs (Duffy et al., 2017; Fulton and Cashwell, 2015). This inquiry adds to a small number of studies that may make a difference in appreciating
the importance of a more holistic understanding of suffering and healing. I have argued that exclusion of mindfulness training is a problem given the epidemic of mental health issues in our country, particularly as mounting research has found integrating mindfulness in psychotherapy practices to be helpful to clients and CITs alike. I hope this study will add to a growing body of research that may make a difference in how diagnosis and treatment of mental suffering are understood, particularly among CITs in professional counseling programs.

Eight CITs were exposed to formal mindfulness practices of yoga, qigong, meditation, and auricular acupuncture during a semester internship working with client populations in an outpatient mental healthcare facility. CITs were also exposed to the culture of the study site, which promoted awareness of mindfulness moments in staff meetings, clinical supervisions, professional trainings, and debriefing opportunities. Participants kept journals of their experiences with mindfulness activities for later reflection before the data gathering phase of this inquiry.

This qualitative study utilized phenomenological methodology and was guided by the works of van Manen (1990) and Moustakas, (1994). Human science research is fundamentally a linguistic endeavor according to van Manen (1990). The data for this phenomenological inquiry was collected from CITs through face-to-face inquiry, initially via focus group interview, and later through one-to-one conversations. CIT's verbatim responses to open-ended questions (e.g., “How you describe a typical mindfulness experience?”) provided information that was recorded, transcribed, coded, and texturalized to describe the essential meaning of the lived experience of CITs with mindfulness phenomenon. The truth of the data was strengthened by inviting feedback from participants during the process of sorting and narrowing themes. Additional credibility was provided by the external peer reviewer (EPR) who supported the overall
dependability of this study offering feedback and venting opportunities for the principal investigator (PI) throughout data gathering and analysis.

Data narrowed to four invariant themes consistently perceived and described by the cohort of interns involved in the study. The themes were connected to each other as parts of a bigger whole of mindfulness, yet were distinct unwavering horizontal events (Moustakas, 1994; Saldaña, 2016). The four themes associated with this inquiry were identified as attunement, allowing, well-being, and flow.

**Discussion of the Results**

Raw, descriptive data from CIT participants was recorded, transcribed, and coded to narrow data into groups of horizontal events. Coding included In Vivo, Concept, Pattern, and Codeweaving strategies to reduce data to the essence the invariant themes of this study. The resulting horizontal events (invariant constituents) resulted in the themes of attunement, allowing, well-being, and flow (Moustakas, 1994; Saldaña, 2016; van Manen, 1990).

**Invariant themes.** The theme of attunement describes focused attention to here and now activities during mindfulness practices and is the prerequisite theme to all other themes. CIT participants noticed physical, mental, emotional, spiritual, and relational aspects of moment-to-moment experiences. Introductory mindfulness practices like the kind taught at the study site, often helped participants through awareness of breath, then expanded awareness to include sounds, bodily sensations, feelings, thoughts, and connection to others. In this study, CITs learned to become more attuned to a variety of present moment experiences over time and with practice. As Gunaratana (2002) suggested, through an emphasis on choiceless awareness, CITs learned “an alert participation in the ongoing process of living” (p. 142).
CITs described the allowing theme as an intentional decision to accept whatever experiences (pleasant or not) that entered into consciousness without needing to cling to, resist, judge or fix the manifestation. Allowing is an invitation to the experience that includes a willingness to be receptive and open to whatever outcomes arise from the mindfulness encounter. CITs described a curious and detached quality, providing space to hold experiences in a light and loose manner. This theme was most evident in CIT’s descriptions of allowing suffering, frustration, aggravation, distressful emotions, tension, and uncertainty “instead of shutting [those things] out.” The decision to allow discomfort was seen by CITs as a way to diffuse its power and to prevent being consumed “like they would be otherwise.” The allowing theme is significant in managing burnout among inexperienced healthcare professionals (Boellinghaus et al., 2013; Bohecker et al., 2016; Christopher, 2006; Yalom, 1995).

CITs described the well-being theme as a sense of overall health occurring from mindfulness practices. Well-being included physical relaxation, stress reduction, emotional tolerance, sense of peace and safety, and improved mental clarity. CITs noticed and described a sense of confidence, competence, and self-compassion during mindfulness activities. CIT’s abilities to connect with well-being was crucial in developing a skill to help gauge when these qualities were not present, and self-care needed to occur. CITs saw mindfulness activities as a way to manage personal well-being amid daily encounters with client trauma and suffering occurring over the course of the internship.

The theme of flow was described as a state that was sometimes visited during mindful experiences. Flow was often identified by time distortion, a fluid and floating quality, and pre-thinking or non-cognitive ‘knowing.’ Other descriptions of flow acknowledged an ease and effortless engagement, marked by unscripted, spontaneous, and instinctual responses to the
moment. CITs described being in flow as being at one with the activity, wholly immersed in the moment with no separation between doing and being, mind and body; an optimal state of being in the therapeutic relationship.

**Woven codes.** “One of the most critical outcomes of qualitative data analysis is to interpret how the individual components of the study weave together” (Saldaña, 2016, p. 276). Codeweaving fit themes together like puzzle pieces by integrating words and phrases and was used as a heuristic to explore the possible interaction of major codes (Saldaña, 2016; van Manen, 1990). There were many instances of thematic intertwining in this inquiry. A clear example was presented through the attunement theme, by which all other themes were noticed. The attunement theme was described as a present moment, conscious attention given to any manifestation of mindfulness. Therefore, the attunement theme was the prerequisite of all other themes since all conscious awareness can only exist in the here and now (Neff, 2011; van Manen, 1990).

Through attunement to present moment mindfulness experiences, CITs perceived and described the theme of allowing, noticing and accepting mindfulness manifestations regardless of content. The resulting affect tolerance and emotional regulation associated with allowing were examples of curative factors of mindfulness and were therefore woven to the theme of well-being in this study. In fact, well-being was the theme behind the entire study and the essential byproduct of all mindfulness practices. Well-being is the reason mindfulness practices were used at the study site and the motivating factor behind the upsurge of mindfulness approaches in clinical practices (Baer, 2003; Brown et al., 2007; Germer et al., 2013; Hanson, 2009; Pollak et al., 2014; Shapiro et al., 2006).
Occasionally, CITs perceived and described mindfulness phenomena which resulted in
the flow theme. Flow connected to all invariant themes of this inquiry. Flow was noticed in the
moment (attuned to), presented opportunity to contain any experience without judgment
(allowing), and contributed to the well-being theme through the effortless, innate, optimally
capable experience of total engagement in present moment occurrences. All themes stood alone
as unique, horizontal manifestations of mindfulness phenomena as experienced and described by
the CITs in this study (Moustakas, 1994). Yet, there was a circular interplay of themes
evidenced as themes fit together for a holistic depiction of the lived mindfulness experience
(Saldaña, 2016). The result of coding, member checking, prolonged exposure, and EPR
oversight lent credence to the final themes of attunement, allowing, well-being, and flow.

**Participants.** None of the eight CIT participants had any formal mindfulness instruction
through their professional counseling training programs, though all had at least some exposure to
formal mindfulness experiences outside of academia, most notably yoga. All eight participants
were aware of the agency’s culture of holistic approaches to mental health before accepting an
internship position at the study site. Participant volunteers were screened for their fit with the
agency (and vice versa) and were either curious about adding mindfulness experiences to their
skill set or had personal experiences and familiarity with spiritual approaches to well-being.
Some of the eight participants were pursuing professional counseling as a second career. These
participants seemed more seasoned in life events having experiences in marriage, parenting,
career, and life’s challenges. These experiences may have helped these CITs think without a
theoretical backstop and engage life as it happens; messy, unpredictable, and without a manual.
Their venture into the healthcare profession was precipitated by a personal transformation that
included introspection, re-evaluation of values, and significant letting go of whom they used to

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be. These individuals seemed more receptive to mindfulness means, more able to appreciate, and adapt to working without a script.

Some participants were engaged in professional counseling as their first career choice and had spent little time outside of academic influence. These individuals were younger and were perhaps more accustomed to Western educational conventions of learning and repeating explicit and codifiable knowledge necessary to complete competency standards of CACREP, comprehensive examinations, and National Counselor Examination (NCE) standards of practice. For these participants, the experience of whole body knowledge and right-brained thinking was more of a paradigm shift, particularly when applied to the realm of counseling education and psychotherapy. These participants appeared to encounter more dramatic changes in perceptions during the study expressing surprise and insight in describing their professional and personal experiences of mindfulness phenomenon; this inquiry's sub question.

All participants related to concepts of art in mindfulness states noticed instinctual, creative, and spontaneous outcomes of mindful engagement. Participants linked mindfulness to experiences of becoming one with dance, music, creative writing, sports, culinary arts, and religious ritual. Some participants had musical backgrounds, experiencing the non-verbal language of music, and improvisation being one with the activity and time distortion. All participants described the ability to become highly engaged in a mindfulness activity, though not consistently. However, CITs noticed becoming more proficient in experiencing mindfulness phenomenon with practice over time.

Participants appreciated different aspects of practices according to personal preference. Some liked active practices (e.g., yoga, qigong, mindful walking), others appreciated stillness practices of meditation (e.g., sitting with breath, body scan, auricular acupuncture). Some
appreciated different practices depending on the need of the day. All participants derived value from mindfulness practices and a few experienced deep and personal insights occurring during the semester.

In hindsight to their exposure to formal practices of the study site, all participants acknowledged they had often experienced mindfulness phenomenon through everyday life encounters, though never labeled experiences as mindfulness ones (e.g., “I didn’t know what to call it.”). Experiences of playing and listening to music, playing sports, writing, drawing, painting, dancing, hiking, engaging in spiritual traditions, and exercising were examples of informal, everyday mindfulness activities referenced by CITs. Participants carried mindful awareness ideas beyond the agency to ‘the car ride home,’ to help manage stress, improve sleep hygiene, reduce anxiety, and engage more fully in personal relationships. Mindful moments are prolific and not unusual according to Germer et al. (2013). Mindfulness phenomena can be experienced when people take pause and engage their senses in any given moment. Simple attention to breathing, for example, is portable, literally right under our noses and can be practiced any time without anyone knowing (Salzberg, 2015).

There appeared to be no downside of study results. Participants felt personal benefit through exposure to mindfulness and recognized professional benefit it produced in fostering psychotherapeutic relationships with client stakeholders. Even awareness of uncomfortable experiences (stress, fear, anxiety, shame, uncertainty), thoughts (racing thoughts, critical voices), and physical sensations (tightness in gut, chest) were recognized as in the range of manifest sensations that could be noticed and allowed. Participants noticed increase tolerance of unpleasant events including being able to ‘be with’ the suffering of others in the present moment without having to do, say, rescue, or fix anything. Further, CITs noticed an ability to more easily
let go of sessions after they were conducted, drawing a boundary between professional and personal life.

In some cases, mindfulness exercises contributed to present moment experiences that were profound, erasing distinctions of past and future, resulting in a timeless and fluid experience. In these cases of flow, participants were able to engage the experience without judgment and without having to think about responses that seemed instinctive and spontaneous. Sessions in flow seemed effortless to CITs and was less about doing than ‘being one with’ present moment experiences.

CIT’s understanding of mindfulness phenomena grew with practice. While human beings are innately capable of engaging present moment awareness any moment in time, extending moments of awareness is more difficult. This is the practice and art of mindfulness. As mindfulness is practiced and awareness expanded, wisdom, compassion, and acceptance contribute to a deep understanding of the way the nature of things work (Dalai Lama, 2003; Germer et al., 2013; Kabat-Zinn, 2014).

CIT participants demonstrated a serious commitment to this project and the research methods employed in this inquiry. The rich data of this study meant that CIT participants engaged in and described their uniquely personal experience with mindfulness activities with curiosity and depth. The resulting themes were common to the group of eight participants and aligned with universal themes of mindful phenomena, revealed through the literature review.

**Discussion of the Results in Relation to Literature**

Data in this phenomenological inquiry supported four invariant themes. The essential lived experiences of CITs involved in the study site's culture of integrative mental health care were manifested through the themes of attunement, allowing, well-being, and flow. These
horizontal themes were sustained by chapter two literature and the conceptual framework of this inquiry. Results were supported by commonly known attributes of mindfulness found in literature, including mindfulness traits of attention to present moment ‘being’ (attunement), detachment and space from conditioned expectations (allowing), liberating and non-judgmental experiencing (well-being), and non-verbal and non-conceptual knowing (flow) (Baer, 2003; Brown et al., 2007; Germer et al., 2013; Kabat-Zinn, 2014; Pollak et al., 2014; Shapiro et al., 2006).

**Attunement.** Fundamental to all CIT’s known experiences of mindfulness is the theme of attunement, referring to the focused, conscious awareness of present moment occurrences. Attunement is at the very heart of Kabat-Zinn’s (2014) definition of mindfulness as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4). Similarly, Brown and Ryan (2003) described mindfulness as presence of mind, receptive attention to here-and-now events and experiences. Neff (2011) explained mindful attunement as an ability “to take a step back, and say—ahh, this is what I am thinking, feeling, and experiencing right now” (p. 86). Furthermore, Neff (2011) noted that mindfulness is sometimes referred to as meta-awareness, meaning awareness of awareness. For example, being aware that right now, I am noticing that I am experiencing anger. Attunement in this inquiry means focused attention on a holistic range of the human experiences including present moment awareness of physical, mental, emotional, relational, and spiritual dimensions.

Epstein (2017) cautioned that mindless inattention carries the potential of disastrous results in healthcare, adding “awareness of my own mind might be one of the most important tools I could have in addressing patients” (p. 3). Relative to the mastery of counseling skills of CITs, Yalom (2002) saw attunement as an essential aspect of training for novice counselors,
including the cultivation of intentional awareness to present moment occurrences in session.

“You must develop here-and-now rabbit ears. The everyday events of each therapy hour are rich with data” (p. 47). According to Ponton (2012), mindful awareness is essential for a CIT “to move from acting as if they are counselors to acting because they are counselors” (p. 190).

Attunement is a crucial theme in nurturing the therapeutic alliance with clients. Wampold’s (2015) work identified the therapeutic relationship as the first common factor of psychotherapy; a necessary requirement preceding all change. Decades earlier, Rogers (1957, 1961) identified the therapeutic relationship as the most crucial element of psychotherapy. According to Rogers (1961), a therapist who knows his or herself is better able to help others do the same. Acknowledging and accepting our humanity allows human beings freedom to “change and grow in the direction natural to the human organism” (p. 61). Campbell & Christopher (2012) referenced Roger’s (1957) core therapeutic factors of unconditional positive regard, acceptance, genuineness, and empathy as steadfast benchmarks of effective therapy. These factors have less to do with therapeutic techniques or manualized approaches than ways of alert participation and being in the world.

Siegel (2007) described mindfulness as a type of self-attunement that improved the ability to attune with others. Bruce et al. (2010) agreed, concluding that mindfulness practices help CITs cultivate the skill of self-attunement, the precursor of attunement with others which lies “at the heart of a healing, empathic relationship” (p. 83). Further, Bruce et al. (2010) noted that “any practice that develops qualities of curiosity, openness, acceptance, and love, particularly toward oneself, would yield benefits in the therapy room” (p. 93).

Allowing. Healthcare professionals and CITs, in particular, are susceptible to significant psychological distress and burnout, including problems of anxiety, depression, low self-esteem,
and stress (Boellinghaus et al., 2013). Addressing this concern, the APA (2002; 2010) has identified ‘self-care' as a standard competency among mental healthcare professionals, though self-care is “typically presented to the student as an individual responsibility” (Christopher et al., 2006, p. 496)

Allowing is a theme that promotes CIT self-care through acceptance of all thoughts, emotions, and sensations as they arise during a mindfulness practice without judgment. Not resisting experiences can be helpful in cultivating affect tolerance, emotional regulation, and awareness of countertransference reactions in CITs. Neff (2011) noted that mental suffering is a result of refusing to allow things to be as they are

Resisting pain truly is banging your head against the wall of reality. When you fight against the fact that pain is arising in your conscious experience, you are piling on feelings of anger, frustration, and stress on top of the pain. This only exacerbates the suffering. Once something has occurred in reality, there is nothing you can do to change the reality in the present moment. This is how things are. You can choose to accept this fact or not, but reality will stay the same either way (emphasis is Neff’s, p. 94).

Neff’s (2011) equation for misery is, suffering = pain x resistance, though she added that suffering is much more than multiplied, it is exponentially experienced if not allowed.

Boellinghaus et al. (2013) conducted a qualitative study on trainee therapists (TTs) receiving ‘loving-kindness meditation' (LKM) as a potential tool to explore self-care and compassion during therapy training. The researchers found that all twelve participants in the qualitative study “talked about becoming more accepting of themselves, particularly with respect of difficult feelings . . . having more space around them and experiencing them fully rather than suppressing them” (p. 272). One TT described allowing different parts of self to be experienced;
“I have positive and negative emotions, positive and negative habits, you know, and they're all me” (p. 272).

Schure et al. (2008) conducted a four-year qualitative study examining the influence of mindfulness approaches on graduate counseling students through a semester-long, mindfulness-based stress reduction course. This study found that mindfulness for some students “allows a space for dealing with difficult emotions that arise…[where] I can look at my feelings that I do not want to notice [and] observe them more objectively” (p. 51). Schure et al. (2008) noted that meditation helped tolerate physical distress as well, as one participant noted, “I think [mindfulness] has taught me greater patience and given me more resilience to physical pain and discomfort” (p. 51).

Allowing is an aspect of mindfulness that gives us room needed to respond to experiences differently. As Kabat-Zinn (1993) put it, “Acknowledging present-moment reality as it is, whether it is pleasant or unpleasant, is the first step towards transforming that reality and your relationship to it” (p. 261). Kabat-Zinn (2012) also metaphorically noted that “you can't stop the waves, but you can learn to surf” (p. 30).

Well-being. The well-being theme of this inquiry was a byproduct of mindfulness practice, not the immediate goal. While relaxation or a blissful state may frequently occur during mindfulness practices, it is the changing relationship to ourselves, our minds, and our “unprejudiced receptivity to life as it is lived” (Brown et al., 2007, p. 214) that ultimately results in the quality of life. Exactly how this occurs is a mystery and difficult to articulate. The research is clear that mindfulness means are effective in promoting well-being and reducing symptoms of mental suffering ranging from mild to severe (Bruce et al., 2010; Germer et al., 2013; Pollak et al., 2014).
Transformation to well-being is stealth and subjective; the primary reasons this inquiry utilized phenomenological methodology. Learning mindfulness skill requires teaching from within and trusting the innate wisdom and inherent human capacity to heal. Palmer (2004) acknowledged this inner teacher and encouraged trust in the resilient, soulful wisdom that inhabits all human beings.

Literature identified in this inquiry found reduction in symptoms of PTSD, bipolar disorder, substance abuse, anxiety, mood, stress, anger, sleep disturbance, and relational conflict (Grepmair et al., 2007; Hofmann et al., 2011; Kearney et al., 2013; Perich et al., 2013; Wolever et al., 2012). Mental suffering of this nature is common to client populations of the study site and was likely encountered by CITs during daily therapy groups over the course of a semester. Healing mechanisms of mindfulness transcend theory and diagnoses and have proved their value in clinical practice over the past twenty years according to Pollak et al. (2014). Curative factors of mindfulness practices include elements of intention, attention, acceptance, attitude, compassion, insight, exposure, non-attachment, enhanced mind-body functioning, self-management, cognitive change, and integrated functioning (Baer, 2003; Brown et al., 2007; Germer et al., 2013; Shapiro, et al., 2006). Easily incorporated in psychotherapy sessions, integration of mindfulness strategies in clinical settings is a fast-growing trend amid the community of clinical practitioners.

These same healing mechanisms are beneficial to CITs, helping limit problems of stress, anxiety, transference, countertransference, counselor burnout, and to promote self-compassion, healthy therapeutic boundaries, and self-care (Boellinghaus et al., 2013; Bohecker et al., 2016; Bruce et al., 2010; Fulton & Cashwell, 2015; Rothaupt & Morgan, 2007; Shapiro et al., 2006; Yalom, 1995).
Christopher's catalog of work at Montana State University followed counseling students through his course entitled Mind/Body Medicine and the Art of Self-Care. The semester-long course was one of very few examples of mindfulness courses offered on campus to CITs by a CACREP accredited counseling program (Campbell & Christopher, 2012; Chrisman et al., 2009; Christopher et al., 2011; Christopher & Maris, 2010; Maris, 2009; Schure et al., 2012). The theme of Christopher's course was to expose CITs to mindfulness activities and to promote presence and being as competencies over the doing’ of therapeutic skills and techniques. Campbell & Christopher (2012) noted that experiencing mindfulness practices among students helped “foster therapeutic presence” (p. 213), offered practical self-care tools, and served to create long-term positive personal and professional impact on students (Christopher, 2011).

Christopher’s (2006) research design was similar to this inquiry in that it worked with CITs actively enrolled in CACREP an accredited professional counseling program over the course of a semester. Students in this study were similarly exposed to meditation, yoga, and qigong (this study also included auricular acupuncture), and qualitative methods were similarly employed to explore personal and professional experiences of mindfulness activities. Christopher’s work was a rare example of a stand-alone course on mindfulness taught while CITs were still enrolled in a CACREP accredited professional counselor education program. This inquiry could be considered as another example.

Flow. Germer et al. (2013) described qualities of mindful moments similar to the flow theme including “non-conceptual, intuitive awareness that is separate from thought processes” (p. 9). The non-cognitive aspect of flow makes it particularly difficult to understand in the traditional sense of Western scientific study; flow can never really be pinned down (Gunaratana, 2002; Shapiro & Carlson, 2009). However, flow can be understood through the shared
subjective experiences of others, which according to Rogers (1961), is the highest hallmark of truth (Christopher et al., 2011; Creswell, 2013; Hayes & Shenk, 2004). Flow is described as a distinct state of mindfulness that could occasionally be reached. Flow is elusive in that if one strives to attain it, it is difficult to experience. Flow occurs spontaneously (Watts, 2000).

CIT’s experiences of flow during mindfulness practices were referenced in ancient ideas. Non-forcing, non-obstructing elements of mindfulness are found in Taoism. Wei Wu Wei (doing non-doing; non-striving) is a term describing “a person who does not get in his or her own way . . . or stand in one’s own light” (Watts, 2000, p. 44). The Way of Taoism is one that embraces the nature of things and living in the current of life instead of fighting against it. When flow was achieved in therapy CITs noticed spontaneous, instinctual, non-thinking, and effortless engagement could occur. According to Kabat-Zinn (2014), this is evidence of engaging in “the world unfolding according to its own lawfulness. Everything just comes about” (p. 592).

Flow was most often “dropped into,” “dipped into,” “crossed into,” and described by CITs in this inquiry as a fluid and timeless state. Duffy et al.’s (2017) study on mindfulness and CITs yielded “described experiences that several referred to as being in “the zone” during and after participating in the mindfulness activities” (p. 36). Similar to this inquiry's description of flow, the zone is described as a place of present moment engagement without distraction from thoughts and emotions (Duffy et al., 2017). One participant in Duffy et al.'s (2017) study described noticing that, “all of a sudden . . . I felt really involved and engaged after going through the mindfulness activity” (p. 36). Another participant expressed feeling “settled in the [counseling] space and . . . calmer in the room. I don’t know how else to better describe that” (p. 37).

CITs experiencing the theme of flow in this study described effortless involvement in the therapy session. During moments of flow, CITs noticed being one with the experience, “like I
am the experience” able to be totally present in the moment without “scheming and plotting” during a therapy session. CITs described flow as a “pre-thought or forethought, like it's just the train to get to the place where you can respond or react in the moment to what you need to.” Flow is not always experienced but can become more accessible with regular mindfulness practice (Salzberg, 2015). Flow does not come from a textbook or manual; it is a kind of learning and being in the world that comes from within through the trust of an inner teacher (Campbell & Christopher, 2012; Palmer, 2004). The optimal experience of flow occurs in a non-linear, non-intellectual, subjective, and paradoxical manner (Rogers, 1961).

**Limitations**

This study was limited in its small and culturally similar sample ($n = 8$, six males and two females, all self-identified white), in time (a semester), the scope of inquiry (mindfulness experiences), in a geographic region (Southwest United States), and qualitative methodology of choice, phenomenology. The purposeful sampling strategy used in this project limited participants to those from the geographical area of the study site and CACREP accredited programs seeking professional internship through the study site, an outpatient mental health facility advocating a holistic healing culture. Study results are representative of this sample.

Because this inquiry used qualitative approaches and phenomenological design, it did not explore cause and effect or attempt to solve problems (Moustakas, 1994). Instead, the study's focus was on human science, understanding the essential, lived experiences and meanings of CITs as they encountered mindfulness phenomenon. Design and emphasis limited the scope of this inquiry; understanding mindfulness phenomena solely on the CIT side of the therapeutic relationship. Of the vast assortment of mindful practices that could be experienced, this study
revolved around four formal practices offered daily to clients of the study site programming including yoga, qigong, meditation, and auricular acupuncture.

The self-reported data collected in this study ran the risk of being biased by participants wanting to influence outcomes to indulge the PI. Such possibilities were mitigated by the detached role of PI in the study, the involvement of EPR, multiple data gathering strategies (journaling, focus group, individual interviews), prolonged engagement, and member checking data. The self-reported, verbal descriptions of mindfulness phenomenon were the only means of data collected for this study. To diminish the PI’s bias during phenomenological reduction, Moustakas (1994) recommended époché as an essential first step. The use of époché, bracketing, debriefing with EPR and member checking data helped mitigate bias concerns, though bias is still a limitation in phenomenological research.

**Implication of the Results for Practice, Policy, and Theory**

Results from this inquiry were a relevant answer the research questions and confirm the perceived benefits of mindfulness approaches among CITs professionally and personally. The course of this inquiry exposed a gap in research between CITs and mindfulness approaches to suffering taught in mainstream counselor education programs. This gap is important given the increase of mental suffering occurring in the United States and the narrow view advocated by mainstream professional counseling education programs. There appears to be ample opportunity to influence practice, policy, and theory in the mental health profession.

**Implications for practice.** Clinical practices appear well ahead of academia in valuing the benefits of mindfulness approaches to mental health. Outside of CACREP professional counseling programs, clinical practitioners are embracing mindfulness means of healing at a rapid pace (Germer et al., 2013; Pollak et al., 2014). This is because healthcare professionals
have discovered healing properties associated with mindfulness practices and have come to view mindfulness as a curative mechanism that transcends diagnosis, addresses underlying causes of suffering, and is an active ingredient in most effective psychotherapies (Pollak et al., 2014). Studies cited in the literature review bear this out. Mindfulness interventions reduce mental distress including symptoms of PTSD, bipolar disorder, substance abuse, anxiety, mood, stress, anger, sleep disturbance, and relational conflict (Grepmair et al., 2007; Hofmann et al., 2011; Kearney et al., 2013; Perich, et al., 2013; Wolever et al., 2012).

Mindful approaches are numerous and can be easily adapted to therapy sessions. They may include every day and routine activities such as moving, breathing, eating, listening, and stillness (Campbell & Christopher, 2012; Reilly, 2016; Siegel, 2010). Mindfulness activities are inexpensive, immediately accessible, easily adaptable, and portable. As Salzberg (2015) noted, the opportunity to practice mindful breathing is always right under our nose. Mindful and contemplative practices are often associated with Eastern religious traditions, which tend to frighten some clients. According to Kabat-Zinn (2014), “until recently, the very word meditation tended to evoke raised eyebrows and thoughts about mysticism and hocus-pocus in many people” (p. 7). Some programs downplay Eastern references (e.g., complementary alternative medicine (CAMS), attention training, stress reduction) to make mindful practices sound more agreeable to clients. However, as Hanson (2009) points out, mindful and contemplative practices are not unfamiliar to Americans and are known and practiced throughout the world, including through Judeo-Christian faith-based traditions (see Figure 2).

Mindfulness activities are beneficial to therapists, particularly CITs, who are prone to significant issues of compassion fatigue, counter-transference, depression, anxiety, stress, and burnout (Boellinghaus et al., 2013; Bohecker et al., 2016; Christopher, 2006). Self-care has been
identified by the APA (2002; 2010) as a standard competency to mitigate these concerns among mental healthcare professionals. The same healing properties that promote well-being among clients work to cultivate therapist self-care as well. These include attributes of intention, attention, acceptance, attitude, compassion, insight, exposure, non-attachment, enhanced mind-body functioning, self-management, cognitive change, and integrated functioning (Baer, 2003, Brown et al., 2007; Germer, et al., 2013; Shapiro, et al., 2006).

Cultivation of here and now presence in the therapeutic relationship is the prerequisite to all work that follows and is the first common factor of psychotherapy; mindful self-attunement improves attunement with others (Bruce et al., 2010; Ponton, 2012; Rogers, 1961; Siegel, 2007; Wampold, 2015; Yalom, 2002). According to Bruce et al. (2010), cultivation of self-attunement, through mindful practices is the precursor of attunement with others which lies “at the heart of a healing, empathic relationship” (p. 83). Moreover, Bruce et al. (2010) commended any therapeutic approach that promoted attunement, allowing, curiosity, and compassion “would yield benefits in the therapy room” (p. 93).

Implications for policy. The growing divide between what is taught in mainstream professional counseling programs and what is practiced by clinical psychotherapists outside of academia presents an opportunity to influence policy, practice, and curriculum. Over the last decade, there has been an explosion of interest in mindfulness meditation and mindfulness publications among the mental healthcare community (Germer et al., 2013; Pollak et al., 2014, p. vii). Meanwhile, this fast-growing interest has not been reflected in curricula of professional counseling programs. CITs typically gain experience in mindful approaches on their time and at their expense through workshops and seminars, outside their graduate training program (Duffy et al., 2017).
More research is needed to sway opinions of policymakers, department heads, and administrators of professional healthcare training programs, yet there are a scant number of mindfulness research projects conducted with CIT’s currently enrolled and on campus in CACREP accredited programs. A few examples had occurred when mindfulness education was provided as an elective or bundled in a CACREP core requirement.

Christopher’s (Christopher et al., 2006) Mind/Body Medicine and the Art of Self-Care course at Montana State University was a rare example of a stand-alone mindfulness course for CITs in a CACREP accredited university. Christopher’s course taught practical tools for self-care in graduate school and beyond, familiarizing students in mindfulness and contemplative practices, and their relevance in counseling, psychology, and behavioral medicine. Christopher’s course was an elective.

Duffy et al. (2017) presented mindfulness information in a CACREP core requirement, Theory and Practice. Bohecker et al. (2016) presented mindfulness practice as part of CACREP core Small Group requirement. These qualitative studies were important, though not the sole focus of the course. These examples expose a research gap in the area of CITs and mindfulness practices and are an opportunity for this study and future studies to compile evidence necessary to influence policy and promote the integration of mindfulness healing approaches in mainstream professional counseling programs.

**Implications for theory.** Eastern philosophies have worked their way into mainstream theories including, Acceptance and Commitment Therapy (ACT), Dialectic Behavioral Therapy (DBT), and Mindfulness Based Cognitive Therapy (MBCT) (Bruce et al. 2010; Pollak et al., 2014). However, Western biomedical approaches to healing are still the dominant paradigm in American culture. Western medicine continues to hold sway over the mental health landscape
including influences on the pharmaceutical and health insurance industries, the evolution of the DSM, and the way in which mental health concerns are understood and treated in professional healthcare programs (Angell, 2011; Christopher, 2011; Duffy et al., 2002; Elkins, 1998; Germer, et al., 2013; Hansen, 2003; Jackson, 2012). According to Angell (2011), the Western medical practitioner’s most common response to mental suffering is to treat by psychotropic drugs, “In fact, most psychiatrists treat only with drugs, and refer patients to psychologists or social workers if they believe psychotherapy is also warranted” (p. 1).

The Western medical model theory of healing understands humanity through a biological lens and tends to discount non-physical and invisible aspects of human nature, including the role of mind, spirit, familial, systemic, relational, and cultural influences of well-being (Chodoff, 2002; Jackson, 2012; Hanson, 2009). The Western approach by itself would be acceptable if it worked, but it has not stemmed the alarming rise of mental suffering in America. Diagnoses of the DSM are increasing in America, not abating as one would expect with the advances in biomedical treatments for mental suffering (Angell, 2011; Whitaker, 2012).

Debilitating conditions of depression, anxiety, and substance use disorders are commonplace in our culture. According to the NIMH, 46% of American adults have met the criteria for mental illness identified in the DSM in their lifetime, with anxiety, mood, and substance use disorders dominant themes of distress (Angell, 2011; Curtin et al., 2016; Drain, 2017; Edwards, 2017; Harris, 2008; Katz, 2017). The paradigm of Western biomedical intervention alone is not adequate to reduce this trend, and in fact, has failed according to Whitaker (2012).

Maslow (1966) has stated that therapists (and healthcare professionals) whose only tool is a hammer, requires every problem to be a nail. This metaphor sums up the problem of the
narrow focus attributed to Western biomedical approaches. While biomedical scientific theory and practice have led to healing miracles of the broken physical human body, it does not work as well with invisible aspects of human suffering; human beings are more than their raw genetic material. As Szasz (1973) noted, however one wants to categorize the mind, it is not a physical thing.

There is clear opportunity to integrate mindfulness practices into coursework of CACREP accredited professional counseling programs as has been demonstrated by Christopher et al. (2006), Duffy et al. (2017), and Bohecker et al. (2016). Mindfulness practices transcend diagnoses and theory and work to treat the whole human being (Kabat-Zinn, 2013; Pollak et al., 2014). However, mindfulness approaches are not required nor particularly valued in CACREP institutions. The academics of professional counseling programs emphasize knowledge from the neck up and to the right side of the brain, denying the rest of the body (Robinson, 2011, Pink, 2006). Concepts of being, mindful attention and whole-body knowledge are not regarded nor taught in mainstream professional healthcare programs, “It is doing that is the currency of our modern education system…[mindful attention] is not valued, nor are we taught the richness of it and how to nurture and use it” (Kabat-Zinn, 2013, p. 440; Epstein, 2017).

**Recommendations for Further Research**

This inquiry has been one of very few conducted on CITs and mindfulness activities while students were enrolled in a CACREP accredited professional counseling course; Professional Practice Internship (CACREP 2016; Duffy et al., 2017). The bulk of 600 direct and indirect hours required for this course were accumulated on the premises of this study site near the end of a CIT’s formal counseling education. The study site’s mindfulness culture had a direct influence on counseling students and by extension, possibly their university faculty.
advisors and instructors. This inquiry could represent a grassroots opportunity to influence status quo education and gain support with faculty and institutions for integrating mindfulness approaches in coursework or internship sites.

There is an excellent potential for additional studies with student CITs and mindfulness-based activities to add to this insufficient area of research. Studies applying other methodologies (quantitative, mixed, longitudinal) would be helpful in contributing to a well-rounded understanding of Eastern approaches, mindfulness means and CITs. The qualitative and phenomenological methodology of this study could be strengthened by larger samples, more diverse CIT populations, and conducted in other geographic locations. Together, these research methods and dimensions could add legitimacy to the use of mindfulness approaches in psychotherapy and the training of professional counseling students.

Longitudinal studies offer another avenue to bolster research relative to this study. The investigation of the long-term impact and staying power of mindfulness approaches on professional’s health is an important issue given that psychological distress is high among psychotherapists (Boellinghaus et al. 2013). Of particular interest would be an opportunity to track CITs over time as they move beyond their degrees and transition into healthcare professionals. Understanding the long-term impact of mindfulness practices on well-being, self-care, self-compassion, and prevention of burnout on career caregivers and healthcare professionals has potentially added significant value to this area of interest.

Finally, the focus of this qualitative inquiry was on the cohort of eight CIT participants and the common descriptions and meanings of their lived experiences of mindfulness phenomena. However, this inquiry could easily have used a case study methodology, bounded by time and place and contributing in-depth data collection using many sources of information.
Case study research would provide another way of understanding the real-life experiences of CITs in a holistic counseling center. Ethnography is another qualitative approach that would provide an opportunity for interesting research. Ethnography is used to describe and interpret the culture-sharing aspects of a group. Ethnography would provide information on shared patterns and themes of the CIT group as they journey through counseling internship, sharing common professional and personal experiences as participants in the holistic culture of the study site.

**Conclusion**

Mindfulness phenomena were perceived as real, tangible, beneficial, and described with insight and depth by CITs in this study. Responding to the study questions (“How do student interns at this study site perceive and describe their lived experience of mindfulness phenomena” and “How do student interns understand their experience of mindfulness phenomena as it relates to personal and professional attitudes?”), participant disclosures were recorded, transcribed, coded, and reduced to four invariant themes of attunement, allowing, well-being, and flow. These themes were consistent with literature’s description of mindfulness characteristics, the conceptual framework of the role of being and relationship in therapy, and with my personal experience as a psychotherapist employing mindfulness means in mental health counseling and programming.

Focus group emerged as an essential data collection element; an apt fit given the close nature of the CIT cohort, their shared connection to the internship journey, and their understanding of group therapy dynamics. The focus group fostered a supportive and curious atmosphere, breeding reflection and insight among participants during their descriptions of subjective experiences. Individual interviews confirmed and deepened the subjective experiences exposed during group data collection. Participants of this study were interested and
open-minded investigators, willing to corroborate or correct principal investigator’s (PI) analysis of data. The sum and strength of data was a pleasant surprise in this study.

One unexpected result was the emergence of the flow theme. Participants noticed the pre-thinking, timeless, sense of ease that could be experienced during a mindfulness activity. Flow experiences were more likely to occur over time with a regular mindful practice, though were often “dipped into” by participants of this study (Germer et al., 2013). I interpreted what emerged as the description of the flow state phenomenon as evidence that CITs wholeheartedly engaged in this inquiry and faithfully practiced mindfulness activities over the course of a semester.

I was also surprised that CITs generalized experiences of mindfulness phenomenon to experiences away from the center, attuning to life away from school and work. Moment to moment awareness practiced during the semester appeared to have had some impact on personal well-being. CITs noticed reduced anxiety and stress, improved awareness of self-care needs, improved rest and ease, and increased connectivity with friends and family. Stringing mindful moments together is the art and practice of mindfulness according to Germer et al. (2013). It appeared that CITs in this study developed more of a personal mindfulness practice, or at least became more aware of a moment to moment engagement in their daily living.

In sum, this study was a relevant response to the research problem and questions. CITs described their lived experiences with mindfulness activities and phenomenon with insight, depth, and meaning. “What our psychotherapy needs above all is a change in psychotherapists. If our science of mental health is to become more effective, psychotherapists will have to balance their knowledge of psychological concepts and techniques with a contemplative awareness” (Boss, 1965, p. 191). This study revealed mindfulness practices to be a helpful tool for CITs
professionally and personally, even as the research continues to accumulate. As Bruce et al. (2010) suggested, “therapists do not have to wait for empirical validation to benefit from mindfulness practice” (p. 93). Mindfulness attributes reside in the hidden resources of all human beings. They are inexpensive, immediately accessible, easily adaptable, and not taught to CITs in conventional CACREP accredited professional counseling programs. Perhaps this is because practicing this way of being and knowing is not valued in our schools, universities, or selected for in American culture (Epstein, 2017; Kabat-Zinn, 2014; Pink, 2006; Robinson, 2011).

Counselors and the academic community may not realize the therapeutic value of mindfulness because they have not been committed to experiencing it. Putting it another way, people do not know how unaware they are until they practice awareness. Realizing how the invisible mind works and how thinking, feeling, spiritual, and physical well-being is connected is a tremendously helpful healing concept. Integrating the practice of mindfulness methods and the art of moment to moment living are beneficial to CITs professionally and personally.
References


doi:10.1177/0022167809331859


https://doi.org/10.1002/j.2161-007X.2007.tb00086.x


https://doi.org/10.1002/j.1556-6678.2008.tb00625.x


University Press.


Appendix A: Project Specific Research Tools

There are few project-specific research tools required for this study. The following is a list of tools:

1. Mindfulness resources. Participants are encouraged to participate in mindfulness activities offered through the center and are asked to engage in at least three activities weekly. Participants will be given a thumb-drive with additional resources including MP3s with meditation instruction (insight meditation, breath meditation, body scan, and meta-meditation) to engage in mindfulness practice on their own time and to promote adequate exposure to the phenomenon.

2. Journal. I will supply a journal notebook for participants to document mindful perceptions immediately after an experience.

3. Writing prompts. I will not attempt to influence or persuade participant journaling other than to encourage a whole-body check-in with the perceived experience of mindfulness phenomenon as it is subjectively experienced. Anything that registers to consciousness is of phenomenological value (including sights, sounds, thoughts, sensations, orientations, energy, temperature, breath, time, pulse, emotions . . .). I will encourage noticing before, during, and after the mindfulness experience.

4. Focus group. A focus group setting will be the forum to conduct a semi-structured interview. The focus group will occur in a large and soundproof group room within the study site.

5. Individual, face-to-face interviews will be used to pursue essential phenomenological themes of the participants lived experience with mindfulness.
6. Audio recording device. A snowball microphone and a laptop will be used to audio record the focus group and individual interviews.

7. Transcription services. The PI will use a Transcription service to transfer audio files into text. This will aid in clarifying themes and analyzing data.
Appendix B: Project Specific Research Tools: Questions

Use of open-ended questions will encourage dialogue, description, and more likely yield deep and rich data for this study (Giorgi, 1985; Moustakas, 1994; van Manen, 1990). Interview questions will be similar in focus group and individual interviews. Grand tour questions, prompts, keywords (how, perceive, describe, notice, experience), and tell me about questions—big expansive questions—help to tease out essential stories of the lived experiences. These questions are not sensitive, compromising, or shaming in nature.

Questions cannot be canned or too scripted. Spontaneity is important in capturing the essence of a lived experience. Going off script, revising, re-directing, going with the flow, being in the moment as the present moment dictates are important aspects of interviewing focus group and individual participants allowing for the researcher to capture emergent data (Creswell, 2013).

Groups are a unique vehicle for generating information among its members; as participants describe their lived experiences with mindfulness phenomenon, others may be inclined to reflect, recall, and describe their own essential lived experiences with mindful practices (Yalom, 1995). Focus group questions could include these open-ended questions:

How do you describe mindfulness? Describe a typical mindfulness experience…

How do you usually experience mindfulness?

What’s it like for you when you practice a mindfulness experience?

Describe what stood out to you most about the experience of mindfulness.

Tell me more about . . . What was that like for you . . .

What changes did you notice during your experience?

Describe what you noticed physically during mindfulness experiences

What did you notice about your thinking during a mindfulness experience?
How do you perceive mindfulness relative to your emotions?

Help me understand your personal experience with mindfulness

Individual interview questions will be similarly open-ended and will help clarify responses and deepen understanding of focus group responses.

Tell me more about your response . . .

Help me understand what that was like . . . Walk me through that experience . . .

Can you give me an example? What did it feel like?

What surprised you about mindfulness practices?

What do you notice about mindfulness practice and your personal well-being?

What can you add to that description?

How did the experience make you feel?

What effect could mindfulness experiences have on your professional development?
Appendix C: Essential Interview Protocols

According to Jacob and Furgerson (2012), essential interview protocols and skills for group and individual formats can be found in the counseling profession (Conte, 2009; Yalom, 1995). Protocols involved in this study include:

1. Provide a safe, comfortable, private, and confidential interview setting.
2. Build rapport; provide a detailed description of the study. Answer questions about the study to the participant’s satisfaction.
3. Be present and genuine, make eye contact, and attune to the interviewee.
4. Set the mood, provide a brief centering exercise prior to interview.
5. Use open-ended questions. Encourage dialogue and description. Grand tour questions, prompts, keywords, and tell me about questions help to elicit detailed and deep descriptions of phenomenon.
6. Listen, listen, listen. Pay attention to the story of the experiences as the interviewee reveals them.
7. Keep focus. Bring the interviewee back to the bracketed question as necessary.
8. Allow for spontaneity. Go off script, revise, re-direct, go with the flow, be in the moment as the present moment dictates.
Appendix D: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does “fraudulent” mean?

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

What is “unauthorized” assistance?

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

• Use of unauthorized notes or another’s work during an online test
• Use of unauthorized notes or personal assistance in an online exam setting
• Inappropriate collaboration in preparation and/or completion of a project
• Unauthorized solicitation of professional resources for the completion of the work.
Statement of Original Work (Continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University- Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*

Digital Signature

John Charles Harvey

Name (Typed)

7/17/2018

Date