

GRADUATE COUNSELLING PSYCHOLOGY STUDENTS' EXPERIENCES OF  
MINDFULNESS MEDITATION & GRATITUDE JOURNALLING

by

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## **Abstract**

Stress-impacts, both short and long term, are well-documented occupational “land-mines” that counsellors navigate throughout their careers (Baker, 2003; Guy, Poelstra, & Stark, 1989). Novice therapists and trainees are particularly vulnerable to these effects (Shapiro, Brown, & Biegel, 2007). Protective practices to prevent impairment and distress are paramount; one significant antidote is through self-care (Baker, 2003), having positive impacts both personally and professionally (Elman, 2007). Mindfulness is naturally linked with self-care through cultivating self-regulation and self-awareness, balancing interests related to self and others, and through coping (Shapiro et al. 2007). Emerging research with health care professionals, including trainees, shows benefits both personally and professionally (e.g. Davis & Hayes, 2011). Gratitude, considered theoretically to be linked with mindfulness, also has self-care roots. This emotion is considered within a cluster of traits associated with wellness and health (McCullough, 2002); not suprisingly, then, a causal relationship between well-being and gratitude is established (Nelson, 2009). Despite this research, counselling training programs have historically done little to offer trainees self-care strategies (Baker, 2003).

In order to address these gaps, using a qualitative design with thematic analysis, a 15-minute mindfulness meditation and gratitude journalling intervention was conducted with 9 graduate counselling psychology students. Data was collected and analyzed from the weekly diaries and an interview at study-end. Four themes emerged from the interviews: Routine & Structure, Relationships, Attitudes of Mindfulness, and Overall Impressions. The diaries revealed three themes: Relationships, Situtational / Life Circumstances, and Ineffable Life Enhancers. A compelling argument is made for the inclusion of a mindfulness curriculum and for further studies of gratitude counselling interventions and the mindfulness and gratitude relationship.

## **Preface**

The study draws data from a larger research study conducted through the Mindfulness research lab in the Counselling Psychology program in the Department of Educational & Counselling Psychology and Special Education at the University of British Columbia. Dr. James and Dr. Marvin Westwood are the lead investigators in the lab; four research assistants (Tiana Currie-Sarauer, Art Phipps, Salimeh Tabrizi, and I) supported their efforts. I, with the other research assistants, was responsible for coordinating study logistics, administering measures, conducting interviews (first term only), providing training in mindfulness meditation, coordinating contracted team members, leading mindfulness groups, and analyzing the resulting data.

Ethics approval was obtained from the UBC Behavioral Research Ethics Board (BREB), certificate number H07-01336.

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“When I count my blessings, I count you twice”

- Irish Proverb

In a study examining gratitude, this section represents a practice unto itself, an appreciative thought rolling and a re-rolling, a deepening, and a dynamic naming process.

My gratitude first extends to the participants, for sharing their lives, stories, and hearts to this project. Thank you for your openness. To my fellow researchers in the Mindfulness Lab: Art Phipps, Tiana Currie-Sarauer, and Salimeh Tabrizi - our relationships have expanded and deepened as a result of this partnership and you are remembered with a warm fondness. I appreciate your insights, both professionally and personally, humour, and your humanity. To my research committee: Dr. Susan James for your heart-full presence and supervision during this project, Dr. Marvin Westwood for your leadership and support, and Dr. Marla Buchanan for your keen ear, eye, and heart and uncanny ability to lift the writer’s fog during thesis writing.

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## **Dedication**

To my anchor, my love, Stefan.

Building our lives together has lifted and expanded my sails.



## **Chapter 1: Introduction**

### **Statement of the Problem**

#### **Occupational Challenges within the Counselling Profession**

At the core of the counselling profession lies humanistic or “strength-based, wellness-oriented traditions”; with the inception of a relative newcomer on the psychology scene, positive psychology, counselling has a re-inspired focus on health, well being, and flourishing (Young & Hutchison, 2012, p. 99).

This attention is well needed: alarmingly, compared to the general population, therapists are at greater risk for distress and impairment (Sherman, 1998) and that a significant proportion of health care professionals will likely experience psychological impairment at some point in their careers (Guy et al. 1989). With over-stress, professionals are more vulnerable to decreased occupational effectiveness and decreased ability to care for their clients (Shapiro et al., 2005).

Stress-related impacts are connected with specific populations and employment settings. For example, working individuals with personality disorders (Linehan et al., 2000) or those that have experienced trauma (Arvay & Uhlemann, 1996) or abuse (Coppenhall, 1995) and working in “high-demand” employment settings (Shapiro et al., 2007, p. 105) such as hospitals (Vredenburgh et al., 1999) are linked with distinctive emotional challenges.

A well-documented, unsavory litany of potential negative consequences of stress connected with the helping professions include cogno-affective responses such as irritability and somatic tension to life’s every day demands (Barnett et al., 2007), anxiety, depression, and emotional exhaustion (Tyssen et al., 2001), negatively impacted concentration and attention (Skosnik et al., 2000) and the ability to build strong alliances with the client (Enochs & Etzbach, 2004). Other more long-term affects include vicarious traumatization, a long-term change arising

in response from empathetic engagement with clients, in particular traumatized clients (McCann & Pearlman, 1990), secondary traumatic stress (also known as compassion fatigue) and is and considered a “cost of caring” (Figley, 1995, p. 9) - classified by feelings of depersonalization, irritability, chronic emotional and physical exhaustion, and negative feelings towards others (Demerouti et al., 2000), and occupational burnout (Jenaro et al., 2007; Rosenberg & Pace, 2006). Burnout has reached proportions of a “social problem” and results in experiences of cynicism and detachment, feelings of ineffectiveness, and exhaustion (Maslach, 2003, p. 189).

Skovholt, Grier, and Hanson (2001) noted one source is the therapeutic relationship itself, involving a “caring cycle” of “empathetic attachments, active involvements, and felt separations” which is often “one-way” (p. 168). Other occupational “land-mines” such as client readiness, unsolvable client issues, ambiguous success measures may play a role and impact the therapist across the entire career span (e.g. Orlinsky & Ronnestad, 2005; Skovholt et al., 2001). Not surprisingly, with the difficult nature of the work, novice therapists are well documented to be more vulnerable to occupational stress compared to more established professionals (e.g. Shapiro et al., 2000; Shapiro et al., 2007; Skovholt & Ronnestad, 2003).

### **Self-Care as a Preventative Tool**

Clearly, therapists must engage in protective practices to address these challenges and prevent distress and impairment. With increasing frequency, self-care is viewed as an antidote. Defined as the process of creating and maintaining self-regulation and self-awareness for life balance (Baker, 2003), self-care is viewed as key in psychological wellness (Harris, 2010). Wellness as both critical importance in the personal and in the professional (Elman, 2007). Barnett (2007) has asserted these efforts as an ethical necessity. The ethical principles of Beneficence and Nonmaleficence, which guide the provision of professional services, have roots

in therapist self-care (APA, 2002). Importantly, the topic of self-care has “remained empirically unexplored” (Harris, 2010, p. 3).

Providing the more vulnerable new professionals and trainees self-care “tools” thus has importance and utility (e.g. Baker, 2003; Shapiro et al., 2007); this understanding has begun a wave of training for professionals, even to trainees (Christopher & Maris, 2010). However, Harris (2007) observed that most programs “do not provide adequate opportunities for trainees to learn about their values, examine the effect of personal issues on their professional work, and establish effective coping and self-care strategies (p. 3).

### **Mindfulness as a Self-Care Tool**

The natural link between self-care and mindfulness, “conscious attempt to return awareness more frequently to the present” (Germer, 2005, p. 9), is not missed. Qualitative research has pointed to over-lap in elements of cultivating self-awareness and self-regulation, coping, and balancing of interests related to self and others. Self-awareness is defined as an “unbiased observation of one’s inner experience and behavior...thought to be foundational to self-care” (Shapiro et al., 2007, p. 106).

Meditation, a practice often considered synonymous with mindfulness (Kabat-Zinn, 2003), is one major research area. A burgeoning force in the psychological field, research has “exploded onto the landscape of psychotherapy, counselling, and behavioral medicine” – and into most theoretical orientations (Christopher & Maris, 2010, p. 115).

A number of reviews (i.e. Baer, 2003; Davis & Hayes, 2011; Didonna, 2009; Shapiro et al., 2011; Shapiro, Schwartz, & Santerre, 2002; Walsh & Shapiro, 2006) documented the impacts. Noted changes include impacts on positive-well being (e.g. increased psychological well-being, enhanced perceptual sensitivity, improved concentration, improved self-control, increased self-

insight, increased creativity, increased self-esteem, and improved stress-reactivity and recovery), psychotherapeutic effects (e.g. improved eating and sleeping improvements and ameliorated phobic disorders), affective benefits (e.g. enhanced empathetic perception, emotion regulation, in particular with reducing depression, increased response flexibility, reduced negative mental health symptoms, and decreased emotional reactivity), medical conditions (e.g. enhanced immune functioning in persons with cancer, response to stuttering and asthma, enhanced treatments for psoriasis and prostate cancer, effective in treating anxiety disorders such as panic, social, and generalized anxiety disorders and significant reduction in chronic pain), and interpersonal benefits (e.g. improved marital satisfaction, increased ability to respond to relationship stress, and an increased ability to express ones self in social situations).

Another theoretically proposed area of mindfulness, gratitude (with no known research studying the relationship [personal communication, Shapiro, November 2010]), also has a number of related self-care benefits. Gratitude is speculated to be part of a cluster of traits connected with a significant psychologist constructs relevant to health and wellness (McCullough, 2002), suggesting the tremendous value of this emotion. In terms of eliciting this experience, higher levels of gratitude appear to be experienced in response to benefactors who give “unexpected benefits” to the beneficiary (Bono, Emmons, & McCullough, 2006, p. 467). Researchers also suggest that one may be predisposed to be more grateful and this has protective factors; when observing less and more grateful individuals, the more grateful ones may experience gratitude more intensely for a situation, more readily, and have a greater spectrum of benefits to be grateful for (McCullough et al., 2002).

A significant research body within the social and positive psychology realm connects gratitude with happiness, well-being, and healthy social functioning including higher rates of

positive emotions, greater life satisfaction, vitality, and optimism and negative correlations with depression, anxiety, and negative affectivity (e.g. Emmons, 2011; Emmons & McCullough, 2003; cf. Koo et al., 2008; McCullough et al., 2002; 2004; Watkins et al., 2003). Gratitude is also viewed as a buffer against negative experiences, viewed as a coping strategy for increasing well-being during stress (Nelson, 2009); this includes enhancing positive emotions such as personal accomplishment (Lanham et al., 2012). Strong links also connect gratitude and healthy social functioning (McCullough et al., 2002; Watkins, 2004) including increased empathy, peer-helpfulness and support (McCullough et al., 2002), and helping behaviours (Tsang, 2006). Experiencing positive emotions can increase health, resiliency and support optimum functioning, development, and well-being (Fredrickson, 2001; Fredrickson & Joiner, 2002).

Mindfulness research with therapist trainees and professionals populations started about 15 years after the first published mindfulness study (i.e. Kabat-Zinn, 1982; Shapiro et al., 1998). Currently, research in this area is viewed as “gradually emerging” (Davis & Hayes, 2011, p. 202) and is considered promising. Demonstrated effects include empathy promotion (Anderson, 2005; Walsh & Shapiro, 2006; Wang, 2007), compassion (Shapiro et al., 2005), significant increases in positive affect and self-compassion (indicated in managing unpleasant personal events) (Shapiro et al., 2011), increased self-reported mindfulness, and significant reductions in perceived stress, rumination, negative affect, and state and trait anxiety (Shapiro et al., 2007).

Related research with health care trainee professionals using a classic mindfulness intervention called Mindfulness-Based Stress Reduction (MBSR), one of the most frequently cited mindfulness training methods (Baer, 2003), has shown significant reductions in anxiety and stress (e.g. Jain, Shapiro, Swanick, Bell, & Schwartz, 2004; Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003; Shapiro et al., 1998; Shapiro et al., 2007), reduced fatigue (e.g.

Rosenzweig et al., 2003), decreased rumination (Shapiro et al., 2007), decreased mood disturbance (Rosenzweig et al. 2003), increased self-compassion and quality of life (Shapiro et al., 2005) and decreased post traumatic stress disorder symptoms (Waelde et al. 2008).

Empirical qualitative and quantitative literature shows a likely impact on the therapist trainees' effectiveness (Davis & Hayes, 2011). This includes increased therapeutic presence (Christopher et al., 2011; Gehart & McCollum, 2008; McCollum & Gehart, 2010) - considered key to an effective therapeutic relationship (McDonough-Means, Kreitzer, & Bell, 2004), greater insights on professional identity, significantly increased self-awareness (Birnbaum, 2008), and positive effects on counselling skills, and therapeutic relationships (Christopher et al., 2011; Schure, Christopher, & Christopher, 2008). Christopher et al. (2011) interviewed counselling students post a 15-week mindfulness course developed by the authors and the research findings showed "influence in both their personal lives and self-care practices leading to positive influences in physical, emotional, cognitive, and interpersonal wellbeing" (p. 318). The qualitative results revealed professional lives impacts including positive shifts in counsellors' experience of self while counselling, greater acceptance and awareness in the therapeutic relationship, and increased comfort, techniques, and framework regarding practice.

No known research exists on gratitude interventions and novice therapist or trainee populations. One study on health care professionals and burn-out was found (Lanham et al., 2012) in addition to another detailing recommended counselling interventions using existing social and positive psychology research and practices (Young & Hutchison, 2012). Nelson (2009), in her award winning article on the review of gratitude as a counselling intervention, called for the inclusion of gratitude research within counselling psychology. She pulled on Frederickson's research (1998, 2001) regarding the individual aspects of gratitude to "build

personal resources” (p. 39); this aspect of gratitude can harness well-being in two ways: (1) “Directly, as a causal agent for well-being” and (2) “Indirectly, as a means for buffering against negative states and emotions” (p. 38). Nelson argued for its inclusion, focusing on gratitude’s promising functions to enhance positive states, act as a buffer against negative affect, and to improve coping, and more generally, to develop counselling interventions that enhance its expression.

### **Education & Mindfulness**

Graduate counselling and related training programs face challenges in balancing professional therapy training with supporting student’s well-being and health (Shapiro et al., 2000). With mounting benefits of mindfulness training, Shapiro et al. 2007, called for the inclusion of mindfulness-based practices in therapist education to “compliment to core trainee curricula” (p. 112).

In a review of four decades of empirical research, Shapiro et al. (2011) reported that the study of meditation supports stress management and distress, academic and cognitive performance, and the development of the “whole-person” which is considered one of the loftier goals of higher education. A deeper appreciation and understanding of spirituality is another benefit and acts as a buffer against stress (Shapiro, Schartz, & Bonner, 1998). Students, through the mindfulness intervention MBSR, experienced higher optimism and better understanding of their own development and therapeutic goals (Christopher & Maris, 2010), conducive to a more impactful curriculum. Gockel (2010) concluded:

Mindfulness training promises to enhance clinical practice education by providing a proven means of cultivating qualities, such as attention, empathy, compassion, affect

tolerance, openness, flexibility, and self-awareness, which are essential to effective psychotherapy and which in turn provide a platform to support the development and implementation of specific psychotherapy skills (p. 252).

### **Rationale**

The following rationale is proposed: (1) The counselling profession is fraught with “occupational landmines” connected with stress-related psychological problems, (2) Self-care is a critical professional skill for therapists, in particular novice therapists, in order to address the stress, (3) Emerging research in mindfulness indicates self-care benefits for novice therapists and students, (4) Scholars recommend practicing mindfulness as a protective factor for therapists, (5) That gratitude is a proposed mindfulness quality with no research exploring the relationship, and (6) Research indicates the study into mindfulness and gratitude for health care graduate students.

### **Theoretical Links between Mindfulness and Gratitude**

“A noble person is mindful and thankful for the favors he receives from others.”

- Buddha

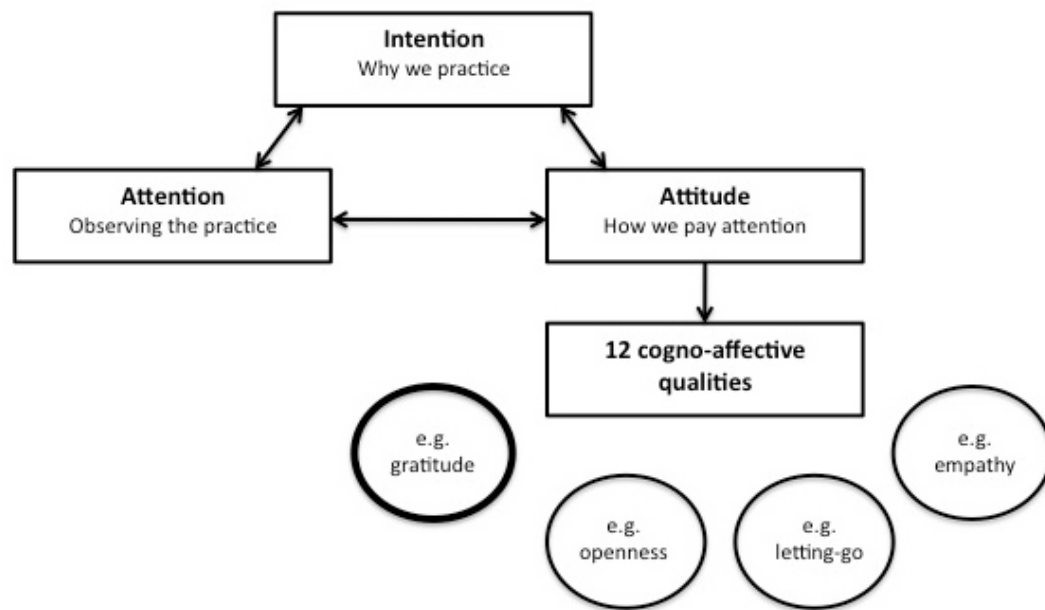
In the last 20 years, the majority of mindfulness research conducted has been clinical studies evaluating mindfulness-based interventions. Research focus has primarily been in examining the efficacy, until now. Additional questions such as “how” and “what” have emerged, including theories of the underlying mechanisms of mindfulness (Shapiro et al., 2006).

One theory consists of three interrelated components of intention, attention, and attitude (IAA) that both occur simultaneously and in a seamless, cyclic process (Shapiro et al., 2006). The relevance of the IAA framework to this research is two-fold. Firstly, it is the only known framework that directly encapsulates the relationship between gratitude and mindfulness.



Secondly, its roots are in Intentional Systemic Mindfulness (ISM), a theory considered the first that “bridges the theories of East and West and establishes a connected and unifying approach to ... health” (Shapiro & Schwartz, 2000). Please see Figure 1.1.

**Figure 1.1.: IAA Model (Shapiro et al., 2006)**



Intention, which is a nod back to mindfulness’ Buddhist roots, is having a personal vision for practice or a moment to moment reminder of why practices are being conducted. In traditional Buddhist teachings, the intent of mindfulness was compassion and enlightenment. For current thought, this personal vision is considered to be dynamic and evolving (Freedman, 2005); for example, it can be first to reduce hypertension and later on include an intention to relate more kindly to a spouse (Shapiro et al., 2006).

Shapiro et al. (2006) defined the second component, Attention, as observing your personal internal and external experience, moment to moment. They turn to phenomenology, the proposed methodology of this study, to explain attention as “suspending all the ways of interpreting experience and attending to experience itself, as it presents itself here and now” (p.

4). The inclusion of this element appears to have Western underpinnings - the authors offer that attention is considered crucial in the healing process for psychology.

The final component, Attitude or how we pay attention (Shapiro et al., 2006), is defined by 12 cognitive-affective mindfulness qualities (Shapiro & Schwartz, 2000). The inclusion of this component supports the cultivation of a personal vision or the intention in mindfulness practice. Attitude is considered crucial to practice and may be consequential in cultivating health...on multiple levels” (Shapiro et al., 2002, p. 639). In fact, without attitude practice may be “condemning or judgmental of the inner experience” (Shapiro et al., 2006, p. 5). Pulling from Eastern traditions, the attitude of mindfulness is inspired by the Japanese character of mindfulness which includes qualities of both the heart and the mind (Shapiro & Schwartz, 2000). See Figure 1.2.

**Figure 1.2.: Japanese Character for Mindfulness**



The first seven qualities defining attitude, identified by Kabat-Zinn (1990), are considered “mind” qualities: non-striving, patience, trust, acceptance, letting-go, non-judging, and openness. Shapiro et al. (1998) added the additional five “heart” qualities of gentleness, generosity, empathy, loving-kindness, and gratitude.

Of these 12 cogno-affective qualities of mindfulness, of which gratitude is one, some have been researched, such as empathy (e.g. Bruce, Manber, Shapiro, & Constantino, 2010) and loving kindness (e.g. Kristeller & Johnson, 2005). One quality, gratitude, has not (personal communication, Shapiro, November 2010).

Some support for this relationship exists, starting first with its relationship with another mindfulness quality - empathy. Lazarus and Lazarus (1994) wrote that gratitude is an empathic emotion because identification with the recipient is required. Park and Peterson (2006), expanding on this connection, identified that gratitude matures at about 10 years-old, once individuals' empathy have developed enough to understand others' intentions to contribute to their life satisfaction.

Other social psychologists offer a relationship between gratitude and mindfulness through present-moment awareness. Emmons (2010) expressed that individuals need to be in the present moment to experience gratitude. McCullough (2002) offered that:

One of the key psychological processes governing gratitude may be a mindful awareness—specifically, awareness of how one's very life is held together through the benevolent actions of other people...grateful people may possess the cognitive habit of savoring their life circumstances (p. 303).

Rothaupt and Morgan (2007), in their qualitative study examining the impacts of mindfulness in counsellors and counsellor trainees' lives, reported that key outcomes included connectedness with others, nature, and a Higher Being and a deep sense of gratitude.

Within Christianity, Brother Steindl-Rast, a Catholic Benedictine monk dedicated both to Buddhist-Christian dialogue and the study of gratitude, also linked gratitude and mindfulness. "Gratefulness is a mindfulness response...our intellect, our will, our feelings are all engaged

when we are grateful...a full response....always full hearted” (1984, p. 26). Gratitude is connected with the qualities of present moment awareness, full-heartedness, non-judgement, and non-reactiveness. These qualities are reminiscent of the “heart” and “mind” qualities that form the Attitude of mindfulness (as defined by Kabat-Zinn [1990] and Shapiro et al. [1998]).

McIntosh (2007) studied positive outcomes for two gratitude interventions - gratitude diary and a gratitude diary with mindfulness components - examining if the latter intervention would enhance mood more effectively. Results showed that participants with lower empathy scores had a significant increase in positive affect.

### **Inspiration from Lovingkindness Meditation**

An inspiration for studying the link between gratitude and mindfulness comes from the Buddhist practice of lovingkindness or metta-meditation. Here, the meditator is invited to experience loving-kindness first for self and then for others. A Western Buddhist nun, Chodron (2001), puts it as thus: “without loving kindness for ourselves, it is difficult, if not impossible to genuinely feel it for others” (p. 42). Kabat-Zinn, a prominent Western researcher considered instrumental in the “current popularity of mindfulness and its new-found legitimacy in modern health care” (Christopher & Maris, 2010, p. 114), described the resulting experience as “touching our hearts in such deep ways and contributing to a strengthening of love and kindness in the world” (2005, p. 286). The suggestion here is that increased loving-kindness for self increases expressed loving-kindness for others (e.g. Kristeller & Johnson, 2005). Similarly, could gratitude be cultivated through mindfulness?

### **Research Questions**

1. What is the experience of mindfulness meditation and gratitude diary intervention for counselling psychology students?
2. Can gratitude be cultivated through mindfulness similarly to the cultivation of loving-kindness in metta-meditation?
3. Is there a connection between gratitude and mindfulness?

## Definition of Concepts and Terms

### Mindfulness

Considered an “experiential process” and a “universal human capacity” (Shapiro & Carlson, 2009, pp. 3-4), mindfulness is found in secular forms and in all major contemplative philosophical and spiritual traditions (Shapiro, Brown, & Astin, 2011, p. 494). Within Western psychological literature, Buddhist psychology informs much of the 50 odd years of research (Gockel, 2010) due to its rich and lengthy history spanning more than 2,600 years.

Briefly, Buddhism has a netted relationship with psychology, religion, and spirituality. Venerable Henepola Gunaratana (1992), Buddhist monk and scholar, described Buddhism as a “direct entrance to a spiritual or divine realm...its flavor intensely clinical, much more akin to what we would call psychology than would we would usually call religion” (p. 4). The core teachings (i.e. the four noble truths and the eight-fold path) focus on examining the causes and solutions of suffering, a state viewed as the essence of life. Suffering creates struggle in our lives through known and unknown behavioral patterns. Our society, community, family, and friends ingrain these patterns in our lives both consciously and unconsciously (Shapiro & Carlson, 2009).

In the Buddhist tradition, the word mindfulness is derived from the ancient language of Pali as *sati* and *sampajaña* and translates to the English words of circumspection, retention, discernment, and awareness (Shapiro & Carlson, 2009). Mindfulness plays a foundational role (Kabat-Zinn, 2003) and is considered an antidote to suffering. Scholars have conceptualized mindfulness as “remember(ing) to pay attention to what is occurring in one’s immediate experience with care and discernment” (Shapiro, 2009, p. 556). Traditionally, mindfulness has two meanings: (1) Practice. This includes formal and informal meditative practices such as sitting meditation or experiencing every day activities with acceptance and awareness,

respectively and (2) Outcome or achievement (Siegal, Germer, & Olendski, 2009). This refers to freedom of the mind liberation through personal transformation. These two meanings are woven together by the Theravadin Buddhist monk, Nyanaponika Thera, as such:

The unfailing master key for knowing the mind and thus the starting point: the perfect tool for shaping the mind, and is the focal point: and the lofty manifestation for the achieved freedom of the mind, and thus the culminating point (as cited in Kabat-Zinn, 2009, p. xxix).

Inspired by this tradition, Kabat-Zinn, considered instrumental in the “current popularity of mindfulness and its new-found legitimacy in modern health care” (Christopher & Maris, 2010, p. 114) within Western psychology, offers an alternate definition of mindfulness. Mindfulness is a “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (Kabat-Zinn, 2005, pp. 108-109). Mindfulness has the potential to transform “our relationship to what is” (Shapiro & Carlson, 2009, p. 7).

## **Meditation**

As named above, meditation is a formal practice of mindfulness. Broadly speaking, meditation is viewed as a family of self-regulation techniques that focus on awareness and attention training; goals include greater voluntary control over mental processes and well-being enhancement (Walsh & Shapiro, 2006).

Within the Buddhist tradition, three major mindfulness practices exist that can be practiced individually or interchangeably: (1) *Samatha* or concentration meditation (i.e. focusing on an object such as the breath to cultivate concentration), (2) *Metta* or loving-kindness meditation (i.e. a form of *Samatha*, the focus is on phrase(s) that cultivate the intention to be loving and kind), and (3) *Vipassanā* or insight meditation (i.e. noticing what ever predominates in awareness, cultivating insight) (Siegal et al., 2009).

For Western psychology, the most popular meditation type is *Vipassanā*; commonly, this practice is referred to as “mindfulness meditation”, reflecting its popularity (Walsh & Shapiro, 2006). This type garners the most significant body of empirical research (Shapiro et al., 2011). For this study, participants used *Vipassanā* in combination with *Samatha* meditation practices as needed; this is considered common. Following this terminology tradition, *Vipassanā* and mindfulness meditation will be used interchangeably.



## Gratitude

Derived from the Latin word *gratia*, meaning gratitude, graciousness, or grace (Pruyser, 1976), in its simplest form gratitude is defined as a “positive recognition of benefits received” (Emmons, 2004, p. 5). Felt subjectively as a “sense of wonder, thankfulness, and appreciation of gifts received”, gratitude is typically seen in situations where a person is a “recipient of pro-social behavior” (McCullough, Kilpatrick, Emmons, & Larson, 2001, p. 252) and can be directed towards humans, non-human sources (e.g. animals), or transpersonally (e.g. nature, cosmos, God), but not to oneself (Emmons, McCullough, & Tsang, 2003).

An enduring and critical human experience, the first known written instance of gratitude was in A.D. 54; since then disciplines including psychology, theology, anthropology, philosophy, and biology have written and explored gratitude (Solomon, 2004). Linguistic equivalents exist in nearly every language (Emmons & Crumpler, 2000) and it has different expressions world-wide (McCullough et al., 2001).

Within social psychology, the current dominant area of most gratitude research, it has been conceptualized as a moral virtue, emotion, personality trait, attitude, and a coping response (Emmons & McCullough, 2003). General consensus, however, names gratitude as both an emotional state and a trait (e.g. Algoe, 2012; Emmons, 2004; McCullough, Emmons, & Tsang, 2002) with a major role in motivating individuals to form and maintain close bonds with others. As a “moral affect”, it both results and is stimulated by behavior motivated from concern for another’s well-being, akin to other moral affects such as empathy and sympathy (e.g. Algoe, Haidt, & Gable, 2008; Gordon, Oveis, Impett, Kogan, & Keltner, 2012; McCullough et al. 2001; McCullough, Kimeldorf, & Cohen, 2008). Individually, gratitude builds valuable, lasting

personal resources, extending cognitive function and un-doing the harmful physiological effects from negative emotions (Frederickson, 1998, 2001).

Within the realm of mindfulness psychology, an area that has theoretical links between gratitude and mindfulness, gratitude is conceptualized as a “reverence, appreciating and being thankful for the present moment” (Shapiro & Schwartz, 2000, p. 263). Gratitude is considered part of a cluster of cogno-affective qualities defining how attention is paid during mindfulness.

## **Chapter 2: Article**

### **Introduction**

“A noble person is mindful and thankful for the favors he receives from others.”

- Buddha

Since 2000, mindfulness publications have increased over twelve-fold (Black, 2011), indicating an explosion in popularity. With emerging benefits and applicability, mindfulness has been considered a “common factor across all schools of psychotherapy” (Martin, 1997, as cited in Shapiro, Carlson, Astin, & Freedman, 2006, p. 1). Viewed as an “experiential process” (Shapiro & Carlson, 2009, p. 3), all major contemplative, spiritual and philosophical traditions, in addition to secular beliefs and practices, contain mindfulness (Shapiro et al., 2011). For psychological literature, the greater than 50 years of research is informed by Buddhist psychology (Gockel, 2010), due to its rich 2,600 year history.

But, what is mindfulness? Tapping into the traditional Buddhist roots, Kabat-Zinn, a Western psychologist viewed as instrumental in the “current popularity of mindfulness and its new-found legitimacy in modern health care” (Christopher & Maris, 2010, p. 114), defined mindfulness as a “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (Kabat-Zinn, 2005, pp. 108-109). Mindfulness is considered an over-arching term to describe formal practices such as sitting meditation where one applies complete concentration to mindfulness and informal every-day practices where mindfulness imbues the practice, such as washing the dishes or having a conversation with another in a mindful way (Siegal et al., 2009).

Briefly, meditation encapsulates a number of self-regulation practices focused on improving awareness and attention; goals include improving well-being, mental development, and developing qualities such as wisdom or love (Walsh & Shapiro, 2006). One of the most well researched meditation types is *Vipassanā* or insight meditation. Here, the goal is cultivating insight through paying attention to what ever predominates in awareness (Shapiro et al., 2011; Siegal et al., 2009). Perhaps confusingly, *Vipassanā* is commonly referred to as “mindfulness meditation” (Walsh & Shapiro, 2006). In this article, following tradition, the terms of *Vipassanā* and mindfulness meditation will be used interchangeably.

Gratitude is derived from the Latin word *gratia*, meaning gratitude, grace, or graciousness (Pruyser, 1976). Simply, it is a “positive recognition of benefits received” (Emmons, 2004, p. 5) and is characteristically experienced when a person is a “recipient of pro-social behavior” (McCullough et al., 2001, p. 252). Gratitude can be directed towards human, non-human (e.g. pets), or transpersonally (e.g. God, nature, etc.); it cannot be directed to oneself (Emmons et al., 2003). Conceptualization of gratitude has taken a number of forms, however, the most predominant one in Western research has been to view it as an emotional trait and state (e.g. Algoe, 2012; Emmons, 2004; McCullough et al., 2002) responsible for motivating people to build and maintain close relationships (e.g. Algoe et al., 2008; Gordon et al., 2012). Individually, gratitude builds valuable, lasting personal resources, extending cognitive function and un-doing the harmful physiological effects from negative emotions (Frederickson, 1998, 2001).

Within mindfulness literature, gratitude is conceptualized within the spectrum of mindfulness qualities associated with the attitude of mindfulness. Attitude, or *how* we pay attention, is considered a critical practice factor because it supports the creation and development of a personal vision for practice (Shapiro et al., 2006; Shapiro & Schwartz, 2000). Without it,

practice may be “condemning or judgmental of the inner experience” (Shapiro et al., p. 5).

Within this context, gratitude is defined as “reverence, appreciating and being thankful for the present moment” (Shapiro & Schwartz, 2000, p. 263).

Tentative support for gratitude as a mindfulness quality exists within social psychology and other traditions (e.g. Emmons, 2010; McCullough et al., 2002; Steindl-Rast, 1984), however, within mindfulness psychology, this relationship has not been studied before (personal communication, Shapiro, November 2010).

### **The Need for Mindfulness & Gratitude in Helping Professions**

Research has well documented the hazards of working in helping professions, including counselling. Distinctive stresses are linked with specific populations such as working with persons who have experienced trauma (Arvey & Uhlemann, 1996) or with personality disorders (Linehan, Cochran, Mar, Levensky, & Comtois, 2000) or being employed in “high-demand” settings (Shapiro et al., 2007, p. 105) such as hospitals (Vredenburg, Carlozzi, & Stein, 1999). Novice therapists are particularly at risk when compared to more experienced professionals (e.g. Shapiro, Shapiro, & Schwartz, 2000; Shapiro et al.; Skovholt & Ronnestad, 2003).

Consequences include a variety of cogno-affective responses including somatic tensions and irritability (Barnett, Baker, Elman, & Schoener, 2007), depression, emotional exhaustion, and anxiety (Tyssen, Vaglum, Grønvold, & Ekeberg, 2001), difficulty concentrating and impaired attention (Skosnik, Chatterton, Swisher, & Park, 2000), and the ability to build strong alliances with the client (Enochs & Etzbach, 2004). Long-term, insidious impacts include vicarious traumatization, arising from prolonged engagement with traumatized clients (McCann & Pearlman, 1990), compassion fatigue (Figley, 1995, p. 9) - connected with negative feelings

interpersonally, chronic physical and emotional exhaustion, depersonalization, and irritability (Demerouti, Bakker, Nachreiner, & Schaufelt, 2000), and burn-out (Jenaro, Flores, & Arias, 2007; Rosenberg & Pace, 2006).

Self-care, defined as a process of developing and maintaining self-awareness and self-regulation for balancing life needs including spiritual and physical (Baker, 2003), is viewed as an ethical imperative to protect both the client and the therapist (Barnett, 2007). Ensuring more vulnerable trainees and new professionals have appropriate tools becomes more critical (e.g. Baker, 2003; Shapiro et al., 2007).

Mindfulness and self-care has a natural link: both to cultivate self-regulation, self-awareness, and coping skills and balance interests' intra- and inter-personally. Impacts include increased positive well being in areas of improved self-control, improved stress-reactivity, and recovery, increased creativity, and increased self-esteem. Depression, stress, and anxiety have shown significant reductions; post traumatic stress disorder symptoms have shown reduction. Improved interpersonal relations is another relevant finding: research has found increased response ability to relationship stress, improved marital satisfaction, and an increased ability to express oneself socially (Baer, 2003; Davis & Hayes, 2011; Didonna, 2009).

With novice professionals and trainees, mindfulness research began about 15-years after the first published mindfulness study (i.e. Kabat-Zinn, 1982; Shapiro, Schwartz, & Bonner, 1998). Empathy promotion (Anderson, 2005; Walsh & Shapiro, 2006; Wang, 2007), significant increases in self-compassion (with support shown in handling unpleasant personal events) and positive affect (Shapiro et al., 2011), compassion (Shapiro, Astin, Bishop, & Cordova, 2005), and significant reductions in negative affect, state and trait anxiety, rumination, and perceived

stress (Shapiro et al., 2007). These impacts are in addition to noted impacts on therapist effectiveness, including greater therapeutic alliance with the client (e.g. Chambers et al., 2011).

Gratitude, with primarily theoretical links with mindfulness, supports self-care. It is considered to be in a trait cluster related to health and wellness constructs (McCullough, 2002). Significant findings link healthy social functioning, happiness, well-being, and gratitude. Greater life satisfaction, higher rates of positive emotions, optimism, and vitality are reported; anxiety, negative affectivity, and depression have negative correlations (e.g. Emmons, 2011; Emmons & McCullough, 2003; cf. Koo, Algoe, Wilson, & Gilbert, 2008; McCullough, Emmons, & Tsang, 2004; Watkins, Woodward, Stone, & Kolts, 2003). Interpersonal benefits are reported as well: gratitude is linked with healthy social functioning such as increased support to others, peer-helpfulness, and empathy (McCullough et al., 2002; Watkins, 2004).

With new therapists or therapist trainees, no known research on gratitude interventions has occurred; however, some research has begun on examining the role of gratitude in health care (e.g. Lanham, Rye, Rinsky, & Weill, 2012, regarding burn-out prevention). Nelson (2009) called for gratitude research to be studied within counselling psychology. Main reasons for inclusion were gratitude's promising functions to: (1) Enhance positive states, (2) Act as a buffer against negative affect, and (3) Improve coping, and more generally, to (4) Develop counselling interventions that enhance its expression.

### **Present Study**

The goal of the present study was to qualitatively examine the experiences of graduate counselling psychology students in a mindfulness meditation and gratitude journal intervention. An exploratory study, initial questions included examining the potential connection between gratitude and mindfulness and whether gratitude could be cultivated through this practice.

Gratitude diaries kept during the intervention were examined for themes. This study is part of a larger mindfulness study conducted within the UBC Counselling Psychology program. This study was approved by the UBC Behavioral Research Ethics Board (#H07-01336).

## **Participants**

Nine students participated, each in their second year of their Masters degree in Counselling Psychology at the University of British Columbia. A cohort-controlled study with purposeful sampling, all participants were enrolled in the in CNPS 588: Supervised Training in Counselling (hereafter referred to as “Clinic”). Considered one of the most stressful classes in the program, reasons for this included (1) Counselling clients from the general public (2) Being viewed during counselling sessions through use of a one-way mirror, and (3) Participating in an intensive, on-going evaluation process within a small class to supervisor ratio (i.e. one professional supervisor, one doctoral counselling psychology student supervisor, and up to 4 other fellow cohort members). Participants were offered 1-hour free professional mindfulness meditation training and a 1-week free yoga pass at a popular, local yoga studio as inducements. No remuneration was provided.

Data was collected over a 4-month period (i.e. September-December 2011) for 8 female and 1 male participant; 6 identified themselves as Caucasian, 1 as Latin American, 1 as Caucasian-Armenian, and 1 as Asian. Age ranged from 25-46 with the average age at about 32 years. Two participants have previous Masters degrees. Regarding past religious practices, 4 considered themselves as “somewhat” religious, 1 as “very much” religious, 1 as “very little” religious, 1 as “not at all” religious. Two participants did not respond. For past spiritual practices, 8 participants said they were “somewhat” spiritual (89%) and 1 participant reported “very much” spiritual (11%). Five participants reported past mindfulness practices.



## **Intervention**

The intervention occurred weekly (11 practices total) and took place 30-minutes prior to Clinic starting. It involved 10-minutes of mindfulness (*Vipassanā*) meditation followed by 5-minutes of gratitude journaling; a research assistant lead the intervention at a private location within walking distance of the class. Leadership involved timing the practices, providing meditation cues as requested, and administering the journals. The majority (i.e. N=7) were in small, closed groups of up to 4 other participants. Two participants did the intervention solely with the leader. This structure was formed based on an already established Clinic schedule (i.e. randomized groups).

### ***Mindfulness Meditation***

Prior to the intervention start, participants participated in a one-hour meditation class taught by a local professional (or a proxy) in three mindfulness meditation techniques. They were instructed to pick one technique and encouraged to attend additional free professional training sessions during the study. The practices were: (1) Sound meditation. Here, the meditator listens and observes external sounds and / or internal sounds without evaluating or judging their content, (2) Breath meditation. The physical sensations of breathing in and out are focused. No attempt is made to modify the breath, and (3) Body-scan meditation. The meditator observes the body from head-to-toe (or vice versa), noticing any points of muscle tension, observing the sensations and experience of the body without judgment.

### ***Gratitude Diary***

Each week, participants were provided a one-page gratitude diary to complete and return to the leader after 5-minutes. The journal format is the most popular intervention, in part due its simplicity (Rash, Matsuba, & Prkachin, 2011).

The template consisted of a request to document up to 8 things they were grateful for in the past week; for each item, participants were invited to name associated people and to assigned a gratitude intensity ranking using a 3-point, Likert-type scale. This structure followed established protocol (i.e. Emmons & McCullough, 2003; McCullough et al., 2004).

## **Procedure**

Data was collected from two sources: (1) At the completion of each of the 11-interventions, completed gratitude diaries, and (2) interviews within a few weeks of study end, in December 2011, for approximately 1-hour to 1.5-hours.

The diaries were collected by the intervention leaders (i.e. the research assistants) in sealed envelopes at each intervention. The documents were later opened, sorted, and reviewed for identifying information prior to analysis to reduce familiarity between the intervention leaders and the participants.

For the interview portion, two experienced interviewers who were familiar with mindfulness meditation were hired to conduct the interviews, again, to minimize familiarity. Using a semi-structured interview question format, questions regarding participants' experiences of the intervention were developed in addition to an introductory script that included an informed consent statement. Each participant gave consent. Then, interviewers invited participants to practice 10-minutes of mindfulness meditation prior to the questioning. Protocol used by Rogers (2010), in her qualitative study on Christian contemplative practice for helping professions, was an inspiration. For this study, the relevant question was: "Can you describe your overall experience of doing the 15-minute meditation and gratitude journal before clinic this semester?" was asked as question #1. Probing questions related to participants' meaning-making was also asked. Interviews were recorded and transcribed verbatim.

## Analysis

The data was analyzed using thematic analysis (TA), formalized by Drs. Braun and Clarke (2006). A popular method, TA “identifies, analyzes, and reports patterns (themes) within data” (p. 79), providing a structured framework for the rich detail. Six major phases define TA:

1. *Familiarization with the data.* Once data is transcribed, multiple readings occur and initial impressions are documented.
2. *Generation of initial codes.* Within the data sets, memorable data elements are systematically coded. Collection of data relevant to the code occurs.
3. *Search for themes.* Here, collation and organization of codes occurs into probable themes.
4. *Review of themes.* Themes are reviewed for relevancy against the coded extracts and then the whole data set.
5. *Name and define themes.* A continual refinement of themes through re-analysis, with focus on theme specifics and the story-at-large. Theme names and definitions are created.
6. *Production of the report.* The final analysis is completed. Here, choosing vivid and clear examples, confirming the research question and relevant literature, and creating a report.

Two of the authors were involved in the data analysis; results were reviewed by the participants (member-checking) and by an external auditor experienced in research and mindfulness. Analysis was conducted inductively (i.e. themes emerged from the data) (Patton, 1987). A reflective journal and a personal gratitude journal was maintained during the study by the main author.

## Results

Results from the interviews and gratitude journals will be presented sequentially. Not all of the respondents experienced the same theme.

Interviews.

Four themes emerged from the interviews, namely: (1) Routine & Structure, (2) Mindfulness Attitudes, (3) Relationships, and (4) Overall Impressions emerged, each with corresponding sub-themes.

### ***Theme 1: Routine & Structure***

The importance of routine and structure in participants' experiences of the meditation and gratitude diary intervention emerged. They are understood in four sub-themes: (1) Routine as both a possibility and a limitation in growth, (2) Value in choosing type of meditation practice, (3) Intervention structure as a realistic practice template, and (4) Time as a “peaceful little pocket”.

#### *Sub-Theme 1: Routine as both a Possibility and a Limitation in Growth*

Dichotomous perspectives of routine were found. On one hand, in majority, participants spoke about the routine in positive terms for each of the interventions individually and for the whole practice. Language used highlighted the routine and repetition created a deeper practice and a “ritual”, invoking a sense of sacredness. The intervention routine also was connected with anchoring and the creation of space for self. Notably, a few participants commented on the routine order, namely, the 10-minutes of meditation followed by 5-minutes of gratitude journaling. They reported a greater focus and detail when completing the journal. The journaling structure itself too was connected with pausing and centering self and with increased awareness, allowing a dwelling and a considering. One participant discussed the impact of the routine on meditation practice:

I just love the fact that it was a non-negotiable and that it perhaps should be something that um, might be better to make a priority in life rather than slotting it in, um, with my

day so I really appreciated that and the routine and I think as the weeks went on I began to feel like I was getting more out of the practice itself, the actual ten minutes of meditation.

Conversely, for some participants, the routine limited growth. This seemed particularly noticeable for the gratitude diary portion. A participant, for example, viewed the journalling as “redundant” because the same people were being listed weekly. However, this same participant also discussed an increase in awareness of the importance of these relationships. Participants discussed wanting more time to complete the diary, finding the routine constricting.

### *Sub-Theme 2: Value in Choosing Type of Meditation Practice*

As described above, participants were trained in three mindfulness meditation practices and were asked to choose one practice for the study. Here, an identified overall preference for the breath awareness practice was found because of its ease, “helpfulness”, simplicity, and body focus. Participants regularly spoke about valuing having choice in the practice. One participant said “I think it was helpful was they sort of gave us different options...to figure out what works best for ourselves”.

### *Sub-Theme 3: Intervention Length as a Realistic Practice Template*

This sub-theme captured participants’ statements regarding the intervention structure and length, finding it a realistic template for “real-life” outside of the study. Participants spoke about practicing informal mindfulness during their day, speaking to its flexibility, portability, and effectiveness as a self-care tool:

Sometimes it would literally be two minutes. And it was lot more, like, um, just walking down the street, or being somewhere out in public... ..and just doing like, a few moments of scan of like, noticing the sounds around me, noticing the sensations in my

body, noticing my breathing, noticing what I'm feeling... a lot more moments of paying attention...And [it] makes me feel good.

Participants also mentioned continuing mindfulness meditation practices post-study completion. They referred to past schemas that meditation “should” resemble- i.e. “meditating for an hour a day” and felt these practices were not practical and unrealistic, and it was “just...not going to happen”. Instead, they confirmed the appealing nature of the intervention length as a starting-point, considering it “manageable”, and wanted to continue practicing. Continuing a gratitude diary post-study completion was also discussed, for example before seeing clients, or similar to the study, just after meditating.

#### *Sub-Theme 4: “A Peaceful Little Pocket of Time”*

Participants discussed time in both linear and non-linear ways in relation to the practice. One participant described the intervention as a “peaceful little pocket of time” and another as an opportunity to “feel the time”. Gratitude journalling provided the time for “slowing down, and being like, wait a second, what I have here is okay...what is going on is okay...” This language stood in stark contrast with life surrounding the intervention, in particular, clinic participation and performance; participants used more stressed wording such as “rush”, “adrenaline-running mode”, the “long journey and the early start”, and the “craziness of clinic”.

Interestingly, the time pressures initially appeared to “bleed” into the intervention time but this appeared to reduce over time. For example, one participant said: “I think the first couple weeks I was making mental shopping list furiously for, for the ten minutes and just figuring out my whole day...like ‘OK this is my time: go!...but then that really shifted as time went on”.

As hinted at above, participants wished for more time to diary, naming the 5-minute time provided as “limited” and “artificial”. One participant said: “I found myself, I was always

still writing when, when time was running out”. Others talked about writing more forced and less thoughtful responses due to the time constraints. The time length for the meditation was viewed as appropriate; for example, a participant said that “just realizing what a difference just ten minutes could make to that whole process, just to almost short circuit the, the y’know the busy mind that’s working overtime and just call a halt”.

## ***Theme 2: Relationships***

Relationships with cohort classmates, friends, and family were named as one of the most critical and significant features of their lives. Three key sub-themes were identified: (1) Expanding relationships, (2) Reframing relationships, and (3) Deepening relationships.

### ***Sub-Theme 1: Expanding Relationships***

Participants spoke appreciating a larger “spectrum of things”, including activities that were considered challenging such as “clinical training...even if it’s a little bit stressful and anxiety provoking”. They spoke about “broadening sense of community” with others and the world through both intervention practices.

Some participants found this particularly meaningful: “every week something...new would come in”; others had strong realizations on the breadth of things they were grateful for “even more than I could even put into words”, or feeling “more eager to talk about the beautiful things that I have”. Yet other participants noticed how existing relationships expanded to include new aspects, such as noticing her husband’s “emotional support or practical support” or with parents “appreciating their presence” when Skyping with them.

### ***Sub-Theme 2: Reframing Relationships***

Participants talked about reframing relationships to have higher perceived value. A number interest, surprise, and gratefulness that majority of diary entries involved their

relationships with others. Reframing participants' relationships with the world to be more valuable, starting from a more neutral perspective. One participant said, regarding the diary intervention: "I guess I was grateful for it but I just hadn't taken enough time to notice. Things like the, the sunny day outside". Reframing in this regard was also noticed through the experience of mindfulness meditation; it allowed a participant, for example, to be able to "look forward to...whatever was waiting for me for the day". Reframing a difficult situation was also seen. For example, one participant expressed "focusing on... that I was grateful for the support of someone. So, reframing...um, sort of ups and downs".

Reframing relationships with self was also noted. For example, with the journalling, a participant said, "I'm getting more awareness... I used to have probably more tendency to...be ... precautious or preventative... I need to do these things that bother me...so, and I didn't recognize the things I already did, or got, or had."

### *Sub-Theme 3: Deepening Relationships*

Participants, in particular cohort friendships, frequently mentioned deepened and more "connected" relationships. Language including "connecting to my group on a different level", "grounding and arriving with those people who I would be spending my day with" supported this in addition to references to the intervention group as "cohesi(ve)", "more bonded", "enriched", and having a "very good synergy". Relationships deepening were also noticed in other relationships, finding them "changing" and "enriching".

### ***Theme 3: Mindfulness Attitudes***

This theme was inspired by the Japanese mindfulness character that combine the characters of "heart" and "mind" together, suggestive of a whole-person connection. This mindfulness character informed the attitudes of mindfulness, one of the three main components



of the Western mindfulness framework (Kabat-Zinn, 1990; Shapiro et al., 2006; Shapiro & Schwartz, 2000; Shapiro et al., 1998). Five sub-themes were found: (1) Present moment focus, (2) Gratitude, (3) Touching ground, finding calm, (4) Acceptance, and (5) (Self) Compassion.

#### *Sub-Theme 1: Present Moment Focus*

Frequently, present moment focus was mentioned by participants as a key mindfulness meditation experience. When a participant explained the essence of meditation to “be present...focus on the breath...just try...to experience it”. Some participants named the actual practice when describing the present moment focus, as an anchor perhaps; for example, the breath practice “made me a lot more present...quite quickly I think”. Participants linked the meditation experience with present moment thinking, the opportunity to develop a relationship with self, increased self-awareness, and relaxation.

Emmons (2010) said that gratitude is experienced in the present moment. This assertion was affirmed in the analysis. Participants reported feeling “powerful...to keep [gratitude] in mind” or “calm...joyful...just thinking about all of the people that surrounds me...it brought them into the present”. This hints at the apparent paradox within gratitude – one way to be grateful in the present is to recall the past. The participants captured this: the diary experience “makes me think back on the week and think about the little events or moments” or that it created “time to pause and reflect on how my week had been”. Reflecting was referred to as “challenging” and “hard”; however, participants reported it becoming “easier” over time. Other qualities such as “joy” and “gratitude” and the feeling of having a “mental cushion” (which supports Nelson’s [2009] evaluation):

I think it’s very um there’s something very protective about realising every thing that you have around you, especially in those moments where you feel really lonely or you’re

stressed out or something's happened that sort of disrupts your y'know your day to day uh ins and outs and it, it's lovely to have it's almost like a kind of th-these cushions like mental cushions almost that you know 'Oh this happened and I have this and I have that' and it just, it's just a lovely warm feeling I think.

For the whole intervention, participants also spoke about it in reference to the present moment; the practices were "meaningful" and made a participant "more aware of the importance of being present". In this context, the link between mindfulness and gratitude was made; for example, a participant viewed that meditation "helps me be very present in the moment. And, in that sense, I think being present in the moment...allow(s) me to...have gratitude".

### *Sub-Theme 2: Gratitude*

Gratitude was named through both the journalling and the whole intervention; increased gratitude was expressed. Given this result, a number of notable details emerge. One is evaluating perceived gratitude as a desired stance. This includes a participant talking about that "there's definitely room for me to feel more grateful in my everyday life". Regularly, participants evaluated themselves as "grateful" or "fairly grateful".

Features of the diary format appeared to deepen the gratitude experience; this includes the defined structure, immediacy, "specificity", and the visual nature of the practice. Participants reported the diary experience as the "more visual, more real" and "direct". They also voiced gratitude changes (often increased gratitude) based on completed lines in the diary. For example: "I thought... I have so many things to be grateful for but I remembered the first, first time...I couldn't fill like uh all sections... maybe ten sections ...and then at the end I thought...what else can I be grateful for?...after I did it like every week... I can easily y'know fill in what to be grateful for".

The diary experience was considered a type of “emotional thermometer” for some; e.g. participants reported more difficulty listing items when they had increased stress in their lives. A participant observed this phenomena as such:

If my mood was more elevated, um, it was more easy to sort of, tap into...those feelings of gratitude toward those experiences, but if my moods was, you know, more negative or anxiety place, it was more challenging to, to pull up those...things that I was, I’m grateful about, ‘cause I wasn’t feeling it.

Limitations to the gratitude diary were noted, potentially distracting from the experience (e.g. that the diary forced a participant into “mood of thinking”). They viewed the diary as “scientific”, “boxy”, and “hard”, and shared challenges with completing the Likert-type scale to rank gratitude intensity for each item. A few noted the scaling as too small; one participant, for example, desired a “broader scale or something a little bit more abstract or subjective...even something like some kind of spectrum, y’know from zero to a hundred”.

Gratitude increases were found post a single intervention and gradually over time. For the latter, one said that the “level of gratitude...increased in general because I was reminded of what to be grateful for”. A “spill-over” effect into daily life was noticed. “I found myself actually thinking about it at other times during the week too...really recognizing that there is so much good going on.”

### *Sub-Theme 3: Touching Ground, Finding Calm*

Stress and anxiety reduction over the course of the study was spoken about extensively. Participants named increased comfort and confidence with the intervention (meditation and journaling) and their Clinic routine. One participant summed up the experience:

I think the, the clinic experience in itself is, is a great example of the way that waking up in the morning and feeling quite, quite stressed about the day ahead and having anxiety... just realizing what a difference just ten minutes could make to that whole process, just to almost short circuit the, the y'know the busy mind that's working overtime and just call a halt...I think as well as the weeks went by not only was I noticing...an anxiety in reduction at clinic but also as we had more and more meditations and we got into that routine it became so much more valuable for me.

Initially, participants spoke about inner tension, often with movement in their language: e.g. "lot of internal resistance...a tug of war", "battling myself", "resisting the calming", anxiety "bubbling up", and "blood boiling". After time (one participant said "a few weeks), a "softening around the edges of tension" started, a "relax(ing) into the process".

Gratitude journalling was connected with increased calm. For example, participants spoke about how it "set my mental state into a better position", create "calm", "situate my anxiety", and acted as a buffer against stress or loneliness even later in the day. Meditation helped "get hold of my anxiety before it started to spiral", created "calm", "quiet", "relax", "rest", "ground", and enabled participants to "let go easier".

#### *Sub-Theme 4: Acceptance*

For both practices, increased acceptance of circumstances of self and life was reported. Participants expressed the "importance of...accepting the things as they are and then kind of uh appreciate the moment right now instead of like worrying about the future or past".

Meditation was viewed as a practice of accepting and studying thoughts, emotions, and sensations without altering them. It was reported as a practice "to kind of sit with myself ...just listen to my body a little bit more", "to get to know self better", and to "listen to thoughts and be

aware that they are there”. Increased awareness of “thoughts”, “body and mood”, and “self-talk” was reported. Internal experiences were discussed neutrally; these included thoughts of “wandering mind”, “upcoming clinic”, creating to-do lists, “dreams”, and “random thoughts”.

The majority of participants expressed challenges in having “mind going everywhere and “watching thoughts”. This experience is considered common for new meditators.

The gratitude diary supported participants in accepting life now, including challenging experiences. A participant reported feeling:

More mindful...I think, our society doesn't necessarily always, put those kind of things in the forefront... ..it's always like, what do you need to do to get ahead? Or, what are you thinking for the future?...you know, success...and, and gain, and that sort of thing.

And, so, slowing down, and being like, wait a second, what I have here is okay...what is going on is okay.

#### *Sub-Theme 5: (Self) Compassion*

This theme follows Neff's (2003b) definition of self-compassion, situated in Buddhist philosophy:

Being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience (p. 224).

Self-compassion was noted in participants' interviews; they viewed themselves with more kindness and holism within mindfulness. For example, one named now “I started appreciating myself...like even like uh my flaws and shortcomings are like helping me to be more compassionate...I became kind of more holistic I guess”. Other participants named

reducing “pressure”, “being kind to my thoughts”, and expressing being “more compassionate with myself”. Some participants viewed partners and loved ones more “holistically” and with appreciation. For example, “I noticed like even when I had a, a little argument with my husband like I felt like I could still be appreciate, appreciating his presence yeah so that was beautiful”.

#### ***Theme 4: Overall Impressions***

Here, participants reported on their overall impressions; the two sub-themes were: (1) Positive change and (2) Neutral change.

##### ***Sub-Theme 1: Positive Change***

The majority of participants expressed positive to strongly positive language on changes they experienced from the intervention. They referred to the practice as “a really positive experience”, and expressed “surprised on how helpful it was”. Meditation was viewed as a new “tool” and that “everything worked” about it; the diary experience was viewed as the “favorite part”, “significant”, that it “made me happy”.

##### ***Sub-Theme 2: No Change***

Here, some participants reported minimal or no changes from the intervention; for example, a participant named that no “huge shift” occurred. One participant said that previous knowledge “confounded” the results: “I know that it’s supposed to increase your self-compassion ‘cause I read research on it before... I knew kind of what it was supposed to be doing...I didn’t necessarily find it as helpful for me I guess”.

#### **Gratitude Diary**

The main question in the diary, “What am I grateful for?”, was analyzed and 44 categories emerged originally ranging from work as a counsellor to nature to food. Collapsing

these categories resulted in 28. The three major themes were: (1) Relationships, (2) Situational / Life Circumstances, and (3) Ineffable Life Enhancers.

### ***Theme 1: Relationships***

The most frequently represented category was relationships, making up 59.8% of the entries. Notably, these categories were the most nuanced and complexly represented, both in the types of relationships and the exchanges within the relationships. Relationships were divided into 6 main types: friends, family, partner, teachers, colleagues, and acquaintances. The top categories are, in order from highest to lowest: friends (18.2%), family (15.4%), partner (9.4%), colleagues (6.6%), professors and supervisors (4.5%), and self (4.0%).

For all categories listed above, minus the self category, four sub-categories were created to define the relationship exchanges further. They were “general thanks”, “giving a gift”, “receiving a gift”, and “positive interaction with”. For example, in the “family” category, the “general thanks” sub-category was defined as a generalized family category (here, often participants would write “family” in response to the question of “What am I grateful for?”); the “giving a gift” sub-category was giving a gift to a family member (e.g. provide the service of listening); the “receiving a gift” sub-category was receiving a gift from a family member (e.g. receiving a coat); and the “positive interaction with” sub-category was a positive interaction with a family member (e.g. memorable family dinner).

The categories of self had no sub-categories. Instead, gratitude expressions were for skills learned and virtues developed (e.g. “wisdom”) and also other aspects such as “flaws”, and “my body”.

### ***Theme 2: Situational / Life Circumstances***

Situational / life circumstances (21.5% of total responses) made up the second-most frequent theme. Here, scheduling (4.6%), education and learning experiences (3.1%), hobbies and activities (2.6%), and life generally (2.3%) constituted the top themes.

### ***Theme 3: Ineffable Life Enhancers***

Ineffable life enhancers (16.9% of responses) were the third-most frequent theme. Nature (6%), health of self and others (4.5%), spiritual practices (3.1%), and the meditation intervention (3.1%) made up the top themes here.

## **Discussion**

### ***Conclusions***

Using a qualitative design, 9 participants' experiences of a 10-minute mindfulness meditation and a 5-minute gratitude journaling were studied via interviews at study-end and through the completed weekly diaries. The second order research question of “how” and “what” related to mindfulness research was studied (Shapiro et al., 2006).

Four major themes were found from the interview question: Can you describe your overall experience of doing the 15-minute meditation and gratitude journal before clinic this semester? Routine and structure in the participants' experience defined the first theme with four sub-themes detailing the value of the routine - both in its repetition and time length as a realistic template for regular life. Time was noted to have different experiences during the intervention, such as naming it a “peaceful little pocket of time” where time was experienced more deliberately and slowly. More formal training was desired by the participants to support the practice.

The finding of appreciation and value in the short practice time is intriguing; many research studies design interventions with longer mindfulness practices (e.g. Christopher et al.,



2011) and, commonly, formal meditation practices are presented in longer time lengths. Participants discussed successfully implementing informal mindfulness practices including a “2-minute” mindful check-in when feeling anxious. They expressed a sense of empowerment, considering their practice as a “tool”. These results suggest the utility of a brief practice in developing every-day mindfulness.

Additional time was desired to complete the gratitude diaries; examining the frequency of reporting during the study, no significant changes were reported in the number of items listed. Perhaps this result was due to the time restriction. Interestingly, participants expressed increased gratitude over the intervention.

In the second theme of relationships, the identified sub-themes were: (1) Expanding relationships, (2) Reframing relationships, and (3) Deepening relationships. Relationships, primarily human relationships, were noted to change on these named dimensions. This is not a surprising result: mindfulness enhances interpersonal skills (Chambers et al., 2011; Walsh & Shapiro, 2006) and gratitude is inherently linked with relationships (Algoe et al., 2008). Participants found greater “spectrum of things” to be grateful for. They reported experiencing relationship reframing, viewing positivity in relationships that were considered “negative” or “neutral”. Relationships were strengthened and deepened as well.

Over-lap with results of the diary analysis is seen: relationships with humans were the most important, with primary focus on cohort relationships. In the diary analysis, themes of Situational / Life Circumstances and Ineffable Life Enhancers also emerged. Could this be a commonality with the expanded relationships sub-theme in the interviews? Participants in these interviews discussed appreciating a greater spectrum of things. Additionally, the participants

reported on the complexity of relationships in both the diary and the interview data, indicating relative importance.

Within the diary analysis, cohort relationships were assigned as the most frequently reported item. This result is tentative given the (1) Participant numbers in the study, (2) The intervention's immediate circumstances (i.e. most intervention groups had at least another cohort member present), and the (3) Blurring between family and spousal relationships and friend and cohort relationships in the reporting. One interesting finding within the diaries was gratitude towards the self. Development of self-compassion is considered part of the experience of mindfulness.

Other themes noted from the diary analysis were the Situational / Life Circumstances theme and the Ineffable Life Enhancers. Participants reported, in particularly for the latter theme, gratitude towards these “intangible” relationships such as God, nature, health of self and others, and the meditation practice itself.

The third theme of Mindfulness Attitudes had 5 themes. (1) Present moment focus, (2) Gratitude, (3) Touching ground, finding calm, (4) Acceptance, and (5) (Self) Compassion. Here, gratitude and mindfulness links gained further support. Present moment focus was regularly cited as a critical factor in cultivating intervention practices, particularly for meditation. This finding is understandable: present-moment thinking is required by both mindfulness and gratitude (Emmons, 2010; Kabat-Zinn, 2005). Increased gratitude through performing the diary intervention was noted. Meditation may have enhanced this experience, however, this connection is tentative. Currently, only theoretical support for the relationship between gratitude and mindfulness exists (Shapiro et al., 1998).

Increased calm was a significant benefit of the intervention; participants reported a mood shift over the intervention. This aligns with a number of studies that report improved stress and distress tolerance with mindfulness, even with student populations (e.g. Shapiro et al., 2011). Significance is shown - in fact, causality - between gratitude and well-being (Nelson, 2009), improved social functioning, and negative correlations with depression, anxiety, and negative affectivity (Emmons, 2011).

Greater acceptance towards current life circumstances, including acceptance towards self, was reported. Participants named a more neutral attitude towards their thoughts. This sub-theme links with the (self) compassion sub-theme- here, increased care and love were reported for both self and others.

Looking at the theme as a whole, Chambers et al. (2011) in reporting on graduate counselling psychology participants' experience of a 150-minute weekly intervention of mindfulness and contemplative practices, affirmed a number of these findings. Specifically: increased calm, increased acceptance towards self and compassion, decreased self-judgment, and increased thought dis-identification.

The final theme, Overall Impressions, reported that the majority of participants expressed benefits from the intervention.

### ***Limitations***

When planning future research, this study had several limitations to consider. Firstly, dual-relationships between the author and the participants may have reduced the reliability of the data. A number of measures were implemented to protect participant privacy, however, the desire to fully participate in the process may have been compromised with concerns of confidentiality and anonymity protection, reducing the richness and authenticity of the data.

A reduction in data richness may have also occurred by having other team members' interview and transcribe due to dual-relationship reasons. These activities are part of the "heart" of this research type (e.g. Braun & Clarke, 2006; Streubert-Speziale & Carpenter, 2007). To minimize the shortfall, the members had mindfulness experience, were trained using multiple-methods over multiple-timeframes, given detail protocol, and invited to keep personal journals for increased reflexivity.

Another issue is the construct of mindfulness that is considered "much more unknown than known" (Black, 2009, p. 2). Challenges include being "largely unclear how much of these reported effects reflect uncontrolled nonspecific factors, how meditation compares with other self-regulation strategies, or how different meditations compare with one another" (p. 231) and an over-focus on short-term follow-up and self-reporting (Walsh & Shapiro, 2006). One additional potential issue is offering multiple mindfulness meditation techniques. Although participants clearly placed value on having choice (which may have improved study compliance, enjoyment, and learning), its impact is unclear.

Because of the study's design, an exploratory focus on the relationship of gratitude and mindfulness yielded tentative links. Another limitation with student population used; academic semesters have lower and higher periods of stress (e.g. exams). The term normally starts out with less stress and increases at the end; this creates errors with the results.

### ***Future Research***

This research is the first known study on mindfulness meditation and gratitude and it supports emerging mindfulness using counselling trainee populations. Mindfulness research is viewed to be in its "infancy", however, "mindfulness-based interventions are here to stay" (Gockel, 2010, p. 251). Future research is recommended to examine this relationship more

systematically, examining areas of similarity. Nelson (2009) asserted the need for gratitude research within counselling psychology to explore its potential to increase well being both directly, causally, and indirectly as a negative emotion buffer. Addressing this call, this study is one of the first links between the two areas. Additional recommendations for future research include (1) Expanding the scaling for the diary format, (2) Examining other gratitude interventions such as writing letters or thinking about gratitude (e.g. Watkins et al., 2003) and their efficacy in increasing gratitude, (3) Exploring how to improve adherence to gratitude practices, and (4) Developing gratitude mindfulness practices such as meditating on a thing that one is grateful for. Populations may include therapist trainees and their clients and beginning therapists; this group perhaps represents the most vulnerable group in regards to development and maintenance of self-care practices. Other areas of future study include examining the role of gender and culture; due to the small sample size, these areas were not possible in this study.

### **Chapter 3: Methods**

For this section, the following topics will be discussed, in order: the methodological design and the rationale for this choice, a statement on my assumptions and biases, selection criteria for participants, research procedures, criteria for evaluating the findings' trustworthiness, and key ethical considerations.

#### **Research Design**

This study aims to further our understanding in mindfulness within the context of a British Columbian counselling psychology graduate program. To answer this, I chose a qualitative approach that allows for an essentialist theoretical framework, i.e. to "report the experiences, meanings, and the reality of participants". Here, language is an assumed conduit to articulate the experience and meaning (Braun & Clarke, 2006, p. 81).

Conducted in the health care field since the late 1960's and 1970's (Cohen & Crabtree, 2008), qualitative research is concerned with the nature of phenomena with an emphasis on studying process and meaning to illuminate a specific context. Normally, this research type has a smaller N when compared to quantitative research (Labuschagne, 2003). Holloway and Wheeler (2010) emphasized its focuses on social investigation and the emic perspective (i.e. studying the participants' culture-bound descriptions of meaning, perspective, and belief). Data plays a critical role for: "primacy, generate new theoretical ideas, and ... may help modify already existing theories or uncover the essence of a phenomena". The researcher is the primary research tool, demonstrating reflexivity, documenting the participants' experiences with "thick description" (p. 5), and positioning the researcher as equal to the participant become key tenets.

Taking a step into analysis, the data was primarily analyzed using thematic analysis (TA), formalized by Drs. Braun and Clarke. A popular method within qualitative research, TA

“identifies, analyzes, and reports patterns (themes) within data” (p. 79), providing rich detail within a structured framework. It involves “searching across a data set ... to find repeated patterns of meaning” (2006, p. 86). Historically, this method, although present in much qualitative research, has escaped formal categorization and has remained somewhat illusive in this regard. Braun and Clarke present an evolvement of TA, strongly argued the necessity of further clarifying and structuring the TA to standardize results, allow for cross-evaluation, and to push the researcher into a more active analysis role. The authors identified six major phases to TA, noting the need to have a “on-going reflexive dialogue” (p. 82):

1. *Data familiarization.* Here, data is transcribed, read multiple times, and initial ideas are noted.
2. *Initial codes are generated.* Notable data features are coded systematically with the data set. Data is then collated relevant to the code.
3. *Theme search.* Codes are collated and organized into possible themes. Note that the same text unit could be in multiple categories.
4. *Theme review.* Themes are compared to the coded extracts and the data set as a whole, examining for relevancy. A map describing the themes is created.
5. *Theme naming and defining.* Themes are continually refined through re-analysis. Theme specifics and the overall story are both kept in focus; names and definitions for each theme are generated.
6. *Report production.* Completion of final analysis, selection of vivid and clear examples, re-affirming the research question and literature in the analysis process, and producing a report define this phase.

In addition, a 15-point check-list is identified for producing a good quality TA. For this study, themes were identified using an inductive or “bottom-up” analysis, where the themes are directly linked to the data. The data is first organized in patterns based on semantic content (i.e. description) and then theorization of pattern importance and broader meanings (i.e. interpretation) (Patton, 1990).

## **Rationale**

Howe and Eisenhart (1990) asserted that the research questions drive the study design, including data collection and analysis techniques. The study of a particular phenomenon (i.e. mindfulness meditation and gratitude), the focus on participants’ understanding of their experiences and the derived meanings, and the exploratory nature of the questions lends this study to qualitative research. As does the topic of mindfulness itself. Conceptualized as “the awareness that arises through intentionally attending in an open, caring, and non-judgmental way” (Shapiro & Carlson, 2009, p. 4), with mindfulness, individual experience informs the practice. Considerable time was devoted on qualitative methodologies. Exploration included mix-methods, narrative inquiry, and the critical incident approach. The most natural fit was found with interpretive (hermeneutic) phenomenology developed by Heidegger. This particular research tradition looks at the lived experience or *dasein* (“the situated meaning of a human in the world”) of participants (Thompson, 1990, as cited in Flood, 2010) and the meaning of what is normally unseen in the common human experience (Lopez & Willis, 2004). Creswell (2007) noted its congruency with the counselling profession. Additionally, strong links between the study of mindfulness and phenomenology were found. For example, after a thorough literature review using both historical and contemporary philosophical and psychological sources, Brown and Cordon affirmed phenomenology’s “relevance to the experiential nature of mindfulness” (2009,



p. 61). Reinhold May, a well-regarded philosopher, argued the connections between East Asian thought and Heideggerian thinking in his book *Heidegger's hidden sources: East Asian influences on his work* (1996).

However, it quickly became clear that phenomenology, or any other “pure” methodology for that matter, would not be appropriate given the context of this study within the study-at-large on mindfulness. Other team members were extracting qualitative data from the same sources and a dilution of methodologies was inevitable due to competing interests. Thus, the decision was made to shift towards a more generic qualitative method to fit with this study challenge (personal communication, Buchanan, January 2012).

The usage of TA as the primary data analysis method followed. Considered a “foundational method”, TA is recommended for beginner researchers “as it provides core skills that will be useful for conducting many other forms of qualitative analysis” (p. 78) and is considered to be “relatively easy to conduct good thematic research on qualitative data” (p. 94). This creates results accessible to the public, allowing for an increased ability for knowledge transfer. TA has portability and flexibility: both similarities and differences across the data set can highlighted, unanticipated insights can be generated, and can create summaries of key features and/or allow for “thick description”. Because of these advantages, TA allows for an inductive analysis of data based on semantic content within an essentialist paradigm (Braun & Clarke, 2006).

Issues with TA may include failure to thoroughly analyze the data, creating a weak or unconvincing analysis where themes are not cogent or internally consistent, mis-matching data to the themes or the research question and the analysis type (Braun & Clarke, 2006).

## **Personal Biases / Assumptions**

A significant assumption held is that mindfulness practices such as meditation produce largely positive effects. This mostly comes from my personal experience: I've been practicing meditation since 1998, experiencing periods of both sporadic and consistent practice. Particularly with the latter, I have felt calmer, more grounded, tolerant to change, creative, physically healthier (e.g. fewer colds), and more aware of my judgments/thoughts than before - to name a few changes. I often feel an "energy-lift" even through short periods of mindfulness activities. I have felt a shift in my personality as a result of meditation.

Tied into this is the experience of gratitude. I have personally felt more grateful as a result of meditation and other mindfulness practices such as gratitude journaling. With the journaling in particular, I found myself "looking" for things to be grateful for and through that experience finding gratitude in simpler experiences. I assume that my experience in gratitude was cultivated through spiritual/religious exposure as well; growing up in family that practiced Roman Catholicism, I was taught from an early age to be grateful to God for what I've received. Often the gratitude came in simple experiences such as saying and hearing Christian prayers.

As a counsellor in training, I bring a number of perceptions to this study. One of them is a strong belief in self-care. In preparation for this schooling, hours of lay-person counselling is required to both demonstrate interest and ability in the field. I have found, from my own roles counselling peers in a post-secondary setting, individuals on a crisis line, bereaved persons, and individuals looking for work, that personal boundaries are critical. An on-going process of self-reflection and experimentation to find the right "fit", it strikes me significant to monitor my energies while counselling and to guard against excessive energy drain. I've read about burnout and the drain of work on therapists (e.g. Shapiro et al., 2007), only reinforcing this point of view.

Mindfulness practices have impacted the way that I counselled clients, both directly and indirectly. I have become more aware of how I presented, when I was feeling drained and needed to improve my boundaries, and how to project a more positive and empathetic side. Gratitude has played a role as well, both in what I felt grateful for from the client experience and what tools I utilized when working with the client (e.g. reframing). I see an avenue for other counsellors in training to maintain themselves, to prevent exhaustion, and to care for themselves.

## **Participants**

### **Description**

This study is cohort-controlled, prospective, and has purposeful sampling. Of the 9 participants, 8 were female and 1 was male. This number of participants is appropriate for this method (e.g. Mayers, Keet, Winkler, & Flisher, 2010).

Ages ranged from 25 to 46 with an average age of 32 years. Regarding ethnicity, 6 participants identified themselves as Caucasian (66%), 1 as Caucasian-Armenian (11%), 1 as Asian (11%), and 1 as Latin American (11%). At the time of the study, all were in the process of completing their Masters Degrees in Counselling Psychology. Two participants have previous Masters degrees.

Regarding previous religious practices, 4 participants identified themselves as “somewhat” religious (44%), 1 as “very much” religious (11%), 1 as “very little” religious (11%), 1 as “not at all” religious (11%), and 2 participants did not respond (22%). Self-reporting on spiritual practices yielded different responses; 8 of 9 participants noted that they were “somewhat” spiritual (89%) and 1 participant reported as “very much” spiritual (11%). Past mindfulness practices were reported by 5 participants (56%) and 4 participants reported no past experience (44%). Of those that reported past mindfulness practices (which includes

Mindfulness-Based Stress Reduction, *Vipassanā* meditation, other meditation types, yoga, Tai Chi/Qi Gong, or other practices), 4 participants reported yoga (80%) and 1 participant reported chanting practices (20%). Length of time practicing was 3-5 years for 1 participant (20%), and 2 participants for 6-10 years (40%), and 2 participants for 11 or more years (40%).

Current practice length was also documented. Of the 5 participants that reported on-going practices in mindfulness, 1 participant each said practice occurred “only when I feel a need to” (20%), “occasionally” (20%), or “daily practice” (20%). Practices defined as “most days” were chosen by 2 participants (40%).

### **Eligibility Criteria**

For participant selection, all individuals needed to be enrolled in CNPS 588: Supervised Training in Counselling (known also as “Clinic”) in The University of British Columbia’s (UBC) Masters Counselling Psychology program. Clinic is commonly understood to be one of the most stressful classes in the program; impacting factors included counselling clients for the first time, regular and on-going evaluation by a practicing professional supervisor, doctoral level supervisor, and classmates, observation by supervisors and classmates through a one-way mirror, and for many students, experiencing both their first course off-campus and in different municipality that requires a longer commute routine. The lead investigators chose this population to study the impact of mindfulness practices on UBC Masters Counselling Psychology students.

### **Research Procedures**

#### **Recruitment / Screening**

Research assistants recruited participants in August 2011 through an invitational email and, informally, through word-of-mouth. Sending the e-mail invitation only to eligible participants and speaking to the same satisfied the screening process.

The invitation (see Appendix A) described the study's purpose, participant requirements, and the participation inducements (i.e. a free-week pass to a popular, local yoga studio and free one-hour professional *Vipassanā* meditation training sessions at the same yoga studio). No remuneration was provided. The timing of the invitation coincided with class and study start in September 2011.

Following the initial contact, initial interest in participation was collected through a response e-mail from the participant, supporting confirmability through an audit trail. With interest identified, a research assistant provided a copy of the consent form (see Appendix B) and arranged a time to both review and sign the form, ensuring informed consent as per the ethical requirements (see below section titled Ethics for more details), perform study-at-large requirements, and to arrange administrative logistics.

### **Data Collection**

Data was collected during the intervention (i.e. gratitude diaries) and after intervention completion at term end (i.e. interview). The study's duration paralleled dates prescribed by the course CNPS 588: Supervised Training in Counselling. Normally, this course runs for the second-year UBC Counselling Psychology cohort from September to April, consecutively. This study collected data from only September to December 2011, approximately an 11-week long duration, and followed all class dates for minus the last two class dates (here, the study-at-large from the mindfulness lab had requirements to satisfy, however). After term completion in December 2011, the participant was interviewed once for approximately 1-hour to 1.5-hours.

### ***Intervention***

All participants participated in an intervention involving 10-minutes of *Vipassanā* meditation and 5-minutes of gratitude journalling. For 7 out of 9 participants, small, closed

groups of up to 4 individuals were formed based on an already established clinic schedule (i.e. randomized groups). A research assistant facilitated the group by keeping time, providing meditation cues throughout the 10-minute practice (as requested), administering the gratitude journals, and answering questions on technique before or after the intervention. The intervention occurred 30-minutes prior to the clinic class starting; for individuals attending the New Westminster clinic (N=8), they met in a private home directly across the street from the clinic. The single participant that attended the UBC clinic met with a research assistant in the UBC mindfulness lab associated with this study. Both the lab and the home were less than a 5-minute walk to the respective clinics. These efforts, in addition to providing meditation supplies, comfortable seating, and a quiet setting, supported the creation of a relaxing intervention environment.

### *Meditation*

Prior to the study starting, participants were trained in three mindfulness meditation techniques in a one-hour training session. The majority of participants (i.e. N=6) attended training at a popular, local yoga studio taught by an experienced, professional meditation instructor. This class occurred in the context of participating with the general public. The participants unable to attend this training were taught by the research assistants in a private space who mirrored practices demonstrated by this instructor. The techniques were:

1. Sound meditation: listen and observe external sounds (e.g. vehicles driving, the sound of the leader's voice) and / or internal sounds (e.g. own heart beating) without evaluating or judging their content.
2. Breath meditation: observe the sensation of breathing in and out, including noting the sensations of air moving through the nostrils and mouth, chest movement, and the

quality of the breath. No attempt is made to modify the breath to be more relaxed or even.

3. Body-scan meditation: moving from head-to-toe (or vice versa), the participant concentrates on relaxing the body's muscles if the body wants to relax. Again, the focus is on observing the sensations and experience of the body without judgment.

During the first intervention session, which occurred within a week of the training, participants were reminded to privately choose one of the three taught techniques as their primary practice for the study's duration. They were advised that meditation could occur seated or lying down, depending on personal preference. Participants were also encouraged to continue attending meditation sessions at the same studio for the study's duration to enhance their practice. E-mail reminders of the same to the participants occurred a few times throughout the study.

All interventions started with a 10-minute meditation. Leaders used a simple script such as: "Lowering your gaze or closing your eyes, as I will do so now too, take a moment to kindly observe your body right now... [pause, slowing voice]... place your feet flat on the floor, your hands softly in your lap, and shoulders gently back, opening your heart...as we begin the practice..." [At the 10-minute mark: "Gently open your eyes and re-ground yourself...when you are ready we will move onto the gratitude diary"]. As requested, leaders may cue the participants during the practice to continue to be mindful (e.g. "there is no where you need to be but here...breathing in...breathing out...noticing that, if your mind has wandered, to gently, without judgment, notice where it has gone and bring it back to the present, to your practice).

#### *Gratitude Diaries*

Once the 10-minute meditation was complete, the participants were provided a one-page gratitude diary and instructed to document past gratitude experiences (see Appendix D: Gratitude

Diary). During this practice, participants were invited to document up to 8 things they were grateful for in the past week (i.e. “There are many things in our life, both big and small, that we could be grateful about. Think back over the past week and write down on the lines below up to eight things in your life that you are grateful or thankful for” [Emmons & McCullough, 2003, p. 379]). For each item listed, they were also requested to document associated people and to assign a gratitude intensity ranking using a 3-point, Likert-type scale. Note that the term “diary” and “journal” will be used interchangeably for the same activity.

Diaries were collected at the end of the 5-minutes; confidentiality of the participants was maintained throughout (see also the Ethics section for more information). This format’s simplicity, in part, has made it the most popular gratitude intervention (Rash et al., 2011).

The diary’s structure mirrored protocol developed by social psychology gratitude researchers Emmons and McCullough (2003) and McCullough et al., (2004). The intent was to capture, for people who are dispositionally inclined to gratitude, facets or features of discrete gratitude experiences, namely: (1) intensity of the gratitude experience, (2) frequency of self-report of gratitude feelings, and (3) density or the number of persons to whom one feels grateful towards for a single circumstance (Emmons et al., 2003).

### *Interviews*

Within 2-weeks of the study end (i.e. December 2011), participants were interviewed individually for 1-hour to 1.5-hours regarding their experiences. Interviews were conducted using a digital voice-recording device. Two experienced interviewers were hired with pay (using wage rates determined by UBC) to conduct these interviews. Both interviewers had experience in mindfulness meditation. As will be discussed in the below sections, multiple relationships existed between the research assistant and the participants, thus, to protect the participants’



confidentiality and to enhance the data's credibility, a "hands-off" approach was required in data collection and preparation for analysis. Hiring the interviewers, who had no known relationships with the participants prior to the interview, was one of these measures.

Prior to the interview, research assistants prepared the interviewers to conduct. We created detailed interview protocol including an introductory script, probing questions to the actual interview questions, and a concluding script to enhance consistency. Interviewers were trained for 2-hours in the study method which included discussing the study-at-large, reading through the protocol, practicing the optional mindfulness meditation protocol in the introduction section, and reviewing administrative details. Additionally, we provided sample audios from a previous study run for the interviewers to review.

The interview started with an introduction. Reading from protocol, the interviewers were given a brief over-view of the interview intent and length, their rights, and additional confidentiality measures that could be taken by the participant. Additionally, inspired by Rogers (2010), participants were invited to practice mindfulness meditation for 10-minutes prior to the questions. Interviewers were provided the same protocol.

Questions followed this process. As noted above, other research assistants were also gathering data from this interview for their own theses'. The question for this study: "Can you describe your overall experience of doing the 15-minute meditation and gratitude journal before clinic this semester?" was asked as question #1. Probing questions related to experience and meaning followed up this question. The other assistants' questions' followed, creating an interview totaling 8 questions. Finally, in conclusion, the interviewers provided and reviewed the de-briefing form where designated and obtained consent to follow-up with a brief, informal conversation or an e-mail as required. They also completed other study administration tasks,

including providing the promised yoga passes. Please see Appendix E: Interview Questions for Mindfulness Study-At-Large and Appendix F: Debriefing Form.

### ***Transcription***

Two experienced transcriptionists were hired to transcribe all 9 interviews. Similarly to the interviewers, the rationale to hire these professionals was to both protect the confidentiality of the participants with whom the research assistants had multiple relationships and to enhance the study's credibility. Again, the professionals were paid using established UBC norms.

The interview audios were divided equitably. The transcriptionists were provided protocol on removing identifying information and trained in the same. They also documented their names and roles on the transcripts they worked on, adding to the existing data trail. The interviews were transcribed verbatim, adding in para-linguistic information where appropriate, and all identifying information was removed during the process. To further ensure accuracy, each transcriber audited the others' work prior to submitting the transcripts to the research assistants.

### **Data Analysis Process**

The two major sources of data, namely from the interviews and the gratitude diaries, were read, interpreted, and analyzed according to two different types of processes based on their format. Thematic Analysis (TA) was used, defined in six distinct phases (Braun & Clarke, 2006).

#### ***Thematic Analysis***

##### **Phase 1: Data Familiarization**

Braun and Clarke (2006) recommended immersion, or “‘repeated reading’ of the data, and reading the data in an *active* way” (p. 87). This includes reading the material without coding at least once, which I followed. I desired to familiarize myself with the material and to start to

understand patterns and ideas that might emerge. I also journalled my initial thoughts and impressions. As will be discussed in the limitations of this study, I did not interview nor transcribe the data; the authors of this method recommend transcribing during this phase as part of the familiarization process.

### Phase 2: Generate Initial Codes

Here, the initial codes are produced from the data. I decided to code and work with the data electronically; this enhanced data management and created a clear data trail. I prepared a template using two columns titled Data Extract and Coded For (as recommended by Braun and Clarke [2006] for organizing data into meaningful groupings) in Excel and proceeded to segmented the relevant text extracts by participant identification number. For each file, I generated codes for each; in a number of instances, multiple codes existed for each text extract. I organized the coding data so that the Filter tool in Excel could be enabled (i.e. filtering enables specific column manipulation including simultaneous viewing of all inputted text, sorting, and temporarily isolating text). This organizational decision proved fruitful in both seeing “at-a-glance” what a participant was coded for and, later on, viewing all of the codes simultaneously for a specific categories or themes.

I worked systematically through the data-sets, giving equal attention to all data, structured by the electronic system I had devised. When I came across interesting data aspects, I highlighted them for future review. Following Braun and Clarke (2006), I coded for as many patterns as possible, aimed for inclusive or context-dependent coding, and as named above, coded multiple times on one data segment where relevant. I allowed for inconsistencies or “imperfections” in the emerging “thematic map”.

### Phase 3: Themes Search

The beginning of this phase is marked by the initial completion of coding and collation. The analysis process moves to potential theme identification. Braun and Clarke (2006) recommended data examination at both a micro and a macro level to understand the relationships better.

The data management process created involved transferring the codes in the “Coded For” column for each participant (i.e. 9 columns) to a new Excel worksheet. I enabled the filtering tool on this new worksheet to view, at glance, what codes existed for each participant. I began the process of reviewing and moving between the participants’ individual codes, creating new category webs. During this time, I journalled my impressions and ideas, highlighted interesting findings, and took breaks between sessions (at times weeks) to allow new insights and links to emerge. My initial generation of codes yielded an excess of 45 categories.

As the authors predicted, I ended up with codes that did not appear to fit into the establishing themes; I created “miscellaneous”-type “themes” in order to work with this natural phase. And again, following their advice, I did not abandon these odd extracts, instead allowing them to exist with their uncertainty (Braun & Clarke, 2006).

#### Phase 4: Themes Review

Once candidate themes have been identified, the third phase begins. Here, the themes are refined, looking for *internal homogeneity*, or themes that have meaningful coherence, and *external homogeneity*, or identifiable and clear distinctions between themes (Patton, 1990). For this to occur, succinctly, Braun and Clarke (2006) argued for understanding the “contours” (p. 91) of the data, first in comparing the themes to the coded data and then the themes to the whole data set. This task involves both reviewing the fit of the elements together and the re-examination of potentially missed data from earlier coding stages. The “organic” (p. 91) nature

of this phase is emphasized. As named above, a significant number of categories was initially found; over time, this distilled into 4 themes.

#### Phase 5: Themes Naming & Defining

With the creation of a satisfactory theme grouping, defining the essence of the themes begins. Here, conceptualizing the core understanding of the theme and its “story”; this involves an analysis of the data within the individual theme. In this data set, sub-themes emerged as noted in the article. At this point, initial names were prescribed to the themes.

#### Phase 6: Report Production

During this final phase, data analysis is finalized with the fully-worked themes, illuminating examples for illustrating the themes are found, and a report is produced. Braun and Clarke (2006) recommended looking at published articles - a number related to the analysis type I completed were named in their article, which I reviewed - and asked probing questions to question the implications, relevancy, and meanings from the created themes. This is reviewed in both the Results and Discussion sections of this thesis.

### **Evaluation Criteria**

Establishing quality in qualitative research is traditionally evaluated through the overarching concepts of trustworthiness and authenticity, replacing the quantitatively-derived evaluation terms of validity and reliability (Lincoln & Guba, 1985; Guba & Lincoln, 1989; Streubert-Speziale & Carpenter, 2007).

#### ***Trustworthiness***

In qualitative research, trustworthiness refers to research adequacy and methodological soundness. The final goal is to “accurately represent study participants’ experiences” (Guba & Lincoln, 1994, as cited in Streubert-Speziale & Carpenter, 2007, p. 49). Judgments of

trustworthiness are made through developing credibility, dependability, confirmability, and transferability (Streubert-Speziale & Carpenter, 2007). Briefly, these will be outlined below.

*Credibility*, considered the key criterion, is equated to the quantitative research concept of internal validity- the extent to which the study's findings are true, reflect the participants' social reality, and connect with the study's aim (Streubert-Speziale & Carpenter, 2007). Cohen and Crabtree (2008) named, further to this, the goal of credibility is to "understand and provide a meaningful account of the complex perspectives and realities studied" (p. 334).

*Dependability*, the second criterion, has a symbiotic relationship with credibility: "there is no dependability without credibility" (Streubert-Speziale & Carpenter, 2007, p. 49). Used in lieu of the quantitative term reliability (Lincoln & Guba, 1985; Guba & Lincoln, 1989), dependability represents findings that are accurate and consistent. A heavy reliance is on a clear and understandable outline of the decision-making and analysis processes.

*Confirmability* refers to objectivity. When this exists, data can be traced to the original sources (Streubert-Speziale & Carpenter, 2007). Dahlberg, Drew, and Nyström (2001) recommended sensitivity to the phenomena and researcher openness and intellectual honesty, additionally.

Finally, *transferability* – the ability to transfer findings to similar situations, impacting the lens of data interpretation – is also known as "generalizability". This criterion is addressed by consciously addressing this topic and considering knowledge transfer criteria (Streubert-Speziale & Carpenter, 2007, p. 303).

*Satisfying*

Common strategies employed by qualitative researchers to satisfy trustworthiness include member-checking, external auditing, internal auditing, thick description, reflexivity, and triangulation (Cohen & Crabtree, 2008; Streubert-Speziale & Carpenter, 2007).

### *Member-Check*

Confirming key findings with participants (member-checking) supports credibility (Yonge & Stewin, 1988). This activity occurred during December 2012; all participants affirmed the key findings as true to their experiences. Using an anonymous survey format to protect privacy, I contacted the 9 participants with the themes and sub-themes analyzed from the data. Three questions were asked to assess the clients' trustworthiness of the results: (1) "Even though you personally might not have experience with all of the described themes, do you resonate with them? Or, in other words, do you see these themes as possible?" (2) "Are these themes useful to counsellors?", and (3) "Are these themes close enough to the truth as you see it?" Participants were required to answer "Yes" or "No" for each question. Questions (1) and (3) offered the option for the participant to expand on their answer and was provided adequate space to do so; question (2) requested that all participants document their rationale further. All participants responded to the member-check and all answered "Yes" to the three questions.

Most participants (i.e. 7 out of 9) expanded on their responses as requested in question #2, often writing a few sentences on the usefulness of the themes for counsellors. Reviewing their comments, I was struck with the diversity in response given the study's structure and outcomes. One participant wrote how the practices might make clients "feel more connected to loved ones through a mindfulness or gratitude practice, or how they might be able to look outwards in difficult times and draw on support from their environment". Another wrote about having a new tool to be "grounded and present" for both professional use and to support clients. Similarly, a

participant affirmed the importance of self-care. Finally, a participant wrote about working with clients on gratitude journaling as a counselling intervention.

For the optional response sections in questions #1 and #3, 1 of 9 participants responded to #3. Here, the participant affirmed that, although “I did not really experience the appreciating the self (both the good and the flawed) in this practice, but I can see how others may have gotten to that level. I think that is something I can aspire to in mindfulness work”.

#### *External Audit*

Cohen and Crabtree (2008), in their review of published criteria for high quality qualitative research, asserted the use of outside auditors to validate research findings to enhance the credibility, or in other words the “plausibility and accuracy” of the work (p. 334). To satisfy this, I reviewed the findings with an expert reviewer in January 2013. A Ph.D. student in UBC’s Counselling Psychology program, she has practiced mindfulness meditation formally since 2008; activities include attending silent retreats and a variety of informal practices. Given her Plains Cree ancestry, she also follows related spiritual practices including smudging, prayer, and participating in a number of Plains-based ceremonial practices. The reviewer was asked three questions, all which she answered affirmatively: (1) “Are these themes possible and relevant? Do you resonate with them?”, (2) “Do you think these themes hold value for counsellors?”, and (3) “Are these themes close enough to the truth as you see it?” The reviewer provided specific feedback on the themes, including suggestions on re-languaging and re-framing, and we discussed study concerns and to further enhance the credibility.

#### *Internal Audit*

An audit or fiscal trail, defined as a recording of research activities over time, needs to be clear and thorough to satisfy both dependability and confirmability (Streubert-Speziale &



Carpenter, 2007). In my research, I kept both electronic and paper records to clearly document my progress. Electronically, I maintained interview transcriptions, a personal journal, member-check data, relevant literature, study documentation, and analysis of the transcriptions and the journals. Paper records were kept for participant gratitude journals and for a personal gratitude journal kept concurrently during the study and information from the expert reviewer. All information was kept securely and clearly labeled with identifying information.

The data trail created in the analysis process, perhaps the most critical item in the audit process, is described in the above Analysis section. Briefly, this process was completed entirely in Excel for both the interview and diary analysis. A reader can easily trace the entire analysis process, including determining code origins, category creation, and theme development.

#### *Thick Description*

Thick description is defined by gathering a thorough and detailed process description, aiming to provide a “holistic” view of the data. This demands extended engagement with the subject matter (Streubert-Speziale & Carpenter, 2007). This activity supports credibility (Yonge & Stewin, 1988).

This research effectively started in October 2010, over one-year prior to the actual data collection in January 2011, and continued until January 2013 with the final analysis; this whole period is over two years of material engagement. During this time, I consulted with peers and experts in the field on the topic, performed extensive literature and methodology searches, immersed myself in the practices of mindfulness meditation and gratitude journaling, prepared and conducted data collection, and analyzed and re-analyzed the emerged data starts to sum up the breadth of experiences for this study. Of note, I concurrently took an elective course in

qualitative research and attended three research conferences (two in the United States) where I had the opportunity to collaborate on this research further with subject-matter experts.

### *Reflexivity*

The concept of reflexivity relates to the researcher engaging in critical reflection, monitoring relationships with the participants, and reflecting on personal biases and reactions. This is an on-going process throughout the study (Cohen & Crabtree, 2008).

I maintained on-going personal and gratitude journals throughout the process to report on and understand relevant preconceptions. One major issue, the multiple relationships with the participants, was also discussed frequently and in detail with the research team and multiple measures were implemented to protect the participants' privacy. Please see other Methods sections for more detailed descriptions.

Additionally, the use of an external reviewer (as discussed above) adds reflexivity and thus credibility to the research (Cohen & Crabtree, 2008).

### *Triangulation*

Cohen & Crabtree (2008) clearly define this critical verification technique as “using multiple data sources in an investigation to produce understanding” (p. 334). This strategy satisfies a few criteria, specifically, triangulation provides a way for generalizability or transferability (Streubert-Speziale & Carpenter, 2007) and is considered related to dependability (Sharts-Hopko, 2002).

Collecting data from multiple data sources (i.e. gratitude diaries, interviews, personal journal, personal gratitude journal, interviewer notes, and the documented experience of the researcher becoming the “interviewee” to understand the questions) addressed both *data and methodological triangulation*. The research team itself (consisting of 2 lead investigators and 4

graduate-level research assistants along with 2 interviewers and 2 transcriptionists) allowed for *investigator triangulation*, or the involvement of multiple researchers in one study. Regular meetings with at least one other team member occurred, sometimes a few times a week, along with on-going e-mail communication to share experiences and issues, peer-debrief, and to brainstorm solutions. Finally, *theoretical triangulation* was created with an extensive review of mindfulness and of a variety of methodologies prior to the study start. This knowledge created more options on how to interpret the findings.

### **Authenticity**

Guba and Lincoln (1989) argue that trustworthiness is insufficient in determining quality research as its scope only captures methodological adequacy. As a result, they introduce the concept of *authenticity* to capture true reporting of the participants' ideas. Five criteria determine authenticity.

1. Ontological authenticity: the stakeholders in the research process understand their human condition and the social world through the research.
2. Catalytic authenticity: the research enhances the participants' decision-making.
3. Tactical authenticity: the participants are empowered by the research.
4. Educative authenticity: the participants' understanding of other people improves.
5. Fairness: the researcher must gain participants' acceptance throughout the study and be fair. On-going informed consent need to be obtained.

### ***Satisfying***

In this study, participants' were helped to understand their world and develop new insight into mindfulness meditation and gratitude journalling, and more broadly, the concept of mindfulness. Following UBC's established ethics, maintaining strict confidentiality practices,

performing on-going informed consent, and member-checking supported the creation of a fair study. Please see sections on Trustworthiness and Ethics for more information.

## **Ethics**

Cohen and Crabtree (2008), as part of their extensive review of evaluation criteria, underscore the importance of conducting ethical research: it must be “respectful, humane, and honest, and...[embody] the values of empathy, collaboration, and service” (p. 333). Compliance with ethics involved following UBC’s established policies. To start, the data is only accessed by the research team and is kept password protected or locked. Identifying information is kept separately. After 7 years the data will be destroyed as per UBC protocol (UBC Research Ethics, 2010).

On-going informed consent is a key feature. It involved describing the research purposes and procedures, participant requirements, the potential known benefits and risks of the research, the voluntary nature of the research and participant right to withdraw from research at any point, remuneration, confidentiality, contact information, and their agreement to participate. All participants read, understood and signed the consent form prior to starting the study. Participants were reminded of these factors during the study, including during the interview. See Appendix B: Consent Form and Appendix E: Interview Questions for Mindfulness Study-At-Large.

Regarding confidentiality, a number of measures protected the participant’s privacy. This normally important matter became a particularly sensitive matter because of the multiple relationships maintained between the research assistants and the participants: we were friends and colleagues outside of this study. We adhered to strict confidentiality practices as a result, regularly communicating as a research team about adherence to them.

Each participant was randomly assigned a unique, non-identifying number used throughout the study. No name appeared on any completed reports or collected data. Participants names, written on the contact sheet and the Consent form, are kept separate from the data in a locked area. The research assistants kept to strict procedures for data collection and analysis preparation to protect the participants' anonymity throughout.

For this study in particular, this practice extended to the administration, collection, and analysis preparation of the gratitude diaries. During each intervention, participants received a sealed envelope with their name on it. Privately, they opened it and inside was the blank gratitude diary with their unique number on it and a blank, unsealed, envelope. Upon completion of the diary, they would place it in the unsealed envelope and seal it. The leader collected the sealed envelope; participants were advised to keep and or shred the used envelope as an additional precaution. The gratitude diary packages were prepared by the research assistants several weeks in advance of the study and collated in a manner that minimized identifying the participant wherever possible.

A volunteer unknown to the participants was hired to open each envelope, photocopy the originals, and on the photocopied version remove all identifying data. This latter version was photocopied again, organized by week, and then presented for analysis. The originals were stored in a private location; the first photocopy was destroyed. The volunteer understood and agreed to confidentiality.

Participant confidentiality was also maintained during the interview and transcription process; please see the Methods section for more details. Briefly, however, two experienced interviewers who had no known relationship with the participants were hired and trained to conduct the interviews. The interviewers advised participants of the purpose of their presence

and described how the participants' confidentiality would be maintained throughout the process. Additionally, they provided participants further opportunity to enhance their confidentiality during the interview. From here, two experienced transcriptionists were hired to both transcribe and remove identifying information. They audited the others' work to ensure accuracy with the removals. Both the transcriptionists and the interviewers read, understood, and signed confidentiality forms; see Appendix G: Transcriptionist Confidentiality Form and Appendix H: Interviewer Confidentiality Form.

Another stakeholder for ethical consideration was the homeowner who rented his New Westminster home to the mindfulness lab to conduct the intervention in. Applicable participants (i.e. 8 of out 9) completed a Liability Release Agreement Form (Appendix C); this released the homeowner from any and all claims for personal injury while on his property.

## **Chapter 4: Results**

In this section, the findings of this qualitative inquiry in mindfulness meditation and gratitude are presented. Results from the two major data sources, interviews and gratitude journals, will be presented in sequence; following this, a discussion on the possible relationships between the two sources will be outlined. These results answer the research questions:

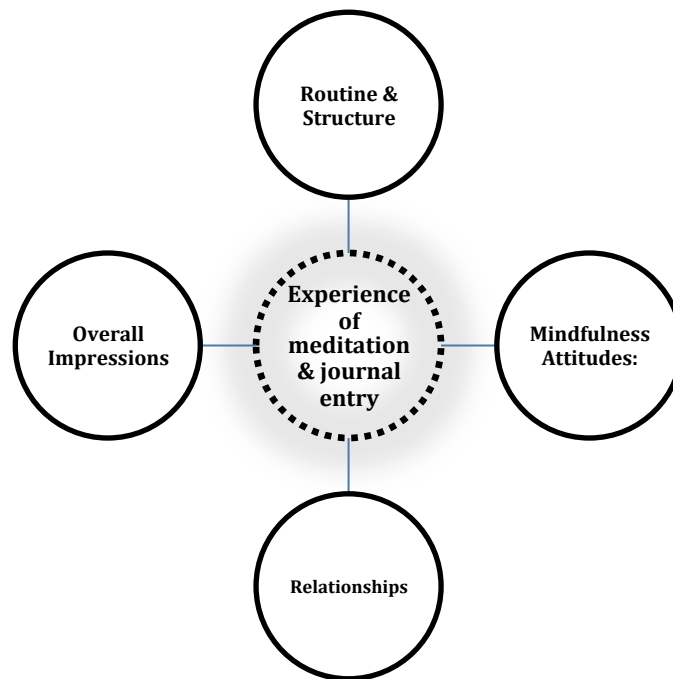
1. What is the experience of mindfulness meditation and gratitude diary intervention for counselling psychology students?
2. Can gratitude be cultivated through mindfulness similarly to the cultivation of loving-kindness in metta-meditation?
3. Is there a connection between gratitude and mindfulness?

### **Interviews**

Most participants (i.e. 8 out of 9) began their interviews with a 15-minute mindfulness meditation, lead by the interviewer. The participants were asked: Can you describe your overall experience of doing the 15 minute meditation and gratitude journal before clinic this semester? Probing questions were also asked: (1) What did it feel like / how did you make sense of meditation? What didn't work?, (2) What did it feel like / how did you make sense of completing weekly gratitude journal? What didn't work?, (3) How, if at all, being part of this study has impacted your experience of gratitude?, and (4) How, if at all, being part of this study has impacted your experience of mindfulness?

From the analysis, the 4 themes of routine & structure, mindfulness attitudes, relationships, and overall impressions emerged. Each of the themes had corresponding sub-themes. See Figure 4.1. for the major themes.

**Figure 4.1.: Major Interview Themes**

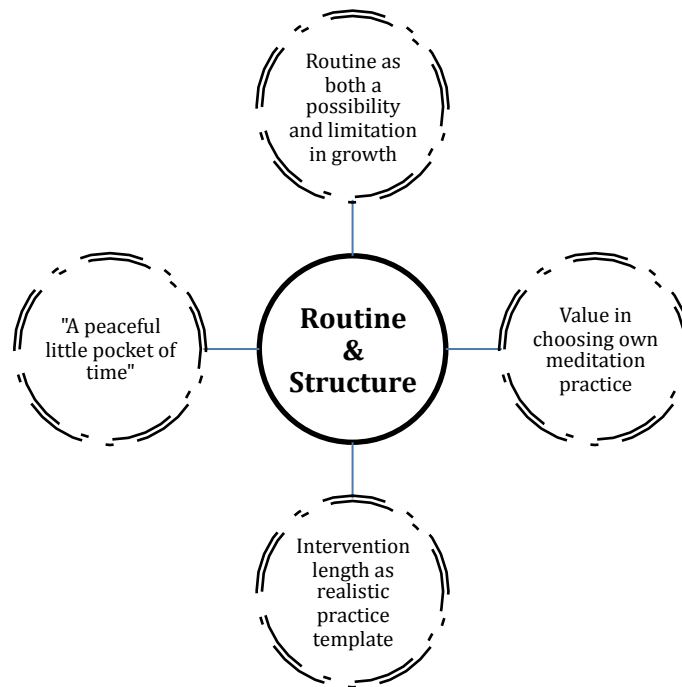


### **Theme 1: Routine & Structure**

In this theme, participants spoke about the importance of routine and structure in their experiences of the meditation and gratitude diary intervention. Here, four main sub-themes emerged (see also Figure 4.2): routine as both a possibility and a limitation in growth, value in choosing type of meditation practice, intervention length as a realistic practice template, and the time as a “peaceful little pocket”.



**Figure 4.2: Sub-Themes of Routine & Structure Theme**



***Sub-Theme 1: Routine as both a Possibility and a Limitation in Growth***

With the first theme, the dichotomous perspectives of routine emerged. Participants spoke about the routine in positive terms for both the meditation and gratitude diary portions and for the intervention as a whole. Language revolved around how repetition and routine allowed for a more valuable and deepened practice, a “ritual”. One participant said that “I just love the fact that it was a non-negotiable and that it perhaps should be something that um, might be better to make a priority in life rather than slotting it in, um, with my day so I really appreciated that and the routine and I think as the weeks went on I began to feel like I was getting more out of the practice itself, the actual ten minutes of meditation”. The routine gratitude journalling was connected with “pausing” and “focusing” and to allowed participants to dwell on what they were grateful for and to consider new items to be grateful for. One participant connected the routine

with developing a more “salient” sense of gratitude. Another found that the routine “makes you a bit more aware of trying to frame things” in a grateful way.

The routine of the intervention was referred to as an anchor and a space for self in the busy day: “I was very glad I joined because just like today I like tend to like rush in to the um clinic uh because um I go to [neighborhood] from uh/ [neighborhood] so it’s a long way so like I had to wake up like five o’clock in the morning and then (slight sigh) mm yeah five thirty maybe, then yeah if I just go straight to uh the clinic I will be more like agitated but I always had uh y’know the time to calm myself down”.

Interestingly, a few participants spoke about the value of the routine of the 10-minutes of meditation followed by the 5-minutes of gratitude journalling. One found it “easier to pick up on some of the smaller things that /might / not have been noted if I’d just done this another point in my day”.

On the flip side, the routine served as a limitation to the intervention. A participant named journalling as “redundant” by a participant who listed the same people weekly. That said, the same participant noted an increase in awareness of the importance of these relationships.

Finally, a number of participants commented on the desire for more formal training (e.g. on the history of mindfulness) or private training just for participants. For the required 1-hour training, some participants attended group training with the general public at a professional yoga studio (considered “not really tailored” and perhaps evoking feelings of stress and insecurity with having to do a “unique” training type with strangers), and others, due to time constraints, received private training. The optional additional training that the participants could have attended during the study was considered “extremely inconveniently timed” for some.

### ***Sub-Theme 2: Value in Choosing Type of Meditation Practice***

As described in the Methods section, participants were taught in three different types of mindfulness meditation practices and invited to choose one for the duration of the study.

Participants identified an overall preference for the breath awareness intervention. Mention was made of its body focus, its ease, simplicity, and “helpfulness”. One participant was “surprised” that it was “effective”. Participants spoke about teaching breath awareness to their clients, viewing the practice as a “useful little tool”. This trend affirms the value and benefit that the participants experienced in the practice.

Value in having choice over the practice type was identified: “I think that was helpful was they sort of gave us different options...to figure out what works best for ourselves”. A participant spoke of greater awareness in clients’ own preferences in this regard: “the imagery and those kinds of things ... they’re useless for me...so, and I know that’s true with clients too, right?”

### ***Sub-Theme 3: Intervention Length as a Realistic Practice Template***

The intervention structure of 10-minutes mindfulness meditation and 5-minutes gratitude journaling provided participants a realistic template of continuing these practices in life outside of the study. Participants talked about practicing informal mindfulness meditation on their own time, speaking to its portability, flexibility, and effectiveness as a self-care tool:

Sometimes it would literally be two minutes. And it was lot more, like, um, just walking down the street, or being somewhere out in public... ..and just doing like, a few moments of scan of like, noticing the sounds around me, noticing the sensations in my body, noticing my breathing, noticing what I’m feeling... a lot more moments of paying attention...And [it] makes me feel good.

Participants spoke about continuing meditation post study completion. Reference was made to a stereotyped version of what meditation practice “should” look like - i.e. “meditating for an hour a day”- and participants felt it was unrealistic, not practical, and it was “just...not going to happen”. Instead, they affirmed the intervention length “was appealing” as a starting-point, made a difference in their lives, and that wanted to continue its practice. “I love, I love knowing that I can take, even, five minutes... which is something that’s so much more manageable for me...it makes a difference in how calm I’m feeling and how [I’m] able to be present...it was just a really good practice”. Another participant talked about how she “stood outside for about three minutes...and I just did the breathing...cause I was getting really overwhelmed...and I don’t know if I would have thought to do that before”.

Participants talked about continuing practice as an act of “congruence”, or “walking the walk” in relation to using meditation as a counselling intervention with clients: “I also think that it will be helpful for me when I’m dealing with clients, because I can speak from my own...experience if I need to”. As well, the self-care component was tied in with continuing to practice: “if I have a challenging session with a client or something’s going on in my personal life, to know that I can take those five minutes and it makes such a qualitative shift in how I’m feeling”.

Gratitude journalling was another aspect of the intervention that participants spoke about continuing after the study. One participant wanted to tie a personal practice in with meditation, similar to how the intervention was structured. Another spoke about wanting to start and maintain a personal gratitude diary, particularly before seeing clients. A few participants wanted to use the diary as a counselling intervention with clients, particularly with those that “focus on negativities too much and then you know...forget about the good side of their lives”.

#### ***Sub-Theme 4: “A Peaceful Little Pocket of Time”***

Time had both linear and non-linear qualities for participants. One summed up the experience as a “peaceful little pocket of time”, another as a “time to collect myself”. Meditation allowed one participant to “feel the time”. For another, gratitude journalling was an opportunity for “slowing down, and being like, wait a second, what I have here is okay...what is going on is okay...” This language contrasted with the more stressed language such as “rush”, “adrenaline-running mode”, the “long journey and the early start”, and the “craziness of clinic”. Notably, participating and performing well in clinic were on the forefront of the participants’ pressures.

Initially, these time pressures seemed to “bleed” into the intervention time but this stopped or reduced over time. “I think the first couple weeks I was making mental shopping list furiously for, for the ten minutes and just figuring out my whole day...like ‘OK this is my time: go!...but then that really shifted as time went on”.

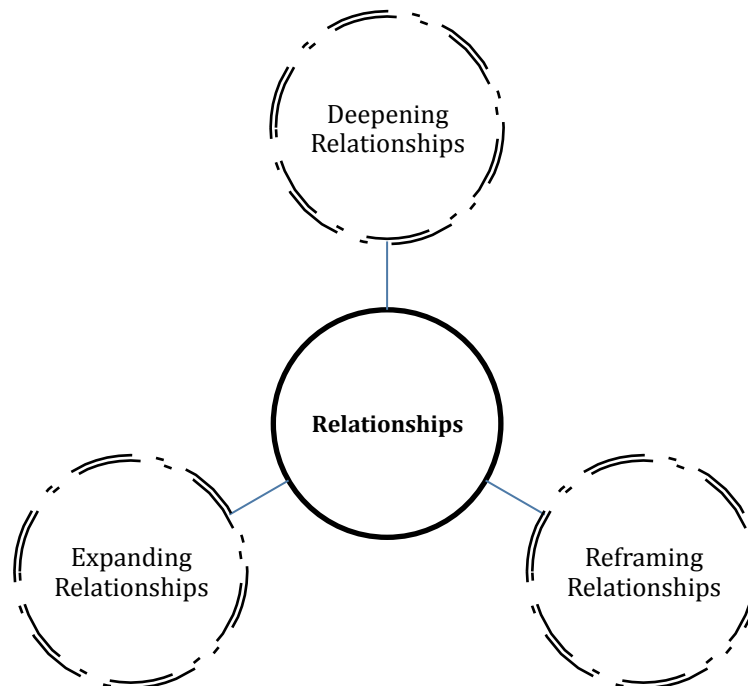
Participants desired more time for completing the diary, finding the 5-minute time “limited” and “artificial”. One noted: “I found myself, I was always still writing when, when time was running out”. Responses given were seen to be less thoughtful and more forced because of the time constraints. For the meditation portion, the 10-minute intervention time was viewed as effective: “just realizing what a difference just ten minutes could make to that whole process, just to almost short circuit the, the y’know the busy mind that’s working overtime and just call a halt”. Participants talked about the effectiveness of practice growing over time: “I think at the beginning I didn’t really feel that but then as the weeks went on it was almost an accumulative process and by the end I was so excited to get there and just hear the bell...be like ahh...it’s amazing”.

The private home that the majority of the participants practiced in was named. The space was viewed, overall, to enhance the practice: “you realize it’s like, you here, you know, you here now...and you’re surrounded by this beautiful team, that we have an amazing place to do meditation...so it just, just felt like a really good experience”.

### ***Theme 2: Relationships***

For participants, relationships with the cohort, family, and friends were considered the most significant and important feature of their lives. Three key sub-themes were noted: (1) Expanding relationships, (2) Reframing relationships, and (3) Deepening relationships. Please see Figure 4.3.

**Figure 4.3: Sub-Themes of the Relationship Theme**



#### ***Sub-Theme 1: Expanding Relationships***

Participants spoke about expanding and “broadening sense of community” with other people and the world, both through the mindfulness meditation and gratitude journaling experiences. An appreciation of a greater “spectrum of things” was developed. This included

things that were considered previously difficult or challenging such as “clinical training...even if it’s a little bit stressful and anxiety provoking”. For some participants this was a powerful experience: “every week something...new would come in”, realizing the number of things to be grateful for, “even more than I could even put into words”, or feeling “more eager to talk about the beautiful things that I have”.

Interestingly, relationships with others took on additional qualities. One example is an increased sense of responsibility: “it doesn’t feel like a load or something heavy at all...it just feel like, uh, because I’m grateful I would like to do something more about this”. For another, noticing her husband’s “emotional support or practical support” or with parents “appreciating their presence.”

### ***Sub-Theme 2: Reframing Relationships***

Relationships were reframed to a higher perceived value for participants. A number of participants expressed surprise, interest, and gratefulness that most gratitude diary entries consisted of their relationships with people. For example, a participant, when discussing experiences related to the journalling reflected, “it just did surprise me looking back...the importance of relationships, ‘cause most of them were relationship orientated”.

Participants’ relationships with the world were reframed as well to have more value, to be more “positive”, starting from a more neutral worldview: “I guess I was grateful for but I just hadn’t taken enough time to notice. Things like the, the sunny day outside”. This also was seen through the experience of mindfulness meditation, to be able to “look forward to...whatever was waiting for me for the day”. Evidence was found for reframing from the starting point of difficult situation or a “negative mood”; one participant talked about “focusing on... that I was grateful for the support of someone. So, reframing...um, sort of ups and downs”.

Relationships were also reframed with self. For example, in reference to the journaling: “I’m getting more awareness... I used to have probably more tendency to...be ... precautionous or preventative... I need to do these things that bother me...so, and I didn’t recognize it what things I already did, or got, or had.”

### ***Sub-Theme 3: Deepening Relationships***

Participants also spoke about how relationships with others were deepened and “connected”. Particularly noticed for cohort relationships, they were extensively talked about and often in relation to participants in the same intervention group. Language such as “connecting to my group on a different level”, “grounding and arriving with those people who I would be spending my day with”, and referring to the intervention group as “cohesi(ve)”, “more bonded”, “enriched”, and having a “very good synergy” highlighted this important theme.

The deepening was also noticed outside of the intervention group. For example, one participant reflected, “relationships with a lot of different people were changing...and enriching and I was...becoming more and more part of the group...who were, who have been a wonderful support”.

### **Theme 3: Mindfulness Attitudes**

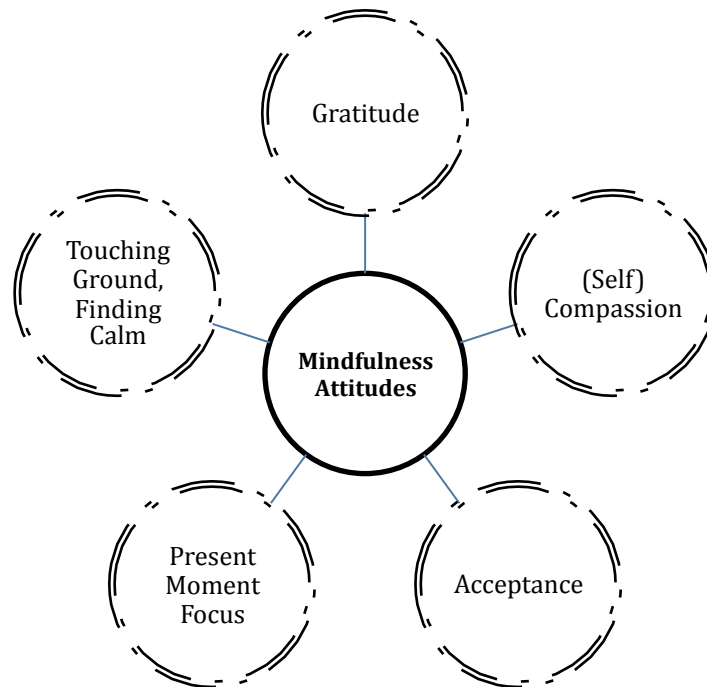
The Japanese character for mindfulness inspired this theme; the two characters of heart and mind together form the mindfulness character, suggestive of a “mind-body” or a holistic connection. This character itself inspired the Western theoretical framework of the attitudes of mindfulness (Kabat-Zinn, 1990; Shapiro & Schwartz, 2000; Shapiro et al., 1998). Inspiration also emerged from McCullough (2002), a social psychology researcher in gratitude, who named that gratitude requires a “mindful attentiveness” (p. 303). This suggests a natural link between



gratitude and mindfulness, both in the “mind” quality of attention and present moment thinking, but also more broadly in attaching the experience of gratitude to other mindfulness qualities.

Seven sub-themes emerged: (1) Present moment focus, (2) Gratitude, (3) Touching ground, finding calm, (4) Acceptance, and (5) (Self) Compassion. Please see Figure 4.4.

**Figure 4.4: Sub-Themes of the Mindfulness Attitudes Theme**



***Sub-Theme 1: Present Moment Focus***

Present moment focus was frequently mentioned by participants as a key experience of the mindfulness meditation. For example, one participant understood the essence of meditation to “be present...focus on the breath...just try... to experience it”. For another, it was about “getting focused”. Other participants focused on the actual practice when describing this quality; for example, the breath practice “made me a lot more present...quite quickly I think”. The meditation experience was linked with an increased self-awareness and the opportunity to nurture a relationship with self. It created “the possibility to be with myself...being in the present, being in the moment...being with myself”. It was also connected with “relaxing”.

With gratitude, returning first to the literature, Emmons (2010) noted that gratitude needs to be experienced in the present moment. This was affirmed in the results. Gratitude journaling made a participant feel “powerful...to keep [gratitude] in mind” and others feel “calm...joyful...just thinking about all of the people that surrounds me...it brought them into the present”. This quote also hints at the emerged paradox with gratitude: being aware of what one was grateful for in the present requires a recall of past experiences. The gratitude diary experience “makes me think back on the week and think about the little events or moments” and is a “reminder that...there is, uh, really a lot of things to be...grateful for”. It provided “time to pause and reflect on how my week had been”. The reflecting process was referred to as “challenging” and “hard” but it became “easier” over time for many participants; this result is also discussed in other themes.

Some participants talked about how the reflection process as part of the journaling created “joy”, “gratitude”, and acted as a safeguard. One participant referred to it as a “mental cushion” - supporting tentative research within gratitude (Nelson, 2009):

I think it's very um there's something very protective about realising every thing that you have around you, especially in those moments where you feel really lonely or you're stressed out or something's happened that sort of disrupts your y'know your day to day uh ins and outs and it, it's lovely to have it's almost like a kind of th-these cushions like mental cushions almost that you know 'Oh this happened and I have this and I have that' and it just, it's just a lovely warm feeling I think.

Participants referred to the intervention experience in terms of present moment focus, finding it valuable, “meaningful”, and “more aware of the importance of being present”. The link between mindfulness and gratitude was discussed in this context. For example, a participant saw

that meditation “helps me be very present in the moment. And, in that sense, I think being present in the moment...allow(s) me to...have gratitude”.

### ***Sub-Theme 2: Gratitude***

The participants talked about gratitude in relation to the diary process and to the intervention as a whole, naming an increase in gratefulness during the course of the intervention. This is not a surprising discovery: regular gratitude journalling is connected with increased gratitude (Emmons & Shelton, 2002).

Given this increase, a number of interesting details stand out. One is the self-reflection on perceived gratitude levels. One participant talked about that “there’s definitely room for me to feel more grateful in my everyday life”. Another reported a minimal increase in gratefulness in the study “because I already went through process of self analysis and understanding where I am in my life and what I have and what I value”. A number of participants evaluated themselves as “grateful” or “fairly grateful”.

The immediacy, defined structure, and the visual nature of the diary format appeared to enhance and deepen gratitude. They found that the diary made the gratitude experience “more visual, more “real” and “direct”. A number of participants talked about increases in gratitude based on lines completed in the journal. For example: “I thought... I have so many things to be grateful for but I remembered the first, first time...I couldn’t fill like uh all sections... may ten sections ...and then at the end I thought...what else can I be grateful for?...after I did it like every week... I can easily y’know fill in what to be grateful for”.

Participants talked about how the diary invited “specificity” to the gratitude experience through the inclusion of the elements, in particular the “What am I Grateful For” and the “Associated People” columns. One participant found that the column “Rate Intensity of

Gratitude Experienced” may be useful for people who are “changing” their gratitude level and want to monitor it.

The structure also proved to be a kind of “emotional thermometer” for some participants; when stress was higher, the ability to list items grateful for became more difficult: “it was really great at the beginning and then I found as the semester got really stressful and really intense for me I found it more difficult to come up with things on the list.” Another noticed that “if my mood was more elevated, um, it was more easy to sort of, tap into...those feelings of gratitude toward those experiences, but if my moods was, you know, more negative or anxiety place, it was more challenging to, to pull up those...things that I was, I’m grateful about, ‘cause I wasn’t feeling it”.

A number of participants commented on the limitations of the gratitude diary. The structure was viewed as “boxy”, “hard”, and “scientific” and expressed difficulty with using a Likert-type scale to rank the intensity of gratitude for each item. A few participants talked about the range of scaling as too narrow; one participant, for example, wished for a “broader scale or something a little bit more abstract or subjective...even something like some kind of spectrum, y’know from zero to a hundred”. Another noted that the ranking forced a participant into the “mood of thinking”.

Another interesting trend noticed with the increased gratitude was noticing it increase both after a single intervention and as a whole. Participants noted feeling grateful after just writing in the gratitude diary; participants also talked about gratitude increasing over time. For example, for the latter, one noted that the “level of gratitude...increased in general because I was reminded of what to be grateful for”. A “spill-over” effect into daily life began to occur with gratitude: “I found myself actually thinking about it at other times during the week too...or, you

know, that's what I put down, or really recognizing that there is so much good going on." This could be related to both the trait and state levels of gratitude; for the former, people experience gratitude multiple times per day and across a greater span of activities. For the latter, this is brief, intense, episodic experience of gratitude (Rash et al., 2011).

Again, not surprisingly perhaps, participants reported feeling grateful for learning how to meditate, finding it a "tool". "It was a good reminder of a skill that I have, that's there, that's, that helped me tap into the resources I have and feel...resourced and feel grateful".

### ***Sub-Theme 3: Touching Ground, Finding Calm***

Participants spoke extensively about a reduction of anxiety during the course of the intervention because of the intervention and increased comfort with their clinic participation and routine.

I think the, the clinic experience in itself is, is a great example of the way that waking up in the morning and feeling quite, quite stressed about the day ahead and having anxiety... just realizing what a difference just ten minutes could make to that whole process, just to almost short circuit the, the y'know the busy mind that's working overtime and just call a halt...I think as well as the weeks went by not only was I noticing...an anxiety in reduction at clinic but also as we had more and more meditations and we got into that routine it became so much more valuable for me.

Participants, in the initial stages of the intervention, talked about tension within themselves, often with a sense of movement: e.g. "lot of internal resistance...a tug of war", anxiety "bubbling up", "resisting the calming", "blood boiling", and "battling myself". They described their mood as "stressed" and experiencing "a little bit of frustration".

After some time (one said “a few weeks”), a “softening around the edges of tension” began to occur and a settling into the practice, a “relax(ing) into the process”. Gratitude journaling was found to “set my mental state into a better position”, create “calm”, “situate my anxiety”, and act as a buffer against loneliness or stress even later in the day. Meditation helped “calm”, “relax”, “quiet”, “ground”, “rest” and helped “get hold of my anxiety before it started to spiral” and to “let go easier”.

#### ***Sub-Theme 4: Acceptance***

Both the mindfulness meditation and journaling was connected to acceptance for participants. They were also reminded, as a whole, of the “importance of...accepting the things as they are and then kind of uh appreciate the moment right now instead of like worrying about the future or past”.

For the former, meditation was named as a practice of studying and accepting thoughts, emotions, and sensations without trying to change them. Meditation was referred to a practice “to get to know self better”, “to kind of sit with myself ...just listen to my body a little bit more” and to “listen to thoughts and be aware that they are there”. Increased self-awareness and focus was reported through this practice. Participants referred to an increased awareness of “thoughts”, “self-talk”, and “body and mood”. They discussed internal experiences such as thoughts of “wandering mind”, “dreams”, “random thoughts”, “upcoming clinic”, “day-dreaming”, and creating to-do lists. Emotions were also discussed; this is addressed in another theme.

Difficulty in “watching thoughts” with “mind going everywhere” was named by a number of participants; this is considered a common barrier for new meditators. Participants expressed that it was “hard to be non-judgmental”. They discussed more difficulty with focus at

the beginning of the intervention (“not in the window of tolerance in the beginning to sit quietly”).

Journalling allowed participants to be more accepting of their life now and of experiences that were previously considered less valuable. For example, a participant has become “more mindful...I think, our society doesn’t necessarily always, put those kind of things in the forefront... ..it’s always like, what do you need to do to get ahead? Or, what are you thinking for the future?...you know, success...and, and gain, and that sort of thing. And, so, slowing down, and being like, wait a second, what I have here is okay...what is going on is okay”. Another found journalling “was a really effective way for me to just kind of situate that anxiety in the overall picture of my life”.

#### ***Sub-Theme 5: (Self) Compassion***

Self-compassion is constructed using Neff’s (2003b) definition, which situates itself in Buddhist philosophy:

Being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s own experience is part of the common human experience (p. 224).

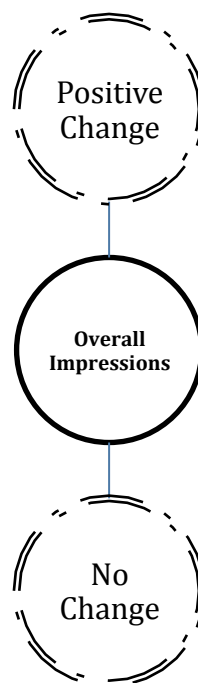
Examples of self-compassion were seen in the participants’ interviews, viewing self with more holism and kindness in the context of mindfulness. For example, one participant talked about how “I started appreciating myself...like even like uh my flaws and shortcomings are like helping me to be more compassionate...I became kind of more holistic I guess”. Others talked about “being kind to my thoughts”, “more compassionate with myself”, and reducing “pressure”.

Viewing partners and loved ones more “holistically” and with appreciation was also observed. “I noticed like even when I had a, a little argument with my husband like I felt like I could still be appreciate, appreciating his presence yeah so that was beautiful”. This extended to clients as well- helping a participant be more “more compassionate or like be patient with uh clients...a kind of mindfulness”.

#### **Theme 4: Overall Impressions**

In the final theme, participants discussed their overall impressions of the intervention; sub-themes of (1) Positive change, and (2) Neutral change were found. Please see Figure 4.5.

**Figure 4.5: Sub-Themes of the Overall Impressions Theme**



##### ***Sub-Theme 1: Positive Change***

Most of the participants spoke with strongly positive language on the positive changes they experienced from the intervention. For example, referring to the practice as “a really positive experience”, a “very calming process”, and “surprised on how helpful it was”.



For the meditation, it provided a new “tool”, was “very calming” and that “everything worked” about it. For some participants, the gratitude journal was “significant”, that it “made me happy”, and the “favorite part”.

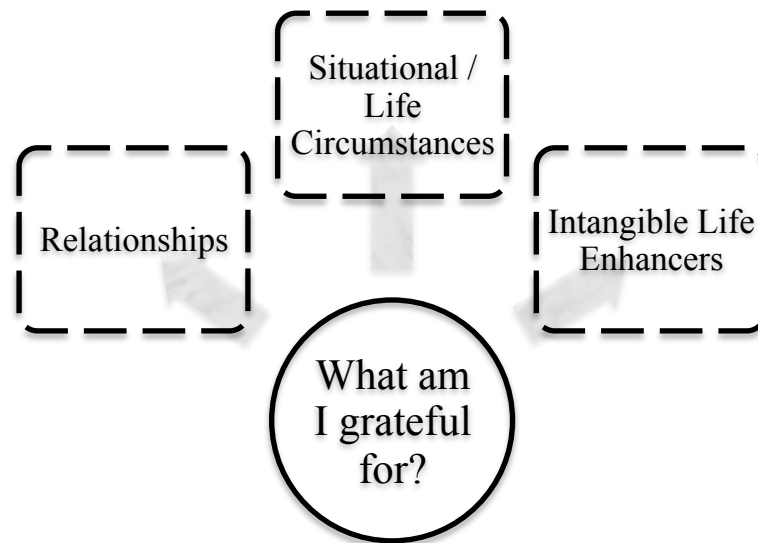
### ***Sub-Theme 2: No Change***

In this theme, some participants referred to the intervention in neutral or positive terms and noted that minimal or no changes occurred for them. For meditation, one participant did not experience any “huge shift”. Some participants reported no changes in gratefulness; one reported that previous knowledge of the topic “confounded” the results: “I know that it’s supposed to increase your self-compassion ‘cause I read research on it before... I knew kind of what it was supposed to be doing...I didn’t necessarily find it as helpful for me I guess”.

### **Gratitude Diary**

Analysis of the question “What am I grateful for?” resulted in 44 categories ranging from work as a counsellor to nature to food. These categories were collapsed into more generalized categories, resulting in a decrease to 28 categories. From here, three major themes emerged: Relationships, Situational / Life Circumstances, and Ineffable Life Enhancers. Please see Figure 4.6.

**Figure 4.6: Gratitude Diary Themes**



### **Theme 1: Relationships**

The most frequently represented category was relationships, making up 59.8% of the entries. Please see Table 4.1. Notably, these categories were the most nuanced and complexly represented, both in the types of relationships and the exchanges within the relationships.

Relationships were divided into 6 main types: friends, family, partner, teachers, colleagues, and acquaintances. In order from highest to lowest: friends (18.2%), family (15.4%), partner (9.4%), colleagues (6.6%), professors and supervisors (4.5%), self (4.0%), acquaintances and strangers (2.1%), and counselling clients (1.8%).

The categories of self and counselling clients' categories had no sub-categories. Within the former, gratitude expressions included for skills learned and virtues developed (e.g. "wisdom"). Other aspects named were "my body" and "flaws".

Within the remaining categories on relationships, four sub-categories were created to define the relationship exchanges further: "general thanks", "giving a gift", "receiving a gift", and "positive interaction with". For example, in the "family" category, the "general thanks" sub-

category was defined as a generalized family category (here, often participants would write “family” in response to the question of “What am I grateful for?”); the “giving a gift” sub-category was giving a gift to a family member (e.g. provide the service of listening); the “receiving a gift” sub-category was receiving a gift from a family member (e.g. receiving a coat); and the “positive interaction with” sub-category was a positive interaction with a family member (e.g. memorable family dinner).

**Table 4.1.: Categories and Frequency of Response (Relationship Theme)**

<b>What am I Grateful for?</b>	<b>Frequency</b>
Friend	18.2%
Family	15.4%
Partner	9.1%
Colleagues	6.6%
Professor / Supervisor	4.5%
Self	4.0%
Other People	2.1%
Client	1.8%

## **Theme 2: Situational / Life Circumstances**

The second largest theme found was for situational / life circumstances (21.5% of total responses). Please see Table 4.2.

**Table 4.2.: Categories and Frequency of Response (Situational / Life Circumstances Theme)**

<b>What am I Grateful for?</b>	<b>Frequency</b>
Schedule	4.6%
Education / Learning	3.1%
Hobby / Activity	2.6%
Life in General	2.3%
Chances / Opportunities	2.1%
Home	2.1%
Food	1.0%
Pet	1.0%
Place	0.7%
Work as Counsellor, etc.	0.7%
Event	0.5%
Money	0.3%
Item Owned	0.3%

### **Theme 3: Ineffable Life Enhancers**

The third largest theme found was for ineffable life enhancers (16.9%). Please see Table 4.3.

**Table 4.3.: Categories and Frequency of Response (Ineffable Life Enhancers Theme)**

<b>What am I Grateful for?</b>	<b>Frequency</b>
Nature	6.0%
Health of Self and / or Others	4.5%
Spiritual Practice	3.1%
Meditation Intervention	2.0%
Positive Emotion / Experience	0.8%
Present Moment	0.3%
Living in Safety	0.2%

## **Chapter 5: Discussion**

This final section summarizes the study's key findings and reviews it in the broader context of existing literature on mindfulness meditation and gratitude and on self-care and education. Suggestions for future research and limitations of this study are also discussed.

### **Key Findings**

This study used a qualitative design to explore the experience of 9 participants' in an intervention of mindfulness meditation and gratitude journalling. The design was intended to introduce participants to meditation and journalling practices, to provide self-care tools, and to explore the relationship between the constructs of mindfulness and gratitude. For the latter, this study examined the second order question of "how" and "what" related to mindfulness research (Shapiro et al., 2006). The research questions are:

1. What is the experience of mindfulness meditation and gratitude diary intervention for counselling psychology students?
2. Can gratitude be cultivated through mindfulness similarly to the cultivation of loving-kindness in metta-meditation?
3. Is there a connection between gratitude and mindfulness?

### ***Interviews***

Using Thematic Analysis, four major themes emerged the interview question: Can you describe your overall experience of doing the 15-minute meditation and gratitude journal before clinic this semester? The first theme named the importance of routine and structure in the participants' experience; the four sub-themes were (1) Routine as a both a possibility and a limitation in growth, (2) Value in choosing own meditation practice, (3) Intervention length as a realistic practice template, and (4) "A peaceful little pocket of time".

Here, participants spoke about the significance of the regular practice in their lives. The vast majority of participants appreciated the routine (some even referred to it as a “ritual”) and experienced a deepened practice as a result of it. A sense that the intervention provided an anchor and a space for self was also found. The intervention provided a “peaceful little pocket of time” where time was experienced as slower and more deliberate. Participants wished for additional formal training, perhaps on the history of mindfulness or continued practice with all three mindfulness meditation approaches.

The length of the meditation was considered a realistic template for “real-life” practice. This is an interesting finding given the emerging tradition within mindfulness research to have longer mindfulness practices (e.g. Christopher et al., 2011). Participants spoke about successfully utilizing informal mindfulness practices such as a “2-minute” mindful check-in while feeling stressed and expressed a sense of empowerment and benefit with their practice or referring to the practice as a “tool”. These results suggest that a 10-minute mindfulness practice can be effective in developing mindfulness; however, additional research is needed to substantiate this.

Participants requested additional time to complete their gratitude journals, expressing feeling rushed or pushed to document their experiences quickly. Looking at the frequency of reporting, participants did not experience a significant increase in number of entries over the term. Perhaps with a longer time to complete the diary, these results would be different. That said, expressions of increased gratitude through the intervention were noted.

In the second theme, Relationships, the sub-themes identified were (1) Expanding relationships, (2) Reframing relationships, and (3) Deepening relationships. Here, participants spoke about relationships, primarily human relationships, increasing on the named dimensions.

Mindfulness is found to enhance interpersonal skills (Chambers et al., 2011; Walsh & Shapiro, 2006). Gratitude is inherently linked with relationships (Algoe et al., 2008).

Participants found more things to be grateful for during the course of the intervention, a greater “spectrum of things”; at times, participants reported surprise or increased gratitude with this awareness. Experiences re-framing relationships, both human and non, that were previously viewed as “negative” or “neutral” were re-framed to an item to be grateful for. The word “reframe” was used a number of times by the participants to describe this transition. Also, participants spoke about deepening and strengthening existing relationships. This was particularly focused on cohort members also in attendance at the intervention; by sharing in this silent experience, participants expressed an increased bond with each other.

The third theme was Mindfulness Attitudes which had the 5 themes of (1) Present moment focus, (2) Gratitude, (3) Touching ground, finding calm, (4) Acceptance, and (5) (Self) Compassion. In this theme, the link between gratitude and mindfulness gained further support. Present moment focus was a regularly named quality of both the diary and the meditation practices and considered essential in the cultivation. This is not a surprising finding: both mindfulness and gratitude require present-moment thinking (Emmons, 2010; Kabat-Zinn, 2005). Participants reported increased gratitude through the diary intervention, including reporting gratitude for the intervention itself. It is unclear whether the meditation practice promoted gratitude or not; theoretically, this result may be possible with the proposed relationship between gratitude and mindfulness (Shapiro et al., 1998). Again, this result is not surprising given the literature. Chambers et al. (2011) studied the impacts of a twice-weekly mindfulness and contemplative practices class (150-minutes total weekly) on graduate counselling psychology students. A number of their findings are affirmed within this theme, namely: increased

compassion and acceptance towards self, increased sense of calm, decreased judgment with self, and increased dis-identification from thoughts.

A significant benefit reported in of both practices was the increased calm named in sub-theme 3. Here, participants named a qualitative shift in their mood over the course of the intervention. This finding aligns with existing research reporting students managing stress and distress more effectively with mindfulness practices (e.g. Shapiro et al., 2011). Gratitude is strongly connected with increased rates of well-being and healthy social functioning and has negative correlations with anxiety, negative affectivity, and depression (e.g. Emmons, 2011).

Acceptance of current life circumstances and of self was reported, including participants reporting a neutral attitude towards their thoughts. This sub-theme has links with the (self) compassion sub-theme where increased care and love were reported for both self and others. This finding is important in the context of counselling student training: the common factors influencing the therapeutic relationship - including the personal skills of the therapist, attitudes, and interpersonal skills such as warmth, acceptance, and empathy - have the highest impact on client outcome than any technique or method (Lambert & Simon, 2008).

In the final theme, Overall Impressions, the majority of participants expressed positive reactions to the intervention. A minority of participants expressed minimal or no changes in self.

### ***Gratitude Diaries***

In analyzing the gratitude diaries, three themes emerged: Relationships, Situational / Life Circumstances, and Ineffable Life Enhancers. In order, these themes represented the relative frequency of reporting; the relationships theme was the most significant. This result is not surprising given the nature of gratitude. Within this theme, a complex sharing relationship was shown with both specific groupings of individuals and interaction types named. The most



frequently reported relationship was with friends (and gifts received from them) with family and spousal relationships following. Reviewing this frequency, it appears inconclusive to draw conclusions from it given a number of factors: (1) Number of participants, (2) Immediate circumstances of the intervention (i.e. most participants completed the journals with cohort members present), and (3) Blurred divisions between family and spousal relationships and friend and cohort relationships. One interesting finding was gratitude for self. Perhaps this is a mindfulness spillover effect as related constructs are connected with the construct of mindfulness?

For the Situational / Life Circumstances theme, the most frequently cited items related to the predominant experience of students, that is, being a full-time student. Participants wrote about gratitude towards having the opportunity to learn, being a student, and having a more flexible schedule for other life commitments. The final theme, Ineffable Life Enhancers, predominately focused on gratitude towards spiritual and religious practices, towards the intervention (which some participants may argue is a spiritual practice from the interview questions), and health of self and of others.

### **Limitations**

The study had several limitations to consider when planning future research. Firstly, the dual-relationships between the author and the participants may have reduced the reliability of the data. As named in the Methods section, many practices were implemented to protect both the participants, including hiring team members to create an “arms-length” distance during the data collection and initial analysis process (e.g. conducting interviews, transcribing, removing identifying information) and creating unique, non-identifying codes for all participants that were kept separately from the identification information. Despite this, willingness to fully participate

in the intervention and the interviews may have been compromised with concerns of confidentiality and anonymity protection, reducing the richness and authenticity of the data. Karnieli-Miller, Strier, and Pessach (2009) discussed the difficulties of qualitative research generally in creating equal participation. This includes areas such participant recruitment, data collection, data analysis, and validation. The issue of dual-relationships may have added an additional challenge in this regard (Haverkamp, 2005).

Related to this, the data richness may have been compromised in hiring team members to both interview and transcribe. Participating in these activities are considered part of the “heart” of qualitative research, contributing to the data depth (e.g. Braun & Clarke, 2006; Streubert-Speziale & Carpenter, 2007). To minimize this limitation, we hired members familiar with mindfulness and the roles to participate in, trained the members using multiple methods (e.g. face-to-face discussion, in writing, and using audios of previously recorded interviews), provided protocol, and invited them to journal their experiences for added reflexivity.

Another issue relates to the construct of mindfulness. Black (2009) puts this challenge succinctly: “we need to remember that mindfulness science remains in its adolescence and there is much more unknown than known about the concept of mindfulness” (p. 2). This includes being “largely unclear how much of these reported effects reflect uncontrolled nonspecific factors, how meditation compares with other self-regulation strategies, or how different meditations compare with one another” (Walsh & Shapiro, 2006, p. 231). Shapiro and Carlson (2009) noted the lack of “relatively few stringently designed clinical trials” (p. 67); another issue is an over-focus on self-reporting and short-term follow-up (Walsh & Shapiro, 2006). This study did not address many of these issues named. One additional noted issue is the offering of multiple mindfulness meditation techniques. Although participants identified clearly the

importance of the ability to self-select one of three mindfulness meditations (and thus perhaps resulted in improved compliance with the study), the impact of this is unclear. It may serve as a potential moderator in the study's results; this adds to other moderators such as having conscious knowledge of the role of mindfulness and well-being and personal motivation, an effortful purpose, or "will" to achieve that purpose. Similar moderation links have been found in happiness research (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Seligman et al., 2005). This may be an area of future study.

Addressing the question of the relationship between mindfulness and gratitude was another limitation. Because of the exploratory nature of the study in addition to the design, the relationship between the two is tentatively made. Design changes to more clearly parse out the relationship are recommended in future study.

Another limitation is that all participants are students; academic semesters have periods of higher and lower stress (e.g. exams and papers). At the beginning of the terms, stress is lower and at the end stress is likely higher. This creates systematic variance and thus error. Tied in with this, the participants were chosen purposefully; to address this issue, an alternative is proposed-study replication (Kratochwill & Levin, 2010). Another limitation arises from the type of student that participated: counsellor trainees. The school curriculum encourages if not demands the development of insight and awareness for both self and the other; these very qualities may lend themselves to increased adherence and skill in mindfulness when compared to other populations. Furthermore, the cohort studied was an unusually cohesive and bonded group and was noted by other faculty and students as unique in this regard. This dynamic may support increased adherence to the intervention and the positive benefits received, proving as another limitation.

## **Future Directions**

This research adds to a growing body of research on mindfulness using health care student populations and is the first known study that conducted an intervention using mindfulness meditation and gratitude. Research in mindfulness is considered in its “infancy”, however, “mindfulness-based interventions are here to stay” (Gockel, 2010, p. 251). As a result, the first recommendation is to continue study in the area of gratitude and mindfulness, looking more closely at the areas of similarity. For example, conducting an intervention with mindfulness meditation and gratitude journaling compared to an intervention on gratitude journaling. Examining gender and cultural roles within mindfulness is another proposed area of research; due to small N in this study, this topic was not possible.

Nelson (2009) argued for starting gratitude research within counselling psychology to further explore its potential to enhance well-being directly, as a casual agent, and indirectly as a buffer against negative emotions. This study represents one of the first steps forward in this regard. Future research is recommended to expand gratitude interventions. Areas of further exploration include studying gratitude journaling, examining the efficacy of other gratitude interventions such writing letters or thinking about gratitude (e.g. Watkins et al., 2003), testing broader scaling, and studying how to improve adherence to gratitude practices. Starting populations may include counselling trainees, their clients, and novice therapists - perhaps the most vulnerable groups in terms of self-care practices.

Another area of further research is with education and implementation of mindfulness into core curriculum for counselling psychology students. Gockel (2010) asserted that “mindfulness training not only prepares students to implement these new models, but also has the potential to significantly enhance current clinical methods” (p. 252). Adding and evaluating

mindfulness practices into the curriculum in the University of British Columbia's Counselling Psychology program is a natural step forward. Similarly to Chambers et al. (2011), preparing and researching the impacts of a course that encompasses both mindfulness and contemplative practices to enhance self-care may be start. Class and study participants should (eventually) include other health-care professions including medicine, social work, and nursing; Streubert-Speziale & Carpenter (2007) named a critical ethical consideration of having research contribute to the participants and to the greater good of society. The inclusion of a class on self-care, considering the myriad of psychological, cognitive, and workplace issues associated with health-care professions, aligns with this principle.

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## Appendices

### A: Recruitment Advertisement

Good evening...!

As many of you know, Dr. James heads an exciting mindfulness study to evaluate the effectiveness of incorporating mindfulness training into counsellor training. The time has come to start our recruitment for this year and we need you folks to make it happen!

**NOTE: ELIGIBLE PARTICIPANTS ARE ONLY MASTERS STUDENTS REGISTERED FOR CNPS 588 (CLINIC) STARTING SEPTEMBER 2011**

Here's what it's about:

**Purpose of the study:** Mindfulness is a growing area of interest in psychotherapy. The purpose of this study is to evaluate the connection between mindfulness for counselling trainees [AND] their clinical training (CNPS 588/Clinic). The training program may include either a brief practice (15 minutes) before each day of clinic for one semester [AND/OR] the collection of self-report measures and qualitative data.

**Your commitment will be discussed with the researchers and may include...**

**==This commitment runs from September - December, 2011==**

Attending a free meditation training session on Sunday, August 28 OR Sunday, September 4 from 7:30-8:30pm at the City Studio at Semperviva Yoga (#100-1985 West Broadway). Five additional training sessions will be provided at the same time each Sunday night until October 9. Ongoing attendance in these additional sessions is strongly encouraged, but not mandatory.

Weekly mindfulness practice (15 minutes). This will require you to arrive to a location within 5 minutes of the clinic 30 minutes prior to your clinic start (i.e. 8:30am OR 2:30pm)

Completing 4 sets of measures during specified times (each set takes about 30 minutes to complete). First session will be scheduled for mid august in a time that fits for you and the rest will be during the fall semester.

Completion of a 1-hour interview at the end of term.

#### **Your Goodies:**

Unlimited one-week yoga pass to Semperviva Yoga

Free meditation training

Opportunity to contribute to CNPS program improvement!

A fun learning opportunity

**Ready to sign up?** Contact [ubcmindfulnessstudy@gmail.com](mailto:ubcmindfulnessstudy@gmail.com) by the latest **Friday, August**

**12** For questions, contact Art Phipps at [ubcmindfulnessstudy@gmail.com](mailto:ubcmindfulnessstudy@gmail.com)

Our best,

Dr. Susan James, Principal Investigator and Associate Professor & the Research Assistants

## **B: Consent Form**



### **Department of Educational and Counselling Psychology, and Special Education, Faculty of Education**

#### **Consent Form**

#### **Title of Study: Evaluating the Effectiveness of Mindfulness Training for Promoting the Well-Being of Counselling Trainees**

##### **Principal Investigator:**

Dr. Susan James, Associate Professor.  
Department of Educational and Counselling Psychology, and Special Education,  
UBC Faculty of Education.  
TEL: 604-822-6664

##### **Co-Investigators:**

Dr. Marvin Westwood, Professor,  
Department of Educational & Counselling Psychology, and Special Education,  
UBC Faculty of Education  
TEL: Phone: 604-822-6457

The data collected from this research will be used anonymously for publications and presentations by the team members, and also used for Masters Theses by students in the Counselling Psychology Master's program.

##### **Purpose:**

Counselling novices often tend to feel highly anxious before and during their clinic, when they begin to work with clients. The purpose of this study is to evaluate the effectiveness of a mindfulness training program in reducing anxiety and promoting the well-being of counselling trainees enrolled in CNPS 588/Clinic and to explore the relationships between mindfulness, self-compassion, self-efficacy and gratitude.

##### **Study Procedures:**

You may be asked to participate in a 15-minute mindfulness and journaling exercise before beginning your clinic each week. The commitment will continue for the duration of the course for one semester. Prior to this, 1 hour of training in mindfulness will be offered outside of class time.

At four times during the research study, you will be asked to fill in some written measures (approx 15 – 30 minutes.) The questionnaire package will be given a couple of times at the start of project; at the half-way mark in the semester; and at the end of the clinic course.

You may be asked to participate in an interview at the conclusion of the study. This interview will be audio taped and will take approximately one hour of your time. Students who agree to be involved in the study will be randomly (or conveniently) assigned to either the treatment group or control group.

**Potential Risks:**

Filling in questionnaires and/or participation in interviews may cause you to reflect on current life issues. Should you wish to explore any issues that may arise in more depth, in a therapeutic context, we will provide a counselling referral list.

**Potential Benefits:**

Participating in the mindfulness training and exercises could potentially offer you useful tools for coping with life stressors and the potential stress of working with clients in clinic. You will also be contributing to research that may have potential benefits for other students and their clients.

After the research is completed the results of the study will be posted on the website of the principal investigator [http://educ.ubc.ca/faculty/sjames/research\\_projects.htm](http://educ.ubc.ca/faculty/sjames/research_projects.htm)

**Confidentiality:**

Only members of the research team will have access to the data. You will not be identified by name on any of the written measures or qualitative interviews. Your confidentiality will be protected by identifying all documents by a code number and these will be kept in a locked filing cabinet. Nor will your name appear in any reports of the completed study.

The audio tapes of the interview with the principal investigator will only be listened to by the principal investigator and three research assistants who will transcribe the tapes.

After transcription, the tapes will be kept in a locked drawer in the office of Susan James in the Department of Educational and Counselling Psychology, at UBC.

Computer files will be under password protection. All data from the study will be kept for at least 5 years, in accordance with guidelines. After that, paper copies will be shredded, computer files deleted, and videotapes will be de-magnetized.

**Remuneration/Compensation:**

All participants will receive a one-week, unlimited yoga pass for Semperviva Yoga [www.semperviva.com](http://www.semperviva.com) in Vancouver.

**Contact for information about the study:**

If you have any questions or desire further information with respect to this study, you may contact Dr. Susan James, at 604 822-6664, Dr. Marvin Westwood at 604-822-6457, or Art Phipps at by email at [UBCMindfulnessStudy@gmail.com](mailto:UBCMindfulnessStudy@gmail.com)

**Contact for concerns about the rights of research subjects:**

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail to [RSIL@ors.ubc.ca](mailto:RSIL@ors.ubc.ca)

**Consent:**

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your class standing, future employment, or participation in any other studies. Similarly, if you feel uncomfortable with any part of the study, you are welcome to only participate in the parts of the study that you feel comfortable with. Furthermore, if you decide to withdraw from the study you will still receive the remuneration/compensation as discussed above.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

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Your signature	Please also print your name	Date
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## C: Liability Release Agreement Form



### Department of Educational and Counselling Psychology, and Special Education, Faculty of Education

Title of Study: Evaluating the Effectiveness of Mindfulness Training for Promoting the Well-Being of Counselling Trainees  
(the "UBC Mindfulness Study")

#### Liability Release Agreement

I wish to participate in the UBC Mindfulness Study. I understand that my execution of this Liability Release Agreement is a condition of participation in the UBC Mindfulness Study. I further understand that my participation in the UBC Mindfulness Study is voluntary and that I can withdraw from the UBC Mindfulness Study at any time.

In consideration for the permission to participate in the UBC Mindfulness Study to be conducted on the real property located at 834 Eighth Street, New Westminster, BC, and in further consideration of the receipt from Karl Maier, the owner of that real property, of the sum of \$1 (the receipt and sufficiency of which is hereby acknowledged), I, \_\_\_\_\_, hereby agree to assume any risk of, and take full responsibility for, any and all personal injury (including death), loss, or damage which may occur to me or my personal property in any way connected to the UBC Mindfulness Study, and I hereby release Karl Maier from any and all claims for personal injury (including death), loss, or damage which may occur to me or my personal property in any way connected to the UBC Mindfulness Study.

I understand that by signing this Liability Release Agreement I have given up considerable future legal rights. I confirm that I have signed this Liability Release Agreement freely, voluntarily, and under no duress, and that I have been given the opportunity to obtain independent legal advice concerning this Liability Release Agreement before signing it. My signature is proof of my intention to execute a complete and unconditional release of Karl Maier.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date



## D: Gratitude Diary

### Weekly Gratitude Diary

There are many things in our life, both big and small, that we could be grateful about. Think back over the past week and write down on the lines below up to 8 things in your life that you are grateful or thankful for. For each situation, list the specific people to whom you felt grateful towards; then, rate the associated intensity level of gratitude.

	What am I Grateful For?	Associated People	Rate Intensity of Gratitude Experienced (please circle number) 1= somewhat grateful 3= extremely grateful
1.			1      2      3
2.			1      2      3
3.			1      2      3
4.			1      2      3
5.			1      2      3
6.			1      2      3
7.			1      2      3
8.			1      2      3

*When complete, please place in provided envelope, seal, and hand to person overseeing exercises. Shred envelope with your name on it to maintain confidentiality.*

## E: Interview Questions for Mindfulness Study-At-Large

<b>Date:</b>	
<b>Participant #:</b>	
<b>Interviewer:</b>	
<b>Start Time:</b>	
<b>End Time:</b>	

### Introduction:

This semester you participated in a mindfulness activity of meditation and gratitude journalling. I'm interested to learn about your experiences in this interview today.

I want to remind you that you may end this interview at any time. Note that all the information in this interview will remain confidential: all identifying information will be removed by an independent member before it is analyzed by the research team. You also don't have to use names to identify people, you can identify them by relation instead. For ex: you could say "my husband" instead of "Harry."

As we get started, I just want to emphasize that different people may have different experiences with practicing mindfulness, and there is no right answer to these questions. We are equally as interested in hearing about your struggles as we are in hearing about your positive experiences. If there are any questions which you do not wish to answer, feel free to skip them and we will move on to the next question.

[ ] Permission to meditate for 10 minutes - Participant can choose to do practice they've done during semester or another one.

If yes: "Lowering your gaze or closing your eyes, as I will do so now too, take a moment to kindly observe your body right now... [pause, slowing voice]... place your feet flat on the floor, your hands softly in your lap, and shoulders gently back, opening your heart...as we begin the practice..." [At 10 minute mark: "Gently open your eyes and re-ground yourself...when you are ready we will begin the interview"]

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### 1) Can you describe your overall experience of doing the 15 minute meditation and gratitude journal before clinic this semester?

- What did it feel like / how did you make sense of meditation? What didn't work?
- What did it feel like / how did you make sense of completing weekly gratitude journal? What didn't work?
- How, if at all, being part of this study has impacted your experience of gratitude. Tell me about that.

- How, if at all, being part of this study has impacted your experience of mindfulness. Tell me about that.

**2a) Let's focus more on gratitude. Tell me more about your experience of gratitude / gratitude journalling during clinic.**

- Was there a time or times during the study that gratitude / gratitude journalling took on meaning for you?
- How do you see yourself integrating, if at all, integrating any gratitude practices into your clinical practice?
- Describe your feelings / thoughts / beliefs / influences that support or inform this for you. Tell me how you came to this understanding. Interested in both positive and negative experiences.

**2b) Looking at gratitude in your life more generally, tell me about your experience here.**

- What does gratitude mean to you ?
- How, if at all, has gratitude impacted your daily life? (current / past)
- Was there a time or times in your life that gratitude took on meaning for you, and if so, can you tell me about it?
- Describe your feelings / thoughts / beliefs / influences that support or inform this for you. Tell me how you came to this understanding. Interested in both positive and negative experiences.

**3) Another area of interest is mindfulness. Do you see a connection between mindfulness and gratitude or no?**

- Describe your feelings / thoughts / beliefs / influences that support or inform this for you. Tell me how you came to this understanding. Interested in both positive and negative experiences.

**4a) Has there been a time in clinic when mindfulness took on meaning for you and if so, can you tell me about it?**

- Can you tell me about your experience of mindfulness in the context of your work with your clients?
- Describe your feelings / thoughts / beliefs that support or inform this for you. Tell me how you came to this understanding. Interested in both positive and negative experiences.
- How, if at all, has practicing mindfulness affected your identification of the feelings of the client?
- How do you see yourself integrating, if at all, any meditation practices into your clinical practice?

**4b) In general, what does mindfulness mean to you, in your own experience, not theoretically?**

- What experiences or beliefs inform this?

**5) Can you talk about your experience of mindfulness, self-care, self-compassion and overall well-being?**

- How, if at all, has this experience been in your daily life?
- How, has this experience been for you in regards to relationships?

**6) Can you describe your experience of mindfulness in your clinic group?**

-

**7) Sometimes when people meditate they can stand back and observe their inner experiences (i.e. thoughts and emotions) as they arise in the present moment. Can you comment on your personal experience with this?**

- (If experienced) Can you tell me about your first experience with this: was it something that happened gradually or was there a distinct moment?

- (If experienced) Tell me about your sensations, thoughts or emotions throughout this experience.

**8) Is there anything that I should have asked you but I didn't?**

Thank you for your time and energy during this study. We appreciate your insights and input.  
[Interviewer supplies yoga pass or advises when available]

[INTERVIEWERS: Ask if participant is continuing on with study Jan - April 2012.]

If YES: Let participant know they will be thoroughly debriefed when their participation is completed.

If NO: Here's your debriefing form [give copy of debriefing form].

From form:

☐ Participant wishes to be informed of study results.

☐ Participant declines to be informed of study results.

Finally, we would like to check in with you in the future regarding categories / themes we've come up with to ensure that we are capturing what you were getting at appropriately. Is that OK?

☐ Participant agrees. Preferred e-mail: \_\_\_\_\_

☐ Participant declines.

Thanks again. Good luck with the rest of your studies...!

## **F: Participant Debriefing Form**



**Department of Educational and Counselling Psychology, and Special Education, Faculty of Education**

### **Debrief Form**

**Title of Study: Evaluating the Effectiveness of Mindfulness Training for Promoting the Well-Being of Counselling Trainees**

**Principal Investigator:**

Dr. Susan James, Associate Professor.  
Department of Educational and Counselling Psychology, and Special Education,  
UBC Faculty of Education.  
TEL: 604-822-6664

**Co-Investigator:**

Dr. Marvin Westwood, Professor,  
Department of Educational and Counselling Psychology, and Special Education,  
UBC Faculty of Education  
TEL: Phone: 604-822-6457

The data collected from this research will be used anonymously for publications and presentations by the team members, and also used for Masters Theses by students in the Counselling Psychology Master's program.

**Purpose:**

Counselling novices often tend to feel highly anxious before and during their clinic, when they begin to work with clients. Past research has found a link between mindfulness and the well-being of counselling students (see reference below). The purpose of this study is to evaluate the effectiveness of a mindfulness training program in reducing anxiety and promoting the well-being of counselling trainees enrolled in CNPS 588/Clinic and to explore the relationships between mindfulness, self-compassion, self-efficacy and gratitude.

Bruce, N.G., Shapiro, S.L., Constantino, M.J., & Manber, R. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 83-97.

Christopher, J. & Maris, J.A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 10(2), 114-125.

Shapiro, S.L, Brown, K.W. & Biegel, G.M. Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1(2), 105-115.

**Study Procedures:**

All participants involved in this study were asked to complete several questionnaires at several intervals throughout the semester. These included the; Gratitude Questionnaire, Barrett-Lennard Relationship Inventory, Self-Compassion Scale, State-Trait Anxiety Index, Counselling Self-Efficacy Scale, Mindful Attention Awareness Scale, Kentucky Inventory of Mindfulness Skills, Perceived Stress Scale, Experiences Questionnaire, and Working Alliance Inventory. Students were asked to perform a variety of interventions including; attendance in normal clinical studies, journaling on gratitude, and formal meditation. Students who agreed to be involved in the study were randomly (or conveniently) assigned to either the meditation or non-meditation group.

**Contact for information about the study:**

There may be a need to contact you in the future to discuss the results of the qualitative portion of this study. If you are amenable to this arrangement please let the research team member (conducting the interview) know this.

If you have any questions or desire further information with respect to this study, you may contact Dr. Susan James, at 604 822-6664, Dr. Marvin Westwood at 604-822-6457, or Catherine Chlebak at 604-725-7878. Alternatively, you may contact by email at UBCMindfulnessStudy@gmail.com.

We will be collecting more data, and we are expecting the final results of the study to be tabulated by December 2012. If you would like information regarding the results of this study, please contact Dr. Susan James after this time or request to be contacted, by the research team at that time, by sending an email to UBCMindfulnessStudy@gmail.com

After the research is completed the results of the study will be posted on the website of the principal investigator [http://educ.ubc.ca/faculty/sjames/research\\_projects.htm](http://educ.ubc.ca/faculty/sjames/research_projects.htm)

**Contact for concerns about the rights of research subjects:**

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail to RSIL@ors.ubc.ca

Thank you for your participation.

## G: Transcriptionist Confidentiality Form



Department of Educational and Counselling Psychology, and Special  
Education, Faculty of Education

Title of Study: Evaluating the Effectiveness of Mindfulness Training for Promoting the  
Well-Being of Counselling Trainees

### Confidentiality Agreement: Transcription Services

I, \_\_\_\_\_, transcriptionist, agree to maintain full confidentiality in  
regards to any and all audiotapes and documentation received from the UBC  
Mindfulness Study. Furthermore, I agree:

- 1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents;**
- 2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by the UBC Mindfulness Research team;**
- 3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;**
- 4. To return all audiotapes and study-related documents in a complete and timely manner;**
- 5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices at the completion of the work.**

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

\*YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

\_\_\_\_\_  
Name of Interviewer (Please Print)

\_\_\_\_\_  
Name of Supervisor (Please Print)

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## H: Interviewer Confidentiality Form



**Department of Educational and Counselling Psychology, and Special  
Education, Faculty of Education**

**Title of Study: Evaluating the Effectiveness of Mindfulness Training for Promoting the  
Well-Being of Counselling Trainees**

### **Confidentiality Agreement**

I would like to participate in the UBC Mindfulness Study as a researcher. I understand that my completion of this confidentiality form is a prerequisite for the participation in the study. I further understand that my participation in this research is voluntary and that I can withdraw from the research at anytime.

I, \_\_\_\_\_, agree to keep in confidence and to use the INFORMATION for research purposes only. I further agree to keep in confidence and not disclose any part of INFORMATION to a third party or parties unless required to do so by law. All oral disclosures of INFORMATION as well as written disclosures of INFORMATION are covered by this Agreement.

\*YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

\_\_\_\_\_  
Name of Interviewer (Please Print)

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Name of Supervisor (Please Print)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date