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Client Experiences of Mindfulness Meditation in the Counseling Setting: A Qualitative Study

A thesis

presented to

the faculty of the Department of Counseling and Human Services

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Masters of Arts in Counseling

by

Veronica O'Brien

May 2017

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ABSTRACT

Client experiences of mindfulness meditation in the counseling setting: A qualitative study

By

Veronica O'Brien

Mindfulness meditation is an emerging trend, and previous research conducted focused on benefits of mindfulness meditation as a training technique for beginning counselors, symptoms mindfulness meditation may alleviate, and specific types of mindfulness meditation (e.g., Feldman, Greeson, & Senville, 2010; Greeson & Welfare, 2013; Khoury et al., 2013; Sedlmeier, et al., 2012). Little research exists on the client's experiences when mindfulness meditation is used within the counseling session; therefore the primary goal of the present study was to explore experiences and potential benefits of mindfulness meditation and its clinical application in session. Because previous research done on mindfulness meditation used a quantitative approach, the present study utilized a qualitative approach which allows richer and more descriptive data from the participants. Themes which emerged from the data included: (1) variations of individual experience, (2) mental, physical, and emotional components, (3) perceptions of mindfulness meditation, (4) preferences for mindfulness meditation, and (5) continued practice implications.

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CHAPTER 1

INTRODUCTION

A search within the Onesearch database using the word “meditation” produced over 6,000 articles dated within the last ten years. This search was an attestation that meditation had been an increasingly popular topic within the past decade. Within the past ten years, there have been over 7,000 articles on mindfulness, which emerged in a secondary search through Onesearch. Narrowing down the search further, when the phrase “mindfulness meditation in counseling” was inputted, 176 articles appeared. Within the existing body of research on mindfulness meditation, the common themes which emerged included: (1) benefits associated with mindfulness meditation, (2) mindfulness meditation being used as a training technique for counselors, and (3) types of mindfulness meditation interventions commonly used within counseling (Feldman, Greeson, & Senville, 2010; Greeson & Welfare, 2013; Khoury et al., 2013).

There are three main forms of meditation that are commonly practiced: concentrative meditation, guided meditation, and mindfulness meditation (Sedlmeier et al., 2012). Burke (2012) found that mindfulness meditation was one of the more preferred methods of meditation when he studied students’ preferences. Regardless of the type of mindfulness meditation practiced, there are benefits that stem from the overarching concept of mindfulness meditation.

The benefits of mindfulness meditation to a variety of presenting issues, such as stress reduction (Kabat-Zinn, Lipworth, Burncy, & Sellers, 1986) and symptoms associated with mental illness (Coppola & Spector, 2009; Teasdale et al., 2000; William, Duggan, Crane, & Fennel, 2005) have been stated in the literature. Researchers have also shown that mindfulness meditation decreases symptoms associated with mental illnesses such as anxiety, depression, and

addiction (Khoury et al., 2013). There are various benefits of mindfulness meditation noted within literature, but it also serves as a valuable tool for the counseling setting

Studies on mindfulness meditation and counseling have produced valuable information about the positive effects the practice of mindfulness meditation can have on the therapeutic process. Such findings include increased client perception of therapeutic conditions such as empathy and therapeutic alliance when the therapist regularly practiced mindfulness meditation (Greason & Welfare, 2013; Schomaker & Ricard, 2008). Wright (1999) found that mindfulness meditation trains people in life-altering skills, which are key components to therapy. Those skills include increased focus, increased self-discipline, and increased witness-building (Wright, 1999). However, the literature available on mindfulness meditation and counseling is focused more on the counselor; there is a lack of evidence illustrating how the client experiences mindfulness meditation. In order for us to build a body of research that mindfulness meditation is an effective technique in counseling, clients need to be given an opportunity to speak about their experiences with and opinions of mindfulness meditation.

The perception of mindfulness meditation has been studied on students rather than clients, which provides some insight into what people think of mindfulness meditation, but cannot be generalized to clients without further research. Burke (2012) found that students who participated in a meditation course had a preference for meditations that focused on breathing, such as mindfulness and mantra meditations, compared to various other forms of meditation. Hjeltnes, Binder, Moltu, and Dundas (2015) found that students who engaged in a mindfulness meditation course reported feeling an “inner source of calm” and an increase in self-acceptance (p. 5). Finally, Shapiro, Schwartz, and Bonner (1998) found that medical students who practiced mindfulness meditation displayed more empathy and were less likely to experience anxiety or

depression. The results Shapiro et al. (1998) found with medical students are similar to the results Greason and Welfare (2013) found with counseling students. Greason and Welfare (2013) found that counseling students who meditated regularly displayed more empathy. This similarity could suggest that the common themes that emerged from Hjeltnes et al. (2015) study, on student perceptions, may emerge if clients were studied.

It is clear that mindfulness meditation may have an important place in the counseling field. However, there seems to be a gap in the literature regarding how clients perceive mindfulness meditation. Research has focused on the benefits of mindfulness meditation-related to specific symptoms or mental illnesses as well as the benefits that can come from a counselor practicing mindfulness meditation. Very little research has been done to explore the client's experience with mindfulness meditation in the therapeutic setting. To implement mindfulness meditation into the counseling session, more evidence is needed to prove the intervention can be beneficial to clients.

The present study reached out to clients in a program run clinic who engaged in a mindfulness meditation within their counseling session. Then, clients were asked about their experiences from a phenomenological standpoint using a semi-structured interview. Phenomenology was chosen because the tradition closely aligned with the goals of the present study, which were to gain a deeper understanding of the client's unique perceptions about their experience when engaging in a mindfulness meditation and to better understand the benefits of mindfulness meditation from the client's perspective. Infusing mindfulness meditation in the counseling session may be beneficial; counselors use evidenced-based practice, so before mindfulness meditation can confidently be utilized in the counseling session, more research is

needed. Therefore, the primary research question of the proposed study is: What is the experience of a client who has engaged in mindfulness meditation within the counseling session?

The proposed study used client-counselor dyads, who participated in a mindfulness meditation within their counseling session. Within 14 days of the counseling session, the primary investigator conducted a semi-structured interview with the participant. Questions in the semi-structured interview were open-ended and inquired about the participant's experiences of the counseling session and mindfulness meditation. Data was analyzed for common themes among the clients; implications for counselors and future research are discussed in Chapter Five. The present study consisted of eight participants based on Creswell's (1998) recommendation of a smaller sample size within the tradition of phenomenology due to the copious amount of data each participant produces. The present study will not serve as a generalization for all clients, but rather as a starting point to begin adding to the literature on client's experiences of mindfulness meditation.

Operational Definitions

Common terms that will be seen throughout this document include meditation, mindfulness, and mindfulness meditation. Although they have similar meanings, they are distinctly different and cannot be used interchangeably. Jaseja (2009) defined meditation as “a complex neural practice that induces changes in neurophysiology and neurochemistry of brain resulting in altered neurocognition and behavior in the practitioner” (p. 483). In simpler terms, meditation changes the state of mind and behavior of the person practicing (Jaseja, 2009). Kabat-Zinn (2003) defined mindfulness as maintaining attention on the present moment while nonjudgmentally noticing thoughts within the mind. Finally, mindfulness meditation encompasses the definitions of both terms. The technique of mindfulness meditation is defined as

bringing nonjudgmental attention to moment-by-moment experiences while using various meditation techniques (Bishop et al., 2004). The practice of mindfulness meditation typically has three main components: “(a) bringing attention to an ‘attention anchor’ (usually a sensory input such as a breath), (b) noting that distractions occur and letting go of the distractions (c) refocusing or reorienting attention back to the ‘attention anchor’” (Zylowska et al., 2008, p. 738). The meditation technique that will be used in the present study is “anchored breathing” which means the participant will focus on his or her breath while engaging in mindfulness. Anchored breathing was the chosen method for a couple of reasons: (1) according to Feldman et al. (2010) anchored breathing resulted in people viewing their thoughts more objectively and accepting them compared to a body scan meditation and loving-kindness meditation, and (2) people favored meditation techniques that incorporated the breath over any other type of meditation (Burke, 2012).

A couple of terms that are presented in this manuscript are used interchangeably based on the wording of the article the term stems from, within the literature review. Mindfulness meditation and vipassana are synonymous for the same practice (Burke, 2012). Mantra meditation and concentrative meditation are also interchangeable. They are both based on the concept of focusing on one static concept or object while engaging in meditation (Burke, 2012; Sedlmeier et al., 2012).

Layout of Document

The present study is organized into five chapters, including this introduction. Chapter Two thoroughly discusses the relevant literature associated with the identified problem being studied. Within the literature review, more detailed information on the research of meditation and mindfulness meditation is described. Also, more detailed information about the previous

research is enclosed. Chapter Two concludes with a discussion on the purposes and objectives of the present study. Chapter Three begins with the methods section, which outlines the steps used when the present study was conducted. It also contains demographic information about the research team, as well as a section about the methods used to ensure trustworthiness. Chapter Three concludes with a discussion of data analysis procedures. Chapter Four contains the themes and subthemes that emerged from the interviews. Finally, Chapter Five includes a discussion of results as well as limitations and future research considerations. References follow the final chapter, and an appendix with all materials used for the present study is included at the end of the document.

CHAPTER 2

LITERATURE REVIEW

Types of Meditation

According to Sedlmeier et al. (2012), people meditate to either gain a sense of clarity about life or overcome some form of emotional turmoil. These are common issues that people present in the counseling session. Sedlmeier et al. (2012) indicated that the literature does not specifically address a specific method of meditating, but does provide three main forms of meditation that are commonly practiced: concentrative meditation, guided meditation, and mindfulness meditation. He described concentrative meditation as an instruction to the meditator to focus on an object or sensation such as the breath; this process allows the meditator to disengage their attention from other processes in their mind and their surrounding environment. Sedlmeier et al. (2012) described guided meditation as a focus on an image or a concept. The final meditation Sedlmeier et al. (2012) discussed, and the one the present study will focus on is mindfulness meditation.

Two components are embedded within the practice of mindfulness meditation: staying within the present moment fully and allowing the present moment to be observed nonjudgmentally (Bishop et al., 2004). Using these two components, mindfulness can be defined as “nonjudgmental moment-to-moment awareness” (Miller, Fletcher, & Kabat-Zinn, 1995, p. 193). To elaborate, a person who is actively engaging in mindfulness meditation focuses her or his entire attention on the present moment without creating any judgment (Germer, Siegel, & Fulton, 2005). This type of meditation focuses on having the meditator stay in the present moment while noticing thoughts that enter the mind (Sedlmeier et al., 2012). The meditator is instructed not to judge the thoughts and eventually, with enough practice, the meditator’s mind

will be trained to remain in the present moment rather than shifting thoughts (Sedlmeier et al., 2012).

When all three forms of meditation were compared, Burke (2012) found that vipassana (mindfulness) and mantra (concentrative) were the preferred methods of meditation among a sample of undergraduate students. Burke (2012) studied students who were enrolled in a meditation and imagery class. Students were juniors and seniors and reported little to no previous experience with meditation. The class met once a week for eight hours a day, and the participants learned a different meditation on the second through fifth weeks. Meditations that were taught included zen, vipassana (mindfulness), qigong, and mantra (concentrative). Zen and vipassana meditation were described as similar in that they both have the objective of open observation. The difference, Burke (2012) indicated, was that vipassana was more like mindfulness in the sense that the breath was used as an anchor and thoughts were to be noticed but not judged. In contrast, Burke (2012) noted in the zen meditation, participants used the traditional posture of the zazen to check presence and engaged in a generalized awareness. Qigong and mantra meditations were also described as having similar processes in that they both involved focused attention on an idea or object. Burke (2012) described qigong as an:

Image of a thin column of light rising from the base of the spine up to the top of the head with the inhale, and then descending down the front midline of the body to the perineum with the exhale (p. 239).

Mantra's imagery was described as a sphere that remained still around the heart, and as the participant inhaled, they were to vocalize the word "hum" and while exhaling vocalize the word "sah." During the final class, participants engaged in all four meditations for ten minutes each. When the meditation had concluded participants were instructed to write about their perceptions

of the meditations and rank them in order from favorite to least favorite. Results indicated a tie between vipassana and mantra as the first choice. Both favored meditations have a strong focus on the breath, so it is possible that people enjoy the visualization of anchored breathing when they meditate. From these results and speculation, the present study's meditation will encompass a vipassana like meditation that focuses on the breath. Vipassana was chosen over mantra as the meditation to use in the present study because there is more literature portraying the benefits of mindfulness meditation compared to mantra meditation, and vipassana is a growing topic that has gaps in the literature.

Burke (2012) studied preference of meditation and found that vipassana (mindfulness meditation) and mantra were preferred, Schoormans and Nyklíček (2011), however, found that effectiveness is not determined by the type of meditation but rather the frequency of practice. Participants were seasoned practitioners of meditation and were recruited from meditation centers (Schoormans & Nyklíček, 2011). The purpose of their study was to determine if there were any differences in psychological well-being and self-reported mindfulness skills when two types of meditations were compared. To measure mindfulness skills, the authors distributed the Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003) and the Observe and Accept Without Judgment subscales of the Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004) to participants who were seasoned meditators. Types of meditations used in their study were mindfulness meditation and transcendental meditation. Transcendental meditation encompasses qigong and mantra; it instructs the participant to focus on an image or idea (Burke, 2012; Schoormans & Nyklíček, 2011). The results indicated no significant difference in well-being levels and mindfulness skills between the two types of meditation. The

authors reported only the amount of time spent meditating contributed to a significant difference with mindfulness skills between the meditations (Schoormans & Nyklíček, 2011).

Different Mindfulness Meditations

Feldman and colleagues (2010) studied the differences between three types of mindfulness meditations by recruiting undergraduate students who described themselves as novice meditators. Specifically, they studied reactions to negative thoughts and decentering. Decentering can be described as viewing thoughts objectively or altering one's relationship with thoughts rather than changing the content of thoughts. The three types of meditation that were tested were mindfulness of breath, a progressive muscle relaxation, and a loving-kindness meditation. Participants who were assigned to mindfulness of breath were instructed to become more aware of their physical sensations and remain aware of the thoughts that entered and left their minds. The members of the progressive muscle relaxation group were instructed to relax each part of their body one by one starting with their right foot. With the loving-kindness meditation, participants were guided through a series of commands, which had them visualize different emotions towards something or someone. The results indicated participants who engaged in mindfulness breathing reported being more decentered compared to the other two meditations studied (Feldman et al., 2010). These results further reinforce the reasoning for utilizing a mindfulness breathing meditation in the present study because mindfulness meditation is one of the more favored meditation techniques as evidenced by Feldman et al. (2010) and Burke (2012).

Benefits of Mindfulness Meditation

The benefits of mindfulness meditation are a growing topic in research. Researchers have advocated that mindfulness meditation should be implemented in therapy (Wright, 1999). Some

of the benefits found by researchers include increased well-being in cancer patients (Brown & Ryan, 2003), higher levels of happiness and self-compassion in frequent meditators compared to non-meditators (Campos et al., 2016), increased emotional regulation in stress clinic patients (Farb et al., 2010), increased life satisfaction among students (Hinterman, Burns, Hopwood, & Rogers, 2012), and people who engage in mindfulness meditation frequently are perceived as happier compared to those who do not engage in mindfulness meditation (Choi, Karremans & Barendregt, 2012). None of these studies included participants who were also clients, which further provides evidence for the need to research the effects of mindfulness with clients.

Hülshager, Albert, Feinholdt, and Lang (2013) recruited 219 people who were employed with various organizations and found that people who engaged in mindfulness meditation twice a day, for ten work days, self-reported a substantial decrease in emotional exhaustion while simultaneously reporting an increase in job satisfaction when compared to the control group, who did not engage in mindfulness meditation. Emotional exhaustion and job dissatisfaction can contribute to anxiety, which is a common presenting complaint within counseling. This study shows that by engaging in mindfulness meditation, those symptoms can be reduced (Hülshager et al., 2013).

John Kabat-Zinn's mindfulness-based stress reduction program (MBSR) has demonstrated a reduction of chronic physical pain and stress (Kabat-Zinn et al., 1986). The program encompasses different mindfulness meditation techniques and then links them to coping mechanisms. Clients are taught to use mindfulness strategies as ways of handling stress. The present study will use a counseling program run clinic where stress is in the top five of presenting problems; therefore, mindfulness may be a beneficial technique for the clients currently receiving services (E. Likis-Werle, personal communication, 6/14/2016).

Researchers have studied mindfulness meditation with people who suffer from symptoms associated with mental illnesses such as substance abuse. Witkiewitz, Bowen, Douglas, and Hsu (2013) recruited clients from an alcohol and drug inpatient and outpatient agency when they were at the end of their treatment. Clients participated in an eight-week mindfulness training for two hours a week. One of the outcomes included decreased cravings that were associated with addiction; mindfulness meditation teaches people to effectively cope with stress and depression which is the strongest prognosticator for cravings, continued drug use, and/or relapse (Witkiewitz et al., 2013). This study is one of few where clients were used as participants; therefore we are beginning to see some benefits with the population, but much more information is needed.

Depression is one of the most common mental illnesses within America (National Institute of Mental Health, 2017). One of the most debilitating symptoms of depression is anhedonia, which is the inability to feel pleasure (Anhedonia, n.d.) Geschwind, Peeters, Drukker, van Os, and Wichers (2011) recruited people who had lasting symptoms from at least one major depressive episode to determine if mindfulness could alleviate anhedonia. Half of the participants attended two and a half hour mindfulness training for eight weeks while the other half of participants received no additional treatment measures. Pre and post-intervention assessments were conducted, and the pre-intervention assessment showed no significant differences between the two groups, in affecting anhedonia; however results indicated that mindfulness meditation increased pleasure in activities and increased positive emotions (Geschwind et al., 2011).

Along with alleviating symptoms of depression, mindfulness meditation decreases suicidal ideation (Geschwind et al., 2011; Forkmann et al., 2014; Williams, Duggan, Crane, &

Fennell, 2005). Forkmann et al. (2014) recruited participants who continued to have depressive symptoms after at least one major depressive episode. The participants were split into two groups. Group one attended an eight-week mindfulness-based cognitive therapy group along with their usual treatment. Group two was told they were put on a waiting list to attend the mindfulness-based cognitive therapy group, and they received their standard treatment throughout the duration of the study. Participants who were in group one self-reported decreased suicide ideation compared to group two and the difference was significant (Forkmann et al., 2014).

Mindfulness meditation has also been shown to decrease symptoms associated with attention deficit hyperactivity disorder (ADHD; Zylowska et al., 2008). There are three main symptoms associated with ADHD; they include hyperactivity, impulsivity, and inattention (American Psychiatric Association, 2013). Adults and children who are diagnosed with ADHD typically have a deficit in emotional self-regulation and increased arousal (Yager, 2011). Mindfulness meditation decreases arousal, teaches a person to be open and accepting to the present experience, and trains the individual's mind to have sustained attention on tasks (Zylowska et al., 2008).

Implications for treatment of trauma symptoms have been discussed through the lens of mindfulness meditation techniques (Follette, Palm, & Pearson, 2006). Follette et al. (2006) explained that persistent trauma is often caused by psychological inflexibility and part of that process includes using avoidant behaviors or emotional numbing. The authors went on to say mindfulness meditation trains a person to become aware of unpleasant thoughts without judging the thoughts; this helps the person regulate their emotions more effectively.

Previous literature has found that mindfulness meditation can benefit students who practice. The decrease in stress levels has been found in students who engaged in a mindfulness training program (Hjeltnes et al., 2015). Hjeltnes and colleagues (2015) interviewed University students who engaged in an eight-week mindfulness-based stress reduction program. Themes identified post-interview were “finding an inner source of calm, sharing a human struggle, staying focused in a learning situation, moving from fear to curiosity in academic learning, and feeling more self-acceptance when facing difficult situations” (p. 5). Researchers in the present study hope by using a different sample, similar or additional themes will emerge as participants share their experience of mindfulness meditation within the counseling session. Campbell and Christopher (2012) also studied students and found that students who engaged in mindfulness during their program reported feeling “more aware, patient, mentally focused, empathic, compassionate, attentive, responsive, and able to handle strong emotions” (Campbell & Christopher, 2012, p. 220). These results could be found in clients as well, if they were to be studied, which would be beneficial for the counseling field. Having an evidenced-based technique that alleviates symptoms would be an extremely useful tool for counselor.

Counseling students were also studied to provide more information on outcomes mindfulness meditation can create by Schure, Christopher, and Christopher (2008). They studied the effects of mindfulness meditation on counselors in training using a qualitative research design approach. They recruited graduate students enrolled in the counseling program who enrolled in a mindfulness class. Participants engaged in one of the following techniques: (1) hatha yoga, (2) sitting mindfulness meditation, or (3) qigong, twice each week for 75 minutes for the duration of the 15-week course. At the end of the course, participants were asked to answer four journal prompts. Themes that emerged included physical, emotional, and mental changes

along with an increased spiritual awareness, and changes in interpersonal aspects (Schure et al., 2008).

There are common limitations across the articles described above. Mindfulness meditation may not be beneficial for people in certain cultures (Pruett, Nishimura, and Priest, 2007). Also, the studies listed above focus on one mental illness or one symptom, and they do not account for comorbidity. Therefore, there is a lack of literature on multiple symptoms and mental illnesses and the effect of mindfulness meditation on those. The limitations listed provide further proof for the need of the present study. By gaining insight into the experience of clients who engage in mindfulness meditation within the session, counselors can begin to better understand the benefits and limitations of mindfulness meditation from the client's perspective. Participants in the present study are not handpicked and may have comorbid disorders or a multitude of presenting issues. By recruiting clients who are currently receiving counseling services, the study's results will be more applicable to counselors in the field.

Training Program Length

The research discussed thus far in this literature review have implemented an eight-week training program to study the effects of mindfulness meditation. Zeidan, Johnson, Diamond, David, and Goolkasian (2010) tested participants to determine if similar benefits would appear with a briefer training. They recruited undergraduate students with no mindfulness meditation experience to test if benefits would still appear from a shorter training. Half of the students were put into the control group where they were instructed to sit and listen to an audio book. The other students were put into the intervention group where they received mindfulness meditation training. Both groups received four, twenty minute, sessions. Once the fourth session concluded, participants were given self-reported assessments to measure mindfulness level and mood, and

they were also given measures to test their cognitive ability. Results indicated that the intervention group had significantly higher scores on the mindfulness measure and sustained attention scores. The mindfulness meditation group also reported decreased fatigue and anxiety. Both interventions were found to increase mood, and the authors attribute this to both activities being calming (Zeidan et al., 2010).

Lane, Seskevich, and Pieper (2007) also studied the effects of briefer mindfulness meditation training on adults who were “employees, students, patients, and visitors of Duke University and Duke University Medical Center” (Lane et al., 2007, p. 39). Participants engaged in four, one-hour training over the span of a month where they were instructed on mindfulness meditation. They were also instructed to practice twice a day for 15-20 minutes. Before beginning the training and after the conclusion of the training, participants were given a set of measures to complete. Results indicated that after a month’s time, participants self-reported decreased stress and negative emotions (Lane et al., 2007).

The two studies described above indicate benefits associated with reducing the average training period of mindfulness meditation. If benefits can occur from a four and a one-week training, what are the benefits of just one meditation? The present study incorporated a single, five-minute mindfulness meditation technique within one setting which explored if any of the clients reported experiencing any of these benefits.

Mindfulness Meditation in the Counseling Setting

Though limited, there is research on mindfulness meditation and the counselor setting. However, the focus is on the counselor rather than the client. Greason and Welfare (2013) surveyed clients’ perceptions of their college counselors’ core conditions (empathy, unconditional positive regard, congruence, etc.) and the therapeutic relationship in a group of

counselors that did not meditate weekly and a group that did meditate weekly. The surveys used were called the BLRI-OS-40 (based on the Barrett-Lennard Relationship Inventory), which measured the perception of core conditions, and the Working Alliance Inventory-Short (Ganley, 1989). Results from the two surveys indicated a significant positive correlation between counselors who meditate regularly and perception of the core conditions and the therapeutic relationship by clients. Schomaker and Ricard (2015) also found that clients reported an enhanced therapeutic alliance between counselors-in-training and themselves when their counselor participated in a six-week mindfulness meditation training.

Along with providing a positive therapeutic experience for clients, counselors engaging in mindfulness meditation also enhances their skills. Counseling students who participated in a mindfulness-based stress reduction program experienced increased positive emotions and more self-compassion (Shapiro, Brown, & Biegel, 2007).

Wright (1999) encouraged counselors to utilize mindfulness meditation within the counseling session because it helps accomplish three basic things: focus, discipline, and witness building. She stated focus helps clients develop clarity and effectiveness in life. Clients learn self-discipline and, over time, increase control over physical, emotional and mental components. Finally, through witness building clients can observe themselves objectively, which helps them gain deeper insight. One of the objectives of a counselor is to act as that witness until the client establishes the skills necessary to witness themselves. Therefore, mindfulness meditation can be an ideal tool for counselors to help clients develop life altering skills (Wright, 1999).

Beginning to practice mindfulness meditation can be a challenge as people struggle with their wandering minds (Brown, Marquis, & Guiffrida, 2013). Counselors should consider, however, that for some people, mindfulness meditation may not be effective; Rosing and

Bauman (2008) suggested that some people may have difficulty accessing a nonjudgmental state of mind. For those who are willing to try meditation, Brown et al. (2013) suggested practicing 5-10 minutes daily to improve awareness and become more presently grounded.

Need for Further Research

As discussed previously, there is ample research about the perceived benefits of mindfulness along with research on counselors engaging in the practice of mindfulness meditation to enhance their counseling skills. Although there is plenty of research on mindfulness meditation, there is little or no research on the client's experience when mindfulness meditation is used within the counseling session. Thus, the present study seeks to explore the experiences of clients who have engaged in a mindfulness meditation within their counseling session. By exploring the experiences of clients, the gap can begin to be closed between the known benefits of mindfulness meditation and how it is applied in the counseling session.

Also, most research on mindfulness is done from a quantitative perspective, so detailed information on the client's perceptions and experience with mindfulness are not well understood or known. The goal of the present study is to gain a better understanding of clients' perceptions and experiences when mindfulness meditation is utilized within their counseling session. To do this, the present study will go further in depth with the topic of mindfulness meditation by asking people about their experience. Participants will have various presenting issues, which will provide detailed and enriching data that previous studies failed to obtain.

Finally, a purpose for the present study is to provide evidenced based literature that mindfulness meditation has a positive outcome in the counseling session. Counselors prefer to use evidenced based techniques and currently, there is no evidence indicating that utilizing mindfulness meditation within the counseling session would have beneficial outcomes.

Understanding clients' experiences when mindfulness meditation is included in the session is essential because it can create a starting point for more effective counseling. Literature has shown that there are benefits associated with practicing mindfulness meditation, but literature has not addressed how those benefits apply to counseling. This gap in literature has created a question on whether or not clients will benefit from mindfulness meditation within their counseling session. A way to research this question is by asking the clients their experience when they've engaged in mindfulness meditation within their counseling session.

CHAPTER 3

METHODS

The present study utilized a phenomenological tradition, which described the lived experience of several participants when mindfulness meditation was utilized within the counseling session (Creswell, 2007). Phenomenology was used because it best aligned with the purpose of the present study which was to gain insight into the unique experiences of participants with mindfulness meditation (Creswell, 2007). To gain insight into this phenomenon, participants were asked about their experience with mindfulness meditation after they engaged in one during a counseling session. As stated previously in the literature review, there have been many studies, which aimed to show the benefits of mindfulness meditation for the counseling setting, but the focus has primarily been on the counselors. There is a lack of literature examining the client's perspective when mindfulness meditation is utilized in the counseling session.

Social constructivism, the paradigm of the present study, asserts that there is not a universal truth due to the varied and unique experiences that each person encompasses (Hays & Singh, 2011). The reasoning for using the social constructivism paradigm stems from the goal of the present study, which was to rely on the participants' idiosyncratic view of the mindfulness meditation (Creswell, 2007). Their view was constructed from previous social interactions and cultural norms that they held about mindfulness meditation (Creswell, 2007). Therefore, all of the participants' experiences can be looked at as a complexity of views, which were analyzed in terms of themes (Creswell, 2007).

Data were collected from the subjective view of the participant and emerged through interactions via the interview process (Creswell, 2007). Interview questions were open and

broad, thus allowing the participant to speak about their personal experience. The interview process was in a semi-structured format, which allowed variance within the interview questions. When the participant was saying useful information, the interviewer had the opportunity to probe more deeply rather than being forced to adhere to a structured interview guide. Also, data collected from a semi-structured interview “provides a richer picture of” the participant’s experience with mindfulness meditation, which will make up for the lack of consistency between interviews (Hays & Singh, 2011, p. 239). Finally, a semi-structured interview allows for follow-up questions be asked to fully explore the experiences of the participants if they do not provide a detailed answer.

A research team was used throughout the duration of the research. The research team was comprised of three Caucasian females. Two members of the research team were faculty members for a masters-level counseling program and earned their doctorate in Counselor Education and Supervision. The third member was a masters-level student in the counseling program. All three had previous research experience and experience with mindfulness meditation. After the data had been analyzed, an external auditor reviewed the results and data to ensure trustworthiness. The external auditor was not involved in the data collection and analysis, and she also had experience with qualitative research and familiarity with mindfulness meditation. The purpose of an auditor is to ensure the research team did not unintentionally misconstrue data and to provide an extra measure of reliability (Hunt, 2011).

Research Question

The primary research question that was examined throughout this research process was as follows: What is the experience of a client who has engaged in mindfulness meditation within

the counseling session? The present study examined the subjective thoughts and feelings of participants.

Procedure

An email was sent to faculty members in a CACREP-accredited, masters-level counseling program at a regional university located in an urban town in northeast Tennessee, within the Appalachian Region (see Appendix A). The faculty members were teaching internship classes at the time of the study and were asked for permission to recruit their internship students. When the faculty granted permission, a script was used to recruit counseling students in their second year of studies, which means they had one year of training (see Appendix B). The goal was to recruit 8 to 10 counselors, and 10 were recruited.

Counseling students who volunteered were given the opportunity to learn a new skill: mindfulness meditation. Those who volunteered were asked to attend a training seminar for further details and instructions (see Appendix C). Before the training seminar began, counseling students were asked to sign an informed consent document because they were considered participants within the study, per IRB regulation (see Appendix D). Counselors were then led through the meditation to be offered to their clients and given a script of the mindfulness meditation (see Appendix E). Counseling students were also trained on the possible times that they could introduce the mindfulness meditation within the session which would produce a more organic feeling with the intervention. Counselors were told they could utilize the mindfulness meditation whenever they thought it was most appropriate whether it be at the beginning, end, or during times when the client was experiencing a heavy emotion. Counselors were encouraged to implement the mindfulness meditation organically within the session. Finally, counselors were strongly encouraged to practice mindfulness meditation on their own before conducting the

technique with their client participants. Roeser, Skinner, Beers, and Jennings (2012) found that teachers who practice mindfulness meditation instill those characteristics into their students through teaching, so counselors were encouraged to practice mindfulness meditation for the same reason.

Once the counselors were trained, they began recruiting participants in their sessions using a script, which was also distributed at the training seminar (see Appendix F). At the beginning of the session, the counselor introduced the study's topic and asked if the participant would be willing to participate. The participant did not need to give a decision immediately; she or he had the opportunity to be given more information and then were provided a week to decide. The following week, during the session, the participant informed the counselor of her or his decision. If the client agreed to participate, the primary investigator went into the session and briefly explained the study using a script, asked the participant to sign an informed consent document and video release form, and scheduled a follow-up interview (see Appendices G & H). The primary investigator then left, and the session resumed. The counselor initiated the mindfulness meditation when she or he felt it was appropriate (see Appendix E). By introducing the mindfulness meditation naturally, the client was more likely to have a positive experience as opposed to having the mindfulness meditation forced at a specific time.

The interview took place within 14 days post-session, depending on the schedule of the participant. Prior to beginning the interview, the primary investigator asked the participant to complete a brief demographic survey (see Appendix I). The survey asked the participant questions about age, gender, ethnicity, and reason for attending counseling. Participants had the option to opt out of answering any of the questions on the demographic survey. Interviews and

demographic survey collection took place within the clinic and lasted approximately 15 minutes each (see Appendix J).

The session was video recorded, and the interview was audio recorded. The purpose of audio recording the interview was to enable the interviews to be transcribed by the primary investigator for data analysis. The recording of the session is a protocol of the program-run clinic so that counseling students can review their videos for ongoing development and evaluation. Participants were current recipients of counseling services in the clinic and, therefore, were aware of this prior to the study. The interviews were recorded using a camera that faced away from the participant to prevent any identifying visuals of the participant. This procedure complies with all IRB protocols of the University.

Participants

There were two levels of participants for the present study: counselors and clients. The counselors were recruited from their internship classes, and a total of ten counselors agreed to participate. However, only six of them utilized the mindfulness meditation within the study. The four who did not participate either could not attend a training session or their client said they did not wish to participate. Of the six counselors who participated throughout the study, four identified themselves as female and two identified themselves as male. The sampling method used for the counselors was both criterion-based and convenience-based. The criteria for counselors to participate was that they needed to be enrolled in an internship class at the time data collection took place. They also needed to have a client who was 18 years of age or older. The convenience sampling was also considered a sampling method because the primary investigator was also enrolled in an internship class, so recruiting counselors was convenient

(Hays & Singh, 2011). Although ten counselors agreed to participate, only eight client participants agreed to participate.

The eight client participants were recruited using the same sampling methods as the counselors: criterion and convenience. The criteria for the participants was that they had to be an active client in the program operated clinic and 18 years of age or older. Also, participants had to be clients of the counselors who volunteered to conduct the mindfulness meditation. The convenience sampling method was also used because the investigator had easy access to anyone who was a current client at the program-run clinic (Hays & Singh, 2011).

The participants, in the present study, were recruited by their counselor, on behalf of the primary investigator, within the clinic located on campus, which is managed by the graduate counseling program. The clinic provides free counseling to the northeastern Tennessee region. Approximately 75-80% of the clients seen at the clinic are from the local community, and their ages range from 5-60s. The most common presenting concerns that clients come in with include depression, anxiety, relationship management, and stress management (E. Likis-Werle, personal communication, 6/14/16).

Data Analysis

When all interviews had been conducted, the primary investigator transcribed them into a Word document, omitting any identifying information. Before data analysis began, the research team met to engage in a bracketing activity. The purpose was to identify any biases before participating in data analysis, which is important for ensuring more validity and reliability in the results. Some common biases that emerged included mindfulness as being relaxing, a self-care tactic, encouraging a more holistic approach to counseling, and necessary. Counter-statements included that mindfulness is not accessible to everyone because it takes time, and mindfulness

doesn't fit with everyone's style of coping. Bracketing exercises continued individually throughout the data analysis process to reduce any confounds. During this process of individually bracketing, the research team reflected on their experiences of mindfulness meditation and how that has influenced their perception (Creswell, 2007).

The research team searched for emerging themes individually, then came together on 2/20/2017 and 2/27/2017. During the first meeting, initial reactions and preliminary themes were discussed. Each research team member came prepared with some commonalities that they found. Within the second meeting, the research team came together once more with more of a consensus on themes. When a member disagreed with a theme, the theme in question was to be explored, and evidence from the interview transcripts was provided. By the end of the second meeting, the research team came into agreement with five themes and several subthemes for results. The data analysis process used for the present study closely aligned with Hays and Singh's (2011) recommendation for phenomenological data analysis. The authors encouraged research team members to create meaning units (themes) and subthemes by reading and rereading transcripts and engaging in bracketing exercises throughout the process.

Once themes had been identified, a document which contained themes, subthemes, and accompanying quotes was comprised and sent to an external auditor. She was given a week to look over the document and ensure the quotes aligned with their corresponding subtheme and theme. The purpose of sending her the document was to ensure the research team didn't identify any themes out of bias. After reading through the document, the external auditor emailed the primary investigator indicating everything was in alignment.

CHAPTER 4

RESULTS

For the present study eight participants, recruited by six counselors, were interviewed about their lived experiences with mindfulness meditation. Participants' ages ranged from 24 – 42 and were comprised of one person who identified as male, six people who identified as female, and one person who identified as other. Gender neutral pronouns ze and hir are included in the manuscript to respect the individual who identified as other. Two participants identified as Black or African American, and six participants identified as Caucasian.

Collectively, the eight participants' phenomenological perceptions of mindfulness meditation are included in these results, which captures the research team's best understanding of their experiences. Results included within this chapter come from participants' responses from the semi-structured interview questions, which were discussed in Chapter Three. Analysis of the interviews by the research team resulted in the emergence of the following themes: (a) variations of individual experiences, (b) mental, physical, and emotional components, (c) perceptions of mindfulness meditation, (d) preferences for mindfulness meditation, and (e) continued practice implications. Themes found within the transcripts provided a deeper understanding of what the client experienced during the mindfulness meditation along with an understanding that each individual has a unique preference and opinion about the practice of mindfulness meditation.

Variations of Individual Experiences

The first theme centers on the fact that each participant had different experience before, during, and after the mindfulness meditation based on how they were feeling and in what state they came into the mindfulness meditation. Some participants presented as anxious during the session and then encountered a shift after the mindfulness meditation, whereas others reported no

change from the intervention. The overarching theme that emerged within these variations was that experiences with the intervention were generally positive and benefitted the participants in some way. No commonalities were found for race, gender, or age for this theme. The present study honored each individual's unique lived experienced, and the chart below has detailed the idiosyncratic experiences before, during, and after the intervention.

Table 1

Individual Participant Experiences

Age, Sex, Race,	Before phenomena	During phenomena	After phenomena
24, Other, White	Confusion	Once she talked about breathing I was able to focus on breathing through my stomach because I like to breathe through my stomach ... I was able to clear my mind pretty good. Then when she did the ocean, it was really easy to kind of focus on that too. I was able to get a couple full breaths. Then I caught myself in that memory and I brought myself back because I wanted to be in nothingness. Some calmness, some happiness.	I feel like our conversations were more smooth and calming ... I guess kind of like a slight fuzziness feeling, kind of when you come out of a dream state, you just went through a mental change, it's a little bit of that at the end.
25, Male, White	A little apprehensive and not stressed but kind of a little bit emotionally drained.	Initially I was focused on breathing, I was focused on what she was saying. About half way through I didn't have anything to grab onto, what she was saying. I ended up thinking about other things. It kind of felt ruined in the moment, like the moment was lost.	Same. I feel a little less stressed out I guess.
26, Female, Black or African American	Overwhelmed	It helped me calm down my breathing, helped me remember my thoughts, helped me relax. Helped me cool down, I would say if I was hot it would help me	I can remember exactly what I wanted to talk with [my counselor] about. Calmness.

		cool down.	
34, Female, Black or African American	Nothing bad as with stress or anything, just general closing of the actual counseling session.	I felt my whole body relax, I really did. It was just ... I think that's really the only way I can describe it, like it was true relaxation. It was just non-stressful, just kind of peace in that moment. I felt my body relax, my mind relax, I mean my thought process, everything just kind of, I gave way to it.	I felt centered. I felt better.
36, Female, White	The things that we had been discussing were about conflicting emotions and so I guess you can say I was a little bit jazzed up, as far as that goes. It was more of a scattered type of mindset of going off in all directions.	I found it easy to stay in the moment, as far as just focusing only on the breath. It's very clear and it's very easy to follow. Some of the images that were presented just kind of helped me sink even deeper into that.	The first thing I said after I opened my eyes was that things seemed to be clearer. Things seemed to come into sharper focus.
37, Female, White	I'm always in fear about things, very anxious. My mind never stops thinking about things and analyzing them.	Complete relaxation, it's almost as if I was here but I was not. I was very focused on those moments and all the thoughts that usually crowd my brain were not there.	I was very relaxed which is something I don't ever experience.
40, Female, White	I wasn't too hyped or anything. I mean we'd been talking about some stuff, so I was pretty relaxed already.	It was kind of yoga like. We closed our eye and breathed in and out, it was really relaxing I almost fell asleep.	Calm, relaxed, centered.
42, Female, White	I was in a good place, but still just had a workday. I had just come from work and there's always a heightened ... You're just ready to go home and take off and relax. I was still not	Again it didn't seem long enough to really get that to where everything disappeared, but there was some experience of that. Like I said, I kind of walked out and felt a little lighter.	A little lighter and more perceptive. When I was walking back I wasn't in my head, just like not worrying about things ... Noticing nature, enjoying the walk, being more in the moment.

	there, but a little bit. It was a normal stressful day.		
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Mental, Physical, and Emotional Components

The second theme consists of statements relating to the mental, physical, and emotional components the participants reported when they were engaged in the phenomena and as a result of the phenomena. Mental quotes represent cognitive shifts or thoughts that were reported, physical quotes represent how the participant noted their body sensations or movements that occurred, and emotional quotes represent the feelings a participant experienced. Some participants presented information about all three components whereas others reported experiences that fit into one or two of the categories.

Mental. Common mental components reported during interviews included thoughts of release or relief, focus or clarity, visualization, and perception of time.

Nothingness was a common term used to represent a mental release or relief. The release or relief participants were referring to was an escape from feelings of anxiety. One participant’s narrative described this experience as ze talked about hir experience while within a meditative state:

...You just go into that meditated state and zone out and you just do it ... yeah I think when you’re doing the stand still meditation, you have to sit in your own mind and get into that zone ... I brought myself back because I wanted to be in nothingness ... in a state where you can learn to really block out any external influences.

The terms focus and clarity are used to describe participants’ ability to think clearer and enhance their ability to articulate thoughts. Two quotes from two participants provide evidence

of focus or clarity responses. The first comes from a woman who entered the counseling session with a scattered mind:

I feel like, because there was that little first part of meditating, it kind of put my mind at ease so I can kind of, afterwards I was able to think more clearly ... I was able to clear my mind pretty good.

The second quote also comes from a woman, "It helped my mind stop racing ... It relaxed my mind so I could remember my thoughts because my mind is always in ten different places."

Visualization and perception of time were also included within the mental category. Visualization refers to a person visualizing an object or image during their mindfulness meditation. One participant talked about her visualization with smoke during mindfulness meditation: "... I imagine, I take my breath, I imagine going up and down my body, I imagine a smoke, like physically instant fill where I visualize smoke going in my fingers and the light."

Perception of time can be described as the length of time a person thinks a mindfulness meditation takes versus the actual length of time used. A participant spoke about how the experience felt longer when she was in the moment: "It feels longer than five minutes even though it was just five minutes."

Physical. Physical sensations are what participants reported in relation to their body, whether an actual bodily movement such as breathing or a body sensation. Participants reported various types of physical sensations as they engaged in mindfulness meditation, which include reduction in blood pressure and heart rate, calmed breathing, and smiling. For example one of the participants recalled a time when she used mindfulness meditation at the doctor's office:

I've used it because I have high blood pressure and I went to see my doctor and he first measured me when I got in. They stick you in a room for 20-30 minutes just sitting there

so I pulled out my Calm app and I was actually able to ... I was actually able to get to that point and then they took my blood pressure after that and it was 128 over ... I mean it was as perfect as it has ever been.

Later in the interview she talked about this scenario being concrete evidence that mindfulness meditation reduced her anxiety and therefore blood pressure.

Multiple participants talked about their breathing in relation to the mindfulness meditation. Some spoke about the calmness in breathing they encountered while others spoke about their focus on breathing. One participant spoke about the experience of breathing during the phenomena, "... slow my heart beat down and just stay calm ... I was able to focus on breathing through my stomach ... it just really slowed the breathing down." Later the same participant noted, "Then there was that small experience of holding the smile back which was kind of nice."

Emotional. A wide variety of emotions were reported during the interviews. A few that were repeated include calmness and relaxation, happiness, centeredness, and one participant reported feeling let down.

Calmness and relaxation were emotions reported by seven out of the eight participants. One participant noted:

It just helps me relax, I love [mindfulness meditation]. It helps me relax to the point where you want to fall asleep all the time ... To just calm myself down and to yeah, just calm myself down. To help me relax.

The other participants' narratives about relaxation and calmness are very similar to this account.

Happiness was another theme that emerged from a few interviews. A participant spoke about his sensation of holding back a smile, “yeah, I did have a sensation of just being a little bit happier afterwards.”

Participants did not give much description about their centeredness feeling, but as they spoke about their emotions, the word centered came up. An example comes from a participant who said, “I felt centered, I did,” after she was asked about what she was feeling after the mindfulness meditation.

Finally, one participant did not get the results he had hoped for from the intervention and felt disappointed. After being asked what he was feeling after the mindfulness meditation, he responded by saying, “It did work, it just didn’t work as well as I had hoped or I thought it had.”

Perceptions of Mindfulness Meditation

Theme three includes quotes and descriptions about the perceptions participants hold about mindfulness meditation. As participants spoke about their experience within the interview, they spoke about their perceptions of mindfulness meditation. Participants experienced different opinions, expectations, and benefits of the mindfulness meditation.

Opinions on Mindfulness Meditation. Participants offered information about their viewpoints of mindfulness meditation. One participant noted that mindfulness meditation is a way of quietly reflecting:

Meditation is just going silent and allowing yourself to be considered and to be aware of what’s going on with yourself and what needs to ... Kind of process things but doing it quietly and doing it in a way that’s almost self-contained. I think it’s great.

Another participant said mindfulness meditation puts her in a sleep mindset, “I liked it, I mean I really liked the whole point of it, I could’ve went to sleep just the whole atmosphere of everything.”

A participant spoke about how mindfulness meditation is something that needs to be practiced, and her desire to see mindfulness meditation used within the therapy session as a replacement for medication-assisted treatment:

I think it could be really useful I think that it’s something that probably should be practiced and you have to practice it and put it into practice, you can’t just do it once in a blue moon and expect to feel better ... I would like to see people going towards [mindfulness mediation] therapy instead of medications and things like that.

Finally, a participant spoke about how, to her, mindfulness meditation is the act of ceasing to think about the stress:

You think about not thinking of something and while thinking about nothing there’s always something there. You kind of, okay I’m going to stop thinking and then something comes. If you can really learn how to really sit in nothing it’s like it slows down time. You come out of there and any problems you have, then you can find a good place where I want to stay, it’s just you really learn to appreciate the present time that you’re in when you’re in that time. You don’t have to worry about anything at that present time and exact moment. You don’t have to worry about bills, relationships, car bills you know what I’m saying?

Her perception of mindfulness meditation is that by learning to quiet thoughts, her worries are reduced along with common life stressors.

Benefits Perceived. As participants talked about their experiences with mindfulness meditation in their session and mindfulness meditation in general, they spoke about personal benefits they perceived, including enhancement of the relationship between the counselor and the client, also known as the therapeutic alliance, and facilitating closure to the session.

The therapeutic alliance is a vital part of the counseling process, and participants noted aspects of the alliance being improved as a result of the mindfulness meditation. One participant discussed how the mindfulness meditation facilitated the conversation between him and the therapist:

I've found myself, in other sessions where I will be talking and talking then I'll believe I don't know where I was going with that, but I think last time that only happened once. I felt more, I was able to sit with my own thoughts a little bit more easily ... I feel like our conversations were more smooth and calming.

The same participant also talked about how the mindfulness meditation during the session was enhanced because the counselor was the one who narrated:

It was interesting because I guess when you're with a counselor and you've been talking to them for a couple of weeks, it was kind of nice because I was so used to [my counselor's] voice. I was able to listen to her commands pretty well.

One participant noted that by engaging in the mindfulness meditation within the session, she felt the session had a nice closure, "I do like that we did the mindfulness at the end. I felt like it brought a nice closure to the whole thing because there was some stressful type of events that were brought up, that sort of thing."

Expectations. A few participants came into the session with an expectation about mindfulness meditation. One participant had no expectations while others reported presumptions

of relaxation-type feelings and being taken out of their thoughts. Some quotes that capture these ideas comes from two participants: “With this one I expected that I would be taken out of my thoughts, is the best was I can say that,” and “Just relaxation, calm.”

Recommend to Others. During the interviews, four people indicated they would recommend mindfulness meditation to others. They wanted to share their experience with other people for a variety of reasons. One participant said, “I think more people should learn how to be present in their own life, in a state where you can learn to really block out external influences ... I think it would really open them up.” Another participant said, “I feel like it’s probably better for everybody to do more of it ... I feel like if people did that kind of stuff there’d be less hate.” Finally, a female noted that she has intentionally infused mindfulness within her social relationships: “It’s something I’m trying to do more of in my relationship with others, is being mindful in what I say and how I do that. One of the ways to that is to be aware of yourself.”

Experience of Therapy Process. Another subtheme which emerged was the participants’ perceptions of the therapy session. Therapy is a time where clients can meet with a person who facilitates progress in resolving presenting concerns. All but one participant mentioned the therapy session as being an overall positive experience. One participant said, “The counseling session, I thought, was helpful.” Another participant stated, “No it was good, it’s never bad.” Finally, a participant related counseling to being a safe haven:

I come here and this is my little fortress, my safe haven. I can talk about things without being made fun of or having people tell me like you don’t have a reason to feel that way.

When I come here I just feel like this is a place where I can let everything go.

All of these quotes represent the participants’ lived experience of therapy being positive.

Preferences for Mindfulness Meditation

Several participants provided suggestions on how the mindfulness meditation could have been enhanced to better fit their preferences. They supplied information on their preferred length and structure.

Length. Five out of the eight participants noted several preferences of mindfulness meditation, one of which is the length of practice. When asked about the length of the mindfulness meditation she engaged in, a participant stated, “It just didn’t seem long enough ... it didn’t seem long enough to really get that to where everything disappeared.” She is saying that by having a longer meditation, excessive amounts of thoughts dissipate, and she would be able to focus more on the meditation. Another participant provided a specific preference for length, “Maybe at least ten minutes, at least twice as long.” Although most participants indicated they would prefer a longer mindfulness meditation, one participant felt her experience was the perfect length as evidenced by her statement, “I think it was the perfect amount.”

Structure of Mindfulness Meditation. The present study’s mindfulness meditation was a five-minute breathing meditation through which participants were instructed to view their inhalations and exhalations like waves on the beach while also reminding participants to remain in the present moment. Participants offered recommendations for the mindfulness meditation to better align with their preferences. Common recommendations included more imagery or direction and more complexity. One participant stated that the mindfulness meditation was too simplistic, which made it impossible for him to stay in the present moment:

A little simplistic. Not a whole lot to focus on. Not a lot that I could ground myself on ... Initially I was focused on breathing, I was focused on what she was saying. About half way through I didn’t have anything to grab onto, what she was saying. I ended up

thinking about other things. It kind of felt ruined in the moment, like the moment was lost.

He later gave the advice of “a little bit more to focus on to keep someone in the exercise”.

Another participant described her preference for imagery, “I would almost like it if they led me to a place that might be cool.”

Continued Practice Implications

The final theme, continued practice implications, highlights participants desire to continue practicing mindfulness meditation on their own. Within this theme participants discussed why it would benefit them to practice more regularly, their previous experience with specific types of mindfulness meditation, and their perceived ability to practice on their own.

Overall Wellness. Practicing mindfulness meditation had idiosyncratic qualities for wellness in individuals. Participants spoke about how practicing mindfulness meditation can enhance efficiency with daily chores and described meditating as an act of self-care.

One participant talked about how mindfulness helps her accomplish chores more efficiently: “It’s going to actually make me clean dishes easier. I guess really it helps everything when you’re in that mindset.”

Self-care was mentioned twice during the interview process. One participant noted that the self-care would help declutter her thoughts: “It’s something that I know I need to do more of, be more self-care and just kind of ... sometimes you just do get scattered so learning a technique to kind of, when I feel scattered to just take a second and breathe through it and that nature.”

Previous Experience. All but one participant indicated previous experiences of mindfulness meditation. Although most participants had previous experience with mindfulness meditation, their experiences varied. One participant, along with three others, indicated she has

experience with breathing meditation: “I try to regulate my breathing, close my eyes, picture some place, feel wind, everything.” Her previous experience with mindfulness meditation was in alignment with the type of meditation the present study used.

Previous experience with guided imagery was also reported by some participants: “I’ve participated in all kinds of guided imagery type things,” reported one participant. Guided imagery is a type of meditation where the meditator is prompted to think about specific images or scenes and focus on those images. Another participant noted that he visualized his anxiety like a ball, “I’ve done some where I’ve been asked to visualize my anxiety like a ball or visualize a person or you know ... Like thinking myself out of person. Like I’m viewing myself objectively, those are ones that I’ve had a focus on.”

Another type of meditation people reported during the interview was active meditation, which included tai chi, martial arts, and yoga. One participant recounted his previous experience with tai chi meditation:

I’ve done, I guess it would be called tai chi meditation ... Where it’s like really slow movement and you’re trying to feel the sensation of chi moving in your body. Chi is really weird in that it doesn’t really exist but if you believe in it, you can have those sensations and you focus on it. You’re just more in tune with your body and more in tune with your thoughts and stuff, so I’ll actively do that.

His description captures the essence of meditation demonstrated in tai chi practice through his lived experience:

A participant who recounted having experience in yoga stated,

I guess in yoga, you're moving and it is still kind of exercise. I laugh because my favorite part of yoga is savasana ... I guess that's the part where that is the meditation.

You're thanking your body for everything that you've done.

Her narrative demonstrates that at the end of her yoga practice she associates the pose savasana with mindfulness meditation.

Importance and Ability. Within the interview process, participants talked about their implementation of mindfulness meditation practice in their day-to-day lives along with challenges that arise when attempting to practice. Also, a participant noted that she was able to access mindfulness meditations on her own, so that she could be guided by a voice while practicing.

When asked about engaging in mindfulness meditation in the future, one participant responded in the following way:

If I would actually put the effort to make it part of my day to day practice, I think it would be very beneficial because taking moments away is very helpful whether it's shutting down electronics, turning off the TV, killing the lights, whatever it is just finding those few moments to experience nothing. I find that to be rewarding.

Practicing mindfulness for this individual means taking moments to experience downtime. This participant talked about her motivation to practice mindfulness meditation within the interview. She stated it was something she is able to do on her own and that the mindfulness meditation used within the session encouraged her to start practicing again.

While speaking about implementing mindfulness meditation within their daily lives, participants noted some challenges that may arise in practicing mindfulness meditation outside of the counseling session, "As soon as I leave [the counseling session] it's all there again. I'm okay

for a little while after but then the thoughts start racing in my mind, and I stay up all night, it's just a lot." Another challenge indicated was finding time to purposely sit down to practice, "I think because of my anxiety that it's very hard for me to, like to sit down and recognize self-care that I deserve 10-20 minutes ... Finding the time and understanding that it's something that I need to do."

CHAPTER 5

DISCUSSION

There is a limited amount of research about how mindfulness meditation is experienced by clients in the counseling session. Thus far, studies have focused on students, patients, and experienced meditators (e.g., Coppola & Spector, 2009; Greason & Welfare, 2013; Hjeltnes et al., 2014; Teasdale et al., 2000; William et al., 2005). The purpose of this phenomenological study was to develop a deeper understanding of mindfulness meditation with clients in the therapy setting. The research question proposed in Chapter Three asked, What is the experience of a client who has engaged in mindfulness meditation within the counseling session? The results found in the present study are a starting point for closing the gap between what is known about mindfulness meditation and how clients perceive the intervention. This chapter discusses each theme's implications which were presented in Chapter Four.

Variations of Individual Experiences

No two participants had the same lived experience with the mindfulness meditation. The experiences of participants may have been shaped by previous exposure to the intervention. Previous literature has sought to determine which meditation tactic is preferred with little success in pinpointing the ideal mindfulness meditation (Burke, 2012). Existing literature on mindfulness meditation has primarily been quantitative, meaning one technique of mindfulness meditation is explored rather than multiple techniques (Burke, 2012; Schomaker & Ricard, 2015). With this blanket approach, the literature has failed to discover the unique experiences clients encounter during the process. Thus, counselors who plan to implement mindfulness meditation with their clients should understand that experiences may vary and cannot be guaranteed. One participant within the study did not get the result he had hoped for. Counselors should understand that even

though the technique has had a lot of positivity surrounding it, the client may or may not have experiences that align with previous research.

Another factor that may have influenced the participant's experience was the timing of when the mindfulness meditation was implemented within the session. During the training, counselors were told to engage the client in the mindfulness meditation when the timing felt right so that the process was organic rather than forced. Four participants engaged in the mindfulness meditation at the beginning of their session and the other four at the end. Therefore, clients could have different experiences with the mindfulness meditation based on when the intervention is applied within the session.

Participants had unique experiences as presented by the theme variations of individual experiences. No commonalities were found based on gender, race, or age, so researchers should be cautious in making generalizations. The main takeaways from this theme are that the counselor should honor the client's unique experience with mindfulness meditation and be aware of the fact that the client may not experience any shift or effect from the mindfulness meditation.

Mental, Physical, and Emotional Components

Common perceptions of mindfulness meditation are that it creates a calming emotion (Hjeltnes et al., 2015). Another emotion that literature has stated mindfulness meditation creates is happiness (Campos et al., 2016). Both of these findings align with the findings in the present study as reported by participants. Although shifts in emotions are commonly associated with mindfulness meditation, the intervention can also create shifts in mental states and cause physical sensations. Participants did provide a great deal of description about how the mindfulness meditation increased positive emotions, but they also provided descriptions of physical and mental sensations they experienced, which is something the researchers were not expecting.

Schure et al. (2008) found a similar result in their study with counselors in training. Themes found in their study were physical, emotional, and mental changes (Schure et al., 2008). Results from the present study and the Schure et al.(2008) study provide evidence that engaging in mindfulness meditation has the potential to provide a shift throughout the entire body. Again, each person is unique, so it cannot be guaranteed that every individual will experience all three components. When integrating the practice of mindfulness meditation within therapy, counselors should talk about mental, physical, and emotional components that the technique may impact so that clients can make an informed decision about trying the technique. Clients may also have their biases about mindfulness meditation only decreasing stress, so by discussing other possible benefits, they may be more intrigued and willing to try the practice.

One of the subthemes found in the present study was mental clarity. After participants engaged in the mindfulness meditation, some reported being able to think more clearly and articulate their thoughts better. Therefore the purpose of mindfulness meditation in the counseling session may not only be to de-stress clients, but it may also act as a tool to help clients tap into and share thoughts they may not have otherwise shared within the counseling session.

Perceptions of Mindfulness Meditation

The present study confirms that most participants in this study had a positive experience when mindfulness meditation was utilized within the session. The main benefit participants spoke about was a reduction in symptoms relating to anxiety. This result aligns with Hjeltnes et al.'s (2015) study, which found that students who went through an eight-week mindfulness-based stress reduction course reported: "Finding an inner sources of calm" (p. 5). The theme of reduced anxiety fits with the needs of the clinic from which participants were recruited for the present

study. One of the most common presenting problems at the clinic is anxiety (E. Likis-Werle, personal communication, 6/14/16).

A perceived enhancement of the therapeutic relationship was also reported by a participant. Although, some form of relationship needs to be established before the mindfulness meditation can be implemented. If the counselor tries to implement a mindfulness meditation within the first session, the client may not have as much of a positive experience compared to a counselor-client dyad that has met multiple times. One participant had noted that his conversation with his therapist went more smoothly after engaging in the mindfulness meditation, so he experienced an increase in therapeutic relationship as a result of the mindfulness meditation practice. The present study's result coincides with Schomaker and Ricard's (2015) results of counselors in training being studied. Their results indicated that the therapeutic relationship increased with clients over the course of the semester. Therefore, counselors and clients both engaging in mindfulness meditation could facilitate a healthy therapeutic relationship, which is vital to the counseling process.

Other benefits discussed in the literature review were not addressed by participants, but this may be due to participants only engaging in one five-minute intervention. Benefits found in previous literature included increased emotional regulation, increased positive emotions, increased job satisfaction, and increased life satisfaction, just to name a few (e.g., Farb et al., 2010; Geschwind et al., 2011; Hinterman et al., 2012; Hulsheger et al., 2013). Participants in the present study may not have discussed these specific benefits because they weren't asked or they may not have experienced the benefits. A clear picture of all benefits clients may potentially experience was not observed due to a single 5-minute intervention being used in the present study. Using a brief mindfulness meditation intervention within the present study leaves room for

future researchers to investigate further outcomes using a different length and duration of mindfulness meditation

Multiple participants note that they were intentionally trying to experience nothingness during the mindfulness meditation or that they experienced nothingness. The participants' definition of mindfulness meditation is different than the one proposed within literature: Bringing nonjudgmental attention to moment-by-moment experiences while using various meditation techniques (Bishop et al., 2004). Counselors are encouraged to ask clients what they know about mindfulness meditation and provide psychoeducation to inform clients of the true purpose of mindfulness meditation. By informing clients, they may have a better understanding of the process and purpose and may experience better results.

Each participant provided descriptions about their perceptions of mindfulness meditation both in general and specifically related to the one used in the session. Their perception of mindfulness meditation may have created a self-fulfilling prophecy for the experience they had. Further, if a person perceives mindfulness to be positive before they engage in the practice, they may have a more positive experience compared to somebody who perceives mindfulness to be a waste of time.

Preferences for Mindfulness Meditation

Each participant also noted how the mindfulness meditation could have been tailored to her or his preferences. Therefore, it seems important to talk to clients about what kind of mindfulness meditation may be most effective for them. If the client reports no previous experience with the intervention but is intrigued, it may be appropriate to try different mindfulness meditation methods to determine with which one the client feels most comfortable. Although Burke (2012) found that vipassana (mindfulness meditation) and mantra meditations

were the two most favored methods, the results cannot be generalized due to each person having their individual preferences for their practice. The present study utilized a breathing mindfulness meditation based on Burke's (2012) findings. Our findings suggest that there is no universally favored technique.

Participants within the present study reported a variety of recommendations, which would have enhanced their experience such as length and structure of the mindfulness meditation. No common theme could be drawn from the recommendations provided. Counselors who wish to introduce this technique within the counseling session should first ask their client about their previous experiences with mindfulness meditation. Having an open conversation will allow the client to disclose their personal preferences, thus informing the counselor of what kind of mindfulness meditation should be used with that client. Also, by asking the client about their preferences, the client will feel more involved with the process of finding appropriate techniques to use within the session. After the counselor and client have come into agreement with a specific type of mindfulness meditation, there should be a continued evaluation to ensure the client is still experiencing benefits from the technique chosen.

Continued Practice Implications

Finally, the theme continued practice implications noted the ability to practice among participants, the mobility of practice, and challenges. Little to no previous research has focused on these ideas; rather literature has focused primarily on the positive outcomes associated with mindfulness meditation. However, previous literature has noted that not every culture may be accepting of the practice of mindfulness meditation (Pruett et al., 2007). Therefore, the present study is adding to the knowledge base of ability to practice and some challenges that may arise with continued practice.

Practicing within the counseling session may be easier than practicing by one's self because clients may find it helpful when someone leads them through the mindfulness meditation. Electronic applications used on mobile devices such "Calm-Meditate, Sleep, and Relax" and "Headspace-Meditation" have allowed people to be guided through a mindfulness meditation within multiple locations (Developer, 2017; Headspace, 2016). This availability increases the opportunity to practice, but there are challenges. Participants in the present study reported feelings of shame or guilt when they think about taking time for themselves; Taking time for one's self is selfish. A counselor who chooses to suggest mindfulness meditation to their client may emphasize the benefits and accessibility of the practice to help motivate clients to practice. According to research, to gain the benefits of mindfulness meditation, the technique needs to be practiced frequently throughout each week (Schoormans & Nyklíček, 2011); Participants in this study expressed having limited time. Not everyone feels they have time for mindfulness meditation due to school and/or work constraints. A counselor's role may be to encourage clients to find time for self-care tactics and continue to provide psychoeducation about the benefits of mindfulness meditation. Understanding that the accessibility of practicing mindfulness meditation can be an issue for some is an important counseling implication. Before encouraging clients to practice mindfulness meditation on their own, counselors must be aware of limitations that may exist. Clients may not have access to the Internet or may not have a smart phone, and if a client prefers being guided through the mindfulness meditation, this would be a challenge. Counselors should consider how to make mindfulness meditations accessible if there are limitations. Alternative methods to consider are making a CD with mindfulness meditation on it or printing off scripts for clients to take home. The CD would be beneficial for clients who prefer

to utilize their entire 50-minute counseling session and do not wish to have taken up by a mindfulness meditation.

Limitations

This study provided an overview of the experiences of one group of clients after they engaged in mindfulness meditation within the counseling session. However, several limitations exist in the study. The first set of limitations describes issues that may have arisen from the mindfulness meditation used within the study. First, previous literature has explored the benefits of mindfulness meditation using multiple week long training programs, whereas the present study only included one, five-minute meditation (e.g., Burke, 2012; Forkmann et al., 2014; Greason & Welfare, 2013; Hjeltnes et al., 2015; Lane et al., 2007). Therefore, the mindfulness meditation provided within the present study may not have been long enough to get a clear picture of the effects.

The second set of limitations describes issues related to the procedure within the present study. Research has indicated that clients respond to mindfulness meditation better when their counselor regularly practices mindfulness meditation (Roeser et al., 2012). Although, during the training, the counselors were strongly encouraged to regularly practice mindfulness meditation, whether or not they did was not assessed. Also, some counselors were trained the day they did the mindfulness meditation within their session, so there would be no possible way for them to practice mindfulness meditation on their own. Another limitation is that participants came from counselors who volunteered, so not every client in the clinic was given an opportunity to participate. Further, clients were asked if they wanted to participate. Therefore, two levels of self-selection were introduced: The counselor or client may have their biases about mindfulness meditation, which could have influenced their desire to participate or not. For example, if the

counselor or client did not previously have a positive experience with mindfulness meditation, they may have chosen not to participate. Participants within the study generally gave positive descriptions about the mindfulness meditation. This could be due to the self-selection process described. Each client-counselor dyad had been meeting for various lengths, meaning their therapeutic relationships were at different levels, this may have impacted participants' experiences. Although the mindfulness meditation was modeled for the counselors, how they implemented it within their session was not assessed. Counselors may have misread the script, narrated rapidly, or not allowed for pauses throughout the mindfulness meditation. The participants were not encompassing of ethnic diversity or gender diversity. All but two participants identified themselves as female, and all but two participants identified themselves as Caucasian. Although, the demographics for gender within the present study do mirror the ratio of females to males seen within the clinic used in the present study (E. Likis-Werle, personal communication, 3/13/17). Due to the small sample size, the results cannot be generalized to all clients in the counseling setting. Finally, two participants' post-session interviews were held two weeks after the intervention was done within their counseling session. Their recollection of their experience may have had inaccuracies as a result.

The third set of limitations relates to the concept of social desirability. Social desirability is a term used to describe participants answering questions to appear desirable by the researchers so giving positive narratives about mindfulness meditation to appear desirable to the researcher. The one participant who did not have a positive experience was reluctant to say anything negative about the mindfulness meditation. He said, "I feel a little less stress, I guess." Some interviews took place two weeks after the mindfulness meditation intervention due to a holiday break, so the accuracy of the recollections obtained in those interviews may not be exact.

Future Research

The present study serves as a starting point for closing the gap between what is known about mindfulness meditation and how the intervention can be applied to therapy. Although the present study offered useful information, it created more questions for future research, such as, how is meditating within the session different compared to meditation done by one's self? The present study looked at clients' experiences within the counseling session. How would clients respond differently if they were to practice mindfulness meditation on their own and report to their counselor weekly on their progress? Would the benefits be similar to those found in the present study?

Also, seven out of eight participants reported previous experience with mindfulness meditation. Would the results be similar for people who don't have previous experience? Further, how have participants' past experiences with mindfulness meditation shaped their current perceptions? Also, participants had idiosyncratic views on what mindfulness meditation was, so it would be interesting to add a question asking them to define mindfulness meditation in their terms. The way they define the intervention may influence how they practice. For example, some participants noted they had the intention to create a nothingness within their practice. This does not align with the definition of mindfulness meditation, so their experiences may be influenced by their understanding of mindfulness meditation (Bishop et al., 2004). Future research could include a training session for the clients as well as counselors on mindfulness meditation.

To gain a better understanding of the benefits clients may experience using mindfulness meditation within the counseling setting, a study needs to be done that better aligns with the interventions used in previous research. Previous research has implemented multiple week

training programs (e.g., Hjeltnes et al., 2015; Kabat-Zinn et al., 1986; Schure et al., 2008). A therapy session is 50 minutes long, so the training could not be an hour-long as other research has suggested. However, implementing a brief 5-10 minute mindfulness meditation within each session for eight weeks may create more extensive data on the benefits clients' experience. Further, the interviews should be conducted right after the intervention or shortly after to ensure accuracy in the participant's recollection.

Finally, future researchers should include a more diverse group of participants with more males and different ethnicities. By diversifying the sample, future research can investigate similarities and/or differences among various populations and therefore gain a deeper understanding of mindfulness meditation in the counseling setting.

Conclusion

The present study's results both support and extend the literature on mindfulness meditation. Through the interview process, clients spoke about their unique lived experiences during the mindfulness meditation including mental, physical, and emotional components of their experience. Participants also provided descriptions about their perception of the mindfulness meditation, preferences, and future practice recommendations. The narratives they provided will help counselors better understand the phenomenon of mindfulness meditation and how it relates directly to therapy.

By continuing to research mindfulness meditation, the gap between what is known and what is not known can continue to close, thus improving therapeutic outcomes for clients. The present study provided qualitative evidence that the participants in this group had an overall positive experience when mindfulness meditation was utilized in the counseling session. Thus more research should be done to understand more about this phenomenon. A qualitative research

design was an optimal approach because it allowed for the clients' voice to be heard through descriptive data, which quantitative-design does not allow for. More qualitative research about mindfulness meditation would help to continue exploration about the intervention and clients' experiences and outcomes in the therapy setting.

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APPENDICES

Appendix A

Email to Faculty

Dear Internship faculty,

As you may be aware I am conducting research as part of my thesis project. In short, I am researching client satisfaction when meditation is used in the counseling session. I am asking permission to come into your classes at some point during September of the Fall 2016 semester to seek out counselors who would be interested in helping me with my research. This process would take about 10 minutes. I will come in, introduce myself and briefly explain my study. Then I will hand out a sign-up sheet for them to sign if they are interested. Those who are interested will be contacted via email to attend a mandatory training seminar where more details will be provided.

Thank you for the consideration,

Veronica

Appendix B

Script for Recruiting Counselors

Hello my name is Veronica O'Brien and I'm conducting a study on client experiences with mindfulness meditation. Those who are interested in participating will be asked to attend a 45 minutes training seminar where I will discuss mindfulness meditation and its benefits along with when it is appropriate to initiate a mindfulness meditation. Also, in the training seminar you will be given instruction on how to ask the client for their participation and scripts for the mindfulness meditation and recruitment of clients. When you have asked your client and they have agreed to participate, I will come into your session to explain a bit more detail to the client and get their informed consent. I will also set up a day and time for the post-session interview. This process shouldn't take too much time out of your session, I would say 10 minutes tops. Your clients will be asked to engage in a five minute mindfulness meditation that you will conduct within the session. Within five days, the client will meet with me for a 45 minute semi-structured interview where I will ask them to fill out a brief demographic survey and ask about their experiences. The benefit for you all to participate in my study is that you will learn about mindfulness meditation which is a beneficial technique in counseling that our program doesn't discuss in detail. I will pass around a sheet of paper and if you are interested please put your name and email address on the paper. The training seminar time and date will be determined based on a common availability time. Thank you. Does anyone have any questions?

Appendix C

Training Program Outline

Training program outline

- Welcome participants
- Explain what mindfulness meditation is and why it's so useful for counselors
- Hand out informed consent- they are not required to sign but it gives information on what is expected of them along with more information about the study
- Explain study in further detail (basically outlining informed consent)
 - o Purpose
 - o Goal
 - o What will be expected of them
 - Go over introducing the study to the client, give them a week to decide if they need it.
 - I will be in the clinic so have me come in so client can meet me and sign informed consent/ set up an interview period
 - I will go over informed consent with client
 - Proceed with session
 - o Risks/ benefits associated with counselor participating
 - Risks
 - Client could experience an increased awareness of unpleasant thoughts which would require you as the counselor to intervene
 - Benefits
 - Learning new technique for counseling and for personal use
 - o Risk/ benefits associated with client participating
 - Risks
 - Outcome is not what was hoped for
 - Boredom
 - Increasing awareness of uncomfortable thoughts
 - Benefits
 - Mindfulness meditation may be a technique that helps center/ calm clients
 - They may enjoy mindfulness meditation so much they continue practicing
- Explain ways in which mindfulness meditation can be introduced within their session
 - o Can be at the beginning before client goes into their story
 - o Can be at end before client leaves
 - o Can be used if client seems to be experiencing troublesome emotions during the session
 - o Make sure the mindfulness meditation occurs naturally and is not forced
 - If you can't find an appropriate time to utilize the mindfulness meditation, then don't use it.
- Lead counselors through the mindfulness meditation they will be using on their participants
- Give counselors a handout with mindfulness meditation they will be using with participants
- Encourage counselors to practice mindfulness meditation every day for five minute before conducting one with clients

- Ask if they have any additional questions about what is expected of them or if more clarification is needed

Total time estimated – 20 minutes

Appendix D

Informed Consent for Counselors

Title: Client experiences with mindfulness meditation: A qualitative study

Principal Investigator's Contact Information: Veronica O'Brien, obrienv@etsu.edu 716-545-8472

Organization of Principal Investigator: East Tennessee State University

INFORMED CONSENT

This Informed Consent will explain about being a participant in a research study. It is important that you read this material carefully and then decide if you wish to voluntarily participate.

- A. Purpose:** The purpose of this study is to gain information on clients' experience when they have engaged in mindfulness meditation during their counseling session. The mindfulness meditation is a short technique that will have your client focus on their breath and allow any thoughts they may have to be observed nonjudgmentally. The goal is to obtain information that would potentially lead to a better client satisfaction within the counseling session.
- B. Duration:** The meditation will take place during your 50 minute counseling session with the client. The technique you will be conducting will take approximately 5 minutes. The training seminar you will attend will last approximately 45 minutes.
- C. Procedures:** During this study you will first attend a training seminar. Within that training seminar you will learn more about mindfulness meditation, how to ask your client if they would like to participate in a study, and how to initiate the mindfulness meditation within the session. The time in which the meditation may occur will vary depending on when it naturally seems right to introduce the technique. You will be given two scripts, one to ask the client if they would be interested in participating and one that includes the mindfulness meditation technique. If your client agrees to participate in the study you will tell me and I will talk to your client within the session about the study and get their informed consent. You will be asked to engage in mindfulness meditation on your own between the training seminar and conducting the mindfulness meditation with your client. This is strongly encouraged.
- D. Possible Risks/Discomforts:** As with any study there are risks, fortunately for this study they are minor. During the meditation your client may have an increased awareness of uncomfortable thoughts which will need to be addressed. Also clients may not achieve their hoped for results from the meditation and therefore may express this dissatisfaction with you. You may have difficulty finding an appropriate time to engage in the meditation, though I will teach you when it can be appropriate.

- E. Possible Benefits:** By participating in this study, you are learning a new skill that can be used when counseling clients in the future. Meditation isn't taught within this counseling program and literature has shown that it is beneficial to some clients.
- F. Voluntary Participation:** Your participation in this research experiment is voluntary. *You may choose not to participate.* If you decide to participate in this research study, you can change your mind and quit at any time. If you choose not to participate, or change your mind and quit, the benefits or treatment to which you are otherwise entitled will not be affected. You may quit by calling Veronica O'Brien, at 716-545-8472. You will be told immediately if any of the results of the study should reasonably be expected to make you change your mind about continuing to participate.
- G. Contact for Questions:** If you have any questions, problems, or research-related medical problems at any time, you may call Veronica O'Brien at 716-545-8472 or Dr. Elizabeth Likis-Werle at 423-439-7684. You may also call the Chairperson of the ETSU Institutional Review Board at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.
- H. Confidentiality:** No data will be collected from you.
- I. Video:** You will be recorded during your session, but the research team will not be viewing that video.
- J. Removal from Study:** Your data may be removed from data analysis without consent. You will be removed if you do not conduct the mindfulness meditation within your session, do not attend the training seminar, or if you don't follow the script exactly. Do not try to coerce the client to participate in the study, this will also have you and your client removed from the study.

By signing below, I confirm that I have read and understand this Informed Consent Document and that I had the opportunity to have them explained to me verbally. You will be given a signed copy of this informed consent document. I confirm that I have had the opportunity to ask questions and that all my questions have been answered. By signing below, I confirm that I freely and voluntarily choose to take part in this research study.

Signature of Participant

Date

Printed Name of Participant

Date

Appendix E
Meditation

5 Minute Breathing Instructions

“Take a few moments to be still. Congratulate yourself for taking some time for meditation practice.

Bring your awareness to your breath wherever you feel it most prominently in your body. It may be at the nose, neck, chest, belly, or somewhere else. As you breathe in normally and naturally be aware of breathing in, and as you breathe out, be aware of breathing out. Simply maintain this awareness of the breath, breathing in and breathing out,

There is no need to visualize, count, or figure out the breath; just be mindful of breathing in and out. Without judgement, just watch the breath in and out just like waves in the sea, There’s no place to go and nothing else to do, just be in the here and now, noticing the breath – just living life one inhalation and one exhalation at a time.

As you breathe in and out, be mindful of the breath rising on the inhalation and falling on the exhalation. Just riding the waves of the breath, moment by moment, breathing in and breathing out.

From time to time, attention may wander from the breath. When you notice this, simply acknowledge where you went then gently bring your attention back to the breath.

Breathing normally and naturally without manipulating the breath in any way, just be aware of the breath as it comes and goes.

As you come to the end of this meditation, congratulate yourself for taking this time to be present.” (Stahl & Goldstein, 2010).

Appendix F

Script for Counselors Recruiting Clients

My colleague, Veronica O'Brien, is conducting a study on mindfulness meditation for her thesis. This would include having you engage in a brief mindfulness meditation within our session and then she would interview you at a later date. Would this be something you are interested in? You can have the next week to decide. She can come in and explain the study more to you.

Appendix G

Script for Primary Investigator Recruiting Clients

Hello, my name is Veronica O'Brien and I am the primary investigator of the research study. Your counselor indicated you may be interested in participating in my study. Let me tell you a bit more about what my study is about and what will be asked of you. I am studying client experiences with mindfulness meditation. Mindfulness meditation is a technique where a person focuses on their breathing while staying present. Any thoughts that occur in their mind are acknowledged nonjudgmentally and focus comes back to the present moment with the breath. If you are interesting in participating, your counselor will conduct a mindfulness meditation with you within your session. Sometime within the next five days I will meet with you and give you a demographic survey as well ask you some questions about what the mindfulness meditation was like for you. The whole interview process will take approximately 45 minutes and will be video recorded. The camera will be faced away so only your voice is heard. Does this sound like something you would be interested in doing? (If client says yes continue with script) Thank you very much I appreciate your participation. I will need you to sign an informed consent which says you are agreeing to participate in the study. It gives information about the study, people for you to contact should you have any questions, and states that you have the right to withdraw from the study at any point in time without consequence. I will give you a copy of the signed informed consent for your records as well. When would be a good time for you to set up the post session interview? (set up post session interview then leave).

Appendix H

Informed Consent for Clients and Audio Release Form

Title: Client experiences with mindfulness meditation: A qualitative study

Principal Investigator's Contact Information: Veronica O'Brien, obrienv@etsu.edu 716-545-8472

Organization of Principal Investigator: East Tennessee State University

INFORMED CONSENT

This Informed Consent will explain about being a participant in a research study. It is important that you read this material carefully and then decide if you wish to voluntarily participate.

- K. Purpose:** The purpose of this study is to gain information on your experience when you have engaged in mindfulness meditation during your counseling session. The mindfulness meditation is a short technique that will have you focus on your breathe and allow any thoughts you may have to be observed nonjudgmentally. The goal is to obtain information that would potentially lead to a better client satisfaction within the counseling session.
- L. Duration:** The meditation will take place during your 50 minute counseling session which you, as the participant, will already be attending. The technique will take approximately 5 minutes. The post-session an interview will take place within five days of your session and will last approximately 45 minutes.
- M. Procedures:** During this study your counselor will have the client engage in a meditation within the study. The time in which the meditation may occur will vary depending on when it naturally seems right to introduce the technique. The counselor has been trained on how to conduct a meditation and will be reading off of a script. After the session has concluded you will need to come in to the clinic again for an interview within five days of the session. During the interview you will be asked to complete a short demographic survey before the interview initiates. Also, the interview will be recorded using a camera, but it will be faced away from you so that only your voice is heard.
- N. Possible Risks/Discomforts:** Possible risks that may accompany the participation of this study are boredom, mental fatigue, and increased awareness of thoughts that are uncomfortable. Another potential risk is that you may not experience the results you had hoped for once the mindfulness meditation has concluded. A final possible risk is the loss of confidentiality due to the interview being recorded. The research team will take extreme precautions to minimize this risk as much as possible. Precautions that will be taken include, facing the camera away from you during the interview, not including any identifiable data in the audio recording, and not labeling the audio recording with any identifiable information.

- O. Possible Benefits:** The possible benefits of your participation in this research study include helping add to the literature of client satisfaction which will in turn promote better services to you as the client. Another potential benefit is the enjoyment of engaging in a meditation that results in a calmer state of mind.
- P. Voluntary Participation:** Your participation in this research experiment is voluntary. *You may choose not to participate.* If you decide to participate in this research study, you can change your mind and quit at any time. If you choose not to participate, or change your mind and quit, the benefits or treatment to which you are otherwise entitled will not be affected. You may quit by calling Veronica O'Brien, at 716-545-8472. You will be told immediately if any of the results of the study should reasonably be expected to make you change your mind about continuing to participate.
- Q. Contact for Questions:** If you have any questions, problems, or research-related medical problems at any time, you may call Veronica O'Brien at 716-545-8472 or Dr. Elizabeth Likis-Werle at 423-439-7684. You may also call the Chairperson of the ETSU Institutional Review Board at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.
- R. Confidentiality:** Every attempt will be made to see that your study results are kept confidential. A copy of the records from this study will be stored in a locked filing cabinet in Warf-Pickel for at least 6 years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. The research team and IRB are the only ones who will have access to the raw data. The research team consists of Veronica O'Brien, Dr. Likis-Werle, and Dr. Pusateri.
- S. Video:** You will be video recorded during the interviews, but as stated previously only your voice will be heard. You will also be video recorded during your counseling session, but the research team will not be viewing those videos. Videos will be deleted after data has been analyzed and they will only be used for data analysis. Video will not be used for any future presentations.
- T. Removal from Study:** Your data may be removed from data analysis without consent. You can be removed if you do not put effort into your engagement with the mindfulness meditation. For example, if you talk throughout the mindfulness meditation or blatantly appear uninterested. Also, you may be removed if during their interview you cannot stay on track. For example, if the researcher asks a questions and you go on about something unrelated.

By signing below, I confirm that I have read and understand this Informed Consent Document and that I had the opportunity to have them explained to me verbally. You will be given a signed copy of this informed consent document. I confirm that I have had the opportunity to ask

questions and that all my questions have been answered. By signing below, I confirm that I freely and voluntarily choose to take part in this research study.

Signature of Participant

Date

Printed Name of Participant

Date

HIPAA Authorization

Authorization for Disclosure of Protected Health Information for Research

A. Purpose: The purpose of this authorization form is to authorize Veronica O’Brien and her research team to collect and use your protected health information to conduct the research study listed above. This authorization will inform you what information about you may be collected in this study as well as who might see or use your information. East Tennessee State University has rules that require the research team to protect your health information. There are also federal and state laws that protect the privacy of your health information. Generally, only people on the research team will know that you are in the research study and will see your protected health information. However, there are a few exceptions that are listed in Section C of this form.

By signing this authorization form, you authorize the research team to collect and use your health information as described in this form. ***You do not have to sign this form.*** Your decision not to sign this authorization will not affect your treatment, healthcare, enrollment in health plans, or eligibility for benefits. However, your decision not to sign this form will result in your not being allowed to participate in this research study.

B. Protected Health Information to be Used/Disclosed: Protected health information is the information in your medical or other healthcare records. This includes all information in your records that can identify you including your name, address, phone number, birth date, and account numbers.

1. By signing this form you authorize the following healthcare providers, health plans, or other organizations or individuals to disclose your protected health information to the research team:

- Community Counseling Clinic located in Warf-Pickel
2. By signing this form you authorize the individuals or organizations listed above to disclose the following types of protected health information to the research team:
 - Your name
 - Demographic information
 3. By signing this form you authorize the research team to collect and use your protected health information as listed above, in relation to health care provided to you during the following time period:
 - The duration of the study.

C. How your protected health information will be used: Veronica O'Brien and her research team will collect and use the protected health information described in this form for the purpose of conducting the research study listed on this form. Your name will be kept confidential and will not appear in any of the results written up. Generally, only Veronica O'Brien and those individuals on the research team will see your protected health information. However, in certain circumstances the following individuals or organizations may have access to your protected health information:

1. The Department of Health and Human Services
2. The ETSU Institutional Review Board
3. The ETSU Human Research Protection Program
4. The ETSU HIPAA Compliance Office
5. Other representatives of ETSU as reasonably required to carry out the research study
6. Other Individuals/Organizations as required by law

D. Right to revoke this authorization: If you sign this authorization form, you may change your mind at any time. If you change your mind, the research team may still keep and use your protected health information that they already have. The research team will not obtain any more protected health information about you for this research unless permitted or required by law after you change your mind.

In order to change your mind and revoke this authorization, you must send a written letter to:

Veronica O'Brien: Box 70701 Warf Pickel 301A
East Tennessee State University
Johnson City, TN 37614

If you change your mind you will no longer be able to participate in this research study.

E. Expiration of authorization: This authorization will expire at the end of the research study.

F. Questions about Privacy: If you have any questions or concerns about your privacy rights you may contact the East Tennessee State University HIPAA Compliance Office via telephone 423.439.8533 or mail P.O. Box 70285, Johnson City, TN 37614.

By signing below, I confirm that I have read and understand both the Informed Consent and HIPAA Authorization sections of this form and that I had the opportunity to have them explained to me verbally. You will be given a signed copy of this informed consent document. I confirm that I have had the opportunity to ask questions and that all my questions have been answered. By signing below, I confirm that I freely and voluntarily choose to take part in this research study, and that I authorize Veronica O'Brien and her research team to collect, use and disclose my protected health information as described in this form.

Signature of Participant

Date

Printed Name of Participant

Date

You will be provided with a copy of this signed authorization form.

Consent and Authorization for Audio Recording for Research

Your participation in Client Experiences of Mindfulness Meditation in the Counseling Setting: A Qualitative Study, involves the audio recording of your interview with Veronica O'Brien and her research staff. In this recorded interview you will be asked about your treatment experience with mindful meditation. The audio recording will be transcribed by Veronica O'Brien and her research staff and erased from the server once the transcriptions are checked for accuracy. Neither the recording nor the transcript will become part of your medical record maintained at the Counseling Center. Neither your name nor any other identifying information will be associated with the transcript. Transcripts of your interview, including things that you say, may be reproduced in whole or in part for use in conference presentations, educational presentations or courses, informational presentations and other products or presentations that result from this research study. Neither your name nor any other identifying information will be used in these presentations or in written products resulting from this study.

The recording equipment used is physically secured under lock and key. The recording of your interview will be stored within a password protected software program, on a password protected computer. In very rare instances, security protocols could fail, resulting in a breach of your privacy.

You do not have to sign this form. Your decision not to sign this form will not affect your treatment, healthcare, enrollment in health plans, or eligibility for benefits. However, your decision not to sign this form will result in your not being allowed to participate in this research study.

If you sign this form, you may change your mind at any time and interrupt the recording. If you change your mind, the research team may still keep and use your health information that they already have. The research team will not obtain any more health information about you for this research unless permitted or required by law after you change your mind. If you change your mind you must inform the PI, Veronica O'Brien. Her contact information is included in the Informed Consent Document for this study.

This form does not expire.

By signing this form, you confirm that you have read and understand this form and that you had the opportunity to have them explained to you verbally. You confirm that you have had the opportunity to ask questions and that all your questions have been answered. By signing below, you authorize Veronica O'Brien and her research staff to record your interview and use it as described in this form and in the Informed Consent Document.

Participant Printed Name

Participant Signature

Date Signed

If signed by someone other than the Participant, state your relationship to the Participant and a description of your legal authority to act on the Participant's behalf:

Appendix I

Demographic Survey

Age: _____

Gender:

Male

Female

Other _____

Prefer not to answer

Race/ Ethnicity:

American Indian or Alaskan Native

Asian

Black or African American

White

Hispanic/ Latino

Two or more ethnicities

Other _____

Prefer not to answer

Reason for coming to counseling (optional):

Appendix J

Semi-Structured Interview Questions

- 1) Tell me how the counseling session went for you?
 - a. Tell me more
 - b. What did you like about the session?
 - c. What did you dislike about the session?
 - d. Tell me about that session compared to other sessions
- 2) Tell me about your previous experiences with mindfulness if you had any.
 - a. Tell me more
 - b. What were your expectations about mindfulness meditation?
 - c. What made you decide to participate in the study?
 - d. What was that like for you?
- 3) How did you perceive the mindfulness meditation?
 - a. Tell about your perception of mindfulness meditation before you experienced it
 - b. Tell me about your perception of mindfulness meditation now
- 4) Describe your experience during the mindfulness meditation?
 - a. What were you feeling before the mindfulness meditation
 - b. What were you feeling after the mindfulness meditation
 - c. Tell me more
 - d. What feelings arose during the mindfulness meditation
 - e. Would you engaged in mindfulness meditation again?
 - f. What was that like for you?
 - g. How does your experience before the mindfulness meditation compare to the experience after mindfulness meditation.

5) Is there anything additional you'd like to say about mindfulness meditation?

VITA

Veronica O'Brien

- Education: Public Schools, Lockport, New York
B.A Psychology, Edinboro University, Edinboro, Pennsylvania
2015
M.A Counseling, East Tennessee State University, Johnson City,
Tennessee 2017
- Professional Experience: Research Assistant, Edinboro University; Edinboro, Pennsylvania
2014-2015
Intern, High Point Clinic; Johnson City, Tennessee, 2016-2017
- Honors and Awards: Appalachian Research Forum.
3rd place in oral presentation for Society, Behavioral,
Learning, Humanities, and Business group, East Tennessee
State University