MINDFULNESS BEYOND THE THIRD WAVE: THE ROLE OF MINDFULNESS OUTSIDE THE COGNITIVE-BEHAVIOURAL TRADITION

by

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Abstract

Mindfulness has been defined in cognitive-behavioural terms in the mental health literature despite its broader application by many practitioners. Mindfulness is a complex and often ambiguous concept that has historically been understood and applied in myriad ways depending on the context; thus its application to psychotherapy outside the cognitive-behavioural tradition is not necessarily straightforward, and has not been addressed. This study addressed this gap in the literature through interviews with 9 experienced psychotherapists who integrate mindfulness with non-cognitive-behavioural psychotherapeutic modalities or eclectic psychotherapy. Interviews addressed how participants a) define mindfulness, b) apply it to psychotherapy, and c) the aims of that integration. Data were analyzed via the grounded theory approach. The results depicted mindfulness and its potential applications as broader than its presentation in the mental health literature, and emphasized the role of contexts in shaping conceptualization and application. A broad, context-based model of mindfulness/psychotherapy integration is proposed.
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MINDFULNESS BEYOND THE THIRD WAVE

Table of Contents

Abstract
Acknowledgements
Table of Contents
List of Figures
List of Appendices
Introduction
Chapter One: Literature Review

The Context of the Development of the MBCBTs

A brief history of mindfulness in North America and mental health
Mindfulness in the context of cognitive and behavioural therapies

Addressing Buddhism
Defining Mindfulness

Attention/awareness/openness/curiosity
Intentionality
Presence
Nonjudgement/objectivity
Distancing/witnessing/objectification
Acceptance

The Four MBCBTs

The role of the therapist in the MBCBTs
Mindfulness-Based Stress Reduction
Mindfulness-Based Cognitive Therapy
### Chapter Two: Methods

#### Qualitative Research Design

- Rationale for a qualitative approach
- Research design and the paradigm underpinning the study

#### Participants: Inclusion Criteria and Recruitment

#### Participants: Description of the Sample

- Placing the study results: Who are the participants?

#### Research Instrument: Semi-Structured Interviewing

#### Procedure

- Sampling
- Data collection
- Data Analysis

### Chapter Three: Results

#### Core Theme 1: Making Sense of Mindfulness

- Individual explanations of mindfulness
- Key elements of mindfulness
- Levels of mindfulness

#### Core Theme 2: Mindfulness in Context
MINDFULNESS BEYOND THE THIRD WAVE

The sociocultural context of mindfulness 54

Mindfulness in the context of Buddhism 57

Mindfulness in the context of psychotherapy 58

Mindfulness in the context of the psychotherapist 63

Core Theme 3: The Process of Integration 65

Benefits and indications of mindfulness for psychotherapy 65

Making mindfulness work with psychotherapy 68

Weaving together mindfulness and psychotherapy 73

The importance of the therapist’s practice 76

Core Theme 4: The Ongoing and Future Role of Mindfulness with Psychotherapy 80

The shifting role of mindfulness with psychotherapy 80

Mindfulness integration as an ongoing journey 83

Summary 85

Chapter Four: Discussion 88

Key Commonalities and Differences in Conceptualizing Mindfulness Integration 88

The Breadth of the Mindfulness Concept 93

The Role of Context 96

Understanding Mindfulness/Psychotherapy Integration 104

Limitations 106

Implications for Psychotherapy Practice 107

Implications for Mindfulness/Psychotherapy Research 109
Conclusion 111
References 112
Appendices 124

List of Figures

Figure 1.

Model of How Psychotherapists Integrate Mindfulness 106

List of Appendices

Appendix A: Telephone/In-Person/Email Study Announcement 124
Appendix B: Information Letter 125
Appendix C: Informed Consent Form 128
Appendix D: Demographic Form 129
Appendix E: Interview Guide 130
MINDFULNESS BEYOND THE THIRD WAVE

Introduction

Mindfulness has rapidly become widely used in Western-style mental health treatment worldwide. Research literature has suggested that mindfulness represents a particular new or “third” wave in behavioural and cognitive-behavioural therapies (CB\(^1\)), addressing a perceived gap in the first- and second-wave behaviour therapies: It provides a focus on acceptance and personal insight to the traditional goal-oriented, behaviour-modification and symptom-change focus of behaviourism (Block-Lerner, Wulfert, & Moses, 2009; Hayes, 2004).

However, mindfulness is not a particularly CB idea; it is a complex concept that can be defined and applied in myriad ways, and one that has developed in the context of thousands of years of history, religion, philosophy, politics, and medicine. The concept and associated practices have had different connotations at different times and in different Buddhist traditions, suggesting that mindfulness cannot be understood clearly unless the context of its application is taken into account (Gethin, 2011). Even solely within the CB tradition, mindfulness is a complex, broad and often ambiguous concept. Moreover, it has thus far been primarily defined and applied in distinctly CB language, and with purposes specific to CB therapeutic goals. It is not clear that the incorporation of mindfulness by psychotherapists from orientations outside of the CB tradition would be straightforward in the context of the extant literature, or that the

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\(^1\) The second wave of behaviourism is considered to be its integration with cognitive psychology, to produce Cognitive-Behaviour Therapy and cognitive-behavioural explanations of mental health (Hayes, 2004). Throughout this document – by use of the latter model – behaviourist and cognitivist therapies and theories are considered to be elements of the same evolving cognitive-behavioural tradition. The acronym ‘CB’ in the present document refers to therapies or theories that are either cognitivist, behaviourist, or an integration of the two.
MINDFULNESS BEYOND THE THIRD WAVE

Operational definitions of mindfulness in the literature are applicable to all applications of mindfulness in psychotherapy.

Given that therapists of all orientations have begun to make use of mindfulness (Hick & Bien, 2008; Rosenbaum, 2009), it is pertinent to consider the possible place of mindfulness in other theoretical frameworks, and in the broader context of psychotherapy as a whole – both as it is already made use of, and how it may be applied in the future.

Many mental health clinicians have in fact integrated mindfulness with psychotherapy since before its present boom in popularity, and a number of these clinicians have not practiced primarily from a CB framework. This study seeks to explore how experienced psychotherapists who work from outside CB frameworks or using eclectic/integrative approaches a) have defined mindfulness, b) how they have applied it to psychotherapy, and c) what they see as the aims of integrating mindfulness and psychotherapy. This three-part research question is addressed through in-depth semi-structured interviews with mental health professionals who report integrating mindfulness principles and techniques into individual or group psychotherapy.

The following literature review addresses these same issues as they apply to the current integration of mindfulness with CB therapies, as well as the history of mindfulness in North America and the state of non-CB mindfulness/psychotherapy integration in the academic literature. In the first section, the context of mindfulness/psychotherapy integration will be addressed through the history of mindfulness in the North American mental health field, a discussion of the compatibility of mindfulness with CB philosophies and aims, and a description of how the Buddhist roots of mindfulness have been addressed in mental health applications. In the second section, the common definitions of mindfulness will be discussed. In the third section, the four most established mindfulness-based CB treatments (MBCBTs) will be
MINDFULNESS BEYOND THE THIRD WAVE

summarized, with a focus on their therapeutic aims, how mindfulness addresses those aims, and how mindfulness is weaved in with the treatment structure. Finally, in the fourth section a discussion of the purported universality of mindfulness and existing applications of mindfulness to non-CB theoretical frameworks will provide examples of differences and similarities between the understandings of mindfulness in the MBCBTs versus other theoretical modalities.
Chapter One: Literature Review

The Context of the Development of the MBCBTs

A brief history of mindfulness in North America and mental health.

Mindfulness as it is practiced in the West is commonly linked with Vipassana or “insight” meditation in the Theravada Buddhism of Southeast Asia or Zazen meditation from East Asian Zen practice, although others associate it with Tibetan Buddhist meditation. Meditation and mindfulness are understood and practiced in multiple ways in each of these sects; the most common pattern in application of mindfulness to CB psychotherapy has been one of syncretism from multiple sources. This suggests the possibility that mindfulness might mean something quite different to a psychotherapist trained in only one Buddhist lineage or trained outside of North America.

The term “mindfulness” was introduced as a definition of the Pali term sati by British scholar of Buddhism Rhys Davids in 1881; although mindfulness was not the first or only definition, it has become the most common (Bodhi, 2011; Gethin, 2011). Sati, although traditionally defined more like “memory” in Pali, came to have different connotations in the context of Buddhism where sammasati or “right mindfulness” is a component of the Eightfold Path out of suffering or the cycle of birth and death (Gethin, 2011). In this context, sammasati involves the realization of the impermanence of all phenomena, and of the relationship between attachment and suffering (Gethin, 2011), and sati is always cultivated as part of a complex framework of other practices and valued mental qualities (Gilpin, 2008). Practices aimed at the cultivation of sati, such as Vipassana, have been emphasized to differing degrees in relation to these other practices at different times and in different locations (Gilpin, 2008).
The popular contemporary Western understanding of Buddhist meditation has been shaped through the work of a few notable Eastern teachers, such as D.T. Suzuki and Thich Nhat Hanh. Buddhist meditation was at the height of its popularity in North America in the 1960s, and a small number of Western-born meditation teachers who came together at that time still represent the largest influences on how meditation is practiced in North America and Europe (Gilpin, 2008). Some of the primary influences have been the Insight Meditation Society (IMS; also called the Vipassana Sangha; http://www.dharma.org/index.html), founded in 1975, and its well-known founders: Joseph Goldstein, Jack Kornfield, and Sharon Salzberg. Goldstein, Kornfield, and Salzberg lecture worldwide and are considered to be spiritual leaders by meditators throughout the Western world. In particular, they are cited as the primary meditation influences of Kabat-Zinn, the creator of Mindfulness-Based Stress Reduction (MBSR), and Segal, Williams, and Teasdale, the founders of Mindfulness-Based Cognitive Therapy (MBCT; Gilpin, 2008), as well as Epstein, one of the most well-known writers on psychoanalysis and Buddhism (M. Epstein, 1995).

The IMS is known for being a lay-centred (rather than monastic) movement, for its particular focus on Vipassana meditation and mindfulness, and for a high degree of flexibility and syncretism in bringing together ideas from different Buddhist sects and other spiritual practices (Gilpin, 2008). The IMS focuses primarily on development of inner awareness, in contrast to the “precept-orientated way of life espoused by many monastic-centred Theravādin communities” (Gilpin, 2008, p. 239). These characteristics of the IMS stem from the influence on its founders of the Burmese teachers Mahasi Sayadaw, U Ba Khin, and S.N. Goenka, major Figures in the newly-emerging Burmese Theravāda lay-centred Vipassana movement (Gilpin, 2008).
MINDFULNESS BEYOND THE THIRD WAVE

Mindfulness and related meditation practices became known in the health sciences primarily through Jon Kabat-Zinn’s MBSR program in the late 1980s (see below, ‘The four MBCBTs’). Mindfulness is now taught across several settings and populations. For example, Monash University has taught mindfulness-based stress management seminars to medical students since 1991, and since 2002 this has become a six-week course for all medical students which has since been adopted by Harvard University (Rosenthal & Okie, 2005). In Toronto, Canada where the present study took place there are seven sites offering MBSR according to the MBSR website (http://www.umassmed.edu/cfm/mbsr/locate_action.cfm), and other mindfulness-based treatments are in use at prominent medical facilities throughout the city.

The most established MBCBTs currently used in mental health treatment are MBSR, MBCT (Segal, Williams, & Teasdale, 2002), Dialectical Behaviour Therapy (DBT; Linehan, 1993) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). Indeed, the vast majority of mindfulness-based therapies studied in the mental health literature are iterations of these four. MBSR, MBCT, DBT, and ACT were all developed within the span of a couple of decades, in response to gaps that the founders saw in their individual fields of study (see below, ‘The four MBCBTs’). The founders of MBSR, MBCT, DBT, and ACT have written about the process of creating these treatments, which was influenced in each case by a combination of backgrounds in Western behavioural medicine or CB psychology, and personal experience in mindfulness meditation and/or training in Buddhism. These therapies are said to represent the first acceptance- or mindfulness-focused treatment packages that are designed for rigorous scientific testing (Block-Lerner et al., 2009).
Mindfulness has been labeled a major aspect of the so-called “third wave” of behaviourism (Block-Lerner et al., 2009; Hayes, 2004; Lau & McMain, 2005). The third wave is a shift toward emphasis on acceptance as well as change, and embodied insight as well as behavioural techniques. Since CB is currently the dominant school of thought in academic psychology and psychiatry and since CB emphasizes experimental validation of therapeutic modalities (Hayes, 2004), it makes sense that the mental health literature currently addresses mindfulness primarily from a CB perspective.

Many of the benefits and mechanisms of action currently associated with mindfulness mirror those attributed to the CB therapies; for example, reductions in avoidance of negative stimuli, exposure, and the idea that thoughts are not necessarily accurate reflections of reality (Baer, 2003). It has been noted that many of the strategies for addressing emotions in Beck’s original Cognitive Therapy are congruent with mindfulness: accepting and functioning in the midst of anxiety, or taking an observer’s stance (Block-Lerner et al., 2009). At the same time, it is quite possible that CB has simply defined and applied mindfulness to fit its own models and goals. It should be noted that mindfulness has never been taught in a vacuum: In Buddhism it was taught in the context of the Four Noble Truths and Eightfold Path, and in the MBCBTs it is taught along with CB psychoeducation. For example, in MBCT, although mindfulness is taught as involving equanimity toward both positive and negative stimuli, explicit justifications for practice include becoming more involved with the positive when it occurs, and learning to notice negative patterns so that they can be stepped out of or prevented (Segal et al., 2002). The trend throughout the MBCBTs is on using mindfulness to make CB change strategies more palatable or more deeply-ingrained (e.g., Linehan, 1993), or on becoming more accepting of
changing behaviour while private content remains distressing (e.g., Hayes et al., 1999) – a goal
traditional to CB techniques such as behavioural activation or exposure therapy (Wright, Basco,
& Thase, 2006).

Although the integration of mindfulness and CB appears smooth, there have been
incompatibilities to overcome. For example, the focus in Cognitive Therapy on labeling
thoughts as irrational or distorted and attempting to modify them, as well as the goal-oriented
nature of all CB therapies, are often not considered to be congruent with the emphasis on non-
striving and acceptance in mindfulness (e.g., Baer, 2003). For CB theory and therapy, the
primary challenge of integration has been said to be this tension between acceptance and change
– for example, whether one should accept all thoughts with equanimity, or challenge,
restructure, and dispute those thoughts that seem unhelpful (Lau & McMain, 2005; Salmon et
al., 2004). It has been said that various tensions are unavoidable when techniques associated
with deep spirituality, a monastic lifestyle, and sometimes with the dissolution of attachment are
integrated with mental health treatment with the aim of helping individuals live active, involved,
socially acceptable lives (Bodhi, 2011; Fennell & Segal, 2011; Salmon et al., 2004).

Addressing Buddhism.

The academic literature has mostly accepted what is called a spirituality-free and
philosophy-free version of mindfulness (e.g. Baer, 2003; Melbourne Academic Mindfulness
Research Group [MAMIG], 2006). It is generally felt that reference to religion, spirituality, or
philosophy will deter patients or clinicians who could benefit greatly from mindfulness practice
(Kabat-Zinn, 2000). Thus there is a tendency to focus on mindfulness skills and emphasize
explanations for their utility based in CB theory, medicine, or neuroscience. Many researchers
have voiced their discomfort with decontextualizing mindfulness (Brown, Ryan, & Creswell,
MINDFULNESS BEYOND THE THIRD WAVE

2007; Shapiro, Carlson, Aston, & Freeman, 2006; Salmon et al., 2004). It is felt that some important things from the historical Buddhist version of mindfulness have been lost in the CB version; for example, the importance of intention in practice (Shapiro et al., 2006) and a broader focus on overall growth rather than on symptom reduction (Salmon et al., 2004).

A common justification for stripping mindfulness of its Buddhist context is that mindfulness is a universal state of consciousness – thus even though the exercises and certain philosophical ideas may have come from Buddhism, mindfulness is not strictly Buddhist (Kabat-Zinn, 1990; Shapiro et al., 2006). It has also been claimed that the current interest in mindfulness is more about Western pragmatism and its emphasis on the interrelatedness of behaviour, emotion, cognition, and memory than it is about learning from the East (R.M. Epstein, 1999). Another claim is that Buddhism is more of a philosophy or psychology than a religion – with many values in common with the West – and thus it is justifiable to use some of its material in psychological treatment (Salmon et al., 2004).

Nonetheless, the mental health literature often acknowledges that the roots of mindfulness are in Buddhism, or at least in religious contemplative traditions (Baer, 2003; Block-Lerner et al., 2009; Lau & McMain, 2005; Shapiro et al., 2006). The creators of the MCBTs all use explicitly Buddhist and other religious terminology, quotes, and proverbs as treatment tools and throughout their writing, while maintaining that the treatments are wholly secular or spiritual in a universally-relevant manner (Hayes et al., 1999; Kabat-Zinn, 1990; Linehan, 1993; Segal et al., 2002).

Defining Mindfulness

The most often-cited definition of mindfulness is almost certainly Kabat-Zinn’s (1994) “paying attention in a particular way: on purpose, in the present moment, and non-
judgmentally” (p. 4). It is generally agreed upon in the mental health literature that mindfulness involves attention; awareness; an element of conscious intentionality (e.g. deliberate attention); lack of judgement of, evaluation of, or reaction to stimuli; fluid presence in the unfolding, ongoing present; and often but not always emphasized is an attitude that is one or more of open, accepting, friendly, curious, and warm.

However, there is little consensus in the literature regarding how these elements fit together, and whether some may be sufficient without others. Kabat-Zinn (2003), for example, has defined mindfulness not only as a way of paying attention but also as the type of awareness that arises from that way of paying attention. The fact that even a single researcher often uses multiple definitions and varying illustrations of mindfulness simply indicates the complexity of the concept, and the current impossibility of narrowing mindfulness down to a single clear operational definition (Brown et al., 2007). Researchers acknowledge that the lack of consensus regarding what mindfulness is makes the scientific study of mindfulness difficult at best (Kostanski & Hassed, 2008). Even within Buddhist traditions the idea of mindfulness has had multiple meanings, connotations, and uses (Dunne, 2011; Singh et al., 2008). The ambiguity and inconsistency in the literature suggest that mindfulness must always be understood at least in part through the context that makes use of it, rather than simply taking terminology like “paying attention” and “non-judgmental” at face value (Dunne, 2011; Grossman & Van Dam, 2011). Since the present study is concerned with mindfulness in the context of psychotherapy, what follows is a brief overview of some key aspects of the concept of mindfulness within the four most established MBCBTs.
Attention/awareness/openness/curiosity.

The most widely accepted elements of mindfulness are attention and awareness (e.g. Brown, Ryan, & Creswell, 2007). Mindful awareness is often talked about as arising out of mindful attention (Kabat-Zinn, 2003). Sometimes, however, it is written that attention and awareness are two separate elements that must be honed in order to result in mindfulness (Kostanski & Hassed, 2008), or that mindfulness is the name for the process of regulating these two elements (Brown et al., 2007). Attention in this case also implies attentiveness: not only attending to a target, but doing so in a manner that is alert and that is curious about the target on an ongoing basis (Kabat-Zinn, 1990; Segal et al., 2002). Attention is open, in the sense of never blocking out stimuli; all information is acknowledged without expectation as to what is important and what is not (Kabat-Zinn, 1990). All thoughts and feelings are regarded as information that can be explored in order to become more intimate with one’s entire process of experience (Segal et al., 2002).

Intentionality.

Mindfulness does not simply happen – it is a deliberate choice about how one allocates one’s attention (Kabat-Zinn, 1994; Kabat-Zinn, 2003; Salmon et al., 2004; Shapiro et al., 2006). Intentionality is apparent in one of the most common mindfulness meditation instructions: When the mind wanders, gently bring attention back to a chosen target (Kabat-Zinn, 1990; Linehan, 1993; Segal et al., 2002). Kabat-Zinn (1990) emphasizes that this must be done hundreds and thousands of times every time one meditates: Thus mindfulness is a choice that needs to be made again and again. However, several researchers and scholars have felt that intentionality has been underemphasized in most definitions and applications of mindfulness in the MCBCTs (Dreyfus, 2011; Shapiro et al., 2006).
MINDFULNESS BEYOND THE THIRD WAVE

Presence.

That which is attended to in mindfulness is present moment experience (Kabat-Zinn, 1994; Kabat-Zinn, 2003; Marlatt & Kristeller, 1999; Salmon et al., 2004). Present moment experience is described as a stream or flow of internal and/or external stimuli, which arise and pass away (Baer, 2003; Salmon et al., 2004) so that to attend to them they need to be watched moment-to-moment with a certain fluidity (Brown et al., 2007; Linehan, 1993; Shapiro et al., 2006). Present moment experience is often painful, overwhelming, confusing, or contradictory, which is why Kabat-Zinn (1990) refers to mindfulness as embracing the full catastrophe of experience, and Linehan (1993) talks about entering the paradox.

Some have limited the foci of mindfulness to mental or private internal experience – specifically thoughts, emotions and bodily sensations (e.g. Salmon et al., 2004) – while others include attention to both private internal experience and external events such as things happening around the practitioner at the time of practice (e.g. Marlatt & Kristeller, 1999). In her comprehensive review, Baer (2003) notes that the established mindfulness-based therapies generally apply mindfulness practice to private internal experience, which makes sense since mindfulness is often used as a modification of CB cognitive restructuring.

Non-judgement/objectivity.

Mindfulness involves being non-judgemental toward that which one observes (e.g., Kabat-Zinn, 1994). This is sometimes understood as regarding experience without clinging to or avoiding anything (Kabat-Zinn, 1990; Linehan, 1993), and sometimes it implies a pre-conceptual seeing that avoids interpretation (Salmon, et al., 2004; Shapiro et al., 2006). The non-interpretive aspect of mindfulness is thought to allow practitioners of mindfulness to register reality as it is, to see it objectively (Brown et al., 2007; MAMIG, 2006), or at least as it
presents itself in any given moment (Kabat-Zinn, 2003), and then to act based closely on environmental contingencies (Linehan, 1993). The MBCBTs emphasize describing experience rather than evaluating or interpreting it, and sometimes describing is built directly into the definition of mindfulness (Linehan, 1993). This aspect of mindfulness can be seen as related to the traditional CB focus on examining experience to see whether one is distorting reality through thought or emotion (Hayes et al., 1999; Linehan, 1993; Segal et al., 2002). In this view, mindfulness is seen as providing information that can be used to understand a situation and choose appropriate action.

**Distancing/witnessing/objectification.**

Mindfulness is often referred to as a “witness” perspective (e.g., Hayes et al., 1999). This generally means that although everything is encountered openly, the practice involves deliberately not getting absorbed in anything (Baer, 2003). The MBCBTs often extend not getting absorbed to include deliberately distancing oneself from (Linehan, 1993), depersonalizing (Kabat-Zinn, 1990), or objectifying (Segal et al., 2002; Hayes et al., 1999) experience. In depersonalizing and objectifying the contents of consciousness, the MBCBTs tend to draw attention to a deeper self that is doing the depersonalizing – defined in ACT as consciousness itself (Hayes et al., 1999). MBCT, which does not go so far as to define the “true self,” still maintains that the self must be something more than just the sum of the contents of experience (Segal et al., 2002). Objectification is instrumental to the MBCBTs by providing the experience that thoughts are not necessarily reflections of reality, in other words helping clients gain a “decentered” perspective (Baer, 2011; Segal et al., 2002).
MINDFULNESS BEYOND THE THIRD WAVE

Acceptance.

Acceptance is often mentioned as an attitude that must be brought to practice in order for it to be considered mindful (Bishop et al., 2004; Dimidjian & Linehan, 2003; Kabat-Zinn, 1990; Lau & McMain, 2005). Experiential or radical acceptance are often defined in ways that closely mirror definitions of mindfulness: “the fully open experience of what is just as it is” (Linehan, 1994, p. 80); “experiencing events fully and without defense, as they are and not as what they say they are” (Hayes, 1994, p. 30); “an experience of private events free of entanglement and attempts at regulation” (Block-Lerner et al., 2009). Linehan (1994) has even defined mindfulness as an acceptance skill: as specifically the synthesis between acceptance and acting skillfully (Robins, Schmidt & Linehan, 2004). The accepting aspect of mindfulness also means not striving for anything in particular, as well as not reacting to that which is observed (Kabat-Zinn, 1990).

The Four MBCBTs

The role of the therapist in the MBCBTs.

In all of the MBCBTs, therapists are required to embody mindfulness in interactions with participants and patients² (Hayes et al., 1999; Kabat-Zinn, 1990; Linehan, 1993; Segal et al., 2002). Personal mindfulness practice on the part of the therapist is strongly recommended, and in MBSR it is required. This is so that therapists can model the practice effectively and teach from their own experience (Lau & McMain, 2005).

² Since different terminology is used in different schools of thought to refer to the individual(s) receiving or participating in therapy (often for very deliberate reasons), attempts have been made in this document to adhere to the terminology respectively used in each of the MBCBTs as well as by each of the participants in the present study. As such, participant, client and patient are each used where appropriate.
Mindfulness-Based Stress Reduction.

What MBSR was developed to address.

Kabat-Zinn (1990) developed MBSR in a behavioural medicine clinic to help individuals with chronic pain and illness cope with the distress common in suffering from a medical condition. Kabat-Zinn had noted that many of his patients came to him with similar psychosocial quandaries: They were looking for ways to feel whole and to re-engage with their lives rather than letting disease and pain control them (Kostanski & Hassed, 2008).

Based on the stress/coping model by Lazarus and Folkman (1984), MBSR is built around the idea that distress is often heightened by stress responses that are unnecessarily activated in response to uncomfortable but not necessarily dangerous experiences (Kabat-Zinn, 1990). Thus MBSR serves the dual purpose of re-regulating stress reactivity and helping participants feel engaged in their lives and in touch with themselves.

How mindfulness serves that aim.

MBSR posits that when pain occurs, individuals often react to the physical experience of the pain with interpretations that prolong and enhance its effects. Mindfulness may facilitate awareness of the minute components of the stress process, such that the unnecessary psychological reactions can be allowed to fall away, greatly reducing the negative and self-perpetuating effects of injury (Kabat-Zinn, 1982).

Mindfulness also facilitates full living in the face of illness or other stressors. As described by Kabat-Zinn and indicated by the title of his book Full Catastrophe Living (1990), mindfulness is an exercise in embracing the “full catastrophe” of life: acknowledging that being aware and involved is painful, and gaining the capacity to do it anyway with a sense of compassion and gentleness for wherever one is at the present time. The idea is that practicing
open, accepting awareness of any given present moment will, over time, lead to a view of life and self that is more open, accepting, and aware.

*The specifics of the therapy.*

MBSR is an eight to 10-week instructor-led group course with weekly two to three-hour sessions and one day-long intensive retreat. Sessions involve meditation, discussion, and CB psychoeducation (Baer, 2003). Participants practice mindfulness meditation for 45 minutes a day, six days a week. Groups have generally been diagnostically heterogeneous for the purpose of conveying shared links of humanity underlying all challenges (Salmon et al., 2004).

Many of the particular techniques used in MBSR were designed or adapted by Kabat-Zinn (Gilpin, 2008). Although some are taken directly from one Buddhist tradition, others are blends of different exercises from Buddhism, Yoga, and Western psychotherapy. With this flexibility, Kabat-Zinn has modeled MBSR toward his target population and the type of experience he aims for participants to have – mirroring the characteristic syncretism of the IMS (Gilpin, 2008).

**Mindfulness-Based Cognitive Therapy.**

**What MBCT was developed to address.**

MBCT was developed as a relapse prevention program for chronic depression (Lau & McMain, 2005). John Teasdale’s (1988) differential activation hypothesis posits that depressed mood and negative thinking patterns become associated in episodes of depression, such that subsequent dysphoric states are likely to re-trigger negative thinking patterns. MBCT was designed to teach patients to break this pattern early in the cycle by increasing awareness of negative thinking patterns, then to uncouple from those patterns (Lau & McMain, 2005; Shapiro et al., 2006; Teasdale, Segal, & Williams, 1995). Uncoupling involves choosing activities that
bring a sense of pleasure or mastery or simply resting in mindfulness as a more “skillful” mind state than rumination (Segal et al., 2002). Thus the aim is not eliminating sadness, but normalizing triggering thought patterns so that moods do not progress from mild to severe.

MBCT emphasizes changing the awareness of and relationship to thoughts rather than their content (Lau & McMain, 2005), forming a relationship with private internal experience that is built on decentering (Segal et al., 2002; Shapiro et al., 2006). Decentering involves seeing thoughts and feelings as passing mental events that do not necessarily need to be acted on, instead of reflections of the true self or of reality (Teasdale et al., 1995; Segal, Teasdale, & Williams, 2004). The individual is aware that negative thought patterns are there, but is able to continue participating in life without getting caught up in them (Segal et al., 2002).

How mindfulness serves that aim.

Mindfulness is central to MBCT because of its proposed ability to teach decentering experientially. The experiential practice is considered crucial since depressive patterns can be persistent and deeply engrained (Segal et al., 2002).

Because of the accepting and non-judgemental attitude that is encouraged, the practice of noticing how one is perpetuating one’s own problems becomes a constructive exercise rather than a source of self-derision – enabling the more skillful relationship with private internal experience that is the aim of MBCT. Mindfulness practice is a means of repeatedly choosing to shift gears away from a ruminative, analytical mindset into one that tends to be more helpful (Segal et al., 2002). It offers an alternative focus and a wider point of view to individuals who are accustomed to viewing everything in a negative manner. Through paying close attention to internal experience, mindfulness also helps patients know their triggers so they can recognize a burgeoning depressive episode and stop it from escalating.
The specifics of the therapy.

MBCT is modeled after MBSR, with more of a focus on Cognitive Therapy and the specific aim of depressive relapse prevention. Sessions include formal meditation practice, with daily homework including formal practice and exercises for integrating practice into daily life. Later sessions build in depression relapse prevention strategies from Cognitive Therapy (Segal et al., 2002). Sessions are structured so that those aspects of mindfulness most relevant to a CB relapse-prevention program for depression may be highlighted. For example, mindfulness exercises in the first four sessions are geared toward noticing how “mind wandering can allow negative thoughts and feelings to occur” (Segal et al., 2002, p. 87), demonstrating the CB concept that emotional reactions are the product of cognitive interpretation (Wright et al., 2006).

Explicit CB components of MBCT include suggestions of alternative coping strategies and psychoeducation about depression-related thoughts and symptoms so that patients know what to look for (Lau & McMain, 2005). Decentering is also facilitated by the CB components through practicing affirmations such as “I am not my thoughts” and “Thoughts are not facts” (Baer, 2003, p. 127). Although decentering has always been an element of CB, a proposed difference is that in the mindfulness framework it is considered an end in itself rather than a means to an end (Block-Lerner et al., 2009).

Acceptance and Commitment Therapy.

What ACT was developed to address.

ACT is a behaviour therapy based around radical acceptance: Noticing and embracing the entire private internal experience is seen as changing the context of that experience, making it and thus valued behaviour more manageable (Block-Lerner et al., 2009). Radical acceptance is cultivated with the aim of countering the experiential avoidance that is posited to be at the
MINDFULNESS BEYOND THE THIRD WAVE

root of many life problems. The source of psychopathology is seen to be the excessive use of discursive thought as a tool for behaviour regulation, and the excessive analytical and verbalized nature of experience as opposed to “direct experience” (Hayes et al., 1999, p. 50). Similar to MBCT, ACT sees identification with the contents of private internal experience as problematic to healthy functioning – suggesting that it is healthier to define the self as the conscious vessel that holds experience (Hayes et al., 1999). ACT seeks to introduce clients to this alternate version of self in order that the present can be accepted and moved forward from.

Finally, the work of ACT is to help patients choose values to guide determining a specific life direction in the wake of radical acceptance. The behaviourist influence on ACT can be seen in the idea that valuing can be acted out in behaviour even when the values are not reflected in the private content of the moment (Hayes et al., 1999).

*How mindfulness serves that aim.*

Mindfulness practice provides a safe, compassionate environment in which to experience distressing private internal content, countering the habit of experiential avoidance. Mindfulness also encourages relinquishing evaluation, serving the ACT goal of reducing verbal control over experience. The present-oriented focus in mindfulness can serve the purpose of forming a “context that persistently asks, ‘But what does your experience tell you?’” (Hayes et al., 1999, p. 86) Like in DBT (discussed below), the creators of ACT stress that mindfulness increases one’s ability to hold contradictory views simultaneously without panicking, creating an open and adaptive perspective (Hayes et al., 1999). Finally, as in MBCT (discussed above), mindfulness practice provides an opportunity for experientially delving into a problem, rather than simply talking about it (Hayes et al., 1999).
**MINDFULNESS BEYOND THE THIRD WAVE**

*The specifics of the therapy.*

ACT is flexible and is not time-limited. A wide variety of techniques may be used and ACT therapists are encouraged to incorporate their own. Since ACT views language as inherently problematic, the therapist uses strategies that play with or avoid language: experiential exercises (including mindfulness exercises), metaphors, and paradox (Hayes et al., 1999). Mindfulness meditation is generally paired with a didactic leading toward particular lessons relevant to the rest of the therapy (Hayes et al., 1999).

**Dialectical Behaviour Therapy.**

*What DBT was developed to address.*

DBT was developed for people experiencing extreme behavioural dysregulation, particularly suicidal and self-injuring individuals diagnosed with borderline personality disorder (BPD). Linehan (1993) perceived that the heavy emphasis on change in behavioural treatments was experienced as invalidating by patients with BPD, and that these treatments were proving largely ineffectual. Hypothesizing that such change strategies may mirror early invalidation experiences in the patients’ lives, she developed a behavioural therapy that built in equal parts change and acceptance. In order to incorporate both change and acceptance, Linehan based DBT around dialectical philosophy: that the world is composed of opposing forces in constant interplay; that it is always changing, and individuals are always in transition (Block-Lerner et al., 2009). Within DBT, the major dialectic is that patients are encouraged to accept themselves and their current situations while working intensively toward change (Baer, 2003).

DBT is built around developing tolerance of distress, accepting personal experience and needs as legitimate, and building emotion regulation so that stress reactions are less intense (Linehan, 1993). Since the target of DBT is increasing dialectical behaviour patterns, the focus
MINDFULNESS BEYOND THE THIRD WAVE

is on finding balance: to be able “to see reality as complex and multifaceted…to be comfortable within flux and inconsistency…” (Linehan, 1993, pp. 120-121)

**How mindfulness serves that aim.**

The accepting, non-judgemental attitude of mindfulness is a key component to helping patients create a validating internal environment. Mindfulness offers practice in increasing awareness of, allowing, and feeling internal experience rather than inhibiting it, and learning how to trust private internal experience rather than generalizing from strong emotions or always looking to the environment for how to think or feel (Linehan, 1993). Since mindfulness involves equanimity regarding all experience, it is practice in dialectical thinking: It builds the capacity to hold contradictory views simultaneously without panic. As in the other MBCBTs, mindfulness in DBT is seen to be a form of internal exposure to aid emotion regulation. Finally, mindfulness may aid in the cognitive self-observation necessary to cognitive restructuring procedures (Linehan, 1993).

**The specifics of the therapy.**

Mindfulness in DBT is a core skill that is taught as well as an attitude shaping the therapeutic relationship (Block-Lerner et al., 2009). Individual therapy is the primary focus of DBT, occurring along with weekly group skills-training for at least a year (Linehan, 1993). Behaviour targets are defined and agreed upon, and proceed in a pre-established order.

The first four skills modules are for developing mindfulness, which is broken down into “what” skills (observe, describe, participate) and “how” skills (non-judgmentally, one-mindfully, effectively). Training is didactic with experiential exercises (Linehan, 1993), although DBT focuses more on informal mindfulness of everyday activities than on formal meditation since BPD makes it difficult to do deep sitting practice (Linehan, 1994).
The Purported Universality of Mindfulness, and Other Applications

The extant literature overwhelmingly acknowledges that mindfulness is not uniquely relevant to CB. It has been suggested that mindfulness as a stance and guiding principle is a common factor among all psychotherapies (Kostanski & Hassed, 2008; Shapiro et al., 2006). It is becoming common for theoretical articles on mindfulness to include brief discussions of aspects of other therapeutic frameworks that could be considered similar to mindfulness (e.g. Block-Lerner et al., 2009; Brown et al., 2007; Salmon et al., 2004). However, researchers have also maintained that mindfulness implicitly embedded in psychotherapy is different from teaching of mindfulness as a specific intervention (Kostanski & Hassed, 2008).

Although rarely acknowledged in the academic literature, discourse about the utility of mindfulness to psychotherapy has not been completely lacking among the proponents of other therapeutic modalities. What follows is a brief introduction to two established non-CB integrations of mindfulness with psychotherapy: one humanistic, and one psychoanalytic.

Humanistic applications: The Hakomi Method.

The concept of mindfulness is not any newer to humanistic psychotherapy than it is to CB. The Hakomi Method is an example of an experiential-humanistic psychotherapy modality explicitly built out of synthesis between Western and Eastern concepts, including mindfulness as a strong core component. Developed by Ron Kurtz and others in the late 1970s, the Hakomi method now has its own training institute and professional journal and is practiced around the world (http://www.hakomiinstitute.com). Interestingly, the Hakomi Method is absent in the extensive review and theoretical articles written by CB researchers about mindfulness and psychotherapy.
MINDFULNESS BEYOND THE THIRD WAVE

Writing about the Hakomi Method, Johanson (2009) defines mindfulness in terms that are very similar to those used in the CB literature: as a non-judgemental observation of moment-to-moment internal and external experience, with curiosity and compassion, and with the aim of decentering from experience as well as learning about and undermining conditioned habits that have lost utility. This is not surprising, particularly considering that Johanson cites many of the same sources about Buddhist mindfulness as those common in CB articles on mindfulness (e.g., Germer, 2005; Nhat Hanh, 1976; Nyanaponika, 1976). There are differences in focus, however. For example, the emphasis on using mindfulness to create a loving relationship with the self, and an emphasis on emotions and bodily sensations as gateways to unconscious information, as opposed to CB’s focus on modifying the context of cognition (Johanson, 2009).

Sessions in The Hakomi Method are essentially composed of guided mindfulness: The therapist leads the client in practicing mindfulness throughout the entire session, and through reporting on experience while it is observed (Johanson, 2009; Weiss, 2009). This is seen as a safe, quick, and loving way to access deep implicit and unconscious memory without distorting it, and then to choose to work through it (Weiss, 2009).

In the case study presented by Johanson (2009), although the therapist does not tell the client what to think or feel and simply reminds her to maintain an attitude of curious witnessing, he also suggests which aspects of experience she should attend to next. Once the client has reached a core formative memory, the therapist moves out of simply guiding mindfulness and inserts himself into the memory to give the client’s “inner child” comforting advice.

Psychoanalytic applications: Epstein and Buddhist psychotherapy.

Mark Epstein (e.g., 1995, 1998) is one of the most well-known voices in the discourse between psychoanalysis and Buddhism. A Buddhist meditator before he was a trained
psychoanalyst, he acknowledges in his popular books that it is impossible that Buddhism has not shaped the way he practices psychotherapy, and that mindfulness is an integral part of that integration. Thus he does not write about a formalized treatment program, but his own natural synthesis of influential forces in his life.

When Epstein talks about Buddhist meditation, he is talking about a similar group of meditative practices as that referred to as “mindfulness meditation” in the CB literature: a combination of concentrative practice, choosing not to identify with one’s experience, and open, compassionate, choiceless awareness. Notably, Epstein shares meditation teachers and influences with Kabat-Zinn in the IMS (M. Epstein, 1995; Gilpin, 2008).

Epstein (1995) suggests that Buddhist meditation and psychoanalytic therapy are simply more effective when they learn from each other – that they are good for different things, but neither is good for everything. Psychoanalysis is particularly helpful to address feelings of insufficiency and inability to belong, which Epstein sees as particularly Western afflictions that were not factored into Eastern meditation. Westerners are likely to encounter these feelings of self-estrangement when meditating, or to try in vain to use meditation to make such feelings disappear – which is why meditation should be accompanied by psychotherapy (M. Epstein, 1995). Meditation, on the other hand, develops an ego (in the Freudian sense of the word) that is capable of going into psychotherapy with depth and efficacy.

Mark Epstein’s (1995) book on psychotherapy from a Buddhist perspective explains how mindfulness and meditation may be applied to three main components of psychoanalytic therapy: remembering forgotten aspects of childhood experience, repeating formative experiences through relationships, and working through the uncovered material. One major difference between the CB application of mindfulness and Epstein’s use of it comes in the final
MINDFULNESS BEYOND THE THIRD WAVE

stage, when the patient is working through uncovered material. In contrast to the common CB
focus on decentering from experience in order to accept that thoughts and feelings are not
oneself and that the self must be something more than experience (e.g., Segal et al., 2002),
Epstein claims that working through involves “owning” one’s positive and negative experiences,
recognizing that they are all crucial aspects of the self, and even that the self is just the
aggregate of all experiences:

As psychoanalysts have continually pointed out, it is the tendency of the neurotic
character to become estranged from emotional experience, to see thoughts, feelings, or
sensations as ‘it’ rather than ‘I’…the Buddhist perspective is that we are nothing but
these experiences… It is the task of therapy, as well as of meditation…to make the
person see that they are not, in fact, split-off elements at all, but essential aspects of his
or her own being. (M. Epstein, 1995, p.206)

The next step in Epstein’s therapy goes much further in the direction of Buddhist aims
than do his MBCBT counterparts: turning mindful attention toward the self itself – that which
knows, feels, and witnesses – hypothetically leading to a realization of the emptiness and
contingent nature of the self.

Summary

Mindfulness has a complex history both in the East and West, often shaped by individual
scholars and teachers. Particularly influential to mindfulness as it is taught in the MBCBTs is
the IMS, including their focus on Vipassana practice, lay-centred study, pluralism, and
syncretism. Mindfulness was introduced to mental health research and practice largely through
Kabat-Zinn’s MBSR program in the late 1980s and since then MBSR, MBCT, DBT, and ACT
have established themselves as the mindfulness/psychotherapy integrations of choice. Some
researchers have posited that these treatments represent a major shift or third wave in CB theory that has a broader set of treatment aims and methodologies.

Mindfulness as it is currently discussed in the academic literature has much in common with CB in terms of the benefits and mechanisms of action associated with it. However the MBCBTs have shaped mindfulness to fit their individual structures and goals, making it difficult to separate mindfulness from the MBCBT context. Several challenges in mindfulness integration with CB have been posited, particularly an inherent tension between the acceptance focus of mindfulness and the change focus of CB. The four established MBCBTs were developed for particular treatment aims with particular populations, and are explicitly driven by theories of mental illness and mindfulness. All differ in many ways but they share a complex weaving of mindfulness exercises and related concepts with CB experiential exercises and psychoeducation in a structured and generally goal-directed framework. The purported acceptance/change tension has a different role in each, but often seems to relate to the psychoeducation provided and the tendency to encourage developing what are commonly accepted to be healthy moods and behaviours while letting go of unhealthy ones.

The mental health literature has generally sought to present mindfulness as secular rather than particularly Buddhist, although the MBCBTs use Buddhist terminology freely. Some have emphasized that a religious version of mindfulness would not be acceptable to most clients, whereas others have argued that Buddhism is less a religion and more an ancient science or have claimed that mindfulness is universal rather than solely Buddhist. As such, definitions of mindfulness in the mental health literature have focused on cognitive rather than contextual aspects. Overall, definitions of mindfulness in the MBCBTs tend to include attention, awareness, deliberate choice to practice, non-evaluative and non-reactive non-judgementality,
MINDFULNESS BEYOND THE THIRD WAVE

fluid connection to the present, and an accepting, friendly, curious, or warm attitude. However mindfulness has been defined with little consistency and there is little agreement on how these elements relate to each other, suggesting the importance of looking to context rather than relying on a given definition.

It has been argued that mindfulness is in some way inherent in psychotherapy, and some theoretical writing has discussed the specific areas of overlap between mindfulness and particular therapeutic modalities. However, the academic mindfulness literature has seldom if ever considered existing mindfulness/psychotherapy integrations in non-CB therapeutic modalities, except in journals particularly devoted to those modalities. Examples of non-CB integrations of mindfulness include the Hakomi Method and Epstein’s Buddhism-influenced psychoanalysis. Both have similar definitions of mindfulness to the MBCBTs, but there are notable differences in methodology and the aims and contexts to which mindfulness is applied – such as accessing unconscious memories that need to be worked through and realizing the contingent nature of self.

Mindfulness is a complex and ambiguous concept, the meaning of which may be largely dependent on the context in which it is applied. Academic discourse on the application of mindfulness to psychotherapy almost exclusively understands mindfulness in the context of CB. The extant literature on mindfulness in CB has become quite extensive and developed, and involves decisions on the part of the MBCBTs regarding the meanings, aims, and applications of mindfulness, as well as which parts of the traditional contexts of mindfulness are maintained while others are modified. Although there are a few publications discussing applications of mindfulness to non-CB psychotherapy modalities, these are nowhere near as common or as developed as those applying mindfulness to CB. The present study addresses this gap in the
MINDFULNESS BEYOND THE THIRD WAVE

extant literature by exploring mindfulness definitions, applications, and aims in the context of other therapeutic frameworks.
Chapter Two: Methods

Qualitative Research Design

Rationale for a qualitative approach.

There are many reasons why a qualitative approach was appropriate to the present study. First, this project was less concerned with what mindfulness actually is than with the many subjective interpretations of mindfulness that influence how it is used. A major benefit of qualitative research is that it provides methods for making use of subjectivity, bias, and interpretation, allowing for broader questions than those that are asked in quantitative research (Pidgeon & Henwood, 1997). Mindfulness has the potential to be an extremely complex concept, as touched upon above. Quantitative research would limit this project to simplistic, operationalized definitions and applications of mindfulness, while qualitative research can factor complexity directly into the analyses and explanations (Mason, 2002).

Second, qualitative research is sensitive to the multiple contexts that surround the data (Mason, 2002). This study assumed that the experience and meaning of an identically-labeled phenomenon (mindfulness) may differ based on context, specifically within different theoretical frameworks of psychotherapy. As such, the use of a method that took context into account was paramount to the success of this project.

Third, the study was concerned with how mindfulness is constructed and situated as an element of a broader social world – in what mindfulness means in the greater context of the mental health field. A major strength of qualitative research is in illuminating “processes or issues which are pivotal or central to some wider body of explanation or knowledge” (Mason,
MINDFULNESS BEYOND THE THIRD WAVE

2002, p. 3). It seeks to understand how the social world is constructed (McLeod, 2001), and it is useful for examining how phenomena have developed (Mason, 2002).

Finally, almost no research thus far has investigated how mindfulness might make sense in non-CB frameworks, or even how clinicians in general apply mindfulness in psychotherapy outside of a controlled research environment. Qualitative research – and in particular the grounded theory framework, introduced below – is often most relevant to the earliest stages of research in a given area (Mason, 2002; Payne, 2007).

**Research design and the paradigm underpinning the study.**

**Study design.**

The research questions forming the basis of this study were addressed through in-depth semi-structured interviews with a sample of psychotherapists who incorporate mindfulness in psychotherapy. Interview data were analyzed using grounded theory methodology (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Pidgeon & Henwood, 1997).

**Theoretical underpinnings of grounded theory.**

This study was conducted using the grounded theory framework, through a constructionist understanding as advocated by Pidgeon (1996). The grounded theory framework that was originated by Glaser and Strauss (1967) has been reworked over the years with ongoing innovation in qualitative theory and method (e.g., Corbin & Strauss, 2008). It is one of the best-known qualitative research frameworks in the social sciences. It provides a structure by which qualitative analysis may stick close to the data, using methodology that is highly rigorous yet flexible enough to make space for nuance and context.

The philosophical roots of grounded theory are in symbolic interactionism, which regards information as inseparable from its environment (Corbin & Strauss, 2008; Pidgeon,
MINDFULNESS BEYOND THE THIRD WAVE

The focus is on making sense of the nature and meaning of the experience of a group of people, within the context of that experience (Glaser & Strauss, 1967; Payne, 2007), and in that way is quite well-suited to the present study. In other words, the perspectives on mindfulness that arise in participant interviews will be situated in the contexts of the person, in the social histories of those perspectives, and in the context of the interview.

A constructionist reading adds to the grounded theory framework the understanding that no research is ever solely inductive: It is necessary to explicitly take into account and understand the biases, expectations, and opinions of the researcher and instruments as an element of the research process (Mason, 2002). Outcomes are not seen as discovered, but as generated through the interplay between the researcher and researched (Pidgeon, 1996).

Since the crux of grounded theory is to ground analysis in the data rather than in previous assumptions, no hypotheses were created beforehand and research questions were kept broad.

Participants: Inclusion Criteria and Recruitment

Ten participants were originally recruited in accordance with theoretical sampling guidelines, explained below. Participants met all of the following criteria:

1) Be individual or group psychotherapy practitioners who have completed graduate-level training in a mental health discipline (e.g. M.A., M.Ed. or Ph.D. in psychology, social work or counselling, medical degree with a psychiatric specialization, intensive long-term psychotherapy training program), and

2) Have at least five years of experience in incorporating mindfulness and psychotherapy, and

3) Identify their practice as not primarily cognitivist or behaviourist, and
4) Reside or work in the Greater Toronto Area in order to make face-to-face interviews possible and maintain some consistency in the sample.

Advertising occurred within the researcher’s personal network of psychotherapists and mindfulness practitioners, including study announcements posted on message boards and sent to email lists, as well as informal discussions of the study by phone and email. Information about the study was presented without any pressure to participate – individuals were given the contact information of the researcher in case they wished to self-refer. Individuals were also given the opportunity to pass on study information to other interested parties.

Ten participants consented to participate in the study and completed semi-structured interviews. One participant declined to continue participation after the first level of analysis, leaving nine participants whose data are included in the current study.

Participants: Description of the Sample

In the interest of maintaining the anonymity of the study participants, demographic information is presented as a general summary. Although such background information is valuable in providing context for their interview material, it must be reported in a manner which ensures each individual participant’s confidentiality.

Gender: Eight participants were female, one was male.

Education background: Participants came from a variety of educational backgrounds. One was an M.A. in Counselling Psychology; one was an M.Ed. in Counselling Psychology; one was an M.A. in Clinical Psychology; one was an M.A. in Applied Criminology; one was an M.S.W. and a Ph.D. Candidate in Social Work; two were Ph.D.’s in Clinical Psychology, and two had completed a multi-year diploma training program in psychotherapy.
MINDFULNESS BEYOND THE THIRD WAVE

Work settings: At the time of the interviews, all participants were working in private practice. Two were working in mental health organizations, and one was working in educational settings.

Number of years practicing psychotherapy: Participants had been practicing psychotherapy for 10 to 34 years; the mean was 19 years.

Number of years integrating mindfulness: Participants had been integrating mindfulness and psychotherapy for six to 22 years, with a mean of 12 years. Fifty-six per cent of participants had been integrating mindfulness for 75 to 100% of their psychotherapy career and 44% had been integrating mindfulness for 50% or less of their psychotherapy career.

Theoretical orientations/modalities used: Participants gave a variety of responses to this question. As the interviews did not afford the time for an in-depth discussion of particular orientations/modalities, this list adheres to participants’ own labels for their work and is not exhaustive. The numbers provided reflect the fact that most participants use multiple modalities. At the time of the interviews, four participants labeled their practice eclectic; four participants used Family Systems therapy, three used psychodynamic/psychoanalytically-oriented therapy, three used psychoeducation, three used at least some Cognitive-Behaviour Therapy (CBT); one participant used Narrative therapy, one used Eye Movement Desensitization and Reprocessing (EMDR), one used Trauma Incident Reduction (TIR), one used Client-Centred therapy, one used Imago Relationship Therapy (IRT), one used Sensorimotor Psychotherapy, one used Therapeutic Touch (body-centred psychotherapy), one used a 12-step addiction recovery model, one used art therapy, one used Jungian therapy and dream analysis, one used feminist therapy, one used post-modern therapy, one used Yogatherapy, and one used group therapy. Five of the participants labeled themselves as Buddhist or having a belief system resonating with Buddhism.
MINDFULNESS BEYOND THE THIRD WAVE

Placing the study results: Who are the participants?

In order to provide further context to the participants’ responses to the relevant research questions, I will briefly describe each participant, further illustrating these accounts with quotes from their interview data. In order to protect the confidentiality of the interviewees, I will refrain from disclosing identifying information the use of which they have not authorized. All names have been replaced with pseudonyms that were created by the participants themselves.

*Pat.*

Pat has been practicing psychotherapy for about 11 years, and actively integrating mindfulness for eight and a half years. She works primarily with children and adolescents but also with adults and couples, and the majority of her clients are experiencing the effects of trauma. Pat’s mindfulness practice began through reading a book on trauma which suggested exercises. She thought they sounded silly but after trying them out herself, she felt a huge impact. As positive effects continued with further practice, she began to apply the techniques with some of her clients.

The word “mindfulness” became available to Pat later on: After seeing a flyer for mindfulness, she learned that the techniques she worked with were referred to as such. She began to read widely about mindfulness, and through this searching process she discovered that her spiritual belief system aligns with Buddhism. She generally leaves spirituality out of the counselling room, though, finding that her clients have an aversion to religion and spirituality. Although mindfulness is part of living a spiritual life for her, she does not expect it to be so for her clients.

In her therapy work, Pat sees her application of mindfulness as a natural extension of being an eclectic practitioner. Mindfulness for her flows naturally with the broad array of
MINDFULNESS BEYOND THE THIRD WAVE

modalities she uses, and she sees it as one more modality she can draw from as needed. She finds it easy to incorporate mindfulness because “It’s just the nature of therapy that clients want to understand more.”

Kate.

Kate has been practicing psychotherapy for 34 years. Although she estimates that mindfulness has been a major part of her psychotherapy practice for around 15 years, this integration has only been conscious for five to eight years. Kate came to mindfulness essentially as a business decision: A colleague of hers suggested that she see if it might fit with her work due to its growing popularity. However, as Kate learned more about mindfulness, she felt that it really was at the core of her psychotherapy work. Kate specializes in Imago Relationship Therapy (IRT); she summarized mindfulness in her work thus: “Initially we come into relationships from a very unconscious place, and the journey in fact is to be very intentional.” IRT does not use the word “mindful,” but it does explicitly focus on helping couples move from unconsciousness to consciousness; Kate grew into emphasizing this element of IRT more over time, which she says was a natural process of going with what worked:

When we’re very young we make up what relationship looks like, given what’s going on in our environment – and we bring our childhood and young adulthood learnings into our adult relationships. So this is the step of becoming conscious of what I brought from back there that is no longer working up here, and then move to a place of being mindful about doing it in a new way.

Kate finds it difficult to separate IRT from the way her work has grown over time, but she gets the sense that she places more of an explicit focus on having a brutally honest understanding of one’s patterns as well as of one’s decision to change.
Rachel.

Rachel has been practicing psychotherapy for 20 years. Her interest in mindfulness began approximately a decade ago; she had already been practicing yoga for a little while when she attended a training program to help clinicians develop the skill of mindfulness in order to “have a more expanded way in which to work with people.” She started to read books on Buddhist philosophy and psychology, and attended some of the earliest mindfulness and psychotherapy trainings in Toronto. Around the same time, she was faced with three personal deaths that made her think differently about mortality and spirituality, and the Buddhist ideas and practices she was reading about helped her make sense of these experiences. Initially there was a gap between mindfulness in her worldview and her application of it to therapy; for ethical reasons, she felt that she needed a more developed viewpoint before trying to use it with her clients. Mindfulness as a focus for her life developed over time, but very naturally:

I think it seeped in. As a therapist, the product you’re buying is that therapist’s take on reality; my take on reality was falling into place. It was a falling into place of an understanding of how to live the best life we can while we’re here, and having that expand in a ripple effect to those that are around us.

Rachel described integration as a series of steps, and at every step mindfulness “resonated so perfectly with what I felt to be true about life.”

Ana.

When Ana began training to be a psychotherapist a primary concern for her was already how Buddhism could factor into her work, and she has been actively integrating mindfulness with psychotherapy for all 12 years that she has been a therapist. Ana first developed an interest in meditation at age 12 at a school assembly. Her Bachelor’s degree in Comparative Religions
MINDFULNESS BEYOND THE THIRD WAVE

gave her an understanding of Buddhist philosophy and belief, and she began to study meditation with a Zen teacher in her early 20s. As Ana began reading about the idea of integrating Buddhism and psychotherapy, she felt drawn to becoming a therapist. She dreamed of studying at Naropa University, but funds were not available. Throughout her psychodynamic psychotherapy training she grappled mostly on her own with how best to make use of Buddhism in her work. She also talked extensively in our interview about staying true to psychotherapy as she learned it, even when that has meant not focusing on Buddhism or mindfulness:

One of the really important aspects about therapy the way I was trained is this notion that it’s really the client’s agenda, not mine. Mindfulness has to be something that they really want to do, because you don’t want to reinforce the superego. So that’s why I’m very non-intrusive.

Gail.

Gail worked as a psychotherapist in the prison system for a number of years before completing a program in therapeutic touch and body-centred psychotherapy because she consistently felt that psychotherapy the way she had learned it did not “go deep” enough. In Gail’s experience, psychotherapy alone was so focused on analyzing that it was simply feeding the egoic mind rather than changing it:

[The egoic mind] just kept getting bigger and bigger and it got more sophisticated and able to feed us back what we needed to hear. I didn’t feel there was real deep change going on…That it was more that [clients] just became very good at looking better.

Gail has been practicing Tibetan Buddhism for a decade, and teaches meditation outside of her psychotherapy practice. She has been integrating mindfulness into her work for 10 of the 20 years that she has been practicing psychotherapy. Gail talked with enthusiasm about her
work, both how rewarding it is to see her clients heal through mindfulness and how good it feels to work from her belief system:

It’s amazing, incredible to watch [my clients]. I really feel lucky; my work feels much more rewarding. My work feels like I’m bringing benefit to another human being – which is the Buddhist practice. That’s really important to me.

Diana.

Diana was a Yogatherapist before she was a psychotherapist, and she emphasized in our interview that Yogatherapy is her umbrella for both psychotherapy and mindfulness: “I would consider myself a Yogatherapist, and one of the tools I use is psychotherapy.” At the same time, with a Bachelor’s degree in psychology and a six-year diploma from an intensive psychotherapy training program, she has extensive training in Western psychotherapy. Since mindfulness is part of Yogatherapy, she came to psychotherapy training with mindfulness already a major part of her work and worldview, and has been integrating mindfulness and psychotherapy for all 10 years that she has been practicing psychotherapy. She also teaches private and group Hatha yoga classes and trains new Yogatherapists and yoga teachers. Diana values the ability to work flexibly within her training, always looking at each person in front of her with an open mind and responding to what they need of her:

If you need to know I’m a psychotherapist, I’ll let you know for your insurance. Or if you like that I’m a Yogatherapist, and that’s the vehicle that leads you into dealing with your suffering…or if you like that I’m a meditation teacher and that’s your way in, let me be who you need to; let the projections happen, especially at the beginning, and then recognize that it’s all a huge umbrella. If I can stand back, then the person becomes privileged – rather than me and my modalities.
Adina has been practicing psychotherapy for 17 years, and incorporating mindfulness for approximately six. She works primarily in a children’s mental health centre and has a small private practice, and she is also currently teaching some university courses and working toward a Ph.D. conducting research on mindfulness and psychotherapy. Raised Jewish, Adina became interested in Buddhism 12 years ago when she read *The Jew in the Lotus* – in which the Dalai Lama consults with a group of rabbis on how to live in exile – and she found many connections between the two religions. She spent a year reading about Buddhism, and then felt that she needed to actually starting practicing the religion to go any further with it. She joined a Zen centre and practiced there as part of its community for a decade. She started doctoral research five years ago on what exactly mindful attention is and got introduced to Tibetan practice, at which point she left her Zen community and began studying Tibetan Buddhism with a teacher who is also a psychologist. Now she has difficulty knowing whether she is a Jewish Buddhist or a Buddhist Jew, but she is definitely both.

Adina describes the practice of integrating mindfulness and psychotherapy as a dance:

I have to ultimately respect – here’s where the psychodynamics informs me again – the person’s defences are there for a reason. So it’s a bit of a dance. You’re dancing with a mode of being in the world, and a mode of doing the work that you know is useful. I’m looking for openings for mindfulness.

Adina acknowledges that even when clients are not open to active mindfulness practice, mindfulness is still a part of her therapy:

I come with my own presence; I come with a certain groundedness that’s from my own practice. On the teams that I run we always sit before and we had one family who said,
‘You guys are so calm; how can we learn to be like you?’ We never did any mindfulness with them, but it’s interesting that they picked that up.

*Frank.*

Frank has been integrating mindfulness for 22 out of the 25 years that he has been practicing psychotherapy. He started this integration in the late 1980s through developing and running mindfulness-based therapy groups for patients with HIV infection in a hospital setting. Over the decade that he worked in this capacity, he also led mindfulness-based therapy groups for hospital patients with a broad spectrum of clinical concerns. After hospital restructuring, Frank moved to private practice, and in his private practice he currently trains and supervises other clinicians in using mindfulness in mental health treatment. Frank started meditating in his early 20s. After three years of Zen training he began practicing Tibetan Buddhist meditation with a student of Chögyam Trungpa’s, and went through Trungpa’s training series through the Shambhala Centre. He did not start teaching meditation until after he had already been practicing meditation for 18 years.

Frank finds that patients determine how much they want to make mindfulness part of their lives; for the concerns that most people want to address, an eight-week group course is enough to get more control and to feel more balanced and hopeful: “For some people they just want to feel better, be a little safer. Maybe they stop practicing, but they trust that they can do a little better than they thought, and they don’t need to do any more practice.” On a deeper level, though, Frank sees mindfulness practice as helpful in living a valued life: “We are contingent creatures: How we feel and what happens to us depends on what’s going on and how that affects us. If we accept that our actions affect other people, we have to take care because it matters.”
Lillian has been integrating mindfulness for 15 of the 20 years she has been practicing psychotherapy. Lillian began her yoga and meditation practice as a teenager and then became a yoga teacher, and in the last decade her work has become more influenced by Buddhist psychology as well. In the beginning her meditation practice and psychotherapy practice inhabited separate worlds, but over time they came together in a very organic way. When Lillian began to integrate meditation and psychotherapy, she did not know of anyone else doing so; she found her own way to use them together: “For me it was interesting, because it was both a conceptual exercise and a practical application, and that was very exciting in terms of putting worlds together.” Since she already had a strong grounding in a number of psychological theories, she never felt that she had to unlearn or actively remove aspects of mindfulness or psychotherapy in order to integrate them; rather it was a process of loving learning and allowing these ideas to flow together naturally: “You tailor everything to each client; that’s the art of the work. It’s very exciting and interesting for me to language it in a way that’s going to fit into the person’s culture and cosmology.”

Lillian’s description of mindfulness was infused with history and context, and she emphasized the importance of taking these things into account:

There are so many different kinds of Buddhist psychologies, so many kinds of yoga that I think one has to be cautious with doing comparison. It’s a big debate, but yoga doesn’t use the ‘mindfulness’ language. That’s the Pali translation, not the Sanskrit translation – although one could argue that it’s really in the hands of the translators.
Research Instrument: Semi-Structured Interviewing

Interviews were conducted according to a semi-structured guide (see Appendix E). Qualitative interviewing suits projects exploring individuals’ experiences, interpretations, knowledge, and understanding (Mason, 2002). It is particularly suited to projects that are trying to access social meaning and process (Mason, 2002), and thus is suited to the present project.

Semi-structured interviewing provides only enough structure to maintain relevance to the research problems of the study, allowing flexibility for participants to use their own words and to bring up perspectives that have not been previously considered in the research literature (Fylan, 2005). Congruent with the grounded theory paradigm, the interest is in what is raised by the participant rather than in what is expected in the literature. The interview structure is based around open-ended questioning, with probes and prompts to encourage detailed description by the participant (Fassinger, 2005). In line with constructivist philosophy, the interview guide is designed to inspire participants to reflect on the research topic and dynamically build a response to it through the social process of the interview (Holstein & Gubrium, 1997).

The interview guide used in the current study included five open-ended questions intended to explore how participants understand and make use of mindfulness in psychotherapy within the context of their Western psychotherapy training and any training in meditation and mindfulness. The interview questions were built using Fylan’s (2005) guidelines, from the topics raised in the above literature review, from informal communication with practitioners and teachers of mindfulness meditation both within and outside mental health settings, and from my personal experience with learning, practicing, and teaching mindfulness meditation. With grounded theory the interview guide remains flexible (Strauss & Corbin, 2008) and is open to
MINDFULNESS BEYOND THE THIRD WAVE

modification depending on the direction of particular interviews or in order to account for emerging gaps and inconsistencies in the analysis that has already begun.

Procedure

Sampling.

Grounded theory uses a sampling procedure known as theoretical sampling (Corbin & Strauss, 2008; Glaser & Strauss, 1967). Theoretical sampling refers to selecting participants based on “their potential for generating new theory by extending or deepening the researcher’s emergent understanding” (Pidgeon, 1996, p.78).

Since the present research is preliminary and exploratory, and since the sampling base is broad enough to include any non-CB therapy framework, strategic sampling methods were used. Strategic sampling involves choosing participants that encapsulate a relevant range of experiences, characteristics, and types (Mason, 2001). Thus efforts were made to seek out representatives of different therapeutic modalities and mindfulness backgrounds, and with different amounts of mindfulness and psychotherapy experience, in order to leave space for a variety of perspectives.

Data collection.

After potential participants agreed to participate, 60 to 90-minute in-person interviews were scheduled and conducted. The interviews took place in the work setting of the participant or at mutually convenient safe locations.

The scheduled meetings began with a review of the main objectives of the research, any participant questions, and discussion of confidentiality and the information letter and consent form (see Appendices B and C, respectively). All interviews were audio-recorded with participant consent. All participants created pseudonyms to help maintain confidentiality.
Each interview began with the collection of basic demographic information (see Appendix D). The body of the interview consisted of a conversation loosely structured by an interview guide (see Appendix E). At the close of each interview I invited participants to reflect on the experience, providing a sense of whether all relevant information was covered and whether my method was conducive to its generation. Finally, I asked for permission to contact participants by email following the initial stages of analysis in order to obtain their feedback. This is an important step of qualitative research validation (Pidgeon & Henwood, 1997).

**Data analysis.**

**Written reflection.**

It is required in grounded theory to fully document the analysis process (Pidgeon & Henwood, 1997). Written reflection occurred at a number of levels. First, minimal notes were taken during the interviews to help recall aspects that may not have come through clearly in the audio recordings (e.g. body language) and to record initial interpretations. Second, alongside the analysis process decisions, rationales, and questions were recorded. The ongoing maintenance of a research journal rounded out the documentation and reflection process. Written reflection provided a level of immersion, allowing me to remain grounded in the data (McLeod, 2001). It also represented a form of accountability for my analytical decisions.

**Transcription.**

Transcription is important to building familiarity with the data. It triggers initial interpretations, which represent an early level of analysis. I kept track of hunches using memos throughout the transcription process. Some initial coding also occurred at this stage.
Preliminary coding and interview summaries.

After the first three interviews were transcribed and read, the next step was to develop an open-ended indexing system by working systematically through the data and labeling (or coding) elements that could be relevant to the research problem (Pidgeon & Henwood, 1997). Preliminary coding occurred within each of the first three interviews. Data were coded using the constant comparison method, which involves:

continually sifting and comparing elements (such as basic data instances, cases, emergent categories, and theoretical propositions) throughout the lifetime of a research project. By making such comparisons the researcher is sensitized to similarities and differences as a part of the exploration of the full range and complexity of a corpus of data. (Pidgeon, 1996, p.78)

After the first three interviews were coded, I decided that since the participants had indicated the importance of languaging mindfulness and understanding particular word choices, I could benefit from feedback on my understanding of their word choices when talking about mindfulness in relation to their work. Thus I wrote brief summaries of all 10 interview soon after each was transcribed, using direct quotes and then summarizing the quotes to put them in the context that I understood them to have. This step provided me the opportunity to think about multiple ways the same words can be understood, and to pinpoint areas of the interviews that could be understood several ways or taken out of context. It also provided me a more complete picture of the topics covered in each interview.

Validation.

The aforementioned summaries were sent to each respective participant, and participants were asked for validation of and any comments on my understanding of their words. This step
allowed participants the opportunity to elaborate on and provide further context to what they had said in the interviews, and to correct me on misunderstandings of their tone or meanings. It also allowed them the opportunity to tell me what was most or least important in their interviews. Participants were allowed a period of two weeks to look over and provide feedback on their summaries.

Second-stage coding.

Once participants had provided feedback on their interview summaries, the second stage of coding began. In this stage, all interviews were coded together. Through this process themes emerged that both differentiated between and found common ground between the interviews. Thus the analysis gradually moved from unstructured data to theoretical constructs and interpretations, with the larger purpose of exploring and expressing the diversity and range of the data so that all important aspects were accounted for (Pidgeon & Henwood, 1997).

Participant feedback also became part of the final analysis, which incorporates themes, quotes, participant feedback, researcher memos, and research journal notes into an explanatory model. Thus all relevant data were used to address the research questions.

The role of the researcher.

A constructivist grounded theory framework posits that there are no objective data, and that results are always built through the interplay of many factors including the researcher herself. I have tried to understand my role in the present study so that my voice is not unconsciously presented as the voices of my participants. However, the points emphasized in the present study will inevitably be shaped to some extent by my point of view and experience with the topic. The present topic is personally relevant to me as I am in training as a psychotherapist, have an undergraduate degree with a minor focus in Eastern Religions, and
MINDFULNESS BEYOND THE THIRD WAVE

have myself been practicing mindfulness meditation since childhood as well as teaching it for the past two years. Throughout these experiences I have met many mindfulness-oriented psychotherapists whose work was not represented by the academic literature – inspiring me to develop the present study.

On the one hand, my close relationship with the topic was quite helpful because I had an interdisciplinary background from which to draw for literature on mindfulness and psychotherapy (including personal experience in teaching mindfulness), because I had a broad vocabulary for mindfulness to use in discussion with participants, and because I had an existing network to guide me in determining the focus of the study and methodological details. I have endeavoured to make the best use possible of these resources in leading to a well-informed and broadly-relevant study.

On the other hand, my intimacy with the topic brings the possibility of clouding my understanding of my participants’ perspectives, or of framing the methodology and results to match my personal opinions rather than the literature and study results. To minimize these possibilities, I worked to become extremely familiar with the literature on mindfulness as well as with my participants’ accounts, referring back to studies and transcripts regularly to check the veracity of my presentation of both. I asked for clarification often during interviews, and sought participant feedback on my interpretations before conducting deeper analysis. I also kept a research journal in which I recorded my own viewpoints on the issues raised. Finally, to minimize the effect of my experience on how I understand definitions or aims of mindfulness, I stopped formal mindfulness practice for the duration of the study. It is my hope that in these ways I have actively participated in constructing a rigorous study rather than impacting the process mindlessly.
Chapter Three: Results

In this section I will describe, primarily in the words of the nine participants, each of the four core themes that emerged from the interviews as well as the themes constituting the core themes. Quotes from the interviewees’ accounts will be presented in order to illustrate and elaborate on the themes.

The first core theme addresses how participants make sense of and understand mindfulness. The themes in this category include models of mindfulness, key elements of mindfulness, and the idea of different levels or types of mindfulness.

The second core theme describes participants’ reports of the broader context surrounding and shaping mindfulness. The themes in this category include the sociocultural context of mindfulness in North America, mindfulness in the context of Buddhism and yoga, mindfulness in the context of Western psychotherapy, and the psychotherapist herself as a context shaping mindfulness within psychotherapy.

The third core theme outlines the details of the participants’ integrative efforts. The constituent themes include the aims, benefits, and indications of mindfulness in psychotherapy, the processes participants go through to make mindfulness work with psychotherapy, the learning process of the psychotherapy client as it relates to mindfulness, and the role of the psychotherapist’s personal mindfulness practice in effective use of mindfulness with psychotherapy.

The fourth core theme addresses the ongoing and future role of mindfulness in psychotherapy. The two themes in this core theme are the signs of the shifting role of
mindfulness in psychotherapy as a field and the integration of mindfulness as an ongoing journey for the participants.

For purposes of clarity, these themes are presented as distinct in the results section. It is critical to acknowledge that they are all inextricably interrelated. These interrelations will be touched on in more detail further below, in the discussion section.

**Core Theme 1: Making Sense of Mindfulness**

In each interview I asked participants to clarify the meaning of the term mindfulness. The first core theme addresses models, meanings, and elements of mindfulness, in other words the detailed response to the question of what mindfulness is. The first theme comprises three of the more comprehensive explanations of mindfulness offered by participants. The second theme covers the elements that stood out across all participants’ accounts of what mindfulness is. Finally, the third theme introduces the idea of different levels or types of mindfulness.

**Individual explanations of mindfulness.**

In this theme, three comprehensive explanations of what mindfulness is are presented. These accounts were chosen because they each provide a cohesive and broad picture of what the participants feel that mindfulness is, describing the relationships between its constituent elements, situating it in a broader epistemological context, or explaining the nuances that differentiate mindfulness from similar concepts.

Gail provided an illustration of the constituent elements of mindfulness and how they interact to bring mindfulness into being. She called this the “triangle of mindfulness,” where three types of experience are brought into balance to constitute mindfulness:

The triangle in mindfulness is the asker, experiencer, and witness. When we have those three in balance, you’re present. We have a witness – some people call it the observer
MINDFULNESS BEYOND THE THIRD WAVE

self – that’s able to witness what’s going on. Then you have the part of you that’s experiencing what’s happening in the moment. And then you have the part that’s curious, that says, ‘And now what’s here?’ Without that questioning, you’ll just stay there, stuck; the questioner keeps it unfolding.

Diana finds that people often conflate awareness and mindfulness; it was through differentiating mindfulness from awareness that she clarified the concept of mindfulness. Whereas awareness is a broader concept that can involve any focus of attention, mindfulness specifically involves awareness of subjectivity, of information as it is taken in by the practitioner:

The consciousness can stay very present with the experience of the reality of the individual in the moment, and that’s mindfulness. It’s not awareness. Awareness is about being present with everything, and mindfulness is about the specificity of being present with what’s happening in here. So instead of saying I’m aware of the car, I’m mindful of the sound moving through my nervous system. Mindfulness is your experience in your body of external factors as they come in.

Rachel provided a model of mindfulness as it is understood within a Buddhist framework. She surrounded the bare vocabulary often associated with mindfulness – acceptance in the present moment – with a context focused on comfort with uncertainty, change, interdependence, and a fluid sense of self, as well as a life built around compassion:

Mindfulness in terms of Buddhism would be accepting the self – quotations around self – in the present moment, and attaining comfort with the uncertainty of life and the inevitability of death. Mindfulness involves knowing that we are all totally connected and that no action can happen independent of everything else in our universe – and so
being able to create a life and be the person in that life who has compassion for self and others and approaches the world without harm, without intention of harm. In fact, with the intention of creating more acceptance and respect and compassion universally.

Above, Gail, Diana, and Rachel provided three explanations of what mindfulness is that are all related but focused on different aspects of the concept. Gail focused on a model of mindfulness based around three cognitive styles that, when balanced, constitute mindfulness. Diana differentiated mindfulness from a term commonly used to define it, discussing the nuances of attentional focus. Finally, Rachel demonstrated how a broader Buddhist framework gives mindfulness several meanings beyond its constituent cognitive elements. In the next section, I will list and summarize the most emphasized constituent elements of mindfulness brought up by the participants.

**Key elements of mindfulness.**

Through coding all participants’ explanations of what mindfulness is, the following key elements emerged: awareness of internal experience, remaining non-judgemental/honest about reality, and curiosity or active ongoing expansion of perspective.

*Awareness of internal experience.*

Several participants defined mindfulness as a form of alert awareness, presence, or noticing. Participants emphasized in particular, though, that mindfulness involves awareness of internal experience or how things are “for you,” or within the body. As Pat said, “mindfulness is being aware of what’s going on within oneself.” There was some amount of disagreement regarding the nature of this awareness, where some participants emphasized the somewhat detached, witnessing nature of it – that mindfulness is about taking a step back in order to watch experience – whereas other participants emphasized not wanting clients to watch or observe
experience as though removed from it, but rather to “open into” or “sit in” experience. For example, Ana said that mindfulness is about taking “a step back from the racing thoughts, and just watch what’s happening, just observe what’s going on in the mind.” However, Adina had another point of view: “Rather than being an observer of one’s experience, it really is the opening into presence, the being in the experience rather than thinking about it. Watching it, how can you be in it?”

*Remaining non-judgemental/honest about reality.*

Participants explained that one thing that differentiates mindfulness from other forms of attention is that judgements, reactions, and commentary are not engaged in – that phenomena are attended to without interpretation. In Frank’s words:

Dropping unnecessary commentary; we get into these stories about what’s going on, and often it moves us away from the real thing. Are you having a real conversation with someone, or are you talking about something that has nothing to do with this moment?

On the one hand, not interpreting experience means that mindfulness is not the same as analyzing experience. As Gail explained, “We don’t even have to figure it out, we follow it. Once you go into figuring it out, you’re not mindful; you’re out of the moment.” On the other hand, not interpreting experience leads to a clearer view of reality. Diana pointed out that “the word *Vipassana* actually means to see reality as it is. Not a mantra, not a visualization – which is imagination – but reality as it is in the body.” Several participants talked about mindfulness as involving the ability to see reality clearly and honestly. In Kate’s words, “mindfulness has to do with integrity, it has to do with brutal honesty.” Lillian identified this as a long-term goal: “With meditative practice, the long-term aim is that it could/should/would be nice if one could be present with all aspects of oneself.”
MINDFULNESS BEYOND THE THIRD WAVE

Curiosity/expansion.

As suggested by Gail’s model of mindfulness above, participants mentioned curiosity or an interest in expanding one’s perspective as a key element of mindfulness. Lillian discussed trying to encourage in her clients the sense of expansion that for her is crucial to mindfulness: “A sense of not being limited by whatever story or whatever mood they have. It’s wanting to understand, to always look at things. It’s supporting people to look at where they’re imprisoned – their own mental constructs.” Diana said something similar: “Make them excited about [experience]. Not excited in the nervous system…but interested, curious with equanimity.”

Presented above were the key elements participants described as comprising mindfulness: awareness of internal experience; remaining non-judgemental/honest about reality; and curiosity or ongoing expansion of perspective. In the next section, I will introduce the idea of mindfulness as a developmental and plural practice with multiple levels.

Levels of mindfulness.

Participants did not talk about mindfulness as a single static practice, instead discussing several levels and gradations in mindfulness practice. One way in which mindfulness has levels is that one generally begins with a more concentrative exercise or a more specific focus and progressively moves “deeper” into mindfulness practice. In Ana’s words, “they start out usually with mindfulness of breath. And then they move forward and the deepest is just following whatever thoughts and feelings arise.” Diana said something similar: “We move into mindfulness from awareness. From awareness, we go deeper.”

In another way, levels of mindfulness are not on a continuum from less to more deep, but simply multiply ways of paying attention that qualify as mindfulness. Rachel explained: “There can be that focused - I don’t want to objectify it but I will - focused object of attention, but it can
MINDFULNESS BEYOND THE THIRD WAVE

also be just openness to your surroundings. They’re different skills for different needs, but both are mindfulness.”

Thus, mindfulness was characterized as both developmental and plural in how it can be defined and practiced. In the next Core Theme, the focus will shift away from breaking mindfulness down into elements and toward recontextualizing it.

Core Theme 2: Mindfulness in Context

This subsection focuses on common themes in participants’ descriptions of the broader contexts that shape and define the role of mindfulness with psychotherapy. Although not a pre-planned interview topic, all participants emphasized that mindfulness is shaped by where, how, and to what aims it is being applied, and through which lenses it is being viewed. They also discussed mindfulness in the larger historical and cultural context of North America. Related themes in this section include the sociocultural context of mindfulness in North America, mindfulness in the context of Buddhism and yoga, mindfulness in the context of psychotherapy, and mindfulness in the context of the psychotherapist.

The sociocultural context of mindfulness.

Participants indicated that mindfulness has a particular history in the West and thus in Western psychotherapy, influencing the role of mindfulness in their own lives and in their psychotherapy work. All participants linked mindfulness to Eastern meditation, particularly in Buddhism, and several discussed the newness of Eastern influences on Western thought. In Frank’s words, “We’re in the midst of some kind of cultural change.” Rachel suggested some reasons why Eastern spirituality might resonate with North Americans at this point in history, particularly in a psychotherapeutic context:
People are always searching for something that can help them be comforted with the suffering in life. In our culture people are pulled away from being in institutionalized churches. A lot of people now use therapists in the same way they used to use pastors, ministers, and rabbis; that may be a part of why it’s more accepted now. And a lot of people adopted Eastern culture in the 60s and 70s – that still comes into play.

The newness of Eastern practices in North America has meant that some participants are facing challenges in making sense of the role of mindfulness in their work as well as in their own lives. Rachel described trying to parse the role of Buddhism in her own life, explaining that she feels caught between being a Westerner and her interest in Buddhism. On the one hand, she questions her own interest in and ability to understand a culture that she did not grow up with. On the other, she indicated deep resonance with Buddhist philosophy and spirituality:

Realistically, I’m a Westerner. I have to be aware that I didn’t grow up in that world; I’m in this society. I’m trying my best to understand a different culture because it resonates with me. Even my kids have asked me if I identify myself as a Buddhist; I think that would be selling Buddhism short. What I am is a kindly person who resonates with Buddhism – that’s my spirituality and my philosophy.

Although mindfulness is new in North America, participants gave the sense that it has a distinctive history here. All participants mentioned famous meditation and spiritual teachers with whom they have studied or whose work they have read. They also addressed the reshaping process that is taking place on mindfulness in the West. Ana emphasized the importance of “putting [mindfulness] into some psychological language that we in the West can relate to. In the East they’re embedded in a particular culture where these ideas are more easily integrated into their lives.” Frank elaborated on the necessity of making sense of mindfulness culturally,
suggested that in order to make mindfulness practice work for people in the long term it needs to jibe with their cultural traditions:

A part of the challenge for us in the West is how do we have a system of understanding for [mindfulness] that makes sense for our own cultural traditions? In Tibet, they believed in ghosts and spirits. Is there a way for these techniques to be useful for me when I don’t? In order to continue anything that takes perseverance it has to have some rationale that’s personally meaningful.

Mindfulness having a distinctive history in the West has meant particular conflicts and controversies that have shaped what these practices mean here. Ana noted the grandiosity of some great meditation teachers, and that “being with a great meditation teacher can support that grandiosity” in meditation students. Frank used the example of the past focus on awakening experiences in the West to illustrate the darker directions that Eastern practice has taken in the West:

In the early days of Zen [in North America] – this is in the 1950s and the early 60s – people got the idea that if they had one big opening they could do whatever they wanted after that because whatever actions they took would be pure. That led to all kinds of self-indulgent nonsense. One of the things that’s happened since then is a big movement away from that kind of emphasis.

Participants detailed the history and sociocultural context of mindfulness in North America and Western psychotherapy. Many discussed the interest in mindfulness in the West as indicative of a larger cultural shift in which North Americans have become interested in other ways of thinking about the universe and new forms of spirituality. Participants discussed trying to figure out what that means for them as North Americans and as psychotherapists, trying to
understand a concept situated in a different culture. Participants also discussed the mindfulness community in North America, including well-known meditation teachers who they have read and studied with, and the ongoing process of reshaping mindfulness to be relevant to the West. Finally, participants discussed some of the shadow elements of the history of mindfulness in the West, including a certain amount of associated grandiosity and self-indulgence. The next theme will narrow down the sociocultural context to address mindfulness specifically within the context of Buddhism.

**Mindfulness in the context of Buddhism.**

As mentioned above, all participants connected mindfulness to Buddhism and Buddhist ideas. The majority of participants have studied mindfulness as part of broader Buddhist studies, and most participants used Buddhist ideas to talk about mindfulness in our interviews. Many also mentioned explaining mindfulness within a Buddhist framework to their clients. When asked what mindfulness is, Diana’s first response was “Mindfulness in Pali in the tradition of the Buddha was *sati*, right? *Samma* *sati*. The *right* kind of mindfulness.” Ana connected mindfulness and Buddhism thus: “Mindfulness in its deepest form is being aware of awareness; in Buddhist philosophy, that’s who we really are: that awareness.” Frank placed mindfulness practice in this Buddhist context: “In Buddhism they talk about the three poisons: passion, aggression, and ignorance. In meditation we recognize these fluxes in our minds.”

Ana suggested that it is possible to define mindfulness either inside Buddhism or outside it in a broader, more secular way: “It depends on how we are defining mindfulness. In your research, is it mindfulness or is it specifically Buddhist mindfulness?” She went on to explain that mindfulness within a Buddhist framework takes on particular connotations:
I do see Buddhism and psychotherapy as working in different areas. In psychotherapy I’m working with the development of the self. In Buddhism I’m working with shifting the identification from just oneself to recognizing that we’re part of a bigger whole, part of God. If I take a broad definition of mindfulness then it’s complementary with psychotherapy: It is helpful to work with the body, and therefore with mindfulness.

Participants described Buddhism as a primary context for mindfulness, and most either practice Buddhism or have studied it extensively. The idea of possible discord between Buddhist and psychotherapeutic contexts was introduced. In the next section, the intersection between the Buddhist context of mindfulness and psychotherapy will be discussed further.

**Mindfulness in the context of psychotherapy.**

I asked participants how mindfulness fits with psychotherapy as they learned it, as well as how mindfulness and psychotherapy shape each other. First I will address participants’ opinions regarding the differences and similarities between Buddhist and psychotherapy contexts. Then I will describe participants’ responses to how mindfulness itself makes sense with psychotherapy.

**Buddhism and psychotherapy.**

Several participants addressed differences and similarities between Buddhism and psychotherapy as contexts in which mindfulness is taught and practiced. Ana suggested that they work in different spheres, and assume different things about the practitioner: “The West has formulated very helpful scientific theories about the development of the self through the first 18 to 20 years of life. The East doesn’t have this. Buddhist philosophy assumes you have a well-adjusted sense of self.” Diana said something similar about differences between Yogatherapy and psychotherapy:
MINDFULNESS BEYOND THE THIRD WAVE

The Yoga model says we don’t focus on the suffering of the past, we find out what the negative pattern is and create a positive pattern to replace it. The West has done a brilliant job of developing ways of looking at how past behaviours need to be opened up, rather than just replaced.

Ana mused that she sometimes has a hard time separating mindfulness in Buddhism from mindfulness in psychotherapy: “Just in doing therapy, one becomes mindful. Using a simple definition, all psychotherapy is about mindfulness because it is encouraging introspection, becoming aware of what’s going on in our minds.” Rachel expressed a similar sentiment: “If you’re just really being present, then you’re actually doing what you need to do in terms of your [psychotherapy] training as a Westerner, but also in terms of being a good practitioner of Buddhist psychology.” Still, Rachel has found that certain aspects of the Buddhist framework surrounding mindfulness have not fit smoothly with psychotherapy – in particular, the Buddhist concept of “no-self:” “I don’t feel comfortable going into that territory in a clinical setting. Without understanding what the other person does with that it can be potentially dangerous because it’s like annihilation.” Similarly, Ana has found that the Buddhist focus on universality and liberation rather than personal health does not always lead to easy translation of mindfulness:

I’ve had clients where it’s like, fine, you’re working with meditation in order to grow spiritually and understand who you really are, but it’s your emotional development as well that I’m here to help you with. If you want to use mindfulness that’s great and I support that – but this emotional work is beneficial too.

In many ways, mindfulness in both Buddhism and psychotherapy feel for participants like the same work, because in both cases it can be distilled down to internal awareness to deal...
with pain. Still, certain differences in focus were raised. In the next section, the fit between mindfulness itself and psychotherapy will be described.

**The fit between mindfulness and psychotherapy.**

All participants agreed that mindfulness and psychotherapy enrich each other and that integration feels organic. Many participants questioned the assumed separation between mindfulness and psychotherapy since they address the same questions and subjects. In Lillian’s words, “I think we’re looking at how we live in the world, how we engage with our own minds, with our own souls...they’re looking at very similar realms of living and being in the world, with different lens.” Some participants suggested that mindfulness was present in their Western psychotherapy training, just not labeled the same way or emphasized to the same degree. As Rachel put it, “I don’t think it’s new, so much as expanded.” Lillian provided a specific example of mindfulness enriching psychoanalytic psychotherapy:

> It has been said that psychoanalysis is already a kind of mindfulness process in terms of the analyst witnessing and the analysand coming to witness their own process. But it isn’t so straightforward, psychoanalysis is still very much on the level of ‘this is the story.’ Mindfulness adds that *awareness* of ‘this is the story,’ or adds that sense of spaciousness in which the story lives. A larger sense of self.”

Mindfulness did feel different on a deep level for most participants. As Rachel put it, “What we’re developing is a philosophy and a viewpoint that is different from what we had trained in.” Participants talked about elements that mindfulness brought to psychotherapy that seemed to be missing before. Adina explained that mindfulness helps psychotherapy involve the body more: “Psychotherapy has been too much all in the head, when my own experience and my research and the clinical work I’ve done shows me that people experience events in their
MINDFULNESS BEYOND THE THIRD WAVE

body.” Kate found herself frustrated with the emphasis on getting feelings out in expressive therapies, which she found often crystallized negative patterns for people rather than changing them. She sees mindfulness as valuing emotions but also introducing a sense of intentionality that moves clients further: “It’s not going to happen inside first; it happens outside-inside-inside-inside-outside. I realized that there’s intentionality in change.”

Some participants suggested that mindfulness may fit more easily with some psychotherapy frameworks. For example, Adina said that mindfulness fits with psychodynamic psychotherapy because of “tolerance of silence, allowing one to sit in one’s own experience - the ability to sit in it and to name it when one can name it. The mindfulness brings space and psychodynamics has more of a sense of space.” On the other hand, Rachel found that the more she works with mindfulness, the less she breaks her work down by modality: “I don’t need to have all of these aids. Just be present, and they will tell you. And trusting that what they’re not telling you, you will also see if you’re really present.” Ana discussed at length how useful it was for her to look at mindfulness within Ken Wilber’s larger framework:

It was Wilber’s lines of development that helped me understand that someone could be spiritually developed but not necessarily morally or emotionally developed. Wilber acknowledges that there is always Shadow – the unconscious. And that you need some kind of psychotherapy in order to get at those; meditation isn’t going to touch those. Participants made it clear that the relationship between psychotherapy and mindfulness is complex. As Lillian pointed out,

Meditation is not necessarily geared to dealing with problems. Depending on the tradition it has different aims, but it’s looking at going deeper within or connecting to a
higher sense of being. Generally people seek out psychotherapy when there’s some issue that they’re stuck with.

However, Lillian went on to say that there are psychotherapy frameworks expansive enough to encompass a more spiritual and universalistic perspective:

That whole thing with Ken Wilber’s spectrum of consciousness, that traditional psychotherapy stops at a particular place – and that very well-known quote of Freud’s, that psychoanalysis is to turn human misery into regular human suffering – the traditional ways that we look at psychotherapy, that it has a limit. But there are also psychologies that are transpersonal, or they’re more expansive than that.

Still, most participants felt that in practice it is sometimes challenging to frame mindfulness in terms that are acceptable to their clients, in particular relating to Buddhist or “spiritual” connotations of mindfulness. Despite the growing popularity of mindfulness participants feel the need to be careful in how they talk about it in psychotherapy, making sure to use secular and mainstream language unless a client is particularly interested in the spiritual and philosophical roots. Pat mentioned a clear separation between the spiritual role of mindfulness in her personal life and the secular way she uses it in psychotherapy, because “many of my clients have an aversion toward religion.” Still, the associated spirituality can be part of the appeal of working with mindfulness. Kate emphasized that psychotherapy is always spiritual: “The work that we do is spiritual, whether it’s mentioned or not; this is very holy work.” Participants explain mindfulness in a wholly secular way if clients are not interested in Buddhism, and do not use the word mindfulness if it would make the client uncomfortable. In Pat’s words,
I bring it in softly. I say that there’s these techniques, some people use them and it helps them feel calmer, that sort of stuff. Then I see what their receptiveness to that is. My concern is that this is possibly something that’s really good for them, that they may be shutting down due to a mindset, a belief system which for them is true.

Participants test the waters with vocabulary like “breathwork,” grounding, meditation, yoga, and body awareness, or “talk about the scientific research supporting mindfulness” (Ana) to support its use with psychotherapy.

The participants in the present study found mindfulness/psychotherapy integration natural and organic because both have similar elements, and are concerned with how one relates to one’s own mind. Still, participants have found that mindfulness has expanded psychotherapy as they learned it, providing something of a new point of view. Participants felt that mindfulness had a different role or an easier fit with certain psychotherapy modalities, such as those that are broad enough to account for both the personal and universal aspects of mindfulness. Finally, participants discussed the challenge of balancing Buddhist and ‘spiritual’ elements of mindfulness in practice with their clients. The next theme will step out of the context of psychotherapy to address the psychotherapist herself, and how she is also lens through which mindfulness is filtered.

**Mindfulness in the context of the psychotherapist.**

Participants described their use of mindfulness in psychotherapy as a very personal journey. For all participants mindfulness came in the form of self-discovery, searching, and learning, and the process of using it with therapy was the same. Rachel’s story is an example, but nearly all participants gave similar accounts:
About 10 years ago I started reading a lot more Buddhist philosophy and psychology. It was very coloured by the experience of a couple of deaths, and how to process the whole living/dying experience in a way that made sense. At that point I was more exposed to Jon Kabat-Zinn and was reading *Full Catastrophe Living* because I was helping someone go through the process of dying at home, who was a personal friend. I really deepened my understanding of spirituality and how it can also work with everyday experience. That started colouring how I saw the world, and that naturally comes into your practice.

The participants in this study began studying and integrating mindfulness before there was much interest in it in the field of psychotherapy. Several participants commented on the experience of integrating mindfulness and psychotherapy because the pairing made sense, but without much if any outside feedback or guidance. In Lillian’s words,

> It just organically started to come together; I started to do that before I knew of people working in it because I felt that it needed to be together. For years meditation was a separate practice: Here’s my psychology world and here’s my meditation world, and they very naturally came together.

Participants discussed how intertwined their personal journeys and viewpoints are with their work as psychotherapists, and by extension with their mindfulness work. Adina admitted, “Here I am, I’m attached to this perspective.” Frank explained that part of the justification behind working with mindfulness is because it makes personal sense to him: “I do this because it works for me.” Rachel went into more detail: “How do you separate what I, as Rachel, do, from what I do as a therapist, and with a clinical viewpoint as opposed to what’s my personal viewpoint? They cannot be separated.” In discussing how personally-resonant mindfulness is
for her, Gail expressed how much she appreciates the opportunity to practice psychotherapy in a way that feels authentic to her:

My whole life feels like one continuous thread. I don’t walk in here and feel any different than what I’m doing in my morning practice or what I’m doing with my children. I bring it into every aspect of my life, I live it. And I love that, because I feel whole, I’m not compartmentalizing myself. I’m grateful for that, I love it – and I hope my clients do, too.

The vast majority of participants in the present study brought mindfulness into their psychotherapy work because it had been personally meaningful. Most began integrating the two before there was much interest in mindfulness in the psychotherapy field, and all developed their mindfulness/psychotherapy integration as a long, creative process. It was suggested that the personal relevance of mindfulness makes it impossible to separate it from psychotherapy work because psychotherapy is in many ways a reflection of the psychotherapist as well.

Core Theme 3: The Process of Integration

Participants gave a wealth of information on what has made the integration of mindfulness/psychotherapy work for them; this core theme reviews the details of their integrative efforts. The themes in this section include the benefits and indications of mindfulness for psychotherapy, the processes gone through to make mindfulness work with psychotherapy, the weaving together of psychotherapy and mindfulness ideas and techniques, and the role of the psychotherapist’s personal mindfulness practice in effective integration.

Benefits and indications of mindfulness for psychotherapy.

Discussed below are some of the primary benefits and effects of using mindfulness with psychotherapy, or to what ends mindfulness can be used with psychotherapy. Benefits and
indications are discussed together because of how interrelated they are, and include helping clients self-regulate, helping clients feel connected to reality, themselves, and their internal experience, and enabling clients to live in a kinder and more ethical manner.

**Self-regulation/containing experience.**

Participants discussed the potential of mindfulness practice for helping clients learn to, as Lillian put it, “generate one’s own container for experiences.” Pat linked this benefit to an ability to step back and see what reactions and feelings are connected to which situations and concerns: “Being aware when I’m feeling upset, is this really directly connected with the situation in front of me?” In particular, participants talked about using mindfulness for self-regulation in the treatment of addictions, trauma, and anxiety. With addictions, Lillian talked about mindfulness as helping clients “ride out their cravings.” In discussing trauma treatment, Gail said that mindfulness “strengthens the aware consciousness, which creates space so that the person is better able to observe themselves and step out of situations.” In anxiety treatment, Adina explained that “mindfulness is able to calm their minds in order that they can get out of their own way so they can do the clinical work.”

When clients are better able to contain and regulate distressing internal experience, their relationship to such experience changes. In Gail’s words:

I notice over time my clients get more curious about rather than fearful of what’s arising. A client that was in last night had an email that’s just triggered her. And she’s really aware of it – so we were able to sit there, and she said, ‘I want to go into this.’

Frank explained that when clients stay with the moment as it changes, they are able to relate to more aspects of themselves rather than being limited by strict self-definitions:
Mindfulness gives us a chance to learn to see our story as it bubbles up so we’re familiar with it, and we relate to it as a necessary companion. If we take it too seriously it can limit what our options are because we have self-definitions that are about this rather than that, but the underlying potential is actually more fluid. People can tolerate the flux of it if they stay with it very directly.

**Connection to reality/self/experience.**

Several participants said that mindfulness allows one to “drop the story” – in other words, to let go of habitual reactions or interpretations in order to see what is really happening – and to become able to make the most of reality in any given moment. For example, Rachel talked about using mindfulness in the middle of a panic attack: “Here’s a moment where you can be very much mindful of where you are right now. You don’t need to then go into your trigger and your story.” Out of letting go of false interpretations comes a more authentic connection to reality as it is. For example, as Frank described, “Mindfulness helps us taste what’s real…everything in terms of subconscious or unconscious eventually bubbles up: You can learn to meet your own self.”

Participants added that when clients can see the reality of a situation rather than blindly following old habits, they are more capable of doing things differently in the future. As Gail put it, “One of the things that they often say is, ‘I caught myself! I was able to see where I was overreacting when it started to happen so I had a different choice.’” On a deeper level, when clients can meet the good and bad of the moment with openness, they become more able to manage existential dilemmas and make the most of their lives. In Rachel’s words, “People accept the idea of death and uncertainty. And the need to wake up, and to be more aware of what’s happening now, because this is our only moment.”
Kindness/ethical living.

Several participants mentioned that mindfulness practice has enhanced their clients’ compassion for themselves and others, and enabled them to live in a way that causes less harm to themselves and others. Lillian discussed the utility of the compassion that comes through mindfulness with clients who have depression, “in terms of working with self-criticalness and perfectionism.” Frank also noted that “some profoundly-advanced practitioners don’t have anger. It’s not common, but there are people who are only kind.” He explained that when one is more open to and aware of the interconnectedness of the world, one’s heart can open as well: “If you actually quiet yourself enough that you can notice what’s going on around you, you notice that there’s suffering in the world. If we really let that touch us it opens our hearts.” Gail agreed, but emphasized that mindfulness does not only open one’s heart to others’ suffering, it is also necessary to not hurting them: “I was realizing through becoming so mindful, how much harm I was causing in my un-mindfulness. When I look at my clients, that’s what all of them are like. They don’t want to cause harm.”

Participants discussed reasons that mindfulness aids psychotherapy clients, including developing the ability to self-regulate, enabling clients to be more connected with themselves and reality, and enabling clients to live kinder, more ethical lives. The next theme will address how participants balance mindfulness and psychotherapy to make them work well together.

Making mindfulness work with psychotherapy.

As mentioned in the previous core theme, participants discussed a process of balancing mindfulness and psychotherapy. This theme will elaborate on the particulars of this process, first through discussing considerations that participants labeled as important in integrating mindfulness, and then through some examples of working with particular clinical presentations.
Considerations in integrating mindfulness.

Diana emphasized that mindfulness is useful for everyone; however, the important thing is applying it skillfully: “In Sanskrit it’s called **yukti**, which means intelligence as it applies to who you have in front of you. The only way to do that is to be mindful and privilege the person in front of you.” All participants have needed to consider questions to make integration between mindfulness and psychotherapy work, both in general and with each individual client. Lillian offered these as an example: “How do you choose, and how do you make the fit between yourself and the client and the technique that you want to use, and how is that different in different situations?” In this section, some of the considerations that have been important to participants in making mindfulness work with psychotherapy are explored. Although all participants described integration as “organic” or “natural,” they also reflected that it was a long process. As Diana put it, a lot of her facility with integration “has to do with years of working in this area, and trial and error; my personal experience day after day with many people.”

Frank emphasized the importance of clients having a good mindfulness instructor: “You need someone who’s watching what you’re doing, giving you advice; some of it you can learn yourself but you need ongoing feedback to improve.” Similarly, Pat cautioned that “there are some clients who are doing it right but they think that it’s not working – what’s occurring is that they’ve become in tune with their emotions and they’re noticing that they feel upset a lot” and Pat will need to help put the experience in perspective. Diana provided an example of mindfulness needing to be introduced informally before formal practice is possible:

I taught a group of young boys with schizophrenia, all 6’5” basketball players, these big inner city kids. I’m not going to assume that we’re going to take the lotus position and chant. I started with **asana** – physical Yoga practice – and I would take one of them up,
MINDFULNESS BEYOND THE THIRD WAVE

especially the one that would be acting out for my attention. I’d make him hold a very
difficult pose for 20 breaths, then I’d ask him to go up in a handstand. And then I got
their respect. All of a sudden they’re slowly coming into their bodies.

Adina felt that one of the most important considerations is that socialization to
mindfulness is not already part of traditional psychotherapy: “I am so convinced that this is so
useful, but it is foreign to psychotherapy; how receptive is the person? The challenge is can we
socialize people to do therapy in a different way without thinking that it’s so ‘fringe?’” All
participants echoed Adina’s recognition of the tension between introducing mindfulness and
following the client’s lead. All participants were emphatic in privileging the client’s agenda for
treatment, even when the same participant described clear preference for mindfulness as a major
element of living well. Participants were all trained in different therapy theories and
approaches, but many said that when actually in the room with someone, it is less important to
hold the theory than it is to be helpful. Frank gave this example:

I had one guy who I was trying to teach to do some meditation. And his response was,

‘Are you out of your fucking mind? I’m paying you all this money to just sit here and
not talk? I want to do something useful.’ Then I have to change gears and do something
he considers to be useful, not just stay with what I thought might be useful.

Lillian agreed, but added that “people also come because they want to learn something new.
They have an aim, but if they’re coming in with questions they want a different approach. The
aim can change or expand.” Although all participants expressed taking great care to never push
mindfulness on a client, most participants also talked about times when mindfulness stayed
present implicitly even when explicitly left behind. As Gail put it, “I was holding the awareness
that it would be great for him and waiting for the moment that it might resonate.”
Several participants discussed the importance of timing in teaching mindfulness in psychotherapy. Pat brings mindfulness up when “they talk about something that’s been upsetting,” but notes that not everyone is ready to work with it at the same point in therapy. Gail emphasized that “I wouldn’t teach them to meditate in that process where they need to be met, heard, received, where we need to build a relationship.” Frank said that “sometimes if people are really suffering you have to get them settled down [before teaching mindfulness] because nothing else is really possible.”

**Working with specific challenges/clinical considerations.**

The primary contraindication mentioned was seated, eyes-closed meditation for people with a history of trauma, psychosis, or weak ego boundaries, or people experiencing acute panic. Instead, it was suggested to focus more on the body, grounding, or moving meditation that involves interacting with the surrounding environment. However, Ana cautioned that “someone who had either developmental trauma or physical trauma may not want to go into the body. It may just be too foreign, too frightening.” Similarly, Pat cautioned against too much of a focus on the body when a client has body-image issues, because “my concern is that if they check in then that is where their focus is going to be.” Adina finds that mindfulness practice is sometimes not useful to bring in “when they’re just going from one crisis to the next.” She also described a client who is interested in mindfulness practice, “but he can’t settle himself down enough. I’ve tried to go with him to his body, but my bet is that there’s all kinds of things he doesn’t want to go to, and I’m sensitive enough to the defences.”

Lillian mentioned that sometimes with meditation practice, people “actually calcify or crystallize personality traits that are dysfunctional, because they’re just sitting on them. They’re just solidifying them and creating more rigidity.” She balances this possibility by encouraging
clients to look at their practice in the context of what they want for their lives. Ana mentioned something similar: “Meditation can make a feeling into an object, which is partly what mindfulness is training us to do. But the inherent danger there is that we don’t quite own it or claim it as part of us.” Conversely, Gail mentioned that

I have to be careful with some clients, because when you give them a tool it becomes work. That idea that the inner critic’s got another place to hang onto and says, ‘Gail said you were supposed to do this and you should be meditating every day.’

Ana has found that some clients believe that “through meditation, I am going to become a perfect person and purify my negative qualities. I’m going to be able to never be angry or sad again.” She has had this problem in particular when working with clients who are Buddhist practitioners. Both Ana and Lillian have seen clients use meditation as an escape from daily life and to avoid dealing with their emotional and psychological problems. Lillian gave this example: “I had a fellow who was meditating eight hours a day, which is too much.” Ana noted that “there’s a quality if we’re part of a meditation teacher’s circle, where we’re elevated in our self-view. It would be like being friends with the prime minister. There’s that associated sense of power.”

The participants in the present study found it necessary to balance various aspects of mindfulness and psychotherapy. As a result, participants emphasized the importance of a strong instructor to help clients balance the ups and downs of meditation practice and put mindfulness in perspective. Similarly, participants emphasized that formal meditation is not always the best place to start, and that socialization of clients to mindfulness can be a challenge – particularly due to the newness of mindfulness to psychotherapy, and the religious or spiritual connotations it can suggest. All participants emphasized the importance of being helpful rather than standing
by a particular theory, but having to balance that with the fact that clients often come to therapy to gain new perspectives or learn new ideas. Participants are always thinking about what would be helpful at a given moment, and work to match the introduction of mindfulness to the interest and readiness of the client. Participants also mentioned several contraindications for certain clients in terms of the type of meditation practice chosen, and warned that when not properly framed meditation can intensify dysfunctional traits or become an overused coping mechanism associated with an amount of narcissism and grandiosity.

In the next theme, the actual methods through which mindfulness is weaved with psychotherapy will be discussed, as well as the idea of mindfulness as an ongoing process.

**Weaving together mindfulness and psychotherapy.**

Participants discussed at length the different ways that mindfulness can be applied to a psychotherapy context. Participants help their clients learn and practice mindfulness in a variety of ways including discussion and psychoeducation, guiding meditation practice in psychotherapy sessions, supporting mindfulness in psychotherapy with other practices such as concentrative meditation, yoga, guided imagery, Tai Chi, and mantra, finding ways to make mindfulness part of clients’ daily lives and views of themselves, and finally modeling mindfulness through their own presence and behaviour. It is through these methods that the participants help their clients through an ongoing process of learning, practicing, and growing through mindfulness. For example, Frank discussed treating mindfulness as an individual and ongoing process for each client: “What can you do so that things that at first aren’t easy but are still helpful can be entered into and explored?”

Discussion and psychoeducation are used by all participants to explain what mindfulness is, what it can be used for, and to provide a surrounding worldview. As Gail put it, “I do a lot of
teaching so that the cognitive part of them can know what’s going on and they can use that.” In these discussions, participants use popularly-available books and websites as well as research in psychology and neuroscience, drawing on the larger mainstream interest in mindfulness. All participants except one teach meditation in psychotherapy sessions, although none do it with everyone or in every session. Participants also integrate mindfulness with other psychotherapy techniques such as telling stories from one’s childhood, exercises for developing trust and safety or appreciation and gratitude, and intentional changes in activities or lifestyle. Adina gave this example of interweaving techniques: “There was a mum I worked with; we did a piece on parent counselling using mindfulness and judgement. I would ask her about judgement – where is judgement right now? Which for me is an integration of narrative therapy: It’s externalizing.” Some participants also teach meditation outside of the psychotherapy context, and have published books or CDs. Participants see many other practices as congruent with mindfulness, and teach or recommend yoga, yoga breathing, guided imagery, Tai Chi, mantra, and concentrative meditation along with mindfulness practice. Participants use outside resources widely, recommending meditation classes, mindfulness-based psychotherapy groups, CDs, and the internet as adjuncts to therapy, as well as suggesting involving family members or friends in mindfulness practice. By far the most commonly-mentioned support for mindfulness practice was the vast array of popularly-available books on mindfulness, Buddhism, self-compassion, and an array of related topics. Gail explained: “Anything I hear of out there – I always encourage my clients to go and reinforce it, stay with it, to see it in their outside life, because that’s how it’s going to work.” Some participants prefer to refer their clients to books rather than trying to explain the nuances of mindfulness practice in session. As Rachel said, “I often
recommend books to people so that they can start their journey, as opposed to just taking it from my understanding.”

Participants emphasized the importance of making mindfulness a part of clients’ daily lives and self-images in order for it to have lasting effects. Pat emphasized that once the habit is formed, mindfulness leads to more mindfulness:

Once we get into the habit of using it then we use it in all aspects of our lives because it works so well. It keeps compounding the more you do it, the more effective it becomes and the more natural it becomes, and then it just becomes part of who we are.

Part of making mindfulness a part of daily life is regular practice. As Diana emphasized, “It requires quite a bit of training; especially if a mind has been over and over re-traumatized, the body is filled with the need to dissociate.” Gail feels that the effectiveness of mindfulness for her clients comes from the fact that she sees them over a period of years: “They see it working here, then they start noticing how it’s working out there. And that’s the process of integrating it into your everyday life. That’s why it’s hard after an eight-week course, how do you carry that on?” In contrast, Frank feels that most people get enough practice for the change they are looking for out of an eight-week course: “People learn enough, they are getting more in control and balanced and more hopeful by the end. It’s kind of amazing for 30 hours of practice, and it’s enough. The people that continue to practice generally have some ongoing motivation.”

All participants in the present study endeavour to live mindfully in their own lives, and several labeled modeling mindfulness as the most important aspect of integrating mindfulness with psychotherapy. In Gail’s words, “So it’s not only overt, it’s also the modeling of it and the harmonic induction that has a huge impact.” Diana went into more detail:
Mindfulness is an intersubjective field, too. The person in front of me learns through embodiment, rather than through me describing ‘Focus on your breath, keep your eyes closed, see what’s happening in your jaw.’ That’s fine, but it’s a step removed from what they would call transmission in the East – a way of working with someone that puts them in a different mind space because of the work I’m doing internally.

Through cultivating mindfulness in their own lives and in the space of the therapy room, the participants are able to demonstrate real, embodied mindfulness in a much more meaningful way. In Frank’s words,

If you’re sitting with a teacher, they can offer you a glimpse into something of your potentiality that has nothing to do with what words are…the therapist, if they’re meditators themselves, can communicate something that people can pick up on. Even though the words that they say may be from a transcript point of view the same words, there is something else that can offer inspiration or hope that is more than what the words are.

The importance of modeling mindfulness for clients is one example participants discussed of how the therapist’s personal mindfulness practice helps the client’s therapy. Other reasons for the importance of the therapist’s mindfulness practice are presented in the next theme.

The importance of the therapist’s practice.

Almost all participants discussed their own mindfulness practice in detail and described it as one of the most important aspects of their therapy work. In particular participants felt that mindfulness practice improves their clinical skills, and that mindfulness is not a technique but a foundational worldview that needs to be taught from experience. These two reasons are
detailed, followed by a discussion of the participants’ recommendations for the type of mindfulness practice that is important to a therapist who wants to integrate mindfulness.

*Making clinicians better at therapy.*

Participants named a number of ways that mindfulness practice hones the skills that clinicians need in order to be good therapists. Adina trains new clinicians, and emphasized the utility of mindfulness practice at that stage because “students come in so highly anxious that they are getting in the way of their work. They’re too busy thinking ‘What should I say next?’ rather than listening to what the client is saying.” In terms of clinician training, Frank emphasized that mindfulness practice helps clinicians develop a tolerance for sitting for a long time without losing attention: “Can you sit with your eyes closed for an hour and not move very much, and still not tune out or space out or drift off into whatever?” More than that, Frank finds that mindfulness practice helps the therapist manage strong emotions from the client:

Can you still be with them and stay open and kind and sympathetic and not be afraid, even if the anger is quite intense? The guy says, ‘I’ve been here six times and you haven’t helped me yet, now why am I paying you all this fucking money?’ Can you still stay kind and open to talk with him about his concerns without getting defensive?

When therapists get out of their own way they become more aware of themselves in relationship to their clients. As Frank put it, “Part of mindfulness for the therapist is to sense what’s going on so that you’re aware of what the dynamics are, and then I’m not occupying a space that’s going to be unhelpful in the long run.” Gail went on to say that her mindfulness practice helps her “recognize more quickly and clearly what’s up in a client so I’m not caught in the story. I find myself being able to do what we call in Buddhism ‘cut through’ quicker to get at what is really going on.”
Mindfulness as a foundational worldview.

Several participants felt strongly about mindfulness not simply being taught as a technique, that instead it is a foundational way of looking at the world that needs to be conveyed from within. Adina talked about her discomfort as a practicing Buddhist with the pressure to be trained in mindfulness-based therapy programs rather than teaching from her Buddhist training and personal practice:

I had a woman come to talk to me over the summer. She said, ‘Can you tell me how to get the techniques of mindfulness so I can use it in my practice?’ I said to her, ‘It’s not a technique. I see it as a – I hate to say it so cliché – way of being in the world.’

Lillian conveyed something similar: “It’s not just another toolbox, it’s not just another technique, but it’s more of a foundational way of looking at things.” Lillian also emphasized that it is important for therapists to teach from their own experience: “I think anybody teaching mindfulness at all, even for five minutes, needs to have some kind of practice. Otherwise you don’t know what you’re talking about; it’s all intellectual.” Frank agreed, saying that “it’s not fair to ask a patient to go somewhere we haven’t been willing to open ourselves.”

Directives for therapist practice.

Several participants gave opinions about how much and what kind of practice is needed to prepare therapists to integrate mindfulness and psychotherapy. Many of the participants in this study train or supervise new clinicians and explicitly teach their students to meditate or meditate with their students. Lillian was less specific about with whom or how much practice is necessary, but does emphasize that “it has to be very familiar to them, they have to be very comfortable with it. And they need some formal training from some reputable place or teacher who understands mindfulness and can look at clinical issues.” Frank was more specific:
MINDFULNESS BEYOND THE THIRD WAVE

The basic state-change stuff, you can probably learn enough to do some good for that with maybe 300 hours; so that’s an hour a day for a year. But if you don’t do retreat practice – which means 10 to 14 hours a day for a week, a couple of weeks to a month – you don’t deepen your practice enough to be able work skillfully with stronger intensities of feeling, or these more primary existential matters that are in our hearts. I think you need 1000 hours of personal practice before you teach anything.”

Adina feels that personal practice and training in Buddhist psychology is likely more helpful than the current short-term trainings in mindfulness-based therapy:

I met a couple of research participants who are doing really fascinating training in Buddhist psychology. They also have MBSR training, but they’re doing what I consider much more fundamental: studying Buddhist psychology and learning from an experienced teacher. And they have their own [meditation] practices.

Still, some participants practice the MBCBTs or teach them to other clinicians, and nearly all participants refer their clients to the MBCBTs as a support to individual therapy.

In this core theme, several practical dimensions of mindfulness/psychotherapy were discussed, including benefits mindfulness provides for psychotherapy clients, considerations in balancing mindfulness and psychotherapy, methods of weaving together mindfulness methods with psychotherapy techniques, and finally the importance of the psychotherapist’s mindfulness practice in mindfulness/psychotherapy integration. The next and final core theme will address the ongoing and future role that participants saw for mindfulness with psychotherapy.
Core Theme 4: The Ongoing and Future Role of Mindfulness with Psychotherapy

The final core theme addresses the ongoing and future role of mindfulness with psychotherapy. The two constituent themes are the signs of the shifting role of mindfulness in psychotherapy, and the integration of mindfulness as an ongoing journey for participants.

The shifting role of mindfulness with psychotherapy.

Participants suggested that the role of mindfulness with psychotherapy has changed since they began integration and that it seems to still be shifting. They touched on some topics relevant to the differences in this role, including their being now regarded as experts rather than on the fringe, the increasing popularity of mindfulness and in what ways it resembles a fad or a revolution, and finally the community surrounding mindfulness/psychotherapy integration.

Being called on to lead.

Participants mentioned that more and more clients seek them out for their mindfulness work or Buddhist or Yogic influences, and doctors refer to them for meditation teaching. Pat said, “In my experience it’s becoming much more mainstream, there are a lot more of my colleagues who I can talk to or who use some aspect of it in their therapy.” Moreover, participants are being called on to teach integration to other clinicians. Adina expressed some discomfort with the idea of teaching integration:

I had an invitation to go talk to a hospital department about my use of mindfulness in working with kids, because it’s becoming trendy. And I’m thinking, ‘I have no formal training in this. Am I qualified?’ I have my research experience and my clinical practice, but to go teach other people how to do it? I’m not so sure I feel competent to do that. And I don’t have all that fancy formal training in DBT, MBCT...
MINDFULNESS BEYOND THE THIRD WAVE

On the other hand Lillian, who teaches new clinicians how to incorporate mindfulness and psychotherapy, encourages her students to find their own ways of integrating the two: “I encourage people to be creative in their work, and I say that these processes like DBT were made up by other clinicians and you can also develop ways that are thorough and professional and have your signature on them.”

_The fad/revolution._

Participants feel that an exciting new movement is occurring, at the same time as experiencing some concern regarding the potential cheapening of mindfulness as only a fad. Lillian raised this concern: “What are we naming as mindfulness? Because it’s become this kind of catch-all where sometimes it isn’t mindfulness at all, but it’s just sitting still. Sometimes I’m concerned that it’s a little bit superficial.” On the other hand, Lillian recognizes that now “there’s a lot of room for practitioners who are really devoted to this as a way of life and a way of working and being.” Rachel discussed the ethics of using mindfulness when it has become popular, commenting on clinicians charging high rates for mindfulness-based practice: “What is the motivation for going into it? It’s fee-for-service, but to some extent you have to understand the philosophy of taking care of all of us as a way of taking care of the ‘self.’”

_Community and mindfulness/psychotherapy._

When the participants in this study started using mindfulness in psychotherapy few had contact with anyone else who was using it; this has resulted in strikingly-similar and yet extremely-personalized integrations of mindfulness with psychotherapy. In Lillian’s words, “There was a sense that it was very familiar. There were some times that this was very exciting, and other times that I felt like this is less aligned with the way that I think and the way that I
work.” Lillian went on to say that there is still very little contact between mindfulness-based therapists, especially those who are not involved in the MCBTs:

I know a bunch of people, but I couldn’t immediately tell you 10 people who are not CBT. As part of this psychotherapist training program I’ve gotten to know some people better, but everybody does their own thing. There’s a bit of an international thing – there’s like 10 teachers that if you want to work in this thing you go study with. But in Toronto it’s still…but it’s much more than it was, because it used to be around three people who’ve been doing it for years and years.

Interestingly, most participants emphasized that mindfulness is a community practice. As Frank said, “I’m still doing training, I still talk to other practitioners. We need a community of people to help each other.” Diana elaborated:

We need sangha; we need others who explore that as well because we’re interconnected. We’re social beings, and we need to be reminded over and over again. Life is up and down; the equanimity that’s held by the group can sustain you while you’re going up and down. There’s a community reminding you of an aspect that you have already started to cultivate within yourself. So they teach you to stay with that too – the others who are working through it themselves.

Perhaps this contrast between the reality of mindfulness-based psychotherapists and the ideal is indicative of the future direction of mindfulness in mental health. Many participants expressed an interest in being able to work more closely with other mindfulness-based colleagues and in knowing who else is out there.
Mindfulness integration as an ongoing journey.

The integration of mindfulness and psychotherapy is an ongoing journey for all participants. Many were pioneers in the field who are now looked to as experts, but all are still learning from each other and through their own experience. Several participants talked about how exciting it has been to put together their meditation and psychotherapy worlds, which for many has meant bringing what matters to them personally into their work with clients. Lillian found integration “both a conceptual exercise and a practical application, and that was very exciting.” Rachel reflected on how it felt to find work she believed in:

It was like steps, going along and getting more and more understanding. And every step that I took it resonated so perfectly with what I felt to be true about life. And about, you know, if I was running the world, this is how I’d run it. I know that’s totally naïve, but I like to say it.

Looking back, it has been hard for the participants to break down exactly how they made integration work, but they recognize it as a theoretically and clinically-challenging exercise that many of them have only become comfortable with over several years. As Ana said, “It’s taken me years. Decades!” Adina expanded this further: “Psychotherapy and practice came together for me over a few years, because first it was just kind of doing the practice and practicing psychotherapy, so the two were on parallel tracks.” In Ana’s words, “I was so afraid of doing harm to my clients, so it took me a long time of reading and map-making on my own, of taking in different ideas and seeing that I can use both.”

Some participants speculated that as their own personal mindfulness practice keeps changing, so will their use of mindfulness with psychotherapy. As Kate said, “I think it boils down to a personal professional growth process. We are not today the same person we were
yesterday.” Adina talked about the changes she is starting to make to her integration of mindfulness and psychotherapy: “I don’t bring [my Tibetan practice] into my psychotherapy practice, but I’m aware of it sitting in the background.” Rachel emphasized that expertise is a flawed concept and that she is always looking to broaden her understanding:

I don’t expect to have stopped learning. When I bring mindfulness into therapy there are limitations on what I bring in, simply based on my understanding. I have to be very careful with how I construct Buddhism for people, so I will say that I am still actively learning.

Diana described her willingness to keep learning as a source of her successful integration: “I’m a student; as a result of that, I don’t have to compromise either field.”

Some also talked about growing confusion about how to label themselves as they move forward. Adina raised these questions: “It becomes a question of where I position myself, what am I? Am I a psychotherapist? Am I a mindfulness teacher for some of these clients? I’m actually not sure.” Rachel suggested that the work is important even if it is not all understood:

Your research is like wading through the stream connected to the ocean, but I think that my using it in therapy is a bit the same. I think it still has value even if we don’t understand all of what exists – it’s an aspiration to enlightenment.

In this core theme, participants’ ideas about the ongoing and future role of mindfulness with psychotherapy were addressed. In particular, participants discussed the shifting role of mindfulness in psychotherapy – the possible positives and negatives of its current popularity, the fact that the participants are considered experts whereas before their work was considered “fringe,” and finally how individual mindfulness/psychotherapy integration has been for most of them in contrast with a belief that mindfulness needs to be a community practice. Also,
MINDFULNESS BEYOND THE THIRD WAVE

participants framed mindfulness/psychotherapy integration as an ongoing journey, where their work is not yet fully formed and likely never will be.

Summary

The results of the present study broke down into four core themes, although all core and smaller themes were interrelated. The four core themes were making sense of mindfulness, mindfulness in context, the process of mindfulness/psychotherapy integration, and the ongoing and future role of mindfulness with psychotherapy.

In ‘Making sense of mindfulness,’ three comprehensive responses to the question of what mindfulness is were provided, addressing the interplay between the cognitive elements of mindfulness, determining what mindfulness is not, and defining mindfulness within Buddhism. Then the key elements of all participants’ responses to what mindfulness is were summarized including awareness of internal experience, remaining non-judgemental/honest about reality, and curiosity or active ongoing expansion of perspective.

In ‘Mindfulness in context’ several contexts shaping the role of mindfulness with psychotherapy were presented, including the sociocultural context, the Buddhist context, the psychotherapy context, and the psychotherapist as a context. The history of mindfulness in North America was discussed, leading participants to call for a reshaping of mindfulness to fit with Western frameworks. Participants compared Buddhism and psychotherapy as lenses for mindfulness, noting aspects that do not translate easily between frameworks. Participants discussed similarities and differences between the practices and aims of mindfulness and psychotherapy, noting their interconnectedness and ways the two enrich each other. Finally, the participants’ personal journeys were discussed, including the fact that the participants regard them as inextricable from the practice of mindfulness/psychotherapy integration.
In ‘The process of integration,’ the particulars of integrating mindfulness and psychotherapy were detailed, including the benefits and indications of mindfulness for psychotherapy clients, considerations in making mindfulness work with psychotherapy including contraindications, methods of weaving the two together, and the role of the psychotherapist’s personal mindfulness practice. Participants explained that mindfulness generally works toward the benefits psychotherapy clients are looking for but emphasized skill, training, and flexibility in choosing if and how to apply mindfulness with a given client or situation. Participants also noted potential difficulties with mindfulness practice that require particular care. Participants labeled mindfulness as an ongoing process for clients and emphasized framing it appropriately and helping clients make it part of their daily lives. Finally, participants talked about their own mindfulness practice and how it helps them model mindfulness for clients and, in fact, be better therapists. They also suggested that mindfulness should not be treated as a technique but as an underlying worldview, thus teaching from personal experience is key.

In ‘The ongoing and future role of mindfulness in psychotherapy,’ participants discussed the ways that the position of mindfulness in Western psychotherapy has shifted over time, and framed mindfulness/psychotherapy integration as an ongoing journey that is never complete. Participants have found that integrating mindfulness has suddenly brought them more publicity and popularity because of the current interest in mindfulness. They also feel that the popularity of mindfulness is a mixed bag, with the possibility of either cheapening mindfulness or enriching the mental health field. Participants contrasted the fact that mindfulness/psychotherapy practitioners still tend to practice in isolation with the idea that mindfulness is
MINDFULNESS BEYOND THE THIRD WAVE

primarily a community practice. Finally, participants discussed the personal growth process that will continue to change the particulars of their mindfulness/psychotherapy integration.
Chapter Four: Discussion

The results of the present study cover extensive breadth regarding mindfulness integration with psychotherapy. In this discussion I will relate the results of the present study to the extant literature on mindfulness in order to demonstrate commonalities and differences in mindfulness definition and integration, and demonstrate how these commonalities and differences indicate the breadth of the mindfulness concept. Next, I will point to specific examples illustrating how fundamental the role of context(s) must be to the use of such a broad concept with psychotherapy. Finally, I will propose a model of mindfulness/psychotherapy integration (Figure 1) that incorporates the relevant factors highlighted by participants, also accounting for several levels of context.

Key Commonalities and Differences in Conceptualizing Mindfulness Integration

The participants in the present study both languaged and elaborated on the nuances of mindfulness in very similar ways as the extant literature, and focused on similar clinical applications. They also described indications and benefits of mindfulness practice similar to those of the mindfulness-based cognitive and behaviour therapies (MBCBTs). The mindfulness “techniques” or ways it was weaved into the therapy process were perhaps more varied in the present study than they are in the MBCBTs, but similar methods were mentioned such as modeling mindfulness, teaching meditation, and focusing mindfulness on the topics that were relevant to a given client. However, there were differences in how the above ideas were understood or which aspects were emphasized, both among participants and between participants and the extant literature. Due to the breadth of the mindfulness concept and the qualitative nature of this study the results cannot serve to challenge anything in the extant literature on mindfulness/psychotherapy integration; rather, they expand on it and suggest
elaboration or qualification. With that in mind, I will focus on only a few areas of comparison in conceptualizing mindfulness/psychotherapy integration: the suggested centrality of an acceptance/change tension to mindfulness/psychotherapy integration, what one is attending to in mindfulness practice, and emphasis on decentering from internal experience.

Several publications have suggested an inherent disconnect between mindfulness and the cognitive-behavioural tradition (CB) because mindfulness is non-judgemental and acceptance-focused and CB (and to some extent all psychotherapy) is goal-oriented (e.g. Baer, 2003; Block-Lerner et al., 2009; Lau & McMain, 2005; MAMIG, 2006). Participants in the present study did not directly mention an acceptance/change tension in their work. The word “acceptance” was used rarely and solely with similar meaning to how the MBCBT literature has defined “radical” or “experiential” acceptance: an open and honest view of the reality of personal experience (Block-Lerner et al., 2009). All participants discussed a similar concept, using language such as honesty about experience, expansiveness, interest in staying with all sides of one’s experience, or curiosity with equanimity. Although the “acceptance” aspects of mindfulness have been qualified in similar ways in theoretical writing (e.g., Block-Lerner et al., 2009; Hayes, 2004; Shapiro et al., 2006), when these qualifications are not provided mindfulness can sound passive or detached; for example, “anything that comes into the field of awareness is okay” (Brown et al., 2007, p. 215) rather than ‘cultivate willingness to stay with and be honest about anything that comes into the field of awareness.’ This focus by the scientific literature on totally non-evaluative acceptance has led some Buddhist scholars to respond that mindfulness is not so radically non-judgemental: It is practiced within an ethical or moral framework and – depending on the tradition – explicitly involves cognitive discernment based on that framework (Bodhi, 2011; Dreyfus, 2011; Dunne, 2011; Gethin, 2011; Gilpin, 2008). In explaining sati, Rhys
Davids (1910; the original translator of sati as mindfulness) said, “The corresponding cornerstone in the West is conscience; and indeed, so close is the resemblance in their effects that one scholar has chosen ‘conscience’ as a rendering of sati” (p. 323, as quoted in Gethin, 2011, p. 265). The participants in this study afforded mindfulness a similarly active and involved tone and emphasized that mindfulness is practiced in the service of a more ethical, value-based life. Some participants included living life in an intentional way directly into the definition of mindfulness, indicating that mindfulness and intentional change are not necessarily antithetical. In a recent publication, Kabat-Zinn (2011) emphasizes that MBSR is also built around the Buddhist ethical framework, it is simply more implicit:

> It feels appropriate in our environment that the ethical foundation of the practice be more implicit than explicit, and that it may be best expressed, supported, and furthered by how we, the MBSR instructor and the entire staff of the clinic, embody it in our own lives. (p. 295)

This quote suggests that although discernment based on a larger ethical framework is not included in the mindfulness definitions that Kabat-Zinn has linked to MBSR, he still regards it as part of the mindfulness concept. It is possible that the assumption of antithesis between mindfulness and evaluation or goal-orientation is a product of decontextualizing mindfulness from Buddhist frameworks, or of falsely assuming that all acceptance-oriented aspects of the MBCBTs relate to mindfulness while all change- or evaluation-oriented aspects relate to CB. It may also relate to differences between Buddhist traditions, which attribute evaluative aspects to mindfulness to a greater or lesser extent (Dunne, 2011).

Most mental health articles specify that mindfulness specifically involves observing internal experience. For example, in the words of Salmon et al. (2004): “tracking the flow of
MINDFULNESS BEYOND THE THIRD WAVE

sensations that collectively comprise unfolding experience” (my italics, p. 437). The participants in the present study agreed, emphasizing that in particular, mindfulness provides psychotherapy with more connection to the body or more of an embodied learning, a sentiment that is sometimes echoed although not strongly emphasized in the MBCBTs (Segal et el., 2002; Smith, Shelly, Leahigh & Vanleit, 2006). However, some participants specified that mindfulness of the body means more than awareness of physical sensations: Mindfulness is directed toward the body in particular because all information is filtered through the senses, and thus it is awareness of the subjectivity of experience itself that is definitive of mindfulness practice. This qualification fits with Buddhist frameworks; in the words of Bodhi (2011), “One might even call the stance of sati a ‘bending back’ of the light of consciousness upon the experiencing subject in its physical, sensory, and psychological dimensions” (p. 25). The closest parallel in the MBCBTs is the aim of clients discovering that their thoughts are interpretations rather than facts, which has often been cited as the reason CB and Buddhism fit well together (e.g., Salmon et al., 2004). However, Buddhist frameworks go beyond a CB emphasis on thoughts in particular or on the interrelationship between thoughts, behaviour, emotions, and physical sensations within the person (Salmon et al., 2004) to emphasize the interdependence of all phenomena – with different ways of understanding that interdependence in different traditions (Gilpin, 2008). The participants in the present study also noted the importance of realizing that thoughts are not facts. However, they focused much less than the MBCBTs on the idea of decentering and drew other types of conclusions from the centrality of subjectivity and the nature of reality as impermanent and interdependent. Although some participants echoed the importance of decentering, others disagreed with the idea that objectifying internal experience is congruent with mindfulness or that it is clinically useful.
Although this point has not been highlighted in the mental health literature, it is already suggested in how some of the MBCBTs discuss mindfulness. For example, Linehan’s (1993) mindfulness skills and MBCT’s three-minute breathing space (Segal et al., 2002) explicitly involve both objective observation of experience and full participation in it. However, decentering, observing, and objectification are discussed in the mental health literature as being central to mindfulness much more often than full participation in the experience, and certainly more often than loosening one’s attachment to a distinct sense of self. For example, “Relating differently to depressive thoughts and feelings, seeing them as characteristics of depression, not of themselves” (Allen, Bromley, Kuyken & Sonnenberg, 2009, p. 418). As discussed in the above literature review, Mark Epstein (1995) echoes some participants in the present study on this point. In contrast to the common MBCBT reminder to clients that “You are more than just your thoughts,” Epstein says, “There is really nothing but resistance to be analyzed; there is no true self waiting in the wings to be released” (p. 121). This position on mindfulness is dissimilar from the way it is discussed in any of the MBCBTs, but according to Epstein and others it makes sense in the context of Buddhism – in which mindfulness is generally characterized as a means of seeing the contingent nature of self and all other phenomena and of relinquishing attachment to the idea of an idealized self (M. Epstein, 1995, Gilpin, 2008). Bodhi (2011) offers a position on mindfulness that balances both emphases:

On the one hand, we might say that [sati] brackets the ‘objectification’ of the object that occurs in our everyday interactions with the world, whereby we treat objects as things ‘out there’ subservient to our pragmatic purposes. On the other hand…the net effect is to make the objective field clearly available for inspection. (p. 25)
MINDFULNESS BEYOND THE THIRD WAVE

In any case, participants in the present study offered new ways of considering the common opinion that mindfulness practice leads to a new relationship with distressing experience: The new relationship may not necessarily be a decentered one. Alternatives suggested by participants included greater curiosity about and interest in exploring distressing experience, or a more fluid, less serious and view of self overall.

The Breadth of the Mindfulness Concept.

If nothing else, the above comparison of the results of the present study to the extant literature suggests that mindfulness is not so easily seen as a singular concept. Several Buddhist scholars and mental health researchers have emphasized that breadth and complexity are built into the mindfulness concept, even within a single Buddhist lineage – and that there is not a single authentic version of mindfulness (e.g., Dunne, 2011; Grossman & Van Dam, 2011). Some of the breadth of the mindfulness term within psychotherapy is due to the tendency to use mindfulness as an umbrella term for Buddhist influence overall (Kabat-Zinn, 2011), a tendency that was often apparent in the present study where when asked about mindfulness participants tended to talk broadly about Buddhism. However, there are also different ways of understanding mindfulness in different Buddhist traditions (Dreyfus, 2011), and Dunne (2011) has suggested that some strands of Buddhism would see MBSR’s representation as authentic while others would object to it – likely an observation that would apply to other mindfulness/psychotherapy applications. Moreover, there is no singular textual definition to fall back on in Buddhism:

The Nikayas or early discourse collections do not formally define sati in the clear expository manner that we are accustomed to finding in modern textbooks or in scholarly studies of meditation practice. [The oral] method of transmission required that
the compilers of the Buddha’s discourses compress the main points into simple repetitive formulas. (Bodhi, 2011, pp. 22-23)

Buddhist scholars also emphasize that mindfulness tends to be defined “not as a mental function or trait…but as a practice or process involving at least four distinct phases” (Grossman & Van Dam, 2011, p. 221) that are at various points concentrative, analytic, non-conceptual, or pre-conceptual. Dreyfus (2011), Gilpin (2008), and Grossman and Van Dam (2011) have argued that the definitions emphasized in the mental health literature focus more heavily on the non-conceptual or pre-conceptual aspects of mindfulness. In contrast, participants in the present study explicitly described mindfulness as an ongoing creative process or a broad, underlying worldview with multiple levels. Interestingly, this is another aspect that may well be communicated implicitly or illustrated in the more detailed MBCBT texts or in the practice of these programs, but if so it is often lost or underemphasized in the research literature (Grossman & Van Dam, 2011). This may relate to the increasingly common suggestion in the literature that mindfulness needs to be practiced to be grasped, not analyzed or decontextualized (Hick, 2009).

Going one step further, humanistic psychotherapist and Zen mindfulness practitioner Rosenbaum (2009) explains that “Mindfulness as realization cannot be grasped, and it is precisely its inability to be grasped that is the source of liberation” (p. 208).

Beyond the natural breadth inherent in the mindfulness concept, more breadth is introduced because much of the language used in explaining mindfulness (including the term mindfulness itself) has multiple connotations. Participants in the present study emphasized that English terminology falls short and that it is important to hold the language loosely. Participants found common phrases such as “object of attention” or “your thoughts are just thoughts” or “cultivating no-self” problematic because they come with connotations in both secular Western
and Buddhist contexts that can influence a client’s understanding of the underlying message. As discussed in the above literature review, the word mindfulness was chosen as one possible definition for sati, and comes with its own history. For example, the common English usage of “be mindful” in the sense of “exercise caution” is quite different in many ways from mindfulness meditation instructions – although both may fit under broader definitions of mindfulness in English or sati in Pali. Another relevant term is “suffering,” the common English translation for the Pali dukkha. It has become common to argue that psychotherapy and Buddhism are parallel because they both aim at the relief of suffering (e.g. Maex, 2011; Weiss, 2009). To a large extent this may be true; however many participants in the present study indicated that most therapeutic modalities and clients are focused on less-universal concerns than long-term Buddhist practice, especially in traditional monastic contexts. Gilpin (2008) provides an apt illustration of a possible impact of this difference in understanding suffering, comparing classical Vipassana and MBCT:

This wider, substantially greater purpose necessarily imbues the practitioner’s entire experience…In vipassana practice, the breath is taken as a conditioned phenomenon to be ‘penetrated’ and understood, and not as an object to be used as a means to relate differently to one’s thoughts, as it is in MBCT. By extension, with successful practice, a greater intensity of, and dispassion for, experience is likely as revelation of the true nature of objects convey an ever-greater sense of urgency to the meditator (Nyanaponika 1971, p. 148). Contrarily, MBCT is not concerned with knowing the true nature of depression, simply achieving freedom from its symptoms.” (p. 243)

It is these sorts of multiple connotations that call into question the necessary truth of statements such as: “Mindfulness practice and principles have their origins in many contemplative and
philosophical traditions but individuals can effectively adopt the training and practice of mindfulness in the absence of such traditions or vocabulary” (MAMIG, 2006, p. 286). This is not because only experts can practice mindfulness but because different exposure to traditions gives different meanings to the same vocabulary, possibly significantly altering the nature of training and practice (Grossman & Van Dam, 2011). There is some evidence for this, for example in a study comparing the mindfulness scores of Thai and American college students (Christopher et al., 2009), the authors concluded that Thais have a more fluid and less psychologized concept of mindfulness: “Recent research in the psychology literature may have done more to elucidate the effectiveness of interventions such as attentional training, acceptance of internal experience, and a present moment focus, rather than mindfulness (and its inherently interconnected factors) per se” (p. 607).

The Role of Context

As illustrated above, mindfulness is a broad concept that lends itself well to being framed differently for different situations. Thus, the various contexts in which mindfulness is framed have a potentially powerful role in determining how mindfulness is understood and applied. The research questions of the present study focused on therapeutic modality as the important contextual variable in mindfulness integration. However, the participants in the present study suggested many layers of context relevant to their integration of mindfulness/psychotherapy, including the sociocultural/historical context, Buddhist versus “secular” frameworks, psychotherapeutic theory, the psychotherapist herself – including her personal and professional history with mindfulness – and of course the needs and presentation of a given client. In this section I will discuss the contexts participants emphasized as influential to mindfulness/psychotherapy integration.
The participants in the present study were aware of being situated in a particular moment in history when working with mindfulness. A common theme was that the use of mindfulness in Western contexts involves a necessary and important reshaping of mindfulness. Several scholars and researchers (Dreyfus, 2011; Kabat-Zinn, 2011; Maex, 2011) have agreed that adapting mindfulness in a thoughtful and responsible manner is necessary in order for the practices to be relevant to a context in which:

Teachers and practitioners are more likely to wear street clothing or white coats than ochre robes; they are more likely to hold degrees in medicine and psychology than in Buddhist philosophy and scripture. Meditation is being taught to help people obtain release, not from the cycle of birth and death, but from the strains of financial pressures, psychological disorders, and stressful relationships. (Bodhi, 2011, p. 35)

The particular history of mindfulness in the West – as touched on in the above literature review – is reflected in the backgrounds of the participants in this study. Despite living in one of the most multicultural cities in the world, no one I interviewed was born into a Buddhist household; all came to mindfulness outside their homes and generally as part of a personal journey. In contrast to the scarcity of mindfulness resources even a decade ago, now the participants and their clients have access to a wide array of meditation teachers from highly varied backgrounds, temples, popular and academic literature, and the opportunity to conduct research on mindfulness in psychotherapy institutes and academic institutions. Although some participants have immersed themselves in a single Buddhist or Yogic lineage, most have switched from one to another or practiced in many. Often they were among the earliest students of well-known Western teachers who have largely shaped the mindfulness tradition in North America.
Participants integrated mindfulness and psychotherapy over a period of several years, largely without feedback or support, based on extensive personal study of relevant disciplines and long-term gradual integration. They attributed this both to how new and “fringe” mindfulness was when they began integration and to having little time or opportunity as primarily private practitioners to discuss their work in detail with others. This is in contrast to the founders of the MBCBTs, who integrated mindfulness and psychotherapy in groups, with research teams, and in established clinical research settings. Although there is no other research discussing the process of mindfulness integration with clinicians, it is notable that the founders of the established MBCBTs have written about the personal, long-term process of designing and testing their treatments over a period of years (Hayes et al., 1999; Kabat-Zinn, 1993; Linehan, 1993; Segal et al., 2002). In a recent article, Kabat-Zinn (2011) discussed the very personal impetus behind the creation of MBSR:

The possibility of developing a form of right livelihood for myself at a particular juncture in my life, as well as, if successful, right livelihood for possibly large numbers of others who would be drawn to work of this kind because of its potential depth and authenticity. And there was also the fact of being in love with the beauty, simplicity, and universality of the dharma, and coming to see it as a worthy and meaningful path for a life well lived. (p. 286)

It makes sense that when pioneering a new way of doing psychotherapy one would do so based on personal experience and as an ongoing process involving theorizing as well as trial-and-error with clients. If this is the case, it is likely that with broader dissemination of mindfulness integration clinicians will be able to use it with less personal experience and time spent on creative application. However, it is also possible that there are things about
mindfulness that simply make it more personal to clinicians or more useful when it is personal. Some participants suggested that this is the case, referring to “direct transmission” from teacher to student. Likely related is the common position in the literature that mindfulness is only knowable through experience (e.g., Hick, 2009), suggesting the fundamental importance of the experienced teacher. Kabat-Zinn (2011) agrees: “Mindfulness practice is ultimately not merely a matter of the intellect or cognition or scholarship, but of direct authentic full-spectrum first-person experience, nurtured, catalysed, reinforced, and guided by the second-person perspective of a well-trained and highly experienced and empathic teacher” (p. 292). Here Kabat-Zinn is also suggesting another finding from the present study: that the practitioner herself is an important context through which mindfulness is translated. He gives mindfulness-based practitioners extensive shared responsibility in preserving mindfulness: “The best way to keep it alive and to guard its integrity and vitality [is] by carrying it in our own individual hearts in our own individual ways” (p. 285).

Related to the responsibility of practitioners to work with mindfulness in an effective, respectful and authentic manner are the clinical decisions a psychotherapist must make when integrating mindfulness. The ability to balance mindfulness and clinical decision-making artfully requires significant knowledge in both fields, and the participants in the present study emphasized strong training, supervision, and experience in both mindfulness and psychotherapy. This is comparable to the way mindfulness is applied in all the MBCBTs, where clinical decision-making takes priority. Kabat-Zinn (2011) discusses the art of balancing different lenses in making good clinical and mindfulness-appropriate decisions:

Our job is to take care of the territory of direct experience in the present moment and the learning that comes out of it…all the while keeping the formal dharma maps of the
MINDFULNESS BEYOND THE THIRD WAVE

territory in mind to whatever degree we may feel is valuable, but not relying on them explicitly for the framework, vocabulary, or vehicle…This can be quite challenging unless the formal dharma maps are deeply engrained in one’s being through practice. (p. 297)

As alluded to by Kabat-Zinn above, part of the work of the psychotherapist is to provide a context through which the client makes sense of the learning that comes out of mindfulness practice. The MBCBTs provide clear lesson plans with outlines of aims to be gained from each exercise at particular points in the treatment. None of my participants provide comparable structure – in line with the non-manualized nature of their work, as well as working with modalities that place less emphasis on structure than CB forms do. However, all work closely with their clients to help them make sense of mindfulness experience, often talking through practice out loud in sessions and providing psychoeducation based on what they know from their own practice and study. They see this as necessary given that there are contraindications for certain clients, as well as the fact that for any client mindfulness practice itself can be upsetting. Although the MBCBTs all have extensive structure in place to aid clients in interpreting and navigating mindfulness practice, little literature has discussed the highs and lows of mindfulness practice over time. In the literature on Transcendental Meditation adverse experiences have included psychosis, mania, euphoria, suicide attempts, relaxation-induced panic, disorientation, and feeling addicted to meditation (summarized in MAMIG, 2006).

Indeed, a Buddhist or Yogic framework may already account for such side effects: “Through an understanding of how the present mind is karmically conditioned, practitioners encounter a context to interpret the difficulties of practice, including the anxieties, intense ecstasies and moments of depersonalization that are side effects of [mindfulness] practice” (Dunne, 2011, p.
MINDFULNESS BEYOND THE THIRD WAVE

85). In mindfulness/psychotherapy integration, it currently falls much more on a given instructor to know how to proceed: “The skill of the instructor in dealing with such eventualities may be important in determining whether they become valuable learning opportunities or, alternately, adverse events” (MAMIG, 2006, p. 290).

Overall, participants found mindfulness in its Buddhist context to be relevant to psychotherapy because both deal with questions of how one comes into relation with oneself and the world and of finding ways to live well. However, there were certain aspects and elements that seemed more difficult to make work, such as the concept of “no-self,” focus on liberation, and a more universal emphasis. The participants in the present study differed in the emphasis they gave to Buddhism as a whole in psychotherapy, but all made deliberate choices to help them respect and honour both. In contrast, the academic mental health literature has generally not attempted to account for or balance the spirituality or cosmology of Buddhism, instead suggesting that Buddhism is less of a religion and more of an ancient psychological science in line with Western pragmatism (e.g., Weiss, 2009). Overall the MBCBTs are explicitly mental health treatments influenced by mindfulness and Buddhism, rather than an equal synthesis between Buddhism and psychotherapy: Their overarching goal is clearly to benefit mental health (with the possible exception of MBSR, which has left its purpose more broad and even more explicitly dharma-related – see Kabat-Zinn, 2011). For the most part participants in the present study agreed, saying that mindfulness practice should always be subsumed under being helpful to the client. However, as many of the participants in the present study subscribe to more Eastern cosmologies, they often chose to integrate mindfulness particularly because they believed its cultivation to be fundamental to well-being. Possibly as such, participants in the present study were less focused on mindfulness techniques than the
MINDFULNESS BEYOND THE THIRD WAVE

MBCBTs and more focused on being mindful with their clients, encouraging a more fluid and interconnected worldview, and living according to what may be considered Buddhist ethics.

It is possible that the above differences are related not to a deeper focus on Buddhism but to a greater interest in many non-CB frameworks on a client’s experience of the self as a whole and on existential or spiritual quandaries and relational factors. One of the only publications to look at mindfulness integration from the perspective of multiple therapeutic modalities is Hick and Bien’s (2009) volume on mindfulness and the therapeutic relationship.

In the epilogue, Hick and Bien reflect that their behaviourist contributors have more of a focus on technique, while psychoanalytic contributors focused somewhat more on relationship. In the foreword to the same volume, Zindel Segal summarises the breadth of opinions represented in the book in a way that nearly mirrors the debates raised by the present study: “Are we imparting skills or presence? Is this therapy or personal growth? Are we encouraging problem solving or subjective unfolding?” (p. viii). All of this represents preliminary evidence that different elements of mindfulness may have different relevance to different psychotherapeutic modalities, and by extension that the model(s) emphasized in CB may not be the only or most relevant models for non-CB practitioners. Although mindfulness continues to be commonly referred to as a cognitive-behavioural strategy (Singh et al., 2008), writers from non-CB psychotherapeutic modalities have begun suggesting their preference for taking a different conceptual direction from the MBCBTs (e.g., Rosenbaum, 2009).

Finally, there was a suggestion in the present study that mindfulness has the potential to fundamentally change psychotherapy as a practice, bringing elements of mindfulness into the theoretical underpinnings of the work. The idea that mindfulness can fundamentally shift the field of psychotherapy rather than simply offering new techniques to the same model has rarely
been covered in the academic literature, although the recent literature on the Third Wave of CB may be the beginning of such exploration and Weiss, one of the founders of the Hakomi Institute, has said, “Its inclusion in psychotherapy impacts the very way therapists work and how they relate to their clients” (Weiss, 2009, p. 6).

In summary, participants in the present study discussed several contexts relevant to shaping their particular ways of integrating mindfulness/psychotherapy given the breadth of the mindfulness concept. The sociocultural context does not only involve exposure to particular teachers and teachings, it also includes the newness and fringeness of mindfulness in the West – leading to the importance of reshaping mindfulness as well as the fact that the participants have been responsible for integrating mindfulness largely without guidance on how to address accompanying ups and downs. Thus, the sociocultural context impacts what is possible in the psychotherapy context and the work with a particular client at a particular moment. The psychotherapist herself is entrusted with a large amount of responsibility for effective mindfulness/psychotherapy integration because of the newness of mindfulness to the West, the individual nature of psychotherapy, and the personal and experiential nature of mindfulness. The context of particular psychotherapeutic modalities is key to balancing mindfulness and psychotherapy, and participants mentioned several choices in what to emphasize that differentiate them from the MBCBTs. Finally, mindfulness is also a context in which psychotherapy is practiced – and just as some participants suggested that psychotherapy has taken on a fundamentally different flavour through mindfulness integration, the psychotherapy field may also find itself changed. The next section will tie the results of the present study and the extant literature into one explanatory model of mindfulness/psychotherapy integration.
Understanding Mindfulness/Psychotherapy Integration

The results of the present study have provided a multifaceted and multidimensional image of mindfulness/psychotherapy integration, suggesting that differences in conceptualization and application do not indicate that one is right and the other wrong but that the history to draw on is vast. In this section I propose a model of mindfulness/psychotherapy integration at the level of the practitioner (see Figure 1), applying the areas of importance raised in the present study and in the mental health and contemporary Buddhism literature to the research question raised in the introduction.

Although mindfulness is generally presented in the mental health literature as a universal and decontextualized concept, the results of the present study suggest both that the mindfulness concept is broader than the common presentation in the literature and that it is shaped and formed by those who make use of it and the contexts in which it is applied. This finding would suggest that any model of how psychotherapists integrate mindfulness should reflect the breadth of the concept and its contextual contingencies. As such, the emerging model is one in which the practitioner both draws on and shapes the broad concept of mindfulness in various ways influenced by the many contexts emphasized by the participants as important to their opinions and clinical decisions: the sociocultural context, their experiences, training and personal journeys, their understandings of well-being/suffering, psychotherapy, mindfulness, and self/other, their various roles (such as “Westerner,” Buddhist, psychotherapist, researcher, etc.), and the process of working with a particular client over time. Since the participants emphasized the interconnectedness and fluidity of all these factors, all are considered to be linked and to continuously play into each other. In other words, the mindfulness concept/practice itself can be seen to be only one small factor in mindfulness/psychotherapy integration, where many other
factors must be balanced – and where the balancing of these factors continues to shape the mindfulness concept. Thus, the short response to the three-part research question of how participants define and apply mindfulness and to what aims is: in a variety of ways, through a dynamic and context-driven process.

Visually, the model (see Figure 1) is represented by a large circle containing a set of rectangles interconnected via bidirectional arrows. The large circle represents the larger sociocultural context of both mindfulness and psychotherapy, including their various histories, and is circular because this context is continuous and always shifting. Within the circle, the rectangles are ordered in a loose hierarchy. The psychotherapy practitioner, who is currently responsible for much of the process of mindfulness/psychotherapy integration, is situated near the top, and the process of integration (including the process of balancing multiple frameworks, weaving together different methodologies, and the daily actualities of relating with the client) is situated at the bottom. In between, in a row, are factors that affect the practitioner’s particular ways of integrating mindfulness, overall and at any given time. These include personal experiences and development (including meaningful life experiences, values, training and practice, and surrounding community), understandings of mindfulness/psychotherapy/well-being/suffering/self/other, and the practitioner’s various roles (e.g., therapist/researcher/meditation teacher/Buddhist/“Westerner”/private practitioner). These factors not only affect ways of integrating mindfulness, but they also affect each other and the practitioner herself and are affected by the process of integration. Since all the rectangles are enmeshed within the larger sociocultural context the sociocultural context also changes with them. In summary, within and as a key part of the sociocultural context of mindfulness/psychotherapy, practitioners integrate mindfulness on a moment-to-moment basis with their clients as shaped by their
personal experiences, their exposure to and preference for particular understandings of mindfulness/psychotherapy, and their various roles.

**Figure 1.** Model of how psychotherapists integrate mindfulness and psychotherapy.

**Limitations**

Although the present study included data from a diverse group of experienced practitioners, resource and time constraints led to a small sample size focused on one geographical location, limiting the possibilities for generalizing from the study results to other samples. Although there are strong reasons for using a highly diverse sample, having a small sample with varied backgrounds also means forfeiting the ability to compare across theoretical modalities or mindfulness contexts. Similarly there were strong reasons at such an early stage in this field for keeping the interviews broad; however, this also meant a large amount of breadth
MINDFULNESS BEYOND THE THIRD WAVE

in the information collected, making it difficult to focus in great detail on any one topic. The participants in the present study were almost all female (eight out of nine). Although this is likely representative of practitioner trends, it is notable that the founders of the MBCBTs discussed in this study are almost all male; it is unclear whether gender might play a role in mindfulness integration.

In regards to the explanatory model presented in this study, it is a working model only, and cannot necessarily be assumed to apply to other circumstances; however, it represents a multifaceted picture of mindfulness/psychotherapy integration for a diverse group of practitioners who are practicing that integration at an important juncture in the history of mindfulness with psychotherapy. The participants in the present study as well as the founders of the MBCBTs came to mindfulness/psychotherapy integration because they were personally excited about its potential to be meaningful to their clients; it remains to be seen whether the next generation of psychotherapists, often learning mindfulness as one more technique to incorporate into eclectic practice, will have such a complex experience of integration.

Implications for Psychotherapy Practice

As the present study dealt with psychotherapists’ accounts of their experience rather than demonstrating the validity of particular applications, the results of the present study are not prescriptive of one type of mindfulness application over another. However, it is notable that the participants in the present study echoed the perspective of some MBCBT founders that mindfulness/psychotherapy integration requires a strong theoretical framework for understanding mindfulness, solid personal practice, ongoing training, and the ability to model the principles of mindfulness when working with a client – particularly in light of the possibility for misuse or adverse effects of mindfulness practice. Moreover, the participants of the present
study emphasized something not previously mentioned in the literature – that mindfulness is a community practice for practitioners as much as for clients.

The results of the present study suggest that psychotherapists from different training backgrounds and worldviews may emphasize different aspects of mindfulness or interpret mindfulness differently. In particular, there was the suggestion that less structured, more relationship-focused and spiritual- or existential-focused, or more past-focused psychotherapists may value applications or definitions of mindfulness that have not been emphasized or suggested through the writing on the MBCBTs. As such, psychotherapists or clients with these orientations may benefit from looking at mindfulness beyond the MBCBT frameworks when considering integration, possibly looking to the debates and training frameworks within sects of Buddhism or yoga, reading in the disciplines of Religious Studies or Anthropology, or consulting practitioners with personal experience integrating mindfulness. Similarly, it needs to be considered that the same type of training in mindfulness might not be equally relevant for all mindfulness/psychotherapy practitioners – an important consideration when determining the validity of training requirements. Stemming from these implications is the possibility that all practitioners claiming to use mindfulness are not using the same thing, leading to the importance of being forthcoming with clients who are interested in mindfulness.

A finding of the present study not previously discussed in the literature is that the role of the psychotherapist may be impacted by mindfulness/psychotherapy integration. Practitioners may want to consider their role in regards to meditation teaching, spiritual guidance, and instruction in Buddhism – and how and when questions may be raised regarding the smooth fit between these and a particular psychotherapy framework.
Implications for Mindfulness/Psychotherapy Research

The context-based differences to mindfulness conceptualization/application suggested in the present study support recent calls from Buddhist scholars and some mental health researchers to research mindfulness in a broadly contextualized manner before or rather than trying to pare it down to its bare bones. The results of the present study suggest the importance of considering individual experiences and utilizing more qualitative, mixed-methods, and interdisciplinary research through which to contextualize mindfulness/psychotherapy integration. Similarly, the present study raises questions regarding the validity of basing measures, definitions, and assumptions on the applications in the MBCBTs, at least without mentioning that other therapies/ists may be using the word differently.

How mindfulness is conceptualized has extensive implications for what is considered to be legitimate practice and training for mindfulness integration. Although other applications of mindfulness have not been empirically validated, it seems that many were developed by comparably-trained and experienced clinicians, and thus it would be short-sighted to write off their validity without examining it. Conversely the academic mental health field may choose to base its definition of mindfulness on existing applications, but if so this should be done with the understanding that this is not the only definition currently in use in practice, and that new researchers coming in with different backgrounds may bring different understandings of the concept. Similarly, it is quite possible that the mindfulness concept will shift along with any changes that may accompany the psychotherapy context, including how broadly mindfulness is taught and what the dominant psychotherapy modalities are.

The results of the present study suggest several specific directions for further investigation. These include:
MINDFULNESS BEYOND THE THIRD WAVE

• The highs and lows of mindfulness practice particularly for psychotherapy clients, and helpful ways of addressing these

• The necessary centrality of decentering to mindfulness practice, and what emphases in mindfulness practice may lead to decentering rather than other outcomes. Also, any possible contraindications for decentering

• The necessary centrality of an acceptance/change tension with mindfulness and CB or other modalities, as well as investigation of other possible tensions

• The actual uses of mindfulness by practitioners and in training new practitioners, and the breadth of the concept and application as it currently exists

• Relevant messages from other disciplines and experts on the contexts surrounding mindfulness that may affect our understanding and application of it.
Conclusion

Mindfulness is a concept with significant breadth that is shaped by very particular histories that affect its use in psychotherapy. It also has specific parameters, which – as demonstrated in the present study – are to a large extent shaped by the framework in which it is taught and the aims toward which it is applied. Thus the present study, which involved participants who have used other so-called “frameworks” than those presented in the MBCBTs, provides a broader picture of mindfulness. This broader picture serves to explain the confusion and ambiguity in the present literature surrounding exact definitions, applications and mechanisms of action of mindfulness, and reflects the preference for pluralism and syncretism in the dissemination of Eastern culture in general in North America. It is in such a world – which contains many things labeled Buddhism, yoga, mindfulness, meditation, and even psychotherapy – that the participants in this study as well the founders of the MBCBTs have learned about, talked about, and taught mindfulness. Thus, the three-part research question presented in this study was responded to with much greater breadth than expected. Rather than simply listing their definitions of mindfulness and outlining their methods of integration, the participants responded to the question of “how do you define it and how do you integrate it?” with a discussion of the long-term process of each. Similarly, they responded to “to what aims do you integrate it?” by addressing the contexts in which the aims are determined. This is a testament to the personal journeys that have led these practitioners to this particular point in their work, and has provided valuable information not only for the future of mindfulness/psychotherapy integration but for understanding how and why practitioners pioneer new ways of practicing psychotherapy.
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MINDFULNESS BEYOND THE THIRD WAVE


MINDFULNESS BEYOND THE THIRD WAVE


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Appendices

Appendix A

Telephone/in-person/email study announcement.

Study announcement:

Hello. My name is Sarah Horowitz, and I am a graduate student in Counselling Psychology at the Ontario Institute for Studies in Education, University of Toronto. For my Master’s thesis, I am doing research to explore the ways in which psychotherapists have incorporated mindfulness meditation and related philosophy into individual or group psychotherapy. Since the vast majority of existing literature examines incorporation of mindfulness into cognitive and/or behavioural therapy, I am particularly interested in how mindfulness has been understood by therapists who practice other modalities (e.g. psychodynamic, Gestalt, Buddhist psychology), or who consider their practices to be integrative or eclectic. I am looking for psychotherapists who would like to participate in this research, which would entail volunteering for a 60-90 minute interview about their use of mindfulness in psychotherapy. For this study, I’m looking for people living or working in the Greater Toronto Area who a) have completed graduate training related to mental health treatment (for example, Master’s or Ph.D. in psychology or counselling, Master’s in social work, medical degree with psychiatric specialization), b) have at least 5 years of experience in incorporating mindfulness and psychotherapy, and c) identify their practice as not primarily cognitivist or behaviourist. If you are interested in participating, I will be happy to provide you with more information; contact me at sarah.horowitz@utoronto.ca. Finally, if you yourself are not interested in participating or don’t fit the description I gave, but know someone else who might be interested, please pass on my contact information to them. Thank you for your time.
Appendix B

Information letter.
(Printed on OISE letterhead)

Mindfulness beyond the third wave: The role of mindfulness in psychotherapy outside the Cognitive-Behavioural tradition

My name is Sarah Horowitz and I am a graduate student in Counselling Psychology at the Ontario Institute for Studies in Education, University of Toronto. I would like to invite you to participate in a study that I am conducting with mental health workers who practice psychotherapy. The study is under the supervision of Professor Roy Moodley and will help fulfill the requirements for my M.A. degree.

WHAT IS THIS STUDY ABOUT?
I am conducting a study to examine the ways in which experienced therapists have incorporated mindfulness meditation and related philosophy into individual or group psychotherapy. Since the vast majority of existing literature examines incorporation of mindfulness into cognitive and/or behavioural therapy, I am particularly interested in how mindfulness has been understood by therapists who practice other modalities, or who consider themselves integrative or eclectic.

Mindfulness has become an extremely popular addition to mental health treatment, and there is a growing body of empirical evidence to support its utility within the academically-established cognitivist and behaviourist therapies incorporating it. Mindfulness is widely considered to be a major element of what is being called the ‘third wave’ of behaviour therapies, through which behaviour therapies have started to place more of a focus on insight and acceptance. However, it is not only behaviourist therapists who have made use of mindfulness. This study aims to lay the groundwork for an understanding of other ways mindfulness has been applied in mental health treatment.

In this study, I will conduct interviews with 10-15 mental health practitioners who, like you, actively incorporate mindfulness techniques and principles into their work with psychotherapy clients. I want to understand how the decision to incorporate mindfulness was made, how mindfulness is defined and made sense of within the context of mental health and therapy, and how come mindfulness is being incorporated in the particular ways that it is.

For the interview, I am looking for individuals who:

- Are mental health workers trained in and currently practicing a Western psychological modality, with graduate-level training (e.g. Master’s or Ph.D. in psychology or counselling, Master’s in social work, medical degree with psychiatric specialization), and
- Have actively incorporated mindfulness meditation into the psychotherapy practice, or actively structured the therapy around mindfulness principles, and
- Have practiced this incorporation for at least 5 years, and

...
MINDFULNESS BEYOND THE THIRD WAVE

• Identify their psychotherapy practice as not primarily cognitivist or behaviourist (eclectic or integrative practice is fine), and
• Live or work in the Greater Toronto Area (to make face-to-face interviews possible), and
• Are comfortable discussing their incorporation of mindfulness in English, in a fair bit of depth.

WHAT WILL I BE ASKED TO DO?
You will be asked to participate in one interview that will last for 60-90 minutes. It would be good to set aside two hours if possible, to account for the informed consent process and debriefing after the interview. However, I will respect necessary time constraints.

In the interview I will ask you to talk about your personal and professional experiences with mindfulness, your understanding of what mindfulness is, what it is for and how it works, and your own personal way(s) of using mindfulness in psychotherapy. I will be asking you to reflect on any challenges and/or benefits of such integration. The interview will be audio-taped.

About 3 or 4 months following the interview, I will contact you in the manner you specify in the consent form (email or Canada Post) with the findings of this research (my summary of your interview, as well as a collection of themes generated from all the interviews that describe the integration of mindfulness with psychotherapy). You will be asked to provide your feedback on the findings. This feedback will be incorporated into the final report.

DO I HAVE TO PARTICIPATE?
Your participation in this research is completely voluntary. You may refuse to participate at any time, decline to answer any questions, and even withdraw during the course of the interview without any negative consequences. You may withdraw from the study at any time up until the final stage of analysis– and I will notify you of this deadline at least two weeks before it occurs.

ARE THERE ANY RISKS AND/OR BENEFITS TO PARTICIPATING?
There are no foreseeable risks involved in your participation in this research. Furthermore, your participation has the following benefits:

• You are original in your incorporation of mindfulness with psychotherapy. As the use of mindfulness becomes more standardized, sharing your story with other clinicians and researchers will add to a nuanced and complete understanding of the possible and actual roles of mindfulness in a mental health context.
• Sharing your work may help other clinicians and researchers from a similar theoretical background make sense of mindfulness and reach beyond the commonly-researched cognitive-behavioural mindfulness-based therapy modalities for inspiration and guidance.

COMPENSATION
No compensation will be offered for participation in this study.
MINDFULNESS BEYOND THE THIRD WAVE

WHAT WILL HAPPEN TO THE INFORMATION AFTER I HAVE PARTICIPATED IN THE STUDY?
All of the information collected as a result of your participation in this study will remain strictly confidential; you will be referred to by a pseudonym in all transcripts and analyses, and all other identifying details will be disguised. The data collected in the course of this research may be used for publication in journals or books, and/or for public presentations, but if you so choose, your identity (as mentioned earlier) will absolutely not be revealed. The data will be retained for a period of seven years by Dr. Roy Moodley, and will be kept in a secure location, a locked filing cabinet at OISE/UT, Room 7-222. It will be accessible only to the principal investigator (Sarah Horowitz) and her supervisor (Dr. Roy Moodley). The tape recordings will be erased within a month of transcription.

If you would like a copy of the results of this research when it is available, we would be very happy to offer it to you. If so, please fill in your name and mailing or email address on the Consent Form.

If you have any questions about your rights as a participant, you may contact the Research Ethics Review Office by e-mail (ethics.review@utoronto.ca) or phone (416-946-3273).

If you have any questions about the study please feel free to contact me or my supervisor, Dr. Roy Moodley. Thank you for considering participation in this research.

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Appendix C

Informed consent form.
(Printed on OISE letterhead)

If there is anything you do not understand about the information letter or this consent form, please speak to the researcher.

1. Volunteer’s declaration of informed consent
I have been given a written explanation of the study by the investigator (Sarah Horowitz), including full details of any potential psychological risks and what participation entails. I have been given the opportunity to ask questions. I have had enough time to think about the study, and to decide without pressure if I want to take part. I am free to answer some questions and not others and I can withdraw from the study at any time, up until completion of the final analyses (and I will be given at least 2 weeks’ notice of that deadline). I have been assured that all information collected in the study will be held in confidence. I understand that the only instance in which confidence would be broken would be if I were to share information suggesting that I may be at risk of harming myself or others, or if a child is potentially being abused (due to legal requirements).

2. Contact information and request for research summary
☐ I am willing to receive a copy of the transcript and preliminary analysis for my interview, with the opportunity to provide feedback.
☐ I would like to receive a copy of the completed study.

Please send me the above item(s) by:
☐ E-mail
☐ Canada Post

Address: ____________________________________________________________

City and Province: ______________________Postal Code: ____________

E-mail address: _______________________________________________________

3. Signature
I have received a copy of the Information Letter and Consent Form, and have had all my questions about this study answered to my satisfaction.

I agree that I will participate in this study.
Appendix D

Demographic form.

Pseudonym:

Gender:

Level of education and field (e.g. M.A. Psychology):

Number of years practicing psychotherapy:

Number of years integrating mindfulness meditation/philosophy in psychotherapy:

Work setting (e.g. private practice, hospital, holistic clinic):
Appendix E

Interview guide.

Question 1: Describe for me how you developed an interest in mindfulness, and how you came to practice an integration of mindfulness and psychotherapy.
Prompts/Follow-up questions:
- Where did your idea to integrate mindfulness and psychotherapy come from? How did it develop?
- What is your personal experience with mindfulness?
- What role has mindfulness played in your own life, or in the lives of those around you?
- What training do you have in mindfulness, and/or in integration of mindfulness in mental health treatment?

Question 2. Explain for me what mindfulness is. You might want to consider how was it taught to you, how you might describe it to a client/patient, and how you would define your own practice.
Prompts/Follow-up questions:
- What are the different elements that make up the concept ‘mindfulness’?
- How do the different elements of mindfulness fit together?
- How might you help someone recognize the difference between being mindful and not being mindful?
- What are some adjectives that describe the experience of practicing mindfulness?

Question 3. Talk to me about the ways in which you use both mindfulness and psychotherapy in your work with clients/patients. It may help to think of your typical approach with a client or several clients that you have seen recently (without giving me any identifying details).
Prompts/follow-up questions:
- What role does mindfulness play in psychotherapy?
- When/with whom would you integrate mindfulness, and why?
- Is mindfulness explicitly taught, and if so, what exactly is taught? If not, how is mindfulness made a part of psychotherapy?
- Are there particular mindfulness exercises you teach, and if so, what are they?
- Does spirituality/religion/Buddhism/Hinduism have a role in your integration? Why/why not?
What kind of role?

Question 4. Tell me about what mindfulness offers or adds to the process of psychotherapy, and how it changes psychotherapy.
Prompts/Follow-up questions:
- What is mindfulness for? What kinds of problems or difficulties does it address?
- What are the benefits of integrating mindfulness for your clients/patients?
- How does mindfulness lead to these benefits?
Question 5. Talk to me about how mindfulness fits in with psychotherapy as you learned it, and as you practice it – where it is an easy fit, describe the points of intersection between psychotherapy and mindfulness, and what makes the integration so workable; where there are challenges, describe philosophical or practical points of dissonance between psychotherapy and mindfulness.

Prompts/Follow-up questions:
- Have you had to change any aspects of psychotherapy as you learned it, in order to make space for mindfulness?
- When you have told other psychotherapy practitioners about integrating mindfulness, has it been easy for them to see compatibility between mindfulness and psychotherapy? Has anyone found it problematic?
- Are there any problems with integration, and is anything lost from either mindfulness or psychotherapy as a result of integration?

Are there any other issues related to mindfulness and psychotherapy that you would like to go over? Any questions that you feel that I should have asked as part of this interview that I did not?