

# Teaching Counselors Self-Care Through Mindfulness Practices

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*Few counseling programs directly address the importance of self-care in reducing stress and burnout in their curricula. A course entitled Mind/Body Medicine and the Art of Self-Care was created to address personal and professional growth opportunities through self-care and mindfulness practices (meditation, yoga, qigong, and conscious relaxation exercises). Three methods of evaluating this 15-week 3-credit mindfulness-based stress reduction (MBSR) course for counseling students indicated positive changes for students in learning how to manage stress and improve counseling practice. Students reported positive physical, emotional, mental, spiritual, and interpersonal changes and substantial effects on their counseling skills and therapeutic relationships. Information from a focus group, qualitative reports, and quantitative course evaluations were triangulated; all data signified positive student responses to the course, method of teaching, and course instructor. Most students reported intentions of integrating mindfulness practices into their future profession.*

## INTRODUCTION

Faculty in counseling training programs often voice the importance of self-care in reducing stress and burnout for students during and after their graduate training, but few programs specifically address this issue in their curricula. To address this perceived need, a course was developed to provide students with personal and professional growth opportunities through self-care and mindfulness practices. Course methods included participation in experiential and academic activities. A focus group, qualitative reports, and quantitative course evaluations were used to assess course impact on students.

Although burnout is a broad notion within American society, it was originally coined to refer to the physical and emotional exhaustion that can occur for human service providers. Moore and Cooper (1996) found that mental health professionals suffer from both emotional exhaustion and the

usual organizational sources of stress. Baker (2003) described the potential for compassion fatigue and vicarious traumatization for these workers. These stressors may have harmful effects on counseling students' effectiveness and success by reducing their capacity for attention, concentration, and decision-making (Shapiro, Shapiro, & Schwartz, 2000). According to Moore and Cooper (1996), mental health professionals in particular are subject to severe levels of stress due to working in an emotionally exhaustive environment. Learning to deal with stress and forestall burnout is a critical dimension of professional development.

Self-care practices are self-initiated behaviors that promote good health and well-being (Bickley, 1998). The importance of providing counselors with tools for self-care while they are being trained and early in their careers has been increasingly recognized (Baker, 2003; Brems, 2001; Kuyken, Peters, Power, & Lavender, 2003; Weiss, 2004); however, the demands of the curricula and clinical training often leave little room for directly teaching these strategies, and it is viewed as the individual responsibility of the individual student to engage in these practices. The quality of training programs is compromised if the rhetoric of practitioner growth, development, and self-care is not matched by specific means for trainees to learn and practice methods of self-care.

A perceived need in counselor training led the instructor (J. C. Christopher) to develop a graduate course entitled *Mind/Body Medicine and the Art of Self-Care*. The goals of the course were to familiarize students in an accredited counseling program with mindfulness practices and their relevance to counseling and to provide students with methods for self-care and the prevention of burnout. The underlying philosophy behind the course was derived from the Mindfulness-Based Stress Reduction (MBSR) Program developed by Jon Kabat-Zinn (1990) at the University of Massachusetts Medical Center in 1979. The central tenet of Kabat-Zinn's program is *mindfulness*, a Buddhist concept based on cultivating awareness "with the aim of helping people live each moment of their lives—even the painful ones—as fully as possible" (Kabat-Zinn, 1993, p. 260). In contrast with relaxation training—in which the ultimate goal is to replace a less desirable physical and mental state, such as anxiety, stress, fear, or pain with a more desirable state, like calm, relaxation, or peace—the ultimate aim of mindfulness practices is to be present to whatever our experience is at the moment. As Kabat-Zinn (1993) observed, "acknowledging present-moment reality as it actually is, whether it is pleasant or unpleasant, is the first step towards transforming that reality and your relationship to it" (p. 261).

The extensively researched MBSR program has been used with over 10,000 medical patients and has been found to be beneficial for a variety of medical conditions, including chronic pain, heart disease, gastrointestinal disorders, anxiety, depression, and extreme skin conditions (Kabat-Zinn,

1982; Kabat-Zinn & Chapman-Waldrop, 1988; Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn et al., 1992; Kabat-Zinn et al., 1998). Other mindfulness-based studies have demonstrated improvements in quality of life, health-related quality of life, general health, sleep quality, and immune function, and decreases in psychological distress and physical symptoms and conditions (Carlson, Speca, Patel, & Goodey, 2004; Davidson et al., 2003; Lawson & Horneffer, 2002; Roth & Robbins, 2004; Williams, Kolar, Reger, & Pearson, 2001).

One of the strengths of MBSR, in contrast to most stress reduction programs, is that participants are exposed to three different forms of practice: yoga, meditation, and a body-scan awareness exercise. Research indicates that participants often find one of the three practices more beneficial or preferred for personal reasons (Kabat-Zinn, Chapman, & Salmon, 1997). Kabat-Zinn and colleagues found that individuals who experience anxiety somatically (e.g., physical symptoms such as gastrointestinal distress) prefer meditation, while those who experience anxiety cognitively (e.g., racing thoughts) prefer yoga (Kabat-Zinn et al., 1997). Therefore, various practices are available in MBSR to best meet the physical, affective, and cognitive needs of the individual. This may help to explain why MBSR has been found to have high compliance rates, even after 3 years (Kabat-Zinn & Chapman-Waldrop, 1988; Miller, Fletcher, & Kabat-Zinn, 1995).

## RESEARCH ON MINDFULNESS PRACTICES IN HIGHER EDUCATION

Recently, researchers have been evaluating MBSR as a tool for helping university students, especially allied health students, cope with stress. Statistically significant results from a controlled study of undergraduate students showed that MBSR participants had decreased levels of depression and anxiety and had a greater sense of control and adaptability skills (Astin, 1997). Shapiro, Schwartz, and Bonner (1998) found similar reductions in state and trait anxiety, and increased scores on measures of spiritual experience and empathy in an 8-week MBSR program with medical and premedical students. Another study with medical students found a significant decrease in total mood disturbance among participants as compared with a control group (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). Bruce, Young, Turner, Vander Wal, and Linden (2002), using both quantitative and qualitative methods, found that an 8-week MBSR program for nursing students decreased psychological symptoms and, to a lesser degree, physical symptoms; increased health-related quality of life; and enhanced awareness of physical, emotional, and mental responses to stress, such as new abilities to “let go” of stress, and decreased feelings of being rushed or disoriented. Given the focus of counseling programs, it was

surprising to find no published studies that examined the application of mindfulness practice to counseling curricula or students, apart from our own recent research (Christopher et al., in press; Schure, Christopher, & Christopher, in press).

### DESCRIPTION OF THE COURSE

Unlike the above studies, the course described in this article is not a supplemental 8-week program, but a semester-long (15 weeks) 3-credit elective course integrated into the curriculum that not only teaches techniques for stress reduction but also directly addresses the issue of how mindfulness practice and transformation can be integrated into the students' clinical practice. The two primary goals of personal and professional growth are operationalized through six course objectives: (1) to provide students with techniques and skills for self-care, (2) to foster students' understanding of indigenous traditions of contemplative practice from both Eastern and Western cultures, (3) to foster students' awareness of mind/body medicine and contemporary attempts to adapt contemplative practice to health care, (4) to foster students' awareness of mind/body research regarding the effectiveness of contemplative practice in behavioral medicine, (5) to foster students' awareness of ethical considerations in the application of mind/body medicine, and (6) to foster students' awareness of the impact of culture, especially cultural understandings of well-being, on the counseling process. Consequently, the course is interdisciplinary in nature, drawing on source materials from behavioral medicine, religious studies, psychological and medical anthropology, cross-cultural psychology, and psychiatry (see the appendix for course readings). The course entails both academic and experiential learning.

The course is taught by a core faculty member of a counseling graduate program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The instructor is a licensed counselor and psychologist who has been a licensed yoga teacher and meditation practitioner for over 20 years. He began teaching MBSR in a community hospital 2 years prior to developing and teaching the course.

The experiential component of the class is loosely based on Kabat-Zinn's (1990) MBSR program. The course meets twice a week and includes 75-minute mindfulness practice using hatha yoga, sitting meditation, qigong (an ancient Chinese practice for cultivating health), and conscious relaxation techniques. Participants are required to practice outside class for at least 45 minutes four times a week. Students meet once a week in pairs to process their practice activity during the semester. The academic component of the course includes an introduction to readings about the

mindfulness practices (including both authors indigenous to the specific traditions and contemporary Western interpreters), applications to psychotherapy and behavioral medicine, and current research. Students present four 15-minute overviews of self-selected empirical research on aspects of mind/body medicine, and each student is responsible for cofacilitating a discussion of the readings twice during the semester. An important feature of the course is an intellectual and experiential journal intended to provide students with the opportunity to process and discuss both their reaction to the concepts in the readings and the contemplative practices. A minimum of 60 typed journal pages must be completed by the end of the semester. Students are graded on attendance and participation, journal writing, and research presentations.

## METHODS

To assess the impact of the course, three methods of evaluation were used: 4 years of quantitative course evaluations, a focus group, and 4 years of qualitative reports. The results from the focus group and qualitative reports are summarized from recently published research articles (Christopher et al., in press; Schure et al., in press).

### QUANTITATIVE COURSE EVALUATION

Quantitative course evaluation scores based on the Aleamoni Course/Instructor Evaluation Questionnaire indicated positive student responses to the course, method of teaching, and course instructor. Table 1 indicates the scores received on a 4.0 scale in the five domains of Attitude, Method, Content, Interest, and Instructor. The Overall category indicates the average/mean score of each year the course was taught, and the Mean indicates the average of each domain.

According to Aleamoni (personal communication, September 28, 2005), the categories General Course Attitude, Method of Instruction, Course

**Table 1. Aleamoni Scores**

| Year | Attitude | Method | Content | Interest | Instructor | Overall |
|------|----------|--------|---------|----------|------------|---------|
| 1    | 4.00     | 3.88   | 3.85    | 3.92     | 3.86       | 3.90    |
| 2    | 3.95     | 3.90   | 3.70    | 3.60     | 3.96       | 3.83    |
| 3    | 3.85     | 3.70   | 3.63    | 3.65     | 3.70       | 3.70    |
| 4    | 3.56     | 3.34   | 3.66    | 3.47     | 3.75       | 3.57    |
| Mean | 3.84     | 3.71   | 3.71    | 3.66     | 3.82       | 3.75    |

*Note.* Scores from 3.0 to 3.59 are considered by department standards to “exceed expectations,” and those between 3.60 and 4.0 are considered “extraordinary.”

Content, Interest and Attention of Students, and Instructor were factor analytically determined subscales resulting in four items comprising each of the subscales except for the Instructor subscale, which has five items. The General Course Attitude subscale represents the students' overall perception of the course, taking into account all the elements that they have been exposed to over the duration of the course. The Method of Instruction subscale represents the students' perception of how the course was taught, taking into account all the elements that relate to presentation of the subject matter and involvement of students in the learning process. The Course Content subscale represents the students' reactions to the course material, including textbooks and examinations. The Interest and Attention subscale represents the students' perception of how well the course and instructor were able to hold their interest and attention during the class sessions. The Instructor subscale represents the students' perception of the instructor's manner, personality, attitude, and effectiveness in the classroom.

According to the evaluative scores, students found the course to be consistently effective in the five primary domains of Attitude, Method, Content, Interest, and Instructor over a 4-year period. These quantitative results are consistent with the positive data gathered via written and spoken evaluations as summarized in the next two sections.

#### FOCUS GROUP EVALUATION

A focus group was used to evaluate the fourth year of the course near the conclusion of the semester. Focus group research is a qualitative-data-gathering method that allows researchers to gain a variety of perspectives (Patton, 2002) and has been shown to be a useful tool in gathering evaluative data from students (Christopher, 2000). A moderator's guide was developed largely based on the descriptions provided through a six-volume focus group instructional series (Morgan & Krueger, 1998). The guide included the purpose of the focus group, probing ideas, a brief listing of group control and facilitation techniques, and a list of questions for discussion. The questions were open-ended and included, Why did you take this course? What is the first thing that comes to mind when you consider the course? What do you like most about the class? What do you like least about the class? Discuss the strengths and weaknesses associated with the class organization. Would you like to make any other comments?

The focus group was conducted with 11 participants, ranging in age from early 20s to mid-50s, who were first- and second-year master's-level graduate students in mental health counseling, school counseling, and family counseling. The focus group was tape recorded, and field notes were taken during and immediately after the session was completed. The tape

was transcribed verbatim, and inductive content analysis was used to identify the primary themes in the data (Patton, 2002; Strauss & Corbin, 1990).

Students found the class to be of high quality and a valuable growth experience both personally and professionally. Suggestions were made about how the course could be improved; however, none of the themes demonstrated any problems of substance associated with the class. Results are summarized by question asked.

*Why Did You Take This Course?*

Students indicated that they wanted to learn more about the mind-body connection in depth; several had heard about or tried some mind-body practices (e.g., yoga) and how to manage their stress and use relaxation techniques with clients. Several students mentioned taking the class for themselves because they had heard that self-care techniques would be practiced in class. One student thought that the course would be easy, but experienced significant personal growth, realizing that he or she had been avoiding looking at certain psychological issues by staying busy.

*What Is the First Thing That Comes to Mind When You Consider the Course?*

The students described various changes as a result of taking the course, including physical, emotional, mental, and spiritual changes. Several students indicated that it was refreshing to have a class that was taught in a nontraditional format. Students also described being more patient, aware, conscious, and able to focus. One student described a new ability to recenter, stating, "Focusing on things that . . . are in the present, and not necessarily stressing out about things that are in the future or things that have already happened . . . just focusing on what's real instead of letting the stress overwhelm me."

The students talked about significant personal changes and how these changes influenced therapy with clients. One student mentioned that being able to be present with themselves allowed them to transfer that presence to the therapeutic environment. Another student noted that they were able to gain a greater connection to those around them, including clients, instead of being hurried and defensive.

*What Do You Like Most About the Class?*

Several students commented on the instructor, indicating that they enjoyed his manner, the fact that he was emotionally present and available, that he

“walks his talk” in terms of practicing mindfulness himself, and that he was willing to deviate from the syllabus to teach areas in which the students indicated interest. The students also brought up that they enjoyed the readings.

*What Did You Like Least About the Class?*

Opinions varied regarding how many practices should be reviewed during the semester; some would have preferred exposure to more practices, while others preferred learning fewer practices in more depth. Students also had differing preferences regarding the 60 typed pages of journal writing required over the semester that summarized their reactions to course readings and their personal practice. Some students disliked the assignment and the required minimum of pages, and some disliked having to word-process their journals. Others disagreed, stating that there were many benefits from journal writing.

The students differed in opinion regarding the required four presentations on scientific articles during the semester; some thought it was too many presentations, some disliked that the presentations had to be scientifically based, and some had difficulty finding research-based articles on course topics. Others disagreed, indicating that the assignments would allow them to convince future employers that mindfulness has growing empirical support for its effectiveness in treating various mental health issues.

*Discuss the Strengths and Weaknesses Associated With the Class Organization*

Students responded that the course was not tightly organized, indicating that this was good for some students and not good for others. One student thought that the lack of structure prevented them from feeling properly prepared for class, while other students thought that the structure fit into the course objectives and was congruent with the goal of staying present. One student commented that by not cutting things off unnaturally, it allowed conversations to develop more deeply.

*Would You Like to Make Any Other Comments?*

Finally, students were asked to provide additional feedback. Many students were concerned that the course might not be taught annually, indicating that this would be a “big error,” and that the course should be required for all counseling students. They felt that the course had positive implications



for counseling, indicating that they had new control over their bodies and breath, allowing them to be more present and less anxious with clients. One student elaborated,

In a lot of ways, I feel like this was the most important class I've taken, just learning to be present in a different way. It has huge implications in the counseling area . . . I have this new control over my body where I can like, take a breath, and it's a different kind of breath than [I] ever knew how to take, and feel like, oh, I feel calmer now, and I feel centered, and in control of my body and I can be present to this person instead of being anxious inside. It's just huge.

#### QUALITATIVE REPORT EVALUATION

Narratives (i.e., oral accounts and journals) offer a unique avenue of inquiry into an individual's or a group's experience (Giorgi, 1985; Patton, 1999; Van Manen, 1990) and address the limitations of quantitative research, which relies on preselected measures and scales. Using qualitative analysis of journal entries, the influence of the course *Mind/Body Medicine* and the *Art of Self-Care* on counseling students was explored across four different cohorts of students. As a final journal assignment, students were given four questions to respond to and submit in writing:

1. How has your life changed over the course of this semester in ways that may be related to the class?
2. Of all the practices learned in class, which one are you drawn to the most and why? How has it impacted you?
3. How, if at all, has this course impacted your work with clients, both in terms of being in the room and thinking about the treatment?
4. How do you see yourself integrating, if at all, any of the practices from class into your clinical practice (or career plans)?

Participants were 33 first- and second-year master's-level graduate students in mental health, marriage and family, and school counseling, ranging in age from early 20s to mid-50s, enrolled in *Mind/Body Medicine* and the *Art of Self-Care* over 4 years. There were 27 females and 6 males; 30 were White, 2 were Japanese, and 1 was Native American. Students received no direction regarding the length of their answers and were informed that completing the assignment would result in a passing grade. No student chose to withhold his or her data from the study.

Students turned in their responses, which were stored anonymously, entered verbatim into word-processing software, and analyzed using NVivo qualitative data analysis software (QSR NVivo version 1.2). Responses to the four questions were analyzed qualitatively, as described by Guba and Lincoln (1992), Strauss and Corbin (1994), and Patton (1987, 2002). Responses from each question were analyzed using cross-case analysis (Huberman & Miles, 1994). Analysis was focused on the participant's responses to the four open-ended questions, and data were analyzed inductively; hence, themes emerged from the data instead of being decided a priori (Patton, 1987). A second researcher coded a random 10% of the texts to ensure validity and congruence. No notable differences were found in participant responses across the 4 years. Results are summarized by question asked.

### *Question 1: Short-Term Impacts of Course*

Five themes emerged in response to how the course had an impact on students: (1) physical changes, (2) emotional changes, (3) attitudinal or mental changes, (4) spiritual awareness, and (5) interpersonal changes.

*1. Physical changes.* Participants experienced a variety of physical effects: (1) improvements in balance, strength, and flexibility; (2) other health benefits associated with practice; and (3) increased bodily awareness and sensitivity. One student noted increased leg strength, flexibility, and balance in one leg with nerve damage, and weight loss. Some students indicated that their bodies initially reacted negatively to practice, but that ultimately they saw positive outcomes as a result of committing themselves to their practice. Several students mentioned how their increased awareness of the body, and its connectedness with the mind, has enabled them to take better care of themselves. One student described, "As far as physical ailments, I feel as if I know my body a lot better and I am able to recognize when I am starting to feel ill and then I slow down and take care of myself."

*2. Emotional changes.* Students commonly mentioned having to deal with multiple stressors in their lives and the resulting consequences of stress overload (e.g., anxiety, depression, fears). One student described, "This course has given me the time, space and urging to increase awareness, slow down and be more present, and to continue to let go of fears, anxiety, self-criticism, and doubt. . .allowing me to just be in the moment, feel, accept, and trust." The majority of students reported that as a result of the course, they developed an increased ability to deal with strong and threatening emotions while increasing their feelings of trust and peace in the present moment.

3. *Attitudinal and mental changes.* Students indicated an increased capacity to make meaningful reflections regarding themselves and reported feeling more “open” and “conscious” of themselves and their surroundings. One student stated, “I am opening myself up to see beyond the grind toward alternative ways of living and thinking.” Related to self-understanding, *acceptance* (e.g., of the “flawed self”) was a common term used by students to express changes in attitude and perception.

4. *Spiritual awareness.* The course discussions had a profound effect on some students’ lives by challenging them to reflect on their belief systems and values, and their direction and purpose in life. One student stated, “This class has also led me to explore my own belief system and has expanded my knowledge about differing views of the world, life and spirituality.” Students reported being challenged to look at their worldview, sense of spirituality, and what kind of person they want to become. Consequently, the exploration of self instilled in some students a greater sense of confidence and trust.

5. *Interpersonal effects.* Many students reported interpersonal changes regarding their ability to handle social situations to which they might normally react negatively, learning to take responsibility for their own feelings and to not take things personally. Several students perceived positive effects on their relationships as a result of an increased capacity for empathy and compassion toward self and others, and one student explained, “I have a notion this is the result of becoming aware when I am being judgmental of others or myself.”

### *Question 2: Preferred Practices for Self-Care*

Yoga, meditation, and qigong were the main practices taught in the course. Students were asked their preferred practice and why. In their responses to this question, many students selected more than one practice as their preferred practice. Twenty-five students indicated a preference for yoga, 16 for meditation, and 11 for qi gong. Results are summarized under each practice type.

1. *Yoga.* Hatha yoga offered multiple benefits to students in the course, including opportunities for participants to become more aware of their bodies and connect with its gentle yet demanding physical postures. Yoga

offered several perceived benefits, including increased consciousness of one's body, satisfaction from challenging one's self physically, and increased energy, flexibility, mental clarity, and concentration. One student explained,

I have said before that yoga is an amazing high-yield investment. The investment of an hour a day makes an immeasurable difference in the rest of my day. For a little investment, I receive high yields. This includes high energy, fluidity, and mental clarity. This baseline allows me to relate better to other people and especially relate to my clients.

2. *Meditation.* Similar to yoga, meditation provided distinct benefits to students in the course. Many students mentioned that paying attention to arising thoughts and emotions in meditation was emotionally and mentally involving. One individual mentioned that meditation allowed space to deal with difficult emotions that arose and created a "therapy room" in which feelings could be observed from a more objective position. Another student mentioned the impact of meditation on the student's self-concept, and an increased ability to be patient and tolerate physical discomfort. Meditation offered a tool for dealing with powerful emotions, and for certain students, this led to greater self-acceptance and insight about themselves. One student mentioned, "I have found myself face to face with my inner issues while meditating, which has been powerful. I have felt not only the struggle with them, but more of an acceptance of them."

3. *Qigong.* Qigong had positive impacts on several students, affecting mood, emotion, and consciousness. One student compared its qualities to dancelike movements and acknowledged its ability to change breath, mood, energy, and awareness. Compared with the other practices, qigong's gentle movements evoked a sense of fluidity from which positive feelings and energy flowed. Another student said, "I feel the conscious connection of my mind, body, and emotions, and that emotional component is of great importance to me."

### *Question 3: Influence on Counseling Practice*

Students who took the course were seeing clients in a supervised clinical setting. The course influenced students' therapy practice in several ways, including an increased comfort with silence, an ability to focus more on their clients and the therapeutic process, and a changed view of therapy and the healing process.

1. *Increased comfort with silence.* Many students acknowledged an increased ability to be with clients in moments of silence or discomfort without needing to react or control the situation because of their own anxiety. One student explained how an increased comfort with silence allowed the student to be more present with the client's experience, without having the urge to fix or change the client's feelings: "I am more comfortable with listening, sitting in silence, and just being present."

2. *More attentive to therapy process.* Several students described an increased ability to be attentive and responsive to their clients. One student indicated that the course decreased her anxiety and allowed her to develop a more objective view of her clients and the therapeutic relationship: "I think that being mindful and more 'centered' allows me to look outside myself more, and observe my clients and my relationship with them more." Other participants noted that they were now in a better position to help clients connect with their feelings, needs, defenses, and coping mechanisms because they were better able to do this for themselves and hence provided a model for their clients.

3. *Change in how therapy is viewed.* The course significantly influenced several students' attitudes and ideas about counseling. For example, one student recognized the roles of both physical and spiritual dimensions in the nature of well-being and the possible benefit of exploring this with clients.

#### *Question 4: Plans for Integrating Mindfulness Into Future Practice*

Many students indicated that they would use the ideas and practices learned in class and apply them to their profession. Some students wanted to integrate specific practices, such as relaxation and meditation techniques, into therapy sessions with clients who are anxious or depressed, or who have chronic pain. Other students indicated wanting to incorporate the philosophy of these meditative practices in therapy, allowing clients the space to sit and see what arises. Yet another group of students were more comfortable suggesting certain practices to clients as a means of empowering them to cope with personal struggles.

## DISCUSSION

The combination of a focus group, qualitative reports, and quantitative evaluations indicated a favorable response to the course Mind/Body Medicine and the Art of Self-Care. Overall, students reported positive physical,

emotional, mental, spiritual, and interpersonal changes, and substantial effects on their counseling skills and therapeutic relationships. Students gave overwhelming praise to both the course and the instructor.

Students indicated that they enrolled in the course to learn about the mind-body connection, self-care techniques, and ways of applying these techniques with clients, which closely match the curricular goals of the course. Students acknowledged the significant impact of the course on their personal and professional lives. Overall, students found that they increased their awareness/consciousness and their ability to focus and stay present as a result of the course, which are desired effects of MBSR programs (Kabat-Zinn, 1990). Several students reported feeling better equipped, both emotionally and mentally, to deal with daily stress in their lives, which supports similar results from related studies with college students (Astin, 1997; Bruce et al., 2002; Shapiro et al., 1998).

Regarding physical effects, student responses supported the idea that yoga and qigong promote flexibility, strength, and balance, and increased immune functioning and resistance to sickness, which suggests that mindfulness practices may improve immune systems, as reported by Davidson et al. (2003). Students also expressed an increased awareness of and sensitivity to their bodies, which is congruent with findings in Bruce et al.'s (2002) study with nursing students.

The increased ability and capacity to accept and let go of so-called negative emotions, such as fear, anxiety, and doubt, constituted a significant theme. Findings from these studies with counseling students are congruent with controlled MBSR studies that found lower anxiety and depression levels (Astin, 1997; Shapiro et al., 1998; Speca, Carlson, Goodey, & Angen, 2000; Teasdale et al., 2000) and increased quality of life due to program participation (Carlson et al., 2004; Roth & Robbins, 2004).

Increased clarity of thought and capacity for reflection were often-mentioned beneficial mental effects of practice because students were able to tap into previously unexplored modes of awareness and experience new ways of relating to themselves and their worlds. These effects may be a direct result of the process of slowing down the mind and its constant thought patterns (e.g., Goleman, 2003; Kabat-Zinn, 1990; Welwood, 2000). Students also reported influences on their belief and value systems, such as an increased sense of purpose and direction, a sense of "groundedness," and trust in themselves, which may be due to the readings assigned from various cultural traditions. Similar responses were reported in Bruce et al.'s (2002) study.

Students acknowledged changes regarding their work with clients as a result of the course. Both the concepts covered in the course and the experiential contemplative practices changed how students conceptualize and pursue the therapeutic process. Students reported a greater capacity for

empathy and compassion, and enhanced listening abilities. In counseling sessions, such change translated into feeling more comfortable sitting in silence with clients and being able to stay focused on the therapeutic process at hand.

The perceived weaknesses of the course were not consistent across students and were primarily related to preferences regarding teaching style and course assignments such as journal writing and presentations, which may be associated with preferred learning styles and degrees of comfort in performing certain tasks or assignments.

These overall findings strongly support the value of mindfulness-based courses to students preparing to be caregivers (i.e., therapists and other health professionals). It is not common to hear students talk about significant changes across a variety of life domains that are due to taking a course and to commit to four additional sessions of practice each week outside class time. The fact that students have had such experiences within the context of a university course points to the relevance of these practices in higher education (Tisdell, 2003).

Given the summary of this course's evaluation and results from related studies, it appears that university programs would benefit from incorporating similarly structured courses into counseling curricula. This study has demonstrated that counseling students enrolled in this MBSR-based self-care class experienced positive influences in their personal and professional lives, supporting findings that students in other health professions, like medicine and nursing, also benefit from MBSR (Bruce et al., 2002; Shapiro et al., 1998). Despite limitations in the existing qualitative research noted by Shapiro et al. (2000) and Bishop (2002), the available evidence points to a notable positive effect of MBSR-based programs on many clinical and student cohorts.

Counseling training programs often emphasize health promotion, self-transformation, and spiritual balance, but the demands of the curricula and clinical training often leave little room for teaching self-care. Mindfulness practice has the potential to transform counseling trainees in a number of ways, including helping them become less reactive to stress-related or anxiety-provoking events, such as when clients are in crisis or discussing painful emotions. Counseling students can also gain new ways of relating to their emotional lives, including awareness and tolerance. Instead of responding with reactivity and defensiveness, mindfulness disciplines can assist counselors to become more present and connect more intimately with themselves, their clients, and their supervisors (Epstein, 1995; Magid, 2002; Rubin, 1996; Safran, 2003).

We conclude with the words of one of the counseling students:

I suppose it is this experience of connectedness that has affected my thoughts and questions about healing most significantly. Whether it's moving forward or back, I ask more frequently and, I think, more deeply what is therapy, anyway? How do we heal ourselves and what can we provide for one another that can help? From the first tears of a client to my DSM diagnosis to the last handshake or hug, contemplation, which I think of as a spiritual awareness, is at the center of my relationship to them; I hope that it will remain at the center of my work.

## APPENDIX: COURSE READINGS

### REQUIRED READING

Epstein, M. (1995). *Thoughts without a thinker*. New York: Basic.

### EXCERPTS ASSIGNED FROM THE FOLLOWING

Brinton, H. (1952). *Friends for 300 years*. New York: Harper.

Epstein, M. (1998). *Going to pieces without falling apart*. New York: Broadway Books.

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