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A Phenomenological Exploration of Marriage and Family Therapists and their Experiences with Mindfulness as a Means of Self-Care to Sustain Productive Professional Practices

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A Phenomenological Exploration of Marriage and Family Therapists and their Experiences with Mindfulness as a Means of Self-Care to Sustain Productive Professional Practices

by

Isaac Farin

A Dissertation Presented to the School of Humanities and Social Sciences In Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

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Isaac Farin

2015
Nova Southeastern University
Graduate School of Humanities and Social Sciences

This dissertation was submitted by Isaac Farin under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Program of Marriage and Family Therapy at Nova Southeastern University.

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Abstract

This research study was designed to record and consider lived experiences from marriage and family therapists (MFTs) who have experience with mindfulness as a form of self-care in sustaining productive professional practices. The primary focus of this project was to understand, through interviews, reports from marriage and family therapists about how they utilize such mindfulness as a form of self-care for their professional practice. This research study has sought insight into whether mindfulness self-care could be helpful in maintaining effective resiliency in professional practice. I used a phenomenological approach, specifically Interpretive Phenomenological Analysis (IPA) interviewing, to gather reports from participants who identify with practicing mindfulness self-care. This study inquired, among various indicators, about whether or not, in their experience, a select group of family therapists’ professional practice is different, and in what way, when they use mindfulness self-care. This research study has elicited lived experience accounts in interviews to inquire whether these accounts can suggest any benefits, personal or professional, from strategies of mindfulness self-care. In addition to statements that specify benefits these family therapists found for themselves, such as enhanced gratitude for the unique positive qualities in their personal lives, they also indicated a circular benefit in that they were able to better handle the stressors of professional practice and even teach the mindfulness self-care practices that worked for themselves to their clients. These benefits of mindfulness self-care in their professional practice further enhanced their understanding that mindfulness self-care helped fulfill them in their personal lives.
CHAPTER I: INTRODUCTION

Mindfulness and Presence

While working toward my marriage and family therapy license, I conducted individual therapy sessions with clients who had a variety of psychiatric diagnoses. My supervisor was Rick Walsh, LCSW. I admired his work ethic and his sense of humor, and I learned many things from him. Working with him was the first time I heard that therapists sell their time, so it was important for me to arrive to work on time and begin to cherish timeliness more. This came about when Rick asked me, “Do you appreciate time?” I answered, “I think so, why?” He then proceeded to tell me that he noticed I constantly arrived to work late. When I later applied for a full-time position at my externship site, Rick told me he could not hire me because I was often late to work, which displayed a lack of awareness for the responsibilities of the job. That was a life lesson for me, and it was not the only profound lesson I learned from Rick.

On one occasion, Rick called me into his office for our weekly supervision meeting. He began by giving me compliments, but then started to shift and ask if everything was okay with me. I answered, “Yes, why do you ask?” He mentioned that I seemed anxious and quite distracted when I was not in the therapy room with clients. Rick then asked if I ever lived in the present moment. I had never thought about that, and I answered that I was not quite sure. He then suggested that I do research on this matter. I thanked him and told him I would look into it.

Later that night, I typed the following question into the search engine: “Do I live in the present moment?” To my surprise, there was an endless amount of pages I could scroll through on living in the present moment and related topics. One consistent theme
was the term mindfulness. It seemed very familiar, yet also unfamiliar, and I was intrigued. This was the beginning of my mindfulness journey.

**Solution-Informed Mindfulness**

I began my journey into mindfulness by reading books and listening to lectures, then engaging in both formal and informal mindfulness practices. I worked on the basics of mindfulness, which include being in the present moment with awareness and acceptance, and without judgment (Germer, Siegel, & Fulton, 2005). My life began to change for the better, and I began to have more meaningful experiences in the present moment. This also began to affect my work with clients because I tried to maintain a mindful posture with them. I noticed how difficult it was to do this, and how much in the past I had not been totally present for my clients with mindfulness. When I started becoming more comfortable staying in the moment with more attention and getting more comfortable with silence, I noticed a profound shift in my sessions. I noticed that I was not working so hard to convince clients any longer, because I was giving them more space to discover things on their own. I also realized that I was becoming more empathic while establishing a stronger therapeutic relationship with my clients. I felt I saw them with different awareness, catching more nuances in their nonverbal communication.

My exposure to, and familiarity with, Solution Focused Brief Therapy (SFBT) (de Shazer, 1985) in both my master’s and doctoral programs, led me toward a solution-informed mindfulness approach to therapy, in which I assumed a solution-focused approach in therapy sessions within a context of mindfulness. It made sense to cultivate a deeper relationship with mindfulness by building on the knowledge I had already established. As a result, I felt closer with clients while experiencing the immediacy and
potential of Ericksonian utilization (O’Hanlon, 1987) in the moment. When I notice my shoes are dirty, for example, I am reminded of the effectiveness of utilization as a response to the opportunity presented in a particular moment. Once, while working with an adolescent client and feeling stuck, I remembered his love of fishing and being by water and decided to leave the therapy room and go with him to his local fishing spot. I had been working with this client in his home and received his mother’s permission to try this approach. By engaging with him in the process of landing a 50-pound carp, then teaching him how to revive the old fish so it could be released to thrive, we covered some of his central concerns with far greater efficiency than we would have in his usual therapy setting.

After sloshing through the mud with my young client to deliver the carp safely back to its pond, I arrived to my evening supervision meeting with my shoes covered in mud. When my supervisor commented on my unusually dirty shoes, I recounted the story of my therapy session. That experience verified for me the advantage of being mindful with my client. Most fishermen are attracted to fishing because it is calming, rewards patience, and allows them to suspend the non-fishing world. Fishing, in other words, demands that practitioners remain in the moment, which is apparently how the fish experiences the encounter. Every memory of my muddy shoes therefore inspires me to appreciate a useful therapeutic session and the calm that fishing offers in return for attention in the moment.

I have since expanded this approach to conducting therapy sessions on longboard skateboards in local parks (Sagastume, 2013). Like fishing, “Longboard Therapy” (Isaac Farin Therapy, 2011) requires specific, alert focus on the conditions and intentions of the
present moment. Distraction can lead to falling, perhaps injury. With longboarding, mindfulness promises the satisfaction of gliding along the pavement and navigating the curves, elevations, and contours of the land with attention to speed and grace. Though longboarding may appear to be very different from the tranquility of fishing, both require a form of mindfulness that heightens attention to the flow of the moment.

**Mindfulness Self-Care**

Mindfulness has changed my outlook on life. It has enabled me to appreciate more moments with acceptance and without judgment, although it can be quite challenging. Mindfulness has helped me cope more effectively with stressful events in school, family, and relationships. Today, mindfulness continues to play an important role in my self-care. It assists me in running my full-time private practice and working with clients, fulfilling my role as a husband, navigating through a Ph.D. program, and managing my relationships. It has a significant impact on my life in general.

Mindfulness is an imperative factor in my self-care as an individual and as a therapist. My formal meditation practice helps me center myself on a daily basis, and my informal practices help me get out of my head and more in touch with what is going on in the moment—the here and now. In my work with clients, this helps me with accepting therapeutic silence, developing empathy while validating clients’ perspectives, utilizing client strengths with acceptance, being fully attentive in the present moment to both verbal and non-verbal communication, and taking less responsibility for my clients’ successes or struggles. In life, I am able to be more comfortable in uncomfortable circumstances, have more meaningful conversations, be grateful for both the good times
and the difficult times, and learn that it is imperative for me to take care of myself both mentally and physically in order to have healthy relationships with others.

Just as my supervisor’s mindfulness initiated greater attention in both my work as a therapist and my personal life, it is likely that family therapists can encourage each other to cultivate this state of attention for the benefit of everyone engaged in this profession. This research study has been an effort to support family therapists in expanding their understanding of mindfulness as a useful approach to self-care and a way to fulfill their ethical responsibility to attend to their own wellbeing.

In their book *A Mindfulness-Based Stress Reduction Workbook*, Stahl and Goldstein (2010) compiled several mindfulness self-care techniques that can be used by therapists but also can be applied by all individuals. Stahl and Goldstein stress that in our current technological age, and due to the faster pace of life, it is essential for people to continue working on the basics tenets of human communication and connection in the present moment in order to better cope with stressful situations. According to the authors, “Our brains get overwhelmed by this pace of life and bombardment of information, leaving us susceptible to frustration, worry, panic, and even self-judgment and impatience” (Stahl & Goldstein, 2010, p. 3). Some of the main themes and self-care strategies in this book are mindful breathing, mindful eating, mindfulness in everyday life, body-scan meditation, mindfulness meditation, mindful yoga, mindfulness self-inquiry, mindful walking, mindfulness of emotions, loving-kindness meditation, mindful interpersonal communication, the gift of rest, and the gift of connection (Stahl & Goldstein, 2010).

There is a great deal of research in the mental health professions confirming that therapists are at risk of occupationally related psychological problems and burnout
(Shapiro, Brown, & Biegel, 2007). While the efficacy of mindfulness as a form of self-care for mental health practitioners is well documented, there is not much research on this topic specific to family therapists. Within the family therapy field, research by McCollum and Gehart (2007, 2010), Hick and Bien (2008), Yapko (2011), and Shapiro and Carlson (2010), among others, demonstrates the importance of integrating mindfulness and family therapy techniques; however, the research is limited because it does not relate mindfulness specifically to self-care.

**Mindfulness Connections to Prevent Burnout**

As a newly designated AAMFT approved supervisor, I recognize the need for therapists to integrate mindfulness in their self-care. I have had many encounters with family therapy trainees who experience high levels of stress and anxiety during their work with clients due to life demands and stressors specific to being in the room with clients. Many of them have difficulty translating the theoretical interventions that are grounded in the particular therapeutic models that inform their therapy. Many report having trouble developing a positive therapeutic relationship with their clients; others complain about a lack of connection with their clients. The common factors they report are nervousness, stress, and anxiety before, during, and after the session. Some of the therapists I talk to state their inability to stay focused during the session due to a wandering mind. The one thing they all have in common is their worry that they are failing to join with clients, which negatively impacts the outcome of treatment (Rober, 1999).

I can relate to the new therapists I work with because I experienced similar circumstances when I was a beginning therapist. I can recall feeling distant from my
clients, being anxious before and during my sessions, having trouble administering therapeutic interventions with fluidity, and experiencing a lack of focus due to a wandering mind throughout the session. When I learned to incorporate the fundamentals of mindfulness into my life work, I was able to more successfully establish positive therapeutic relationships with my clients. I was also able to reduce my anxiety, because mindfulness is about focusing on being in the present moment with awareness and acceptance (Germer et al., 2005).

When working with beginning therapists and guiding them to create more positive therapeutic experiences, I consistently encourage them to incorporate mindfulness skills into their preferred theoretical approaches. As a supervisor, I break down these skills to highlight solution-informed mindfulness factors, including presence, awareness, acceptance, empathy, and utilization. I emphasize focusing on small changes, maintaining a curious posturing, focusing on evoking resources, and developing a present and future focus. Just as I experienced, once the supervisees make these skills a priority, they begin to form more positive therapeutic relationships.

**Basis of This Study**

The purpose of this study was to interview family therapists who practice mindfulness as a form of self-care to sustain productive professional practices. Through interviewing family therapists who practice mindfulness, this research can enrich the literature of family therapy, since the utility of mindfulness is already well accounted for in similar helping professions.

In this study, I conducted in-person interviews with therapists who are attentive to the importance, in their opinion, of practicing mindfulness for self-care. To ensure that
the accounts are substantial and rich, I asked open-ended questions to explore how mindfulness assists the participating therapists in their own lives and in their work with clients. This study was designed to seek information about whether, and to what degree, therapists consider mindfulness as helpful.

In Chapter II, I present a review of the existing literature based on the research question for this study regarding how family therapists practice mindfulness as a form of self-care. I present a review of literature on mindfulness and self-care as they relate to mental health professionals in general and, where cogent and compelling sources are available, about family therapists in particular. This examination attempts to support a more comprehensive understanding of these concerns.

In Chapter III, I discuss the methodology to be used in this study, which was designed to generate research material that might account for ways that family therapists in their professional lives consider practices of mindfulness, including indications of ways it may prove valuable to them. I describe the phenomenology approach to qualitative research I chose for this study and support the data collection methods that could contribute toward a better understanding of the usefulness of practices that support mindfulness for the benefit of family therapists. This methodology sought to elicit accounts by the family therapists so that the data in this study reflects their values and stories.

In Chapter IV I present the results of the study in which each interviewee’s lived experiences with mindfulness as a form of self-care have been brought to light. The thematic data-gathering process is explained and common themes amongst the interviewee’s experiences are highlighted.
In Chapter V, I present my conclusions, based on the study results, and any recommendations I have for future research in practicing mindfulness as a form of self-care for family therapists. This not only promotes sustained professional satisfaction for family therapists by presenting and analyzing what practitioners in the field report as workable for them, but also it demonstrates reported practices for sustaining the kinds of resiliency they offer their clients as solutions and potentials.
CHAPTER II: LITERATURE REVIEW

Introduction

This study provides a short overview, below, of the importance of mindfulness for family therapists. This leads to the second section of the chapter, where I present burnout as a useful example of how accumulated stressors can impede satisfying professional practices. Then I illustrate how the components that build into burnout relate to mental health professionals. In the mental health field, effects of sustained stress can be of concern not only for the practitioner but also for clients and all others in the clients’ relational systems. I then explain how burnout directly relates to family therapists and discuss the ethical imperative for self-care among therapists. In the next section, I describe some strategies for self-care. Next, I define mindfulness and then discuss CBT mindfulness approaches that relate directly to the mental health professions. I discuss Dr. Milton Erickson’s approach to working with clients and explain how this approach relates to mindfulness. Lastly, I discuss mindfulness meditation as a general form of self-care and present considerations for incorporating mindfulness as a specific strategy for self-care.

According to Shapiro and Carlson (2009), “The art of caring for others is learning how to first care for yourself” (p. 108). It is quite common for family therapists to think of their clients’ needs before thinking of their own; however, if family therapists are to act as healing agents throughout the course of their careers, they need to learn how to care for themselves effectively (Skovholt & Trotter-Mathison, 2011). Self-care is crucial for the longevity of a healthy, well-functioning family therapist, especially during times of excessive stress from personal family life or other factors. May and O’Donovan (2007)
describe the self-care process of the therapist as relating to “professional effectiveness” (p. 46). The characteristics of professional effectiveness associated with self-care often include self-confidence and self-esteem, both of which have been shown to positively influence the therapeutic relationship and the outcome of therapy (May & O’Donovan, 2007). Skovholt and Trotter-Mathison (2011) emphasize how important it is for the therapist to be mindful of self-care; if they are not, they and the clients they work with can be negatively affected. While a lack of attention to self-care can be manifested in many forms, such as distractions, circumstantial frustrations, or minor physical symptoms such as headaches, the cumulative effect over time can be more problematic, potentially resulting in professional and psychological burnout.

**Burnout of the Mental Health Professional**

Much of the literature regarding burnout among mental health professionals describes the negative effects of burnout due to “burdensome case loads, administrative pressures and insensitivities, poor working conditions, and lack of recognition for work done” (Friedman, 1985, p. 549). Burnout can not only lead a therapist to feel discouraged in anticipation of a day’s work, but it also often leads to lack of connection with clients, boredom, or a tendency to be overly critical of self and clients (Friedman, 1985). The sum total of these attitudinal disaffections can result in what Friedman (1985) defines as “a significant loss of interest, motivation, energy, satisfaction, and effectiveness in connection with the work” (p. 549).

Once therapists can identify burnout as a specific experience generated by an accumulation of discouraging attitudes, they can address it more precisely. The term burnout emerged in the 1980s as a way for health professionals to describe the real life
difficulties they were commonly experiencing (Skovholt & Trotter-Mathison, 2011). The more universal the concept of burnout has become, the more transparent the view into the practitioner’s world and reality (Skovholt & Trotter-Mathison, 2011). As Skovholt and Trotter-Mathison (2011) describe, “The symbolism involved with the word burnout relates to the extinguished flame, which is the motivational force in the caring professions” (p. 152).

Soderfeldt, Soderfeldt, and Warg (1995) reported on the commonalities in the literature among the different descriptions of burnout. According to the researchers, Skovholt & Trotter-Mathison (2011), “these key words are fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism. These words point to a profound weariness and hemorrhaging of the self as key components of burnout” (p. 146).

It is important for therapists to consider burnout as a potential challenge in their own work. Practitioners who experience burnout often report dissatisfaction with their clinical experience (Figley, 1995). This may lead to distancing from certain clients, anxiety and stress, increased irritability, impaired competence, and depression (Figley, 1995). Morrissette (2004) reviewed the work of several researchers and derived the following description of burnout:

A fixed condition that begins gradually and becomes progressively worse which includes a gradual exposure to job strain, erosion of idealism, a void of achievement, a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations, as a degenerative
process, an erosion of spirit, and a loss of faith in the very enterprise of helping.

(pp. 93-94)

Maslach and Leiter (1997) found considerations of burnout useful for gauging diminished therapeutic effectiveness, referring to it as “the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will—an erosion of the human soul” (p. 17). Practitioner burnout within family therapy is comprised of many factors: work environments in which clinicians experience a lack of control, task ambiguity, lack of evaluation and/or feedback on performance, absence of meaning or purpose in their work, dissatisfaction with supervisors, long hours in demanding settings, and relationships with clients who report being burned out with the therapy process (Clark, 2009).

Prolonged work with clients who experience depression, anxiety, trauma, and anger, or who are unappreciative of the help they receive, can lead therapists to develop a negative outlook (Corey & Corey, 1989). Corey and Corey (1989) explain that “dehumanized responses are a core ingredient of burnout” (p. 154). Okun and Kantrowitz (2008) suggest that health care professionals be alert for signs of exhaustion and inattention. Unusual or increasing impatience or lack of tolerance would also be warning signs, as would lack of typical enthusiasm for professional or personal activities (Okun and Kantrowitz, 2008). Other possible markers for fatigue would include marked shifts in health, sleeping, or eating patterns. Troubling new intrusions on physical wellbeing, such as sudden concern for potential symptoms of arising illness, would also indicate the possibility of a more comprehensive disturbance such as burnout. Other signs of burnout could include non-habitual apprehension about engaging in a typical day’s workload, as
well as a decrease in enthusiasm, intention, or other forms of engagement with familiar, previously satisfying professional duties. Any, and especially all, of these experiences can indicate the potential for overall burnout.

Skovholt & Trotter-Mathison (2011) distinguish between two types of burnout: meaning burnout and caring burnout. Meaning burnout takes place when “caring for others and giving to others in an area such as emotional development, intellectual growth, or physical wellness no longer gives sufficient meaning and purpose in one’s life” (Skovholt & Trotter-Mathison, 2011, p. 152). Caring burnout occurs when “the cycle of caring (process of attaching and letting go) severely depletes the practitioner” (Skovholt & Trotter-Mathison, 2011, p. 152). Buffering against caring burnout requires attending to personal wellbeing while nurturing the potential for wellbeing in others. The therapist must maintain his or her self-care while also providing care for the client.

**Burnout for Family Therapists**

As an occupational challenge, burnout can be identified in various facets of a family therapist’s life. According to Rosenberg and Pace (2006), personal characteristics, interpersonal influences, and job-related factors all contribute to burnout for family therapists. Specific challenges such as unrealistic therapeutic goals and expectations for client change, unwillingness to accept occasional failures in the therapy room, and personal issues all can create professional fatigue and a damaged sense of self-worth for the family therapist (Rosenberg & Pace, 2006). Maintaining a healthy balance with the complexities of professional demands while working with clients who have severe problems such as suicidal ideation, severe depression, and child abuse can all lead to burnout (Rosenberg & Pace, 2006).
Burnout can be specific as well as a general, cumulative state. Family therapists may experience a form of burnout called compassion fatigue (Figley, 1995). Compassion fatigue develops after exposure to the stresses of working with individuals who have suffered traumatic events. Some clinical implications of compassion fatigue among family therapists include: emotional exhaustion; loss of empathy; depersonalization of the client’s perspective; loss of respect for the client and the therapeutic process; growing inequity; and ethical, clinical, and legal divergences (Negash & Sahin, 2011).

The impact of compassion fatigue is not limited to the therapy room. It also affects family therapists’ personal lives and the people who are closest to them. For example, therapists may begin to treat those who are closest to them in the same manner that they treat their clients (Negash & Sahin, 2011). From a systemic perspective, this in turn causes more stress in the therapists’ personal lives because of the ineffective circular pattern it sets in motion.

Family therapists who want to move away from burnout can begin by developing awareness of its signs and symptoms. For example, some common signs of compassion fatigue are trouble sleeping, increased irritability and anxiety, hyper vigilance, and a decreased interest in regular day-to-day activities (Negash & Sahin, 2011). Family therapists must be aware of how such symptoms affect their therapeutic relationships and their personal lives. Once therapists are certain that they are experiencing symptoms of burnout, they must take action. These actions may include obtaining social network support from other family therapists, such as colleagues and supervisors, while openly discussing cases and potential challenges that may arise (Rosenberg & Pace, 2006). Additionally, nonprofessional measures are helpful, such as: engaging in physical
exercise; taking time off from work; separating work from private life by setting proper boundaries; implementing a proper diet; attending individual or family therapy; journaling; engaging in leisure activities; and participating in spiritual practices, yoga, or meditation (Negash & Sahin, 2011; Rosenberg & Pace, 2006)).

Friedman (1985), and Kaslow and Shulman (1987), speak to the importance of how family therapists posture themselves within the therapeutic context as a way to decrease the possibility of burnout. Because family therapists work relationally with families, they must not burden that relationship with unreasonable expectations. For example, therapists must understand that they are not the experts on how to fix or change clients; rather they are merely guides who facilitate the change process. They can take less personal responsibility if clients are unable to accomplish their therapeutic goals and instead maintain ineffective relational patterns. This shying away from the all-knowing-expert approach is of vital importance for family therapists who wish to prevent burnout (Rosenberg & Pace, 2006).

**Ethical Imperative for Self-Care**

Attention to self-care is important for all professionals; however, it is particularly important for those providing mental health services, because the psychological effects of the work are not always as readily apparent as 10 extra pounds or aching knees. Many professional organizations within the mental health field address concerns that may affect therapists’ personal health and wellbeing. For example, the American Psychological Association’s (APA) Ethical Code (2002) states that practicing clinicians should sustain regular attention to "the possible effect of their own physical and mental health on their ability to help those with whom they work" (p. 1062). Another standard for mental health
professionals appears in the American Counseling Association's (ACA) Code of Ethics (2005): "Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others" (p. 9).

Family therapy differs from other forms of psychotherapy in that its strategies are based on interpersonal aspects of lived experience. While other therapeutic approaches may emphasize issues of intrapersonal life, family therapy focuses on clients’ relationships as the context for useful change. According to Keeney (1983), “Family Therapy are those approaches to human dilemmas that are most directly connected to a formal consideration of human relationship systems” (p. 5). The specific focus and practice of family therapy can lead to unique successes. Marriage and family therapists, who address relational systems, must attend deliberately to various levels of relationship engagement that require close and dedicated attention (American Association for Marriage and Family Therapy [AAMFT], 2013).

Of the many relationships clients bring into the therapeutic context, the family tends to be the most prominent. The American Association for Marriage and Family Therapy (AAMFT) emphasizes that “marriage and family therapy is one of the core mental health disciplines and is based on the research and theory that mental illness and family problems are best treated in a family context” (AAMFT, 2013, para. 1). While all psychotherapists tend to deal with client challenges that echo in their own lives, family therapists need to be particularly aware of the ways in which their explorations of client issues can influence their thoughts outside the therapy room. Because family therapists are not exempt from concerns about their own relationships, they need to differentiate
their own life circumstances from their clients’ while acting with empathy toward those clients. Clients find it helpful when their therapists recognize and honor their challenges, as it serves as a form of validation and recognition of their strengths. Yet it is important for clients and therapists alike to avoid mistaking empathy for agreement.

Family therapists need accessible practices of stress reduction, separation, and distinction to maintain a posture of balance and hopefulness when client issues resonate strongly with their own personal life concerns. Because family therapy is unique among the therapeutic professions—not only for the client, but also for the therapist—it is important for family therapists to replenish and revitalize themselves with self-care strategies and practices that can prevent them from experiencing burnout when they are deeply engaged in clients’ interpersonal challenges.

The AAMFT insists that therapists must attend to their self-care. For example, sub principle 3.3 of the Code of Ethics specifically mandates that "marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance of clinical judgment" (AAMFT, 2012, “para” 3.3). If therapists have a need to actively engage their professional tools in their own lives—for example, by obtaining their own therapy or supervision—they can find that taking care of themselves affirms the value of their professional skills in their personal lives.

These mandates above from professional organizations indicate that competent professional therapists violate ethical principles if they put their clients at risk in any way. Signs of malaise, exhaustion, increased frustration, or quickness to anger could be indications that a therapist is finding less satisfaction in his or her professional practice. The therapist may be communicating these dispositions to his or her clients, potentially
leading clients to presume that their difficulties are the cause of their therapist’s diminished engagement. As a result of this, clients may experience reduced empathy in the therapeutic relationship, which could negate the entire therapeutic process (Grosch & Olsen, 1994; Henry, Schacht, & Strupp, 1990; Orlinsky, 1999).

**The Self-Care Strategy**

It is important for family therapists to distinguish between positive and negative self-care strategies, as not all of the many different avenues toward self-care are effective in reducing the symptoms of burnout. Some positive self-care strategies include exercising, playing sports, meditating, eating healthy, praying, resting, listening to music, attending holistic retreats or going on vacation, listening to uplifting lectures, reading inspirational books, conversing with colleagues, and attending individual and/or family therapy. Some of the negative self-care strategies may include using or abusing substances, getting immersed in pornography, repetitively playing computer or video games, repetitively zoning out in front of the television, and engaging in affairs and/or negative relationships. Therapists can confuse negative self-care strategies for ones that may be helpful but are ineffective solution attempts.

Skovholt and Trotter-Mathison (2011) define self-care as the means to “finding ways to replenish the self” (p. 196). The authors explain that positive self-care strategies should produce feelings of “zest, peace, euphoria, excitement, happiness, and pleasure” (p. 196). Family therapists must be able to direct their lives towards positive self-care. They must learn to decide, through self-reflection and pragmatic dedication, when a negative self-care strategy is not working and stick to a positive self-care strategy when it is proving to be helpful. One way for therapists to direct their efforts towards positive
self-care is to identify what they would like their most desirable immediate and long-term future to look like. With that vision in mind, they can decide the self-care strategies that could aid in achieving those most desirable outcomes and then make one small change at a time towards achieving their immediate and future goals.

Some self-care strategies are more specific to family therapists’ practices and the actual work they do with their clients. For example, Skovholt and Trotter-Mathison (2011) report on the importance of therapists “establishing clear boundaries and limits in areas that include their role as a helper, the level of responsibility that they assume, the structure of their practice, the makeup of their caseloads, and their relationships with clients” (p. 225). Practitioners who feel successful in private practice, for example, might therefore experience burnout less often than their counterparts in social service agencies or other organizations in which they feel the parameters of their work are defined by bureaucratic standards that are not their own (Dupree & Day, 1995; Vreddenburgh et al., 1999). Lessening the chance of feeling a narrowed personal investment in their daily work is likely to offset tendencies for emotionally draining perspectives on the demands of professional practice.

The practices by which family therapists help others are likely to be beneficial in their own lives, although they may need to shift their perspective to identify their self-care needs. By being alert to burnout, family therapists can practice a similar level of precise attention to themselves. A heightened sense of autonomy, one that leads to a deepened commitment to the type of clients and modalities of therapy that characterize an individual career, can enhance satisfaction in every phase of practice, from fees to articulation of client goals (Vreddenburgh et al., 1999). Therapists can make changes to
these areas, either before symptoms of burnout begin to take their toll or at the first sign of any burnout symptoms. Keeping engaged in the field by taking courses and reading up-to-date research and strategies may also aid in reducing the symptoms of burnout and establishing movement towards positive change.

Self-care strategies translate into reduced burnout by allowing therapists to focus their attention on themselves and stepping away from the demands of the job as needed. It also allows them to engage in activities that center them, quiet their minds, and require them to get absorbed, thereby reducing work stress and burnout. Additionally, the inner conversation (Rober, 1999) of the therapist can either be a helpful one or a distracting one. Positive self-care increases the likelihood that the therapist’s inner conversation is helpful. Therefore, positive self-care is imperative for family therapists, since they spend so much one-on-one time conversing with and listening to clients.

Because the relationship between therapist and client is an isomorphic one, a therapist who demonstrates patience, kindness, and acceptance of self can also demonstrate these with their clients. Being mindful of this isomorphic relationship can translate into more empathic conversations that involve less judgment between therapist and client. This can reduce additional pressures that may arise in the therapeutic relationship.

**Mindfulness**

Family therapists can help clients change what is not working in their lives. Such change can include personal growth and professional evolution, yet change can also come in the form of deteriorated optimism or increased stress. Like their clients, therapists navigate their own challenges and difficulties, with varying degrees of success. Therefore,
it is important for them to be vigilant for early symptoms of distress, decreased clinical ability, loss of enthusiasm for the therapeutic profession, and other cumulative discouragements that can lead to professional burnout. To do this effectively, therapists must possess self-awareness. They should know if they are stressed, anxious, bored, sad, overwhelmed, or not engaged with their work, and they should respond by developing self-care strategies that will be useful for them and their work with clients. Getting enough sleep and engaging in physical exercise can be two very useful self-care strategies. Another strategy that has been found to be effective is mindfulness practice, which has been strongly influenced by sources outside the therapy field.

Buddhist practices have been gaining increasing popularity in Western culture (Yapko, 2011). The influence of Buddhism on our culture has contributed to the health and healing fields, among others (Yapko, 2011). According to Yapko (2011), Buddhist perspectives and practices have had a significant impact in the psychology and psychotherapy fields. From a Buddhist perspective, the goal of mindfulness “is not to change our experience; rather it is to change our relationship to our experience” (Gehart & McCollum, 2007, p. 216).

Gehart and McCollum (2007) offer a historical perspective of mindfulness within the field of psychology, which began with Jung’s (1927/1960) interest in Buddhism and other Eastern philosophies that stress attentive practice (Meckel & Moore, 1992; Moacanin, 1988). Alan Watts (1961) maintained ongoing conversations with family therapy pioneers at the Mental Research Institute (MRI) who were integrating Bateson’s concepts with mental health practices. A central focus of these dialogs included ways that systems thinking and Eastern philosophies account for personal concerns in the larger
context of social and universal principles. Others who have continued this integration of perspectives include Flemons (1991), who explored the implications of Taoist considerations in family therapy practice, and O’Hanlon and Weiner-Davis (1989), who considered the benefits of beginner’s mind from Zen practice in solution-focused therapy. The work of Gehart (2001) centers on how Buddhist considerations illuminate postmodern concepts that inform systemic family therapy.

Mindfulness is the practice of being present in the moment with acceptance and without judgment (Yapko, 2011). Mindfulness has been widely researched as an effective strategy for improving physical health, mental health (in particular, increasing happiness), and our relational connections with others (Yapko, 2011). According to Yapko (2011), “Mindfulness awareness helps us see things just as they are—which is the essence of discerning wisdom—and not as we would like them to be: as they are, not as we are, with our projections, imagination, and interpretations” (p. xii). Yapko advocates this sense of mindfulness as a way to pay attention to, and attend to, the details of any present moment as a means for an increased, ongoing sense of fulfillment.

Mindfulness can be defined in many ways; however, for the purposes of this study, it is defined as “paying attention in the present moment with awareness and with acceptance” (Germer, Siegel, & Fulton, 2005, p. 6). According to Gambrel and Keeling (2010), there are different ways to experience mindfulness, as it is a skill that can be developed over time. One of the ways that mindfulness can be helpful is by strengthening attention to the task at hand, therefore reducing the chances that a therapist will become distracted while working with clients. Mindfulness exercises bring attention to the present and, in particular, to the breath or some other focal object of awareness in the
present moment that can aid this process (Germer, Siegel, & Fulton, 2005). Germer, Siegel, & Fulton (2005) explain mindfulness by saying that since everything happens in the present moment, if we overly engage in our ever-wandering mind and in the feelings that we experience, this may hinder our experience of the present. This loss of experience is likely to obstruct or eclipse various strategies of systemic family therapy; for example, the miracle question, scaling questions, re-authoring stories, and other therapeutic techniques require a client’s direct attention to be effective. Focusing on present experience gives clients a sense of connection with the particular therapeutic intervention.

Acceptance means receiving our experience without judgment or preference, with curiosity and with kindness (Germer, Siegel, & Fulton, 2005). Unfortunately, our minds are accustomed to judging our experiences in each moment, often hindering this process. For example, if a craving to use a particular substance arises, one’s natural reaction is to either act upon it or feel bad that the craving has commanded such attention. This can lead to feelings of guilt, anxiety, and frustration. Acceptance is soft, gentle, and relaxed; it can be cultivated (Germer, Siegel, & Fulton, 2005). Sometimes a person can be successfully encouraged to relax into or soften an experience or emotional pain in order to cultivate acceptance (Germer, Siegel, & Fulton, 2005).

**CBT Mindfulness Approaches in Therapy**

Acceptance and Commitment Therapy (ACT) (Hayes, Stroshal, & Wilson, 1999) and Dialectical Behavior Therapy (DBT) (Linehan, 1993) are two of the most widely researched models that include a mindfulness focus (Fruzzeti & Iverson, 2004). In particular, DBT focuses on interrelatedness rather than on disconnecting from self and others; ACT focuses on the full exploration of behavior, thinking, and emotions.
Both models stress the importance of acceptance in learning to tolerate the full range of emotional experiences, rather than focusing “narrowly on escaping physically, emotionally, cognitively, and/or relationally from the aversive state” (Wilson & Dufrene, as cited in West, n.d., p. 2). By compassionately engaging in a difficulty, we develop a new relationship to it and can then experience it differently (Gehart & McCollum, 2007). For family therapists, this can lead to the discovery of exceptions to the problem, which raises more hopeful expectancy for change and healing.

Yapko (2011) explains that mindfulness is an encompassing term that attends to methods of direct attention to present moment experiences that offer a way of breaking free from the past, which cannot be undone, or refraining from expectations for a future that may not occur as we expect or intend. Mindfulness helps us achieve a level of acceptance in life instead of focusing on unsatisfying experiences and trying to change (Yapko, 2011). Many private practices, hospitals, and university clinics are beginning to incorporate mindfulness for stress, pain, and anxiety management in addition to other health and mental health related issues (Yapko, 2011). Mindfulness has been used in the treatment of a number of conditions including cancer, psoriasis, eating disorders, chronic pain, anxiety disorders, and stress management (Padilla, 2010). Because of the research showing benefits of mindfulness, more clinicians are encouraging their clients to practice mindfulness by focusing their attention, being aware, being open, and accepting their current circumstances (Yapko, 2011).

According to Shapiro and Carlson (2009), “A growing body of research indicates that the cultivation of mindfulness may enhance psychological well-being, mental health, and physical health” (p. 110). Many different health professionals are beginning to study
mindfulness more in depth and incorporating mindfulness principles in their practice with clients. The practice of mindfulness helps us reduce our own stress from pain and suffering so that we can be helpful to those that we work with who are also experiencing these stressors (Shapiro & Carlson, 2009). It is becoming more common among family therapists, who are becoming increasingly interested in cultivating empathy and compassion through mindful practice, thereby changing the way they relate to their clients and developing more finely tuned listening skills while strengthening the therapeutic relationship (Hick & Bien, 2008). By developing more mindful therapeutic relationships, therapists can learn to better cope with stress at work and at home, therefore reducing burnout (Hick & Bien, 2008).

Shapiro and Carlson (2009) emphasize three distinct qualities of mindfulness for therapists: non-striving, acceptance, and self-compassion. According to the authors, mental health professionals who focus on these qualities can be more resilient in the face of stressors (Shapiro & Carlson, 2009). They go on to emphasize that the quality of striving towards the singular goal of fixing patients is all too prevalent among helping professionals. This pressure leads therapists to set unrealistic goals and lose sight of the present encounter with their clients. Mindfulness explicitly teaches how to let go of this goal-oriented stance and dwell completely in the present moment.

**Ericksonian Mindfulness**

The work of Dr. Milton Erickson is an excellent example of how productive mindful attention can be for therapists helping clients. He observed clients’ verbal and nonverbal cues without being reactive or judgmental. Though he did not use the term
mindfulness to describe his state of attention with clients, he displayed qualities that are consistent with a useful working concept of mindfulness.

Haven (as cited in Yapko, 2011) describes Erickson’s perspective on working with clients:

He developed his remarkable understandings of how people behave purely by observing them very, very closely, open-mindedly, and almost naively. He did not sit in his office reading or thinking about how people operate—he watched them. He did not become immersed in theories which he then tried to apply to various patients—he noticed what his patients did and modified his thinking in response . . . But Erickson observed in a manner and with an intensity not typical of most people. First of all, he observed himself in incredible detail internally and externally. Secondly, he observed with an intensity that surpassed even the most self-conscious analysis. (p. 184)

According to Zeig (1980), Erickson was “open minded and almost naïve” and someone who had mastered the “beginner’s mind” (p. 185). Zeig (1980) further reports on Erickson’s work by sharing this quote from Erickson himself: “And so, walk around with a blank face, your mouth shut, your eyes open and your ears open, and you wait to form your judgment until you have some actual evidence to support your inferences and your judgments” (p. 185). Clients who have therapists that are open minded, nonjudgmental, and curious often feel more directly validated and respected (Yapko, 2011). Such therapists elicit clients’ unique strengths and characteristics, which opens the therapeutic context into a noticeably supportive and collaborative context that allows for empathetic and compassionate communication (Yapko, 2011).
Mindfulness Meditation

Mindfulness is an important skill for therapists; it provides a way of paying attention in a focused way. As therapists, we can integrate empathy and deep listening into our work through the ongoing discipline of meditation practice—a shift from a doing mode to a being mode (Hick & Bien, 2008). Meditation, hypnosis, making love, playing sports, creative brainstorming, and performing or listening to music are all activities in which your invisible wall disperses and, with it, the insularity of your conscious will and conscious awareness (Flemons, 2004). Therefore, the therapist is able to be mindful and assist the client in discovering variations in the problem (Flemons, 2004).

Padilla (2010) explains that “meditation practice teaches us that emotions are transitory and can therefore be tolerated and accepted as opposed to avoided. This quality enables the therapist to serve as a container for our patient’s negative emotions” (p. 7). Regardless of what emotions arise in mindfulness meditation, the practice teaches to accept and embrace these emotions rather than avoid them (Padilla, 2010). Being mindful of a difficult emotion may result in a more gentle way of distancing from it rather than becoming totally absorbed by it; this can be a highly effective strategy when working with challenging clients (Padilla, 2010). When therapists learn to manage their own affect with acceptance, they can develop more tolerance for their clients’ affect (Padilla, 2010). According to Padilla (2010), mindfulness practices can support confidence that emotional states change, and that their impermanence can diminish fear of them.

Patients are more likely to openly express their greatest concerns and most invested emotional experiences to a therapist who accepts and encourages such expressions from a non-reactive posture (Padilla, 2010). Openness to the changeability of
emotional experience can encourage therapists to respect clients’ capacity to recognize their ever changing emotional states. When family therapists learn to be more open and accepting of difficult affect, they can develop a less judgmental view of their clients.

Grepmaier et al. (2007) compared therapists who practiced Zen meditation to therapists who did not, and found “improved understanding of their own psychodynamic difficulties and goals” (p. 17) among those who practiced meditation. In a similar study, Mitterlehner, Low, and Bachler (2007) found that therapists who practiced Zen meditation were more attentive than those who did not to the dynamic processes of their clients and the relationship of these changes to the overall context of the psychotherapy process (Grepmaier et al., 2007). Shapiro, Astin, Bishop, and Cordova (2005) reported on a Mindfulness Based Stress Reduction (MBSR) study that involved therapists who were currently involved in clinical work and excluded therapists who were in training. The results demonstrated an overall decrease in “psychological distress,” decreases in stress, and a decrease in burnout while “increasing overall life satisfaction” and “self compassion” (Shapiro et al., 2005, pp. 166-167).

In a study with mental health graduate students who engaged in meditation, the students reported being more comfortable with therapeutic silence after they meditated. According to McCollum and Gehart (2010), mindfulness practices have been taught to therapists for many years. They mention, as an example, the Interpersonal Mindfulness Program (IMP), a 6-week training designed for delivery in mainstream medical settings as well as private practices, which “introduces a four-part process to mindfulness in professional settings: pause, relax, listen deeply, and speak the truth” (p. 348). These
steps reflect characteristic qualities of mindfulness practices that heighten a person’s perception of self and others in the moment.

**Mindfulness Strategies as Self-Care**

There are a variety of self-care options and strategies for health care professionals to choose from; however, mindfulness self-care has been demonstrated as the most efficient among family therapists (Shapiro & Carlson, 2009). As Shapiro and Carlson (2009) point out, “mindfulness practice offers an opportunity to explore deeply our own pain and suffering and the causes and conditioning that lead to it” (p. 110). When we get to know ourselves in this way, we can then extend our mindfulness outward towards others’ pain with empathy. According to Shapiro and Carlson, Buddhism emphasizes that putting the needs of others first, while neglecting appreciation for ourselves, enhances a feeling of separation between ourselves and others. If, on the other hand, we appreciate as a result of mindful meditation on the interconnectedness of all beings that our suffering is fundamentally no different than the suffering of others, we can tend to the needs of others and ourselves without pitting these two against each other.

In their study on therapists in training, Shapiro, Brown, and Biegel (2007) incorporated sitting meditation in MBSR self-care strategies. Their emphasis on concentration on specific sensory experiences of thoughts and fluctuations of breath, paired with receptivity to other immediate sensory inputs, supports greater awareness of both thoughts and emotions. Shapiro et al.’s approach employs a sweeping scan of bodily experience from the tips of the feet to the top of the head, emphasizing localized physical perceptions in each area (Shapiro, Brown, & Biegel, 2007). This is emphasized through Hatha Yoga practices that translate mindful physical attention into kinesthetic actions,
moving through sequences of body poses that reinforce the clarity and consistency of mindfulness while supporting physical wellbeing through structural and muscular revitalization (Shapiro, Brown, & Biegel, 2007). This leads into a guided meditation on compassion, based on experiential attention to daily love and kindness for self and others (Shapiro, Brown, & Biegel, 2007).

Family therapists need to demonstrate as much generosity towards themselves as they do towards their clients. It is quite common for therapists to give of themselves to their clients, friends, or loved ones, and neglect their own self-care needs. As Maslach and Leiter (1997) express, “burnout is the index of dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will- an erosion of the human soul” (p. 24). Therapists can limit this by being more in tune with their physical and emotional needs. Warkentin (1972) articulates the value of self-generosity by saying, “unless the joy of living is within me, I would be offering myself to others with an empty hand (Maslach & Leiter, 1997). This special kind of selfishness, that I should want a good life for myself, is to me the primary hallmark of the mature person” (p. 254). Mindfulness self-care strategies can help therapists maintain compassion for themselves as well as their clients. The tendency to engage in counter transference reactions and over-identification with clients’ emotional concerns can be mitigated with productive self-attention. As Wise, Hersh, and Gibson (2012) state, therapists can become more comfortable with challenging session content provided by clients if they use mindful attention to develop a more comprehensive sense of non-judgmental receptivity. A practice based on mindfulness can enhance therapists’ simultaneous compassion for themselves and their clients; it can also diminish their focus on repetitive
thinking about their personal limitations and the limitations of their clients (Wise, Hersh, & Gibson, 2012).

**Contributions of This Study**

A number of trainings on mindfulness strategies for self-care have been offered to mental health professionals, inspiring appreciation for and attention to these concerns. As Shapiro et al. (2005) report, focus on mindfulness can counterbalance therapists’ frustrations, discouragement, and fatigue with vitality and renewed dedication to their work with clients. This ethical imperative does not need to be approached as a burdensome responsibility or defensive posture against burnout; it can be viewed as a way of ensuring that therapists conduct caregiving from a sense of high personal capability. Thus, clients can find inspiration not only in their therapist’s technique, but also in his or her disposition.

While the findings of previous studies indicate that mindfulness practices have proven helpful for mental health professionals, there is a lack of substantial literature that specifically addresses the explicit practices and useful applications of such approaches for family therapists. Because family therapists are as human as other mental health caregivers, they can be expected to share the need for mindful self-care that the literature in other therapeutic specialties indicates.

This study has gathered insights from interviews with family therapists who practice mindfulness as a form of self-care to create more positive and productive practices for themselves and their clients. This study was also designed to examine the participating therapists’ respect for specific mindfulness practices. Through interviews, I obtained personal accounts from the participants about what practices are most likely to
support therapist self-care, revitalization of professional purpose, and distinction between therapists’ personal concerns and presenting problems offered by clients. I chose the qualitative methodology of phenomenology in order to seek a fuller range of lived experience of each of these mindfulness practicing therapists. This way, the contribution to the field is based on direct accounts from therapists who are currently practicing in the field and using mindfulness as a means for self-care.
CHAPTER III: METHODOLOGY

Introduction

This study was designed to capture the experiences of family therapists who practice mindfulness as a form of self-care in their practice. Chapter I included an overview of how I began incorporating mindfulness in my life, and specifically in my work as a family therapist. A historical overview made the case for a more in-depth review of the literature. Chapter II consisted of a review of the literature focusing on burnout, self-care, mindfulness, and mindfulness self-care. This study explores the lived experiences of marriage and family therapists who use mindfulness as an approach to therapist self-care because both the experience in the therapy room and traditional practices of mindfulness are lived experiences rather than theoretical constructs. In Chapter III, I discuss and describe the qualitative methodology used for this particular study.

The research question for this study is: “How do marriage and family therapists experience mindfulness as a form of self-care to sustain productive professional practices?” This investigation benefits from a qualitative research approach, more than a quantitative approach, because reporting on an experience of mindfulness could elicit distinctly personal accounts, reflecting individual attributions of defining qualities of mindfulness. These attributions depend on the individual qualities that form and inform each research participant’s values by which they can articulate concepts of mindfulness and self-care. They do not all report on these considerations from the same context or the exact same personal perspectives. The research question therefore serves not only as a
focal hub for this project but also recommends a more compelling research methodology in broader and finer points.

**Qualitative Research**

Qualitative research fits well within the field of postmodern family therapy, the professional and academic context from which I approached this research project. It also has supported the inspiration of specific research data that answers this project’s foundational research question of, “How do marriage and family therapists experience mindfulness as a form of self-care to sustain productive professional practices?” One indication of the appropriateness of this approach is the way qualitative research and family therapy both accept diversity within human relationships by focusing on processes (Denzin & Lincoln, 2011). Family therapists are trained to be more in tune with process rather than content when working with clients. For the family therapist qualitative researcher, this focus is an asset, since researchers should be transparent with their process from start to finish. They should direct their attention toward the way meanings are created and how those meanings generate understandings within the context of a specific phenomenon (Denzin & Lincoln, 2011).

According to Gehart, Ratliff, and Lyle (2001), qualitative family therapist researchers tend to have a post-positivist epistemological foundation. This foundation takes into account human bias, subjective construction of knowledge and meaning, and any and all limitations when attempting to describe a certain objective reality of what is being studied (Gehart et al., 2001). Much like the principles of systems theory, qualitative research calls for the researcher to attend to specific contexts that can allow for multiple realities. This supports the qualitative researcher’s ability to recognize interrelationships
in much the same way as a systemic view allows family therapists to utilize the most useful perspective with their clients (Gehart et al., 2001). “Qualitative methods provide an avenue for examining the experience of family therapy from the perspective of the client rather than from the more typical research perspectives of the therapist and/or researcher” (Moon et al., 1990, p. 364). Therefore, my goal was not to discover a universal mindfulness self-care technique or strategy, but to describe what marriage and family therapists experience in using mindfulness as a form of self-care. I was interested in lived experiences that constitute the data for this study because both mindfulness practices and therapy in the room with clients are specific lived experiences, personal and unique to their immediate context.

**Qualitative Research as the Preferred Methodology**

Because family therapists are likely to define quality of life in unique, variable ways, a qualitative research approach is well suited for this study, which is aimed at exploring the participating therapists’ experiences. Lack of effective self-care, for example, is most effectively recognized as a quality of life concern that creates an imbalance within a therapist’s individual and relational systems. In this study, therefore, I interviewed marriage and family therapists who utilize the practice of mindfulness as a form of self-care to sustain productive professional practices.

Qualitative research was the best fit for this particular study since it allowed for interviews with each of the individual participants. Their voices and their descriptions of how they experience mindfulness—and particularly mindfulness as a form of self-care—could be a useful contribution to the field of family therapy. As stated in Chapter I, my personal experience of the benefits of mindfulness self-care has made me deeply
interested in learning more about others’ experiences with this practice. Exploring the accounts of other therapists revealed themes and descriptions that not only clarified my understanding of mindfulness self-care, but also indicated its usefulness as a strategy for sustaining productive professional practices according to the unique, specific descriptions of this research study’s participants.

As described in Chapter II, specific stressors can affect a family therapist’s quality of professional life that ethically requires attention to self-care. The influence of these stressors is not always constant, and the key stressors may vary from professional to professional. Therefore, this phenomenological inquiry is centered on the concept of mindfulness self-care as an identifiable experience, and the qualitative approach I used served to allow for variability in the accounts offered by the participants. A qualitative research approach seemed best suited for enabling me to derive themes from the data that could prove useful to other professionals in the field of marriage and family therapy. I, among many therapists, could potentially learn from each of the participants in this study.

**Phenomenology**

Phenomenology “focuses on exploring how human beings make sense of experience and transform experience into consciousness, both individually and as a shared meaning” (Patton, 2002, p. 104). These are specific considerations that needed to be addressed in this research project because the research question, “How do marriage and family therapists experience mindfulness as a form of self-care to sustain productive professional practices,” stimulated considerations of experience and senses of consciousness in the research participants’ responses. In phenomenology, “true knowledge is relative” (Boss, Dahl, & Kaplan, 1996, p. 83). This directly coincides with
the family therapist’s “skills of observation, creativity, intuition, empathic listening, analysis” (Boss, Dahl, & Kaplan, 1996, p. 83) and postmodern posturing. Questions about mindfulness and self-care illuminated perspectives that blend unique and shared perspectives on these topics because, while I elicited personal accounts from each participant, we shared common language in discussing subjective opinions.

“Most phenomenologists would probably agree that the ‘phenomenological attitude’ is one of the more, if not the most, significant dimensions of phenomenological research” (Finlay, 2011, p.73). This attitude constitutes that the researcher is open, non-judgmental, maintains a curious posturing, is empathic, and does not make prior assumptions (Finlay, 2011). Bracketing and/or reduction is a very important aspect in this process as “bracketing is a process whereby the researcher refrains from positing altogether and takes an approach to the data” (Finlay, 2011, p.74). This context adheres to the ‘scientific phenomenological reduction’ in which the researcher is attuned to the present moment and mindful to what the research participant is describing (Finlay, 2011).

Phenomenological methods can engage the richness of individual accounts and reveal shared themes among those accounts, addressing a specific phenomenon through reported experiences without overlooking the value of each participant’s contribution (Creswell, 2007). I chose to use a phenomenological approach to qualitative research for this study because the basic assumptions of this approach fit best with gathering lived experience from each of the participants. Rather than investigating as a way to support pre-conceived answers, the goal of phenomenological investigation is to inquire, through first-person reports, into meanings that can be shared (Boss, Dahl, & Kaplan, 1996; Denzin & Lincoln, 1994). Since transparency is a necessary quality for researchers
utilizing a phenomenological approach, I acknowledged the bias in my belief that mindfulness is a productive self-care technique that can be employed by most family therapists. However, it is necessary to understand different family therapists’ subjective accounts of the benefits of mindfulness in self-care, as mindfulness can mean many things to different therapists.

The process of a phenomenological study, according to Creswell (2012), suggests a pattern of research that clarifies the responsibilities of the researcher during the study. Reflection on personal assumptions informed the process of data analysis, as phenomenological perspectives will frame the organization of the research findings. Thematic groupings of findings, derived from statements by research participants, suggest potentially useful contributions to therapists practicing in the field of family therapy. The phenomenological approach allowed me to ask interview questions that elicited data that could be useful to family therapists who want to enhance their capabilities for self-care.

**Philosophical Assumptions of Phenomenology**

Like all qualitative methodologies, phenomenology has its own philosophical and epistemological assumptions. It is imperative for the phenomenological researcher to adhere to these assumptions to meet the standards of the methodology and ensure the applicability of the results. “The process of self-reflection is therefore a necessary part of the research process in phenomenology and often leads to midstream changes in procedure if we believe it would be more productive or ethical to do so” (Boss, Dahl, & Kaplan, 1996, p. 87). Based on the philosophical assumptions of phenomenology, I
understand that my position in this study is a biased one; I was not separate from the participants I interviewed, and therefore objectivity was not fully possible.

“Phenomenological researchers believe that what participants say about their own experience is their ‘truth’ and that is the starting point of any explorations” (Finlay, 2011, p.77). I believe that even if the participants provided accounts of their mindfulness practice in the form of stories or metaphors, or in descriptions that were unfamiliar to me, it is still valuable information. Furthermore, I understand that the participants gave their own subjective accounts, and conveyed those accounts in their own language, through which they construct meaning in life. I attempted to ‘feel into’ the descriptions of the participants’ in order to get a feel for what their lived experience is like (Finlay, 2011).

It is crucial in phenomenology to honor and utilize the participants’ accounts according to their exact wording, remaining faithful to the transcripts. Moustakas (1994) asserts, “Descriptions keep a phenomenon alive, illuminate its presence, accentuate its underlying meanings, enable the phenomenon to linger, retain its spirit, as near to its actual nature as possible” (p. 59).

**Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA) is a “qualitative research approach committed to the examination of how people make sense of their major life experiences” (Smith, Flowers, & Larkin, 2009, p. 1). Consistent with the phenomenological approach, IPA seeks to understand the experiences of others directly from the sources themselves, instead of having predetermined philosophical assumptions of others’ subjective experiences (Smith et al., 2009). Particularly, IPA seeks to understand significant experiences in one’s life (Smith et al., 2009), which is appropriate
to this project’s foundational research question of, “How do marriage and family therapists experience mindfulness as a form of self-care to sustain productive professional practices?”

This question directs attention to interest in research participants’ individual, subjective views of mindfulness self-care. The IPA approach allows exploring a constellation of significant experiences in support of eliciting specific research material from the participants as data sources, not simply as interested observers. This research project, contextualized in considerations of mindfulness, sought to support stronger reports from interviewees through an IPA approach to generate reports of how mindfulness is a means for supporting self-care.

Within the literature reviewed in Chapter II, it is evident that family therapists who experience predictable professional stressors are significantly impacted in different aspects of their lives. Most family therapists experience significant personal and professional growth throughout their careers, and much of this growth comes to light only after they overcome many obstacles and challenges. For most, working as a family therapist is their primary and most significant life occupation. Therefore, family therapists can learn to be mindful of the warning signs of burnout and engage in positive self-care strategies, since the ramifications of sustained stressors negatively impact them and their clients. Smith et al. (2009) point out that “when people are engaged with ‘an experience’ of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections” (p. 3).

The IPA approach derives from the perspective of hermeneutics in that when human beings are asked to reflect on certain experiences, their explanations are rooted in
their own interpretations of the experience (Smith et al., 2009). Therefore, the IPA researcher needs to carry out a process in which he or she interprets participants’ interpretations of the significant experiences. Smith et al. (2009) emphasize the need for the researcher to create “a hermeneutic circle where the part is interpreted in relation to the whole; the whole is interpreted in relation to the part” (p. 92). Thus, the two way relationship between the participants’ experiences, as documented in the transcripts, and the researcher’s interpretations, demonstrated in the role of providing analysis of the participants’ stated meanings, created a double hermeneutic stance.

The IPA researcher undergoes a similar process to what participants go through in reporting their experiences (Smith et al., 2009). “So, in that sense, the participant’s meaning-making is first-order, while the researcher’s sense-making is second order” (Smith et al., 2009, p. 36). This allows for the reporting of experience in detail, since IPA seeks the most detailed subjective account of the participant’s experience for accuracy and for the researcher to present considerations about the participant’s meanings ascribed to their reports. Both mindfulness and mindfulness self-care are subjective experiences.

In a phenomenological approach, the participants in this study were considered experts of their own experiences. I conducted each interview in the participant’s natural setting, as this is imperative within this phenomenological research (Boss, Dahl, & Kaplan, 1996). My approach to the interviews was to generate an open-ended and flexible conversation, since the purpose of this study has been to gain knowledge of family therapists’ accounts about mindfulness self-care. I asked each participant the same set of questions with hopes that it would lead the participants to describe their direct lived experiences and open the door to further elaboration on this subject so interviewees could
speak of these topics through reports of direct experiential information on applications of mindfulness self-care. This research project, in applying an IPA approach to data gathering, has supported accounts that are contextualized in participants’ life events.

The research question for this study is: “How do marriage and family therapists experience mindfulness as a form of self-care to sustain productive professional practices?” This allowed for detailed and different subjective experiences of how the participants interpret mindfulness and mindfulness self-care, in general, and how they make use of it in their practices. I collected the participants’ experiences through in-person interviews. According to IPA, once I transcribed and interpreted the interview data, I looked for certain similarities and differences of description that emerged (Smith et al., 2009).

The structured questions I asked each of the participants were as follows:

1. From your understanding, what does mindfulness mean, and can you describe how you first experienced this kind of mindfulness?
2. Do you have experiences that tell you that practicing mindfulness is helpful, and if so, could you tell me about them?
3. Are there any indicators that tell you your practice is different when you use mindfulness?
4. Do you have experiences with mindfulness as a form of self-care?
5. Has there ever been a time when your experience with mindfulness self-care helped you manage your sense of stress or other anxieties in your clinical practice?
6. In your family therapy practice, what are, if any, other uses you found for mindfulness self-care?
According to Smith et al. (2009), “IPA is concerned with understanding personal lived experience and thus with exploring persons’ relatedness to, or involvement in, a particular event or process (phenomenon)” (p. 40). These experiences are the focal point of the research study. Therefore, particular attention was paid while collecting and analyzing these experiences—which are considered the data—so that the richness was not lost within the methods of data gathering (Smith et al., 2009). “Successful analyses require the systemic applications of ideas, and methodical rigour; but they also require imagination, playfulness, and a combination of reflective, critical and conceptual thinking” (Smith et al., 2009, p. 40). In this study, I paid particular attention to the ways in which the participants made sense of their experience with mindfulness as a form of self-care. This exploration of these phenomena was grounded in the “perceptions and the views” (Smith et al., 2009, p. 46) of the marriage and family therapist research participants.

Participants

As the literature review in Chapter II indicated, the fields of mental health counseling and psychology have addressed mindfulness as a form of self-care; literature in the marriage and family therapy field has not addressed this concern as widely or deeply. Therefore, this research project has been dedicated to investigating and contributing to the needs of family therapists. According to IPA, the marriage and family therapist research participants were “selected purposively (rather than through probability methods) because they can offer a research project insight into a particular experience” (Smith et al., 2009, p. 48).

In an effort to remain consistent with the IPA approach, the participants constituted a group of professionals specifically chosen for their potential to provide
specific, representative data (Smith et al., 2009). All participants had experience working as clinicians—as business owners, employees, or contractors—and they were either registered marriage and family therapist interns or licensed marriage and family therapists (LMFTs). This guaranteed that the clinicians who participated had a background of training within the field of family therapy. In addition, it ensured that the participants had experience working with clients outside of a school or practicum setting. These criteria allowed me, as an IPA approach encourages, to interview participants about mindfulness self-care from both professional and personal understandings. Both of these perspectives, and their possible intertwining, enriched the data analysis in unanticipated ways.

According to IPA, after participants agreed to, and signed, an informed consent agreement, we were able to schedule each interview. I first asked all potential participants whether they could identify mindfulness practices that they used for self-care. When potential participants answered affirmatively, that information helped me identify that they met criteria for participation in the study. I then invited them to participate in the study.

It was useful to gather descriptions from marriage and family therapists who use varying mindfulness practices. By respecting participants’ ability to identify diverse practices—as long as they fit with the defining nature of mindfulness already discussed in Chapters I and II—I was able to gather a richness of observations and descriptions that made the material emerging from the interviews pertinent to a wider spectrum of marriage and family therapists.

According to IPA, I recruited participants for the study in several ways:
1. I reached out to different colleagues, professionals, and personal contacts who either teach in the field of family therapy or practice as therapists in the south Florida area (both Broward County and Miami-Dade County) via email and telephone. I asked them if they knew of any local therapists who utilized a mindfulness perspective within their practice of working with clients.

2. I also asked participants if they could recommend other possibly appropriate participants, applying the research strategy of “snowballing,” which kept the recruitment process focused on potential participants who have experience and interest in mindfulness self-care.

3. Once potential participants were located, I gathered their email addresses and sent them an invitation letter to familiarize them with the study. I explained to all participants that their participation in the study was voluntary, and they would be able to drop out at any time without penalty. All of the participants’ information was protected for reasons of confidentiality. All data that I recorded for the study was kept in a locked filing cabinet at my private office location. In addition, I assigned pseudonyms to the participants to further promote their anonymity. The participants were not compensated for their participation in this study. Their input contributed to the literature by increasing knowledge about mindfulness self-care within the field of family therapy. Individuals who were not practicing within the field of family therapy were excluded from participating in this study.

**Data Collection**

Since random sampling is not necessary in qualitative research, I specifically recruited participants who utilized mindfulness as a means of self-care. This constituted a
criterion based sampling process (Gehart et al., 2001). I conducted and audio recorded interviews with each participant. Following each interview, I transcribed the dialogue and coded the data because I aimed to capture the participants’ lived experiences and make sense of their responses.

According to IPA, in the process of interviewing the participants, I applied effective professional skills such as joining, promoting respect for others’ realities, and other strategies that promoted conversations about meaningful topics (Finlay, 2011). This is a reasonable process for a family therapist interviewing other family therapists, as it promotes commonalities that we, as professionals in the same field, find productive. Such conversational strategies seemed comfortable and familiar to all participants, yet the interviews were not therapy sessions, nor did the interviewer impart lessons in cultivating mindfulness skills. With attention to the goals and responsibilities of IPA interviewing, I prioritized the responsibilities of this methodology because this approach was intended to help make this study a useful contribution to the literature. This required attentiveness, caution, and the need to understand my role as being a researcher first, rather than a therapist (Finlay, 2011).

**The Interviews**

In accordance with IPA, I conducted in-person, face-to-face interviews with participants to collect the data for this study. The interviews were conducted in a natural environment of their choice. In the interviews, I asked questions and collaborated with the participants based on some of the responses they provided. I used the therapeutic interview skills of probing and curiosity to delve deeper into specific descriptors of the
participants’ experiences. I brought a recording device to each interview to directly capture the participants’ subjective responses.

The collaborative nature of the IPA interview process unfolded as more of a conversation so the participants could tell their own stories in their own words. My role was to listen first and then respond based on what the participant shared (Smith et al., 2009). In an IPA interview, this is appropriate, as the purpose of the interview is not to ask the research question directly, but rather to get to the research question by way of discussion (Smith et al., 2009). This does not mean that there was no structure to the interview, but that the process created the structure most efficient for gathering appropriate data.

In IPA, interviews require preparation, which is called a schedule, a way of preparing a set of questions that the researcher would like to ask at some point during the interview (Smith et al., 2009). As Smith et al. (2009) point out, “even if one has prepared an interview schedule, it is important to note that, while this will shape the interview, it will not guarantee its content or quality” (p. 58). In an effort to ensure that the participant was initially comfortable during the IPA interview, it was best to start the scheduled question process by asking a question that allowed the participant to “recount a fairly descriptive episode or experience” (Smith et al., 2009, p. 59). In this study, I believe that the following question lent itself to this recounting of a descriptive experience: From your understanding, what does mindfulness mean, and can you describe how you first experienced this kind of mindfulness?

In depth IPA interviews usually last about an hour or more, and range between six and 10 questions that are usually prepared on the interview schedule (Smith et al., 2009).
I was up front with the participants by letting them know these details prior to the interview. I was also up front with each participant by explaining the collaborative nature of the interview process and reminding them that there can be no right or wrong answers because my interest was specifically in their experiences (Smith et al., 2009). It was important for me to familiarize myself with the schedule of questions prior to each interview so that the conversation could be a natural process. For the interviews, establishing good rapport with each participant was important (Smith et al., 2009). I did all I could to be a friendly, respectful, non-judgmental, empathic, flexible, active listener with each of the participants.

**Data Preparation**

With full consent from all participants, I recorded each IPA interview and later transcribed the recordings into a Microsoft Word document. This process made me more familiar with the data and prepared the data for analysis. Once an interview was completed and I was no longer with the interviewee, I followed IPA procedure and made handwritten notes of my immediate memories and impressions of what seemed significant during the interview. The purpose of these field notes was to bracket off my impressions of the data. I did not return to these notes until I immersed myself in the audio recordings and transcribed records of the interviews; this allowed me to fully privilege the data provided by the participants. While my impressions illuminated aspects of the information and insights shared by the participants, it was important that my reflections on the interviews did not eclipse aspects of the data.
Data Analysis

The IPA approach to sorting the interview data and then analyzing it seemed appropriate for studying a subject such as mindfulness, which can easily be discussed in highly conceptual, personalized terms. By taking a rigorous but nonrestrictive approach to sorting for themes and patterns, I utilized the IPA approach to respectfully explore what the participants shared with me in a way that could reveal themes and concepts that may be useful to other family therapists.

The IPA approach allowed me to carefully review each individual interview by listening to the audio recordings and then transcribing them onto a Microsoft Word document. Once I transcribed and reviewed the interviews, I coded the themes that emerged within and across them. In particular, I wanted to learn about the therapists’ experience with mindfulness as a form of self-care. This required going through the transcripts and the list of coded themes often to carefully identify meanings that might not at first be obvious.

While one is attempting to capture and do justice to the meanings of the respondents to learn about their mental and social world, those meanings are not transparently available – they must be obtained through a sustained engagement with the text and a process of interpretation. (Smith and Osborn, 2008, p. 66)

In sorting and developing the data from this study, it was essential to follow the specific IPA sequence of data analysis. Moving from unique details of individual transcripts to comparisons with other interviews supported the highlighting of common, shared, and unique themes that indicated useful findings in this study. This process is inherent to the IPA system of inquiry to evolve understanding from descriptive material
to interpretive findings. The sequential, inductive IPA strategy that was the focus of my data analysis is described below.

Identification and support of themes typically requires multiple reviews of the transcripts and multiple perspectives on those themes to identify different ways to connect details in the transcriptions to details in other parts of the transcriptions. The hermeneutic circle supports this movement through the data from different viewpoints by not only distinguishing between the meanings reported by participants and those recognized by the researcher, but also by understanding that themes create specific meanings within the analysis that shift the researcher’s understanding. “The idea is that our entry into the meaning of a text can be made at a number of different levels, all of which relate to one another, and many of which will offer different perspectives on the part-whole coherence of the text” (Smith et al., 2009, p. 28). The whole and the parts inform each other in the hermeneutic circle because in this research project, the participants and I were professional peers speaking in the context of family therapy and the therapeutic practice that we shared, but in my role as researcher, I was responsible to an interpretive relationship to the data that was unlike the participants’ relationship to the data they provide (Smith et al., 2009).

Step 1: Consistent Rereading

First, I read the transcripts to establish familiarity with the source material. Because mindfulness can be a general topic difficult for many to verbalize specifically, and because self-care is often a topic people can describe in detail, it was important to make note of my initial impressions upon first reading each transcript. I continued to take notes on subsequent readings of the same material. Due to the general research question
and the specifics of the interview schedule, this study required me to pay close attention to both generalizations and unique details in the descriptions and terms provided by the research participants.

The IPA method of data analysis requires reading, then consistently rereading the transcripts. Smith et al. (2009) recommend listening to the audio recording while reading the transcription the first time, which I did. “Imagining the voice of the participant during subsequent readings of the transcript assists with a more complete analysis” (Smith et al., 2009, p. 82). This keeps the researcher’s attention on the participant as the source of data and slows down the researcher’s analytic process, which is consistent with the idea of mindfulness as a way to re-focus participation in life experience.

Consistent rereading can highlight the way the overall research structure, defined by the schedule, relates to specific sections of the narrative provided by each participant. Smith et al. (2009) suggest that some sections of the transcript may indicate richer data and greater detail than suggested by the questions defined in the schedule. Because the subject of the interview was mindfulness, it was illuminating to pay close attention to personal details participants shared that were stimulated by the interview design. This privileged individual and unique themes within the context of the schedule.

Step 2: Preliminary Notations

In IPA data analysis, further note-taking is useful during rereading of the data. I kept a “free textual analysis” of notes and comments in order to “divide the text into meaning units” (Smith et al., 2009, p. 83). This process allowed me to further enrich myself through the data while becoming more familiar with each participant’s descriptions of mindfulness self-care throughout the interview. In particular, I listened
and looked for things that most mattered to the participant while remaining curious, trying to better identify and understand the meanings assigned to these particulars the interviewees reported (Smith et al., 2009). I commented in my notes, for repeated review, on “similarities and differences, echoes, amplifications and contradictions in what the person is saying” while being mindful as to what it meant to me (Smith et al., 2009, p.84).

Because I was engaged in the role of researcher, rather than therapist, with participants, the notes I accumulated reflect my personal process for organizing and sorting themes without the participants’ presence. This included a reflexive diary of observations on the way this researcher’s specific insight and interpretations emerged from these investigations (Smith & Osborn, 2008).

Engaging in a detailed analysis of language—including both specific and generalized terms, and notations of particular emphases by each participant—illuminated participants’ assertions, descriptions, and examples in their terms (Smith & Osborn, 2008). Both detailed and broad reports about mindfulness self-care designated patterns as they emerged from the transcripts. Reports and descriptions merged into shared themes, while expressed shadings of meanings through unique languaging or contextual distinctions highlighted unique themes, emphasizing the validity of both shared and highly individual perspectives within the analysis. These grew in significance as analysis of the data progressed through further reviews of the notes, as more—and eventually all—of the transcripts became subject to this rigorous scrutiny.

By immersing myself in both the reports and the languaging of the participants, I was better able to attend to both expected and unexpected data. The role of the IPA researcher is to gather, sort, and report on the data, which is why it was important to take
notes on the transcriptions from the beginning, using specific references to the content as well as designations of concepts that occurred to me before I established themes. By documenting what my attention highlighted and returning to my notes regularly, I fine-tuned my attention to what the interviewees had to say, enhancing the richness of the data (Smith et al, 2009).

Step 3: Capturing and Organizing Developing Themes

The IPA researcher, as an involved observer, cultivates attention to continuity through the data before and during the coding process. Maintaining curiosity about what can be learned enriches the researcher’s prior understanding and supports a more conversational relationship with the transcripts. It is highly useful to maintain an attitude and method of seeking surprises and revelatory insights. This approach can sustain an interpretive process that promotes differing perceptions of the same material from one reading to the next, which will generate thematic and particular characterizations of data. Development of a dialogue between the researcher, the specifics of the coded data, and the researcher’s psychological knowledge—including what it might mean for participants to have these specific concerns in this unique context (Larkin et al., 2006; Smith, 2004)—leads to the development of a more interpretative account of the experience.

This approach supported emerging structures for the compilation of the data into analytical groupings. The material revealed organizational characteristics that could be anticipated in advance, which supported the value of this research as a contribution to understanding mindfulness self-care within the field of professional family therapy through personal accounts.

Step 4: Identifying and Establishing Connections across Emergent Themes
The responsibility of relating themes from the interviews through a coherent mapping process in IPA allows for creative strategies instead of prescribing a rigid formula. The purpose of this phase is to link themes as they emerge from the transcripts to establish a structured framework of the most relevant and insightful data. Beginning with a chronological listing of themes that arises naturally from the sequential revelation of parts in the transcript, the IPA researcher then looks to discover data that refers to thematic concepts at different points in the material—ideas, for example, that echo back and forth in each transcription (Smith et al, 2009).

These indicated themes were sorted individually, with data grouped under thematic headings. Individual statements by interviewees did not always need to be grouped by agreement. They also related through paralleling or even contradicting each other. Once the data was grouped in general categories in this way, it was necessary to abstract the thematic material to determine both highly specific relationships between them and more general orders of overarching and more specialized themes. Material was grouped into various sections and subsections according to degrees of agreement or polarization, depending on the conceptual flexibility of particular examples within the transcripts (Smith et al, 2009).

It was important to also respect context in considering specific data. Therefore, it was important for me to always focus on the participants’ sense of context for their statements and, at the same time, the contexts defined by themes that I identified. Also, themes had subthemes that were ordered according to differences in focus or prioritized by gradations of importance to the therapists being interviewed. For example, in answer to the same question, some participants ordered the same considerations in different
levels of significance or function. I respected these individual differentiations and used them to identify flexibility within themes. “Although, at face value, this kind of analysis seems again to pull away from the focus upon the participant and their thinking, it also enables a deeper interpretation of the data” (Smith et al., 2009, p. 99). The intention was to remain true to the data in a way that presented research results in a vibrant, useful organization that can inform other family therapists of ways to learn and utilize mindfulness self-care in their own practices.

My eventual organization of the thematic material attempted to privilege both individual participant accounts and the most significant commonalities across the various accounts. Identifiable patterns and themes unique to single participants were treated with respect and significance in developing a consistent account of the data so that its coherence and usefulness can be shared with professionals across the field of marriage and family therapy.

Step 5: Moving On to the Next Case

In moving on to the next participant’s transcript, I made sure to repeat the entire process step by step. “It is important to treat the next case on its own terms, to do justice to its own individuality” (Smith et. al., 2009, p. 100). Although I was already influenced by what I previously found, I needed to adhere to the IPA process of allowing new themes to emerge. Once I completed the process for each individual transcript, I then moved on to gathering the analysis across the cases.

Step 6: Looking for Patterns across the Cases

In this step, I looked for patterns and themes across all the cases. In particular, I looked for powerful themes of mindfulness self-care that emerged. In some instances, I
needed to rename some of the original thematic categories previously developed. This helped me create and recalibrate overarching, major, modifying, and unique thematic categories for the data analysis of this study.

**Ethical Considerations**

As the researcher for this study, I needed to be mindful of all the ethical considerations of safety and well-being of the research participants. Therefore, I did not reach out to the research participants before I gained full approval from the Institutional Review Board (IRB) at Nova Southeastern University. I did not proceed to the next stages of the dissertation process until that process was fully defined and approved.

I gave all of the participants an Informed Consent form to read and sign before they participated in the study. This allowed them to gain familiarity with the study in specific detail. They learned that their participation was voluntary and that they could withdraw from the study at any time they chose without any penalty. The research participants understood that they would not be compensated for their participation. All potential benefits and risks were detailed.

Recounting experiences of mindfulness as a method of self-care could lead to feelings of stress and negative emotions through narratively revisiting situations that inspired a sense of need for self-care, so each participant had to know that participating in this study could cause a level of discomfort. I did my best to conduct the interviews through an empathic lens and attempt to be mindful in the moment. With this respectful disposition, I attended to emotional undertones of discomfort that were presented. I was also mindful that when participants described their own mindfulness self-care, they shared personal information with me that they may want to keep anonymous. I therefore
assured them that their names and identities would not be revealed in the study. If any participants would have expressed discomfort and needed to be referred to a health care professional, I had appropriate referrals available.

**Position of the Researcher**

Because I practice mindfulness self-care in my professional life, my position as the researcher in this study originated from a place of bias. Therefore, I continually made a committed effort to suspend my ideas of mindfulness and mindfulness self-care whenever, and to whatever degree, possible throughout this study. The purpose of this study was to gain insight into the lived experiences of the participants, not my own. I, as researcher, did not attempt to impose my own beliefs about mindfulness self-care into my data analysis. Not only would that have unnecessarily and unproductively biased my research results, but it would have also devalued the data I deliberately gathered through the IPA process specifically to gain rich material to examine, understand, and analyze. This meant not only being alert to all variations in the participants’ approaches to mindfulness self-care, but also appreciating the variations in their definitions of mindfulness self-care, which might not conform with my previously held perspectives.

To support this intent, I maintained a self-reflexive journal. In this journal, I entered not only my reflections on the interviews immediately after the interviews, but I also entered my observations on ways in which my beliefs and presumptions about mindfulness as a method of self-care might differ or diverge from participants’ statements in their accounts. This method alerted me to ways in which my personal biases could intrude on my perception of the data during analysis as well as allowing opportunities to
shift my perspectives during the research because the hermeneutic circle supports self-reflexive learning during this research.

As a researcher, I sought to learn what I did not yet know about a subject that others could clarify for me, and for other marriage and family therapists, in ways I could not predict before engaging in the interviewing, notating, analysis, and reporting phases of this research project. This study is intended to be of benefit for professionals in marriage and family therapy who are interested in better understanding—and possibly better practicing—of mindfulness self-care. My selection of participants to provide interviews for this study was motivated by their qualifications within the criteria stated above, but I was also open to the way the IPA interview process can elicit unanticipated insights and accounts from individuals that can further illuminate the material that this research project has gathered.
CHAPTER IV: DATA ANALYSIS

This Chapter IV analyzes the findings of this research project in terms of what the participants suggest about mindfulness self-care for family therapists to sustain productive practices in their professional and personal spheres. The following will begin with specific introductions of the research participants. Then, the data categories and subcategories, the shared and unique themes, and other perspectives on the material derived from the interviews will be offered to highlight specific findings. Finally, a summary of what the data has revealed will conclude this chapter.

Because IPA depends on collaborative experience between the interviewee and interviewer, special attention was paid to focusing on the specific statements of the research participants because “IPA is a joint product of researcher and researched” (Smith et al., p. 110). The participants were encouraged to offer informed perspectives, from their personal experience and understandings, on the topic of mindfulness self-care for family therapists so that the data in each interview might support interpretations that would be useful to other family therapists. Therefore, while remaining close to the interview transcriptions at all points in the sifting, organizing, and categorizing of the data, it has been important to remain attentive to contextualizing those data in an interpretive context.

The participants themselves provided not only data for this research project but also the overlapping observations that defined and interwove the primary themes with a further theme of circularity, all of which are defined and demonstrated below.
Descriptions of the Participants

Interviews with each of the six participants were conducted at a private location of their choice. Each was a marriage and family therapist who was either a registered intern or a licensed practitioner, lived in South Florida, and all identified with experiencing mindfulness as a form of self-care. They responded to the primary questions in a conversational context that allowed for additional observations that extended or deepened their reported relationship with mindfulness self-care. Therefore, they were each able to provide a rich and varied account for the purposes of this research project. Because they were able to respond to questions in a context they found comfortable and encouraging, each participant was able to enrich this study with specific insights. Also, each was given a copy of the transcript of their own interview with the purpose of allowing them to correct or clarify statements. This revisiting of the source material not only offered respect for the value of their contributions to this research project, but also supported the possibility of further insights that could widen or deepen the findings. Their identities were protected with pseudonyms.

Participants’ Bios

Allison was born and raised in Miami, FL. She knew she wanted to be a therapist when declaring her psychology major freshman year of college. Allison went on to earn a master’s degree in family therapy. She is currently working as a Licensed Marriage and Family Therapist (LMFT) in private practice. Allison works primarily with adults and couples. Her hobbies include going to the gym, hanging out with her dog, friends, and family, and she is always reading at least one book for pleasure and one book related to the field of family therapy.
Beth earned her Ph.D. in family therapy. She is currently working as a Licensed Marriage and Family Therapist (LMFT) in private practice. She works with individuals, couples, and families experiencing high levels of emotional pain and anguish as a result of ineffective communication skills, infidelity, substance abuse, trauma, school problems, and many other experiences that may contribute to feelings of anxiety, depression, and anger. Beth enjoys spending time with her family members.

Carrie is an animal lover from South Florida who enjoys watching movies, listening to music, exercising, and spending time with her loved ones. She received her bachelor’s degree in education, which has allowed her to work with children and adolescents in many different capacities. Carrie went on to earn a master’s degree in family therapy. She is currently working as a Licensed Marriage and Family Therapist (LMFT) in a school setting and working part-time in private practice. Carrie feels passionate about helping those in need.

Dana earned a Ph.D. in Marriage and Family Therapy. She is currently working under supervision as a family therapist registered intern in private practice. She works with individuals, couples, and families. Carrie grew up in Europe and she returned to the United States for college. She currently lives in Miami, FL with her husband and two children. Her hobbies include tennis, Bikram Yoga, running, cooking, gardening, and reading.

Emma obtained her undergraduate degree in sociology and received her master’s degree in Family Therapy. She has experience working as a mentor, case worker, therapist, facilitator, professor, and advocate for children and their families. Emma often
volunteers for a variety of different organizations. She is currently working under supervision as a family therapist registered intern in private practice.

Fernando received a master's degree in counseling psychology with a focus in marriage and family therapy. Fernando traveled throughout the USA until he decided to settle in South Florida, where he was pleased with the dynamic community of systemic therapists. Fernando is happy relaxing on the beach, swimming, and meditating. He enjoys going to new restaurants with his girlfriend. Fernando does his best to stay active, including yoga and time in the gym. He is currently working full-time under supervision as a family therapist registered intern in a dual diagnosis mental health and substance abuse facility.

**Thematic Organization**

Rather than grouping themes in the data from most common—wider—to most unique—narrower—these themes are presented in an order that is more consistent with the way people encounter, learn about, practice, and then apply mindfulness. This progressively structured presentation of data therefore seeks to portray the journey into, and through, mindfulness in a way that highlights the individual exemplars within a portrait of the general process of mindfulness engagement.

While this structure does not fully duplicate the order in which the interview questions were asked, this structure for introducing the findings of this research project shows an appreciation that there seems a general pattern for learning about, learning how to, then utilizing mindfulness. This arrangement of themes will highlight the parallels between family therapists utilizing mindfulness self-care, which was the focus of this research project. Data also arose about helping clients be more mindful, for example, of
their emotions during sessions, which is a therapeutic direction that could be considered applicable for future research.

This approach suggests that mindfulness allows a multi-perspective practice for family therapists that can function in a circular way, with any application of mindfulness self-care in any arena of professional life reinforcing possibilities for continued mindfulness in other areas of life. This suggests that mindfulness is not another modality or model within our field, but rather a state of attention from which we can move strategically. As the following exemplars and analysis suggest, focusing on mindfulness seems relevant to promoting evolution of professional self-care practices.

**Mindfulness Self-Care Themes**

The data emphasized five prominent thematic categories: Mindfulness, Personal Practice, Self-Care, and Unique Themes. They each present coherent insights as categories, but due to the multiple applications and circularity of mindfulness practices, material in each thematic section overlaps with insights put forward in other sections. In other words, mindfulness practice seems a consistent approach but not a dogmatic or predefined, step by step process. That the data does not subdivide in distinctly different groupings, and instead inspires crosstalk through the different sections, seems to assert a usefulness for mindfulness practice as reliable through a variety of professional and personal arenas. Each of the participants emphasized, as the data below illustrates, an approach to mindfulness self-care and therapeutic applications that is unique to the circumstances and intentions of their personal and professional lives. Yet they find these unique paths into practice of mindfulness also lead to similar strengths and skills in dealing with internal and external considerations.
Mindfulness

The theme of Mindfulness arises in each of the other, more specific themes, but it is important to start the presentation of thematic development with the subjective definitions of mindfulness that the participants offered. This is essential for two primary reasons: first, because the data is derived from the participants’ personal accounts rather than the researcher’s definitions, and second, because these perspectives inform the descriptions and viewpoints in all the other categories. These unique descriptions led into discussions about how each was initiated into practices and usefulness of mindfulness practice that is unique to their lives and professional practice approaches. Also, the participants’ accounts revealed an unexpected finding, that some were utilizing such practices before they formalized their relationship with mindfulness.

Personal Practices of Mindfulness Self-Care

While learning how these marriage and family therapists utilized mindfulness self-care as a practice, which is the core exploration of this research project as specified in the first three chapters, personal and professional practices are distinct themes. These participants utilize mindfulness self-care for themselves in their approach to personal life duties and challenges, but some of them also offer clients guidance in how to do this for themselves. This highlights the circular nature of mindfulness, which according to the research data, appears to be inclusive of current life experiences. Therefore, some participants’ accounts report, in their own phrasing, that what works for them in mindfulness self-care can be useful to some of their clients as well.

Self-care
The significance of mindfulness self-care for marriage and family therapists is at the heart of this research project. As reviewed in Chapter II, the stressors such professionals face in their professional career can be personally debilitating and, as a result, diminish effectiveness in practice with clients. The participants’ statements about mindfulness self-care, while phrased uniquely according to each interviewee’s voice and perspective, strongly supported an enthusiasm for mindfulness practices as self-care. This also allowed, as some participants attested, that mindfulness self-care can be sustained even through personal limitations and fallibilities. One area that research participants particularly highlighted was mindfulness self-care as a means of addressing and minimizing anxiety, which seems, according to them, to have positive ramifications across their personal and professional lives.

Unique Themes

Unique themes arose because the participants stated personal concerns that varied in importance, and therefore, emphasis and discussion of specific applications of mindfulness self-care varied from participant to participant at times. For example, some found that their practices helped them relieve themselves of self-judgments that tended to hold them back from desired achievements or peace of mind, while others expressed enthusiasm for a heightened gratitude toward all they could savor by being more in the moment. Some found enhanced satisfaction in an ability to “seize the moment,” getting more out of their present experiences while detaching from distracting concerns about the future. The themes of are presented as unique, but they are readily available for marriage and family therapists who are able to guide clients through useful applications of mindfulness practice that facilitate the clients’ therapeutic process.
Some participants related their mindfulness self-care to spiritual affiliations they distinctly identified with, while others did not. Another consideration that not all participants mentioned was the value of day-to-day moments as stimuli for mindfulness as an opportunity for practice to sustain such attention.

**Findings on Usefulness of Mindfulness Self-Care**

While this research project is focused on the experience of mindfulness self-care for participating marriage and family therapists, this data is most useful when based on a foundation of their reported understanding of what mindfulness is, how they perceive it in their professional and personal lives, and how they can cultivate mindfulness as a deliberate mode of relationship with the challenges and satisfactions of their unique lives. Interviewing participants about mindfulness was fascinating and sometimes challenging because while each participant could well agree with others as to how to recognize mindfulness in a particular moment, their perceptions varied depending on their personal dispositions.

Therefore, the data below that precedes the discussion of mindfulness self-care offers the source material that these individuals weave into the mindfulness practices, indicating the effectiveness each perceives for contributing to their essential self-care. The primary themes disclosed from analysis of the interviews with participants are grouped according to the sections delineated above.

**An Overview of Mindfulness**

**Perceived Definitions of Mindfulness**

There were commonalities and distinctions in the way participants defined mindfulness from their personal and professional perspectives. There are overlapping
aspects in their accounts about what might constitute mindfulness, yet the way each participant envisioned this experience in their own lives is shaped by the specific lives they live. They have in common the professional practice of marriage and family therapy, but each account brings a distinctive perspective that is rooted in their unique lives.

To Allison, for example, mindfulness manifests in several aspects of her life, in her relationship with various self-identified levels of experience.

**Allison**: Being in tune with what is going on within your body, whether it’s physiologically, mentally, emotionally.

Even though Allison specifies these levels as distinct from each other, mindfulness takes a consistent role with each level. Beth, on the other hand, specified a desire to not only be generally tuned in, but also to be tuned in more consistently throughout her waking moments. She also identified mindfulness with being appreciative, not simply being aware through attentiveness.

**Beth**: There is no reason that you only have to be mindful when you are meditating...you can be mindful throughout the whole day. If you go for a walk on the beach and you are paying attention to the sun streaming down on your face...and the warmth... the smell of the ocean... sound of the waves...to me… that is mindfulness…. I am there in the moment, appreciating what is going on.

For Carrie, mindfulness has a more functional role as illuminating how she can try to meet the predictable challenges of her daily life. She identified mindfulness as keeping her from being distracted by her activities to the point that she would lose perception of her larger context. She wants to be able to be aware in the moment as the succession of moments brings new concerns that must be handled.
Carrie: For me it has become...being present and enjoying my life.... I think that’s what really resonated with me the most...You are so busy doing 8 million things and just getting through the day and...You miss your life! …I need to be present with what is going on in my life so that I do not feel like, where did it go? I really want to live each moment and be in it... that is what is meaningful about it for me.

Dana wants to be attentive to herself without losing sight of the context of her environment. She uses mindfulness to see herself more clearly and the life moments more clearly as well. Acceptance was also a significant value for her in maintaining mindfulness.

Dana: When I think of mindfulness, the first thing that comes to mind is being mindful of myself, but also mindful of others... of what is happening around me... what is happening inside of me...what is happening in my mind...and accepting the way things are... letting that be ok and not judging...it's a practice, it's not easy to do!

Emma spoke more specifically about the details of sensory awareness that her mindfulness practices stimulate for her. She defined mindfulness as maintaining a heightened, engaged sense of perception in the moment. This is what she identified as its most apparent helpful role in her life.

Fernando stated, however, a more practical, day-to-day point of view than Emma’s moment-to-moment approach. He emphasized how mindfulness enhances his attention to the duties and chores of the day. Through this practicality of application, he found a new naturalness in his daily life, a purer sense of self and life. For Fernando, being more appreciative of mindfulness in the middle of daily activities is a realistic way of finding satisfaction, even in habitual household chores.
Fernando: Washing the dishes...Anything that I am doing throughout the day...if I am cleaning up the apartment, I can be mindful and not be taken away into stress...or...taken away into the things that are bugging me...
The simplest form of me...I think that is what I love about this stuff too...is that...it comes from the heart...It's the simplest form of you.

As Fernando makes clear, he finds that mindfulness enhances his sense of self and his capability to accomplish necessary tasks in a way that simplifies his day-to-day experience. This provides him not only with ease but also with satisfaction by enhancing a sense that he, in his “simplest form,” reinforces his ability to accomplish dutiful work.

The definitions that all participants provided present mindfulness as stimulating a balance between a sense of personal, individual self and a sense of more satisfying, appreciative involvement with their day-to-day contexts. These exemplars suggest that strengthening this balance is an essential identifier, and function, of mindfulness that is consistent across the marriage and family therapists who participated in this research project.

These definitions not only identify what mindfulness means to each participant but also the role of mindfulness in their lives. Each of these definitions states the value, the service, of mindfulness practices in their lives, suggesting an integrated relationship with their daily lives.

Initiation into Mindfulness

In this section, the participants describe how they were first introduced to the idea and experience of mindfulness. Each experienced an initiation into mindfulness as a practice in their own way, according to their professional or personal pursuits at that time.
of their lives. From advice, to reading, to health disciplines such as yoga, these various gateways to mindfulness were appropriate to these therapists, as shown below, through individual experiences appropriate to a specific place and time along their life paths.

Allison, for example, was initiated into mindfulness practice through a sequence of events: while receiving EMDR [Eye Movement Desensitization and Reprocessing therapy] for personal reasons; while getting her training in hypnosis; while working at a multi-disciplinary private practice; and by reading an inspiring book on meditation. This suggests that mindfulness can arise gradually, in steps, rather than through a single defining experience.

**Allison**: It was probably while getting my training in hypnotherapy. Yeah, I joined a practice that…used light therapy and hypnosis and all these different approaches…. They didn't really talk a lot about mindfulness in graduate school, at least when I was there. I am sure that they do a little bit now...

I received EMDR a few years ago. I started meditating, actually, after I read Russell Simmons’ book, *Success through Stillness*. I have recommended it to several of my clients and they have loved it…. [H]e is somebody that is relatable to my generation, you know. People know Run DMC… and the style of his writing is in layman terms and it’s understandable… and that book really inspired me and I started meditating from there.

Beth was initiated into mindfulness practice through her yoga practice and through readings. She described mindfulness as being particularly helpful to her on a personal basis, during her divorce process. During that difficult period, she sought a means of finding calm in the moment.
**Beth:** It started, I guess, through yoga and gaining that sense of peacefulness.... You know, how at the end, you do that Shavasana and it gets very quiet... And you are still… and I actually was going through a divorce and I was a mess because I kept worrying about the future...and I found that the thing that was so wonderful about it is the idea of being in the moment...

Carrie was initiated into mindfulness practice while she was a family therapy student intern working at a Cancer Support Community Center. She was able to participate in meditation and other related practices that staff members provided there. Her professional context, then, rather than her private life, introduced Carrie to the practices that she sees as her introduction to what she has come to understand as mindfulness.

**Carrie:** I was doing my practicum in graduate school at the Cancer Support Community.... There was this doctor there, and he led some mindfulness meditations at the Cancer Support Community.... Mindfulness was a really big part of that.... He would do meditation groups, so I participated in a lot of them and I learned a lot from him....He actually did a full day mindfulness retreat where there was no talking and it was just mindfulness....We did mindfulness walking, eating.... And we did body mindfulness meditation...

Like Beth, Dana was initiated into mindfulness practice during her yoga practice and reading books. As an athlete, working out reinforced her practice as well by training her to be comfortable with the discipline of consistent practice.
**Dana:** I have read books on meditation... but I think it was later... only through some of the practice that I have done, that I became more aware of it... that spiritual side... but other than that, I don't think it was until after college.

I think the first time that I did yoga, I was in college... it was Bikram yoga... and I really, really, liked it... And after college, I did Ashtanga for a while... and Vinyasa... And then I started really getting into Bikram... right after I had my first child... And that is when it really became a practice... but, yoga just in general was for me a workout.... Because I am an athlete and I love to work out... but, it also had that very spiritual side.

Fernando, by contrast, did not have a contextual energetic activity to inspire him. He found his initiation through reading mindfulness books.

**Fernando:** First I started by reading about mindfulness... and meditation... then I started with trying it a bit each day... or at least each week... a couple of minutes sitting... then realizing as I was reading a lot of Jon Kabbat Zinn... I really like his take about being mindful in everything that we do.

These accounts suggest that marriage and family therapists can become prepared for mindfulness as a practice in their lives through various pursuits, as some began with readings and others first experienced it directly through yoga practice or meditation. This suggests that there is not a single initiation into mindfulness, but that either familiar or new pursuits can stimulate interest in learning about, then practicing, mindfulness. Also, personal and professional contexts can be equally effective for initiating mindfulness learning and practices.
In Without Knowing

In this section, the participants describe how they might have been experiencing mindfulness without knowing or calling it mindfulness. The following four participants recount that they experienced levels of mindfulness before they could specifically define it with this terminology. Also, these accounts suggest that there are various pathways into mindfulness practice that can be compatible with a person’s background, yet they can develop this introductory identification into a uniquely identifiable experience of practice that brings a change in their sense of self during their daily lives.

As Beth suggests, even defining mindfulness as something else, such as hypnosis, can establish and support mindfulness practice.

Beth: When I started taking a hypnosis course, and I started doing some reading on my own...That is how it all came together as a formal thing...But, I was doing it way before I even realized I was doing it.

These accounts suggest that defining a practice formally as mindfulness is not as crucial as initiating and sustaining a practice that creates a sustained perceptive state of mindfulness. These marriage and family therapists engaged in mindfulness not because of that terminology, but because they found it a useful state of attention in their daily lives.

Emma: I didn't know I was doing it....My background is Christian, although I don't consider myself a Christian anymore because I do dabble in Buddhism and other things like that...I still go to church from time to time...

Spiritual sources, in part, but I think that is just who I was from the beginning...on both my parents’ sides...particularly, my father's side is from Trinidad and
Tobago... My family members would do a lot of spiritual things....I have done a lot of spiritual things and you have to know the good and the bad of it…

Emma’s spiritual context, with diverse formal and familial qualities, allowed her to accept perspectives that were not within her academic training as a marriage and family therapist without treating them as contradictory. For her, as opposed to Fernando, the diversity within her spiritual perspective informed her development of mindfulness practice. For Fernando, the practice itself was the crucial component within the context of his life.

Fernando: It's been a long time coming...I feel like it was a long time since I decided to consciously put it into practice.

These accounts suggest that while the participants could each identify mindfulness as a specific practice in their professional and personal lives, opportunities in their lives arose that offered them a context for such practices beforehand. For each of these participants, it was not necessary to formalize practices in the context of mindfulness in the way it is necessary to formally study marriage and family therapy to practice it with clients. Instead, they each had a way into mindfulness practice that emerged through pursuits they had already made familiar in their lives, whether yoga, meditation, or attentive reading.

The findings in this thematic section suggest that mindfulness can be initiated without formal training and consequently stimulate useful, sustained self-care in handling stressors and responsibilities, both personal and professional. These participants demonstrated appreciation for cultivating a familiarity with mindfulness before formal
study, rather than having first to adopt an externally-imposed discipline such as a formal school of meditation.

**Personal Practice**

In this section, the participants describe their experiences with ongoing mindfulness practice. This differs from the accounts in the previous section, which indicated what brought them into mindfulness practice. The accounts below describe what the participants did to develop, enhance, and sustain mindfulness in their lives through ongoing, dedicated engagement after their initiatory phases. Here, they account for mindfulness as a responsible practice rather than simply a disposition or aspiration.

**Beth:** I have been practicing mindfulness... about 15 years ago... for me it has helped me through some really rough times. At least once a day I take the actual time to sit in stillness... And to actually do the process of meditation. I do it sometimes 15 minutes a day. If I can really be indulgent... then 30 minutes...

For Allison, reading was key to organizing meditation into her daily life so mindfulness could become an integral element of her life experience. Beth, on the other hand, was able to parallel mindfulness with her writing obligations. Each began with an ongoing engagement in their lives and cultivated regular mindfulness practice in that context. Carrie had a less formal identifier to rely on at first, but found her primary relationship at home supported her mindfulness practice.

**Carrie:** [F]or me, the takeaway was more of the idea of staying in the present moment...

So even if I don't do these meditations... just being present in what I am doing... is a form of a mindfulness meditation on its own, but not necessarily the formal kind.... What I really appreciate about it is that there is no way to do it wrong.
Carrie found her relationship at home to be a supportive context for mindfulness practice. Dana pursued a more vigorous and specialized context whose intensity helped her maintain purposeful focus. Emily, whose account follows Dana’s, also found intensity to help her accomplish a similar perspective.

**Dana:** Bikram yoga is hot yoga...it requires you to really be in the present...and it is almost a form of meditation....I have become so much more aware of my own body...from doing it....And, so many little pieces of it I connect it to therapy...And in all different parts of my life... Yoga makes me a better person and therapist… Yoga reminds me that life is a challenge and a lifelong process of working on your own self to be the best you can be… You can never be perfect and you can never expect that your problems are completely solved…These are “mantras” I believe in and like to pass on to my clients.

Not worrying about the past...not worrying about the future... And as a therapist that is so important...with my clients I have realized how important that is...Also, in my marriage...with my children...to simply accept where I am today...that every day is different...and that's ok.

Fernando has found mindfulness practice to be a way of making use of whatever is happening in the moment.

**Fernando:** I think I have come from a place of, ok, how do I apply this just to my de-stressing as a therapist? We sit with clients who are emotionally charged all the time. We kind of take that with us sometimes....I have then learned that I wanted to make mindfulness more of a practice in everything that I do....I think that it is
what draws me to it...it is able to be generalized....I can't think of anything in my life that I can't apply mindfulness to... it improves every part of my life. I can also notice times when I am not being mindful as well.... More of those re-sets...those re-starts.

As these accounts demonstrate, mindfulness practice can have commonalities across different personalities that are pursuing distinct, unique lifestyles. These marriage and family therapists all make sense of mindfulness according to their individual perspectives and the specific demands of each of their daily responsibilities. This shapes their ongoing, dedicated practice so that it fits with their professional and personal lives, rather than simply being an overlay, a pause or an ideal for daily living. This indicates that mindfulness self-care can be consistent to the demands and opportunities of each individual life, rather than a single pre-defined practice intended to fit all.

**Learning/Shifting into Doing**

In this section, the participants talk about learning a theoretical context for mindfulness from various sources and then putting it into practice in the contextual demands of their specific work with clients and their specific concerns in life beyond the professional environment. The relevance between their mindfulness practice and professional applications becomes more visible because the practices have apparently matured in parallel with their evolution from a beginning therapist into a more experienced therapist.

**Fernando**: Being raised Catholic from New Jersey, you really get this shame piece in religion growing up as a kid...Then you hear people talk about Buddhism and how it is very different than what I had experienced as a kid.... I always kind of read
about it...I did a little bit of martial arts...I was Tai Boxing for a while...So there was a lot of Buddhism with that...then me and my brother would sit and talk about things at times...because we were Tai Boxing together.

When you are a new therapist, you are kind of nervous and anxious...and you have to learn to be more comfortable in general.... I think I can also attribute the meditation and the mindfulness to helping me be more tactful in sessions....

Getting better at being patient and listening some more...less advice giving, more listening. Especially in substance abuse.... Be ok with silence too…. In grad school...I had a bunch of great instructors, who were therapists, tell me, "Silence is Ok! We are so uncomfortable in silence, but it's OK!”.... At first, it is hard for silence to be Ok.... Now, I can be like, the silence is the space for the person to process.

While Fernando had a practice related to Buddhism that could teach him more than boxing, Carrie expressed the way the demands of teaching, like the demands of working with clients, demanded a sustained attention that was not based on preconceived results.

Carrie: So, my first experience with it was the actual meditation...I found that for me, I took a stab at it and the actual sit down, formal meditation was not the most helpful for me...

When I first started, I was always so worried...I would sit down before the session and try to anticipate questions... I would write things down..."I want to hit on this, I want to hit on that, let me bring this in"….I remember having a supervisor that told me I was working too hard. She told me, "Just be there!" That was the thing, I
wanted to try so hard to be there for them that I actually wasn't….I realized that this was just about being here with somebody, and all that other stuff would lead the session in a completely different direction...

**Dana:** It…really started making sense to me, but it also has to do with where I was in my life…I was also in training to becoming a marriage and family therapist...So, mindfulness and all that stuff became more aware to me from my education...but the yoga piece became so beneficial to me after I had my first child…I wasn't that aware but it was also partially because I was still in training and I wasn't confident in the room, and I didn't know who I was as a therapist…it helps me be more present with my clients...more engaged with them...to really just practice being in the moment and not being so distracted by other things...

While meditation is a common reference point for some of the participants, hypnosis is another shared reference for some of the participants. As a controlled, attentive state of perception, this has made sense to those who have not sought Eastern practices as diligently.

**Beth:** …weave some of the hypnotic concepts...Sometimes it is difficult for me to differentiate between the two...But, I will combine them…I don’t know if you are supposed to do that or not, but…it works for me.

If you can get into mindfulness...then you can get to that level of absorption that you need to be able to go into trance.

It's interesting, though, because when I started to learn more about this in the program, versus how I was kind of doing it for myself beforehand....But then
eventually I was able to combine the two...well, you are already doing this! So just stay with what you are doing and then add to it.

The journey of growth as a therapist for each of these participants not only parallels the development of their mindfulness practice, but also suggests that training in, and practicing, effective modalities of family therapy with clients could reinforce an evolving capability for mindfulness practice. As Erickson’s work with his clients demonstrates, in utilizing opportunities they often mentioned to him without intending specific therapeutic significance, there may be an inherent potential for mindfulness practice in the attentive, non-judgmental perspectives of marriage and family therapy.

Each of the participants’ accounts around this theme signified a reflection between the support they found in both their personal and professional lives from mindfulness practices. In this, they point to mindfulness as a quality of attention that can enhance the handling of realistic, daily concerns. This suggests a pragmatic application, even in meditation, to sustaining daily capability in dealing with challenges at home, on the road, or in the therapy room.

**Mindfulness Self-Care**

As the previous review of research on the personal and ethical needs for marriage and family therapists indicated, mindfulness practices can be vitally important, not only for clients but also for therapists ourselves. They can be practical applications for self-care for the same reasons they are effective with clients because they offer opportunities for positive experiences that counteract stressors in professional and daily life—factors for which marriage and family therapists have no special immunity. This circular practice can allow the practitioner to grow greater facility with the practices.
For each of the participants, engagement in mindfulness self-care manifested in ways that were most appropriate to their ongoing engagement with the details and demands of their unique daily lives. Also, observing the effect of mindfulness in the life of a client, for example, allowed Allison to define specific times in her days to take a more mindful approach to her own issues.

Beth sees the value of focused mindfulness self-care, and is committed to make regular time, as she sees the need, to engage in such practices. As a therapist who sees the value of relational experience, she also is willing to engage others by teaching her mindfulness self-care when she has the opportunity.

**Beth:** And that when you are in the moment...you are not worried about the past...you are not thinking about the future...you are just very still and in the moment...and...I cannot tell you how many times in my life since I have learned to use this, this is a practice that I can be having one of the worst days or be really facing something really challenging, where I can say to myself, "Right now, you are ok! You are here, everything is fine!" And...it has such a calming effect on me... And that if I live moment to moment, I can be perfectly fine!

You are able to step away from the stress...and...recharge.... That's what is so wonderful! Because when you are in a state of mindfulness, your body relaxes...it has to! Because everything is quieting down.... Your physiology is quieting down. Your breathing is quieting down. Your heart beat is quieting down....So, just in that 5-10 minutes, to be able to settle all your nerve endings down...and every cell in your body...it's going to be very replenishing!
Beth reports being able to motivate herself to maintain her mindfulness practice, primarily through yoga. Unlike Carrie, Beth seems to find focusing to be easier through practice during her private time, away from family. Part of the reason for this is likely personal disposition, but also from year of experience, so this isolated focus is natural to her.

**Dana:** I didn't really become serious about [yoga] until I had my first child...it was something so beneficial for my health...beneficial for my mind...and also, I got a great workout. And working out is such a huge part of my life…and that's why it became so important...to calm myself down...to just really relax.... To find peace, pretty much.

Our job is pretty intense...what we do every day...and in order to have a long term career as a therapist, I think that taking care of oneself is so important…. Yoga too helps me so much to focus more on myself and not point fingers at others or at my husband.

**Emma:** I was having a lot of pain with the health diagnosis...arthritis.... My knees were really swollen and I had a lot of pain all over.... When I started practicing mindfulness more seriously, the pain kind of went away... Also, even if it didn’t, my attention was now in different places.

As for self-care, making a personal mission statement has been very impactful in that area. The mantras are also very important! You need to have a focus.... If you don't have a focus, you are going to sway in the wind.... You don't need to sway in the wind in this type of world. Passion is huge! I also learned about talking to
myself when I am washing my body. This has been helpful for my health...words are very important.

Emma found that mindfulness was not only effective for self-care, but also surprised her as seeming to be a stimulus for attracting further support from people in the world around her. For her, mindfulness self-care that was originally designed to help her better maintain a sense of ongoing wellbeing had an apparent ripple effect in her environment. Whatever her beliefs or explanations might be, from her perspective, mindfulness balanced a growing sense of inner wellbeing with a growing sense that her environment could affirm this sense of wellbeing.

**Fernando**: I think I naturally thought of it as self-care...it kind of screams that out to you. Just as we go to the gym and exercise our body...we become stronger.... But how do we do that with our brains and our minds...or emotions and things? To me, it equates....

It helps me in my day to day activities. It is almost like I feel a little more in one piece...throughout that day...I notice if I go one week without doing it, I will notice that I am really wound up...I will notice how I am not collected...at least a couple meditations during the week.

This attention to mindfulness self-care attributes a shared value among the participants that such practices are useful for maintaining psychological and physical health, as well as enhancing their ability to cope with chronic difficulties that are not readily dispelled. This sense of mindfulness self-care as a realistic, practical practice reflects the intent in the therapy room to help clients translate concepts about themselves into effective ways to change, and cope with, personal challenges.
Very Human, Not Perfect

While participants’ accounts suggest that mindfulness self-care enriches their lives and supports their ongoing wellbeing, none of them implied that mindfulness practice allowed them to transcend their imperfections in the face of life’s regularly arriving challenges. This suggests not only that these practices are not a panacea for life’s typical difficulties, but also that none of them felt they had to aspire to a saintly refinement to make use of the benefits they stated they found in these practices. Allison specifically addressed this concept.

Allison: I practice mindfulness but I am also human, and anything can throw me off, and it is not like I walk through life in this eternally peaceful office space mindset...So I think it is a day by day thing...

Carrie: It is interesting...they say that "Those who don't do, teach!" I preach mindfulness more that perhaps I even use it......because I think it is so wonderful.

Anxiety/Stress Management

The participants generally agreed that mindfulness self-care was not only useful for bringing their lives back into balance, but also a way of addressing their continually human concerns. Of these, Carrie, Fernando, and Beth agreed that ongoing opportunities to address various kinds of anxiety and stress gave further evidence of the effectiveness of mindfulness practices when they were needed. The results were more significant for these participants than simply coping in the moment, but actually diminishing the influence of these stressors.

Carrie: My sense of stress, anxiety, and fear is missing out on my life...so, for me, mindfulness means being able to be there, enjoy it, and experience it.... That
relieves my...anxiety about all that...When I feel a little stressed out or anxious, the activities that I go towards are mindful ones.

**Beth:** I used to have major anxiety attacks. Major ones!... I had to control my anxiety but I couldn't fight it.

I don't know exactly how it happened, but I decided that...something inside of me told me that I couldn't fight it. Maybe somebody told me that...along those lines.... So, I decided when I would start to get those feelings, I would just let my body go limp.... Sometimes I would even lie down on the floor so that I could relax.... A psychologist told me a long time ago, "If you relaxed, you can't be anxious!"

...So, those were the 3 pieces, relaxing...letting it pass through me...and knowing, even if the process...there is a piece inside of me telling me, "You are going to be ok!"

[Im]patient...or....needing to slow down...to just be aware, "Right now, this is the moment that I am in"....so having acceptance of where you are is helpful…And you know what it is, too? It is not beating up on yourself.

Another consistent finding in the research participants’ accounts is that they have not found they have to perfect the mindfulness practices to gain benefit from them. The value of mindfulness consistently presents itself as appropriate to where each individual is at the time of the practice, not in a desired future but in the rigors of daily life. In this context, mindfulness self-care has currency because it is appropriate to address whatever challenge or opportunity arises, without prejudice or distinction.
Unique Themes

While Conducting Therapy

In the room with clients seems a significant opportunity for these participants to directly engage in mindfulness as a deliberately useful state of attention.

Dana: I notice that in the yoga room, some days I will be completely off balance, and some days I am so in the zone and I am completely balanced and I can do poses that the next day I just won't be able to do.... So, not getting frustrated and just accepting where I am and knowing that change happens really slowly.... So these are the little things that I take into my practice as a therapist.

I think as a therapist...I am much more aware of what is happening for myself....and what is happening with my clients...some days I am...more present...more sharp...and these are the little things that I notice.... that practice has helped me with all that I have going on in my life...it has been a really great balance for me.

…I[t is all about being right there with where you are and not wanting anything to be different...not changing anything, just being accepting...accepting what is happening.

Fernando: Working with the substance abuse population, you get so many clients who struggle with emotional reactivity...bursting out with emotional reactions to anything that is bothering them. It's like practicing, not reacting...to me.

Silence…I think it has improved my comfort with it...less anxiety with it...less desire to act…To do something...the space is enough.
Non-Judgment/Acceptance

The participants suggested that mindfulness practices required more than simply suspending distractions. Also required has been a suspension of specific judgments about themselves that could lead them into entanglements with the kinds of struggles that lead attention away from mindful engagements.

Dana: As I think of some of my clients, so many of them are so hard on themselves...They are their own biggest critic.... They are always thinking that nothing is good enough...so, I think that acceptance piece of accepting where they are and not judging...I think that is pretty huge! That goes into being mindful. Yeah, but not being judgmental....You can't judge yourself because every day is different.... You just have to learn to accept where you are today.

Both Dana and Beth were able to relate to mindfulness practice as having a cleansing effect, Beth speaking of herself and Dana of herself and her clients. This therefore directed their awareness not only to their environment as a physical context but also as a psychological context. This echoes the multi-level attention that accounts alluded to earlier. It also promotes a conviction, shared by participants, that what can be effective in their daily, individual lives can help them maintain clarity and enthusiasm in their professional practices as well.

Gratitude

A significant proportion of the participants expressed an inclination that seemed to not only accept mindfulness self-care as practicality in the face of stressors but also as a means to enhance their appreciation for the uplifting and expansive sense of participation in life.
**Allison:** I feel like I view gratitude as a choice within mindfulness... that within that context, I can choose between being grateful for my hard work and for my body as it is, versus choosing to sit with the imperfections which we all have anyway.... But I feel like it's a... I think it's a necessary component of mindfulness... for me.

**Beth:** I wake up every day and the first thing that I do is think about what I am grateful for.... I think gratitude is a really important part of meditation.... because... again, that's the idea of being in the moment. "This is what I am grateful for that surrounds my life!" Not, "I want that! I didn't get that! That disappointed me!".... that type of thing.

By feeling appreciative for the positive contributions, such as openness and receptivity, of mindfulness practices, these participants promote an understanding that they also have appreciation that mindfulness practice is not a means to achieve everything they want. The gratitude they report seems a positive value in their experience, whether or not circumstances gratify their desires.

**Seizing the Moment**

Mindfulness self-care can not only stimulate heightened awareness of all that is happening in the present, but in a more active way, can gratify the practitioner with a more emphatic relationship with the present moment. For Allison, this meant allowing herself to saturate her senses further in a circumstance that was already fulfilling to her.

**Allison:** It's not like I am sitting there and doing this formal 15-20 minute thing. I took that opportunity to be present with myself.
Spiritual

While it is difficult for a phenomenological study to assess levels of spiritual experience, it is possible for such research to document participants’ statements about the value of mindfulness self-care practices as a present-moment experience they could relate to their understanding of spirituality. This relates to personal experiences as well as attending to clients’ reports of spiritual or more specifically religious meaning that can emerge from mindfulness practice.

Dana: It's so broad...religion...anything...it's so different to every person. So, I think I just go in with an open mind. I think it is such an important piece to talk about...to be curious about...to really learn what that means for each person...each client.

In its simplest or most complex understandings, mindfulness self-care seems appropriate for various spiritual orientations, and also for various personalized identifications with experiences the participants identify as spiritual.

In Day to Day Moments

While mindfulness self-care can be effectively supported by disciplined routines, such as meditation or yoga sessions at regularly scheduled times, it is also useful to be able to access these practices and states of attention in beneficial moments that are not always pre-planned.

Beth: I remember when my son was very young...I used to go into his room and just watch him sleep.... And just be very aware of his stomach raising and lowering, and the peacefulness in his face. That, to me, is very meditative...you are in the actual moment. And I used to learn from his breathing, because babies breathe very differently than adults. Yeah, because our breathing becomes influenced by
our stress. So when babies breathe, they take deep, long, slow, breaths when they are sleeping.

One of the things that I learned about Kabbalah is that every opportunity is a lesson... so if I have a particularly bad session, where I feel that maybe I crossed the line or maybe the client didn't understand... just leaving with that bad, yucky feeling... I won't go to that place of judgment, I will go to that place of what can I learn from this. That takes me to a whole other level of understanding and I am not providing my body with that wear and tear that would have happened had I stayed in that judgment place.

**Fernando:** I actually meditated with my girlfriend. She got into it a little bit. She signed up for a particular website or email where she got free guided meditations…. We will shut off our phones and do a guided meditation together…. And all of this stuff you can really bring into practice... it's so cool!

**Emma:** Also, with my health changes, I was in the hospital for six days and I thought I was going to die! I had Colitis... I still have it. They say that it stays with you.... I was throwing up with blood and all that stuff... my potassium my low... my oxygen was low... I had bed sores... I was depressed.... I thought I was going to die...

My dad came to visit me. He opened the windows in the hospital room and encouraged me to get out of bed. I then realized that something had to change! I started volunteering at my church more.... I am now a head teacher there.... started chanting.

Again, the sense of mindfulness practice, particularly for self-care, presents as appropriate for daily concerns as they arise, rather than as a way of addressing any single
personal concern. This echoes the themes above in that it reinforces the value of mindfulness self-care as a human, personally enhancing approach to handling the challenges of life, predictable and not, as they appear. In other words, the value of mindfulness self-care includes its accessibility to those who practice it at any level of capability or from any personal orientation.

**Mindfulness: A Hidden Secret**

**Allison**: Because it is almost like this concept of...if you know this hidden secret.

Why are you going to keep it to yourself and hide it and act like it is not something that can be useful to anybody.

This theme, while not expressed directly by all participants, reflects the sense that the participants alluded to in the earlier themes of being able to discover, on their own, a value in mindfulness self-care. Allison assigns such practice a value as useful to share with anyone who may be interested, a perspective other participants echoed in their accounts of the appropriateness they find in sharing such practices with their therapy clients.

**Summary of Research Findings**

The summary of findings from this chapter is based on data that arose directly from the interviews with participants. The findings arose from each participant’s personal accounts, which I have shared above from direct quotations from the transcribed interviews. These accounts were provided in response to a small, select group of open-ended questions. Above I have summarized the findings in thematic categories after careful review of each quotation within their given category and subcategory.
The data emphasized four prominent thematic categories: Mindfulness, Personal Practice, Self-Care, and Unique Themes. Each category has one or more subcategories. The subcategories of the Mindfulness theme were: Perceived Definition of Mindfulness; Initiation into Mindfulness; and In without Knowing. The Subcategory of the Personal Practice Theme was: Learning/Shifting into Doing. The subcategory of the Self-Care theme was: Very Human, Not Perfect. The subcategories of the Unique themes were: While Conducting Therapy, Non-judgment/Acceptance, Gratitude, Seizing the Moment, Spiritual, In Day to Day Moments, and Mindfulness: A Hidden Secret.

When sharing their reports on mindfulness self-care, all of the participating marriage and family therapists identified a relational focus in their understandings. The participants shared how mindfulness self-care related to them individually, how mindfulness self-care related to them in their personal relations, and how mindfulness self-care related to them with the world at large. This finding demonstrates that the participating marriage and family therapists all maintain a systemic and relational understanding of mindfulness self-care. Additionally, each of the participants shared that their understanding of mindfulness self-care continues to evolve over time as they grow individually, relationally, and as their life perspectives continuously evolve.

**Thematic Categories**

The chart below shows which themes were universal themes, which were shared themes, and which were unique themes.

<table>
<thead>
<tr>
<th>Universal Themes</th>
<th>Shared Themes</th>
<th>Unique Themes</th>
</tr>
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<tbody>
<tr>
<td>Mindfulness</td>
<td>In Without Knowing</td>
<td>Very Human/Not Perfect</td>
</tr>
<tr>
<td>Personal Practice</td>
<td>Learning/Shifting Into</td>
<td>Mindfulness: A Hidden</td>
</tr>
<tr>
<td>Meanings of Mindfulness Self-Care</td>
<td>Appreciation of Mindfulness Self-Care</td>
<td>Uses of Mindfulness Self-Care</td>
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<tr>
<td>Perceived Definition of Mindfulness</td>
<td>Unique</td>
<td>Seizing the Moment</td>
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<tr>
<td>Mindfulness</td>
<td>Gratitude</td>
<td>Learning/Shifting Into Doing</td>
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<tr>
<td>Initiation into Mindfulness</td>
<td>While Conducting Therapy</td>
<td>Self-Care</td>
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<tr>
<td>Spiritual</td>
<td>Mindfulness: A Hidden Secret</td>
<td>Anxiety/Stress Management</td>
</tr>
<tr>
<td>In Without Knowing</td>
<td>Very Human/Not Perfect</td>
<td>Personal Practice</td>
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<tr>
<td>In Day to Day Moments</td>
<td>Non Judgment/Acceptance</td>
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Conclusion

This research project, while reliant on data from a small sampling of marriage and family therapists who expressed appreciation for mindfulness practices in their lives, provides some consistent insights into the use and usefulness of such practices. The participants suggested, at various times in their interviews, that their mindfulness self-care practices were useful for them in reminding them to slow down, or stop, and savor the satisfying experiences of life. The same sort of practices were also helpful for major personal difficulties in their therapy practices and beyond, addressing difficulties such as compelling anxiety.

Their mindfulness self-care also inspired spiritual interests and positive states of attention such as gratitude for their life as they know it in the moment. The findings were also consistent in indicating that some of these therapists were able to discover, cultivate, and regularly utilize mindfulness practices before they even could define these practices by the term “mindfulness.” This suggests that mindfulness can take many forms, be named or nameless, but constitute the same fundamental relationship between an individual and the world of experience.

Perhaps most compelling of the shared responses from the participants was the identification of circularity. What worked for these therapists in their personal lives as practices for well-being and inspiration helped them function as effective practitioners as well as proving useful techniques to share with interested and willing clients as well. Therefore, mindful self-care can be considered a reasonable component for satisfying the ethical imperative among family therapists for self-care. This suggests that mindfulness self-care supports the ongoing professional duties of these marriage and family therapists
to help their clients find more satisfying states of engagement with themselves and others. In each relationship—with themselves, their home and family lives, their professional practices, and their interventions with clients—mindfulness self-care practices seemed to provide inspiration, focus, and fulfillment in other important arenas of engagement in their lives. This could suggest that mindful self-care offers, further, greater care for others in the practitioner’s environment.

Chapter V will review the process and findings of this research project and examine whether, and how, the basic research questions of this project have been satisfactorily answered. This concluding chapter will also consider both the possibilities and limitations of the study, as well as suggestions for further research into the subject of possible benefits of mindfulness self-care for marriage and family therapists.
CHAPTER V: DISCUSSION AND IMPLICATIONS

This research has given me the opportunity to present lived experiences of marriage and family therapists who experience mindfulness as a form of self-care in their personal and also in their professional lives, where they use it for sustaining productive clinical practices. I too experience mindfulness as a form of self-care in my personal and professional life and I know that my mindfulness self-care practices have contributed to my growth as a family therapist. I have always wanted to research this topic further and am grateful to have been able to interview others who identify an introduction to mindfulness as a significant life changing event. The data suggests that they have found these practices can lead to ongoing, renewing practices that have a circular effect in the personal and professional lives of marriage and family therapists.

I began this research by pursuing mindfulness-related topics throughout the helping professions. Then I narrowed my focus to research on mindfulness, particularly in the field of family therapy. I was surprised to find little on the specific topic of mindfulness self-care in the field of family therapy. I did, however, find plenty of mindfulness research within the field of family therapy, which was very helpful in gathering research for this dissertation’s focus on mindfulness self-care for practitioners in this profession.

My personal journey into mindfulness study and practices, as Chapter I recounts, started with unexpected guidance while I was focused more on developing my in-the-room skills as a marriage and family therapist. This guidance, while unsolicited, inspired me to learn more about mindfulness and then to learn how to develop it as a regular state of attention in a time when school and work already occupied much of my time and
attention. As working with clients seemed a distinctly different state of attention than working on my coursework, I had to make a shift in my attention and priorities to add mindfulness to my life. That mindfulness helped me better navigate these different contexts, which directly parallel some reports from my research participants.

Blending my mindfulness practices with my personal interests and professional practices has helped me interrelate my Qi Gong meditation, longboard skating, attentive gardening, eating, and prayer, so that moving from one to the other is more about enhancement than commuting from one mind focus to another. Similarly, it has allowed me to integrate aspects of my personal life, such as longboarding, into my professional practice without losing my ability for self-care and maintaining healthy boundaries. The process of designing and producing this dissertation has been particularly supportive of, and supported by, mindfulness practices because the participants refocused my attention at times back toward practices I had put aside for a long time. The participants also introduced me to new practices of mindfulness self-care that could be highly productive for me. In addition, the interviews with participants reassured me that I am not alone in my gratitude for the way mindfulness self-care can be helpful in both ongoing and unexpectedly new ways.

Participants stated, each in their own way, that mindfulness self-care has offered them a significant, positive impact on their personal and professional lives. The IPA interview strategy was particularly useful in allowing me to immerse deeply in the reported experiences of the participants. Delving into their accounts through personal stories and attentive observations inspired deep appreciation for their willing, open, and passionate commitment to sharing their unique responses to my interview questions,
revealing personal information that could be of use to any marriage and family therapist seeking to explore this topic further. Thanks to them, I have found this dissertation journey reinforcing my own mindfulness self-care, and therefore I feel distinctly grateful that they shared their experiences with such generosity.

My goal in this research project has been to inform myself, my colleagues, and perhaps a wider audience eventually, in better understanding mindfulness as a form of self-care that can help nurture and sustain productive professional practices. Publicizing my research findings in this form, as a dissertation, is a small step toward bridging the gap between what is known about mindfulness as an opportunity for self-care in general and what we can learn from literature generated by, and directed to, marriage and family therapists specifically. My hope is to continue this work through publications and presentations to promote what, according to my own experiences and those reported by this research project’s participants, could support the wellbeing of my professional peers as they have supported me. Eventually, I hope to cultivate this closely-focused body of research into a book of practices and reported stories that others may find useful.

This assessment chapter, however, signifies the conclusion of this specific research project with an overview that presents a discussion of my study and the findings it has generated. Next, I review the categories and themes that emerged from this research and compare what I found with the findings of previous research related to this dissertation’s topic. Then I offer my personal reflections, not only on the findings themselves but also on how I, as a researcher in a relational field, was touched by the participants’ personal experiences as they reported them. After considering the
limitations and implications of this dissertation’s research, I will offer recommendations for future research in this topic area.

Discussion of This Study and Its Findings

This phenomenological study was designed to explore the reported experiences of six marriage and family therapists who report using mindfulness as a form of self-care to sustain productive professional practices. After a detailed analysis, guided by phenomenological practice and, particularly, IPA interviewing methods, I noted specific, distinct themes and categories within the qualitative data captured by this research. These related to several topics I elaborated upon in my literature review.

My study focused, as intended, specifically upon the lived experiences of marriage and family therapists who attested to applying mindfulness as a form of self-care. The research design was formulated to gain an understanding of this phenomenon by grounding the findings in reported experiences instead of seeking generalizable results. I was particularly interested in exploring the personal journeys and processes the participants engaged in as they cultivated, then reinforced, mindfulness self-care experiences. Because of the lack of general research on this topic for my specific professional field, I was attentive to findings that could disclose new aspects of, and insights into, mindfulness self-care as it serves marriage and family therapists.

The voices and responses of the research participants to the interview questions in this phenomenological research project were frank and freely shared. Their accounts and insights allowed themes and categories to emerge that represent aspects of their lived experiences that they accounted for as important for them to share through their participation in this dissertation study. All of the participants expressed that they found
utilizing mindfulness as a form of self-care helped them sustain productive professional practices. Each, in their own voice, discussed the value they found in these approaches as having significant impact in their professional and personal lives. While each participant had a unique pattern of practices and their applications on a day to day, and week to week, basis, they also agreed with each other on significant aspects of these experiences, and those agreements formed the basis for the research categories.

**Discussion of Categories**

Five prominent thematic categories emerged from the data analysis in Chapter IV. These are: Mindfulness; Personal Practice; Self-care; and Unique Themes. Each has a distinctive core focus, yet they also overlap with other sections’ themes, indicating that mindfulness self-care need not be a single step-by-step practice. Instead, it seems to be a pattern of interrelated parts that serve each other, much like the workings of a traditional clock, with individual facets working in harmony and efficiency like cogs. The specific categories and subcategories included:

Mindfulness Self-care Themes of:

- Mindfulness
- Personal Practices
- Self-care
- Unique Themes

Mindfulness has an extensive historic tradition, going back thousands of years, and it therefore is not dependent on any one school of thought or rigid, exclusive process. The data, then, exhibits crosstalk between categories, which seems to offer a variety of ways to use mindfulness self-care that supports, rather than represses, the unique nature
of each participant’s identity in their professional and personal arenas. The rich accounts, elicited through open ended questions in an IPA interviewing method, showed consistency across the participants and across the categories, yet also distinctions across these as well.

Therefore, the participants’ unique paths into, and through, the practice of mindfulness led to common positive results for self-care that seem compatible with their profession as marriage and family therapists. Finally, this section will conclude with a comparison between the themes that emerged from this research project and those from the literature review in Chapter II.

**Mindfulness Self-Care Themes**

**Mindfulness**

Mindfulness has been a focus for marriage and family therapists from a variety of sources. Flemons (1991) discussed the relationship between Taoist philosophical precepts and practice in the family therapy field. Zen, a branch of Buddhism, promotes the advantages of beginner’s mind in ways that O’Hanlon and Weiner-Davis (1989) reported. Yapko (20111) considered that meditative practices that promote mindfulness can also promote acceptance and non-judgmental listening for therapists without “our projections, imagination, and interpretations” (p. xii).

This research project sought to first capture the individual participants’ definitions of mindfulness, listening for commonalities and differences. The interviewees generally defined mindfulness as being in tune with themselves physically, emotionally, and intellectually. The sense of being more present, in greater relationship with what was happening in day to day experiences, was a common response, supported by more
distinctly individual voicings of attitudes of acceptance, appreciation, and enjoyment as their lives unfolded.

**Personal Practices of Mindfulness Self-Care**

Not only did these marriage and family therapists find many ways to discover and recognize mindfulness (Gambrel & Keeling, 2010), but also, mindfulness is a skill that the research participants were able to develop. This enhanced the benefits of their practice and changed the quality and value of mindfulness self-care for each practitioner. One of the most consistent benefits of mindfulness, according to the participants, was clarifying and sustaining attention on duties of the moment, which can translate professionally for them as not becoming distracted by peripheral thoughts during sessions. Exercises and practices of mindfulness focus the practitioner on the present in ways that sustain their benefits from moment to moment (Germer, Siegel & Fulton, 2005). Mindfulness techniques also helped them to sustain the quality of private life self-care practices such as focused, sustained exercise and handling the stresses of predictable and unpredictable life challenges (Germer, Siegel & Fulton, 2005). Mindfulness practices also enhanced their enjoyment, including the more relaxing and replenishing skill of maintaining effective separation between professional and private concerns (Negash & Sahin, 2011; Rosenberg & Pace, 2006).

Participants in this dissertation research project found applications of their mindfulness practices in various aspects of their daily lives, and therefore some of them reported offering clients suggestions and direction regarding its use for them. Various research participants have recommended to their clients related readings, meditation practices, prayer, mantras, and physical fitness approaches, including yoga. Each
participant reported that their personal mindfulness self-care practices enhanced their relationships with themselves, their loved ones, and their clients in their professional practice.

Mindfulness is being incorporated in various professional settings such as hospitals, clinics, and private practices to help address stress, pain and anxiety management, and other issues of physical and mental health (Yapko, 2011). Also, mindfulness has been used to assist in management and recovery for various conditions, including cancer, psoriasis, and eating disorders (Padilla, 2010). As a result of the effectiveness of these components added to case management and treatment plans, more clinicians are supporting clients to take up mindfulness practices through heightened awareness, focused attention, openness, and acceptance (Yapko, 2011).

A Mindfulness Based Stress Reduction (MBSR) study, according to Shapiro, Astin, Bishop, and Cordova (2005), studied clinical therapists. The research demonstrated an overall decrease in stress and burnout while “increasing overall life satisfaction: and ‘self compassion’” (Shapiro et al., pp. 166-167). According to Wise, Hersh, and Gibson (2012), therapists can more readily approach difficult content in sessions with clients if they use mindful attention to cultivate enhanced, non-judgmental openness not only for their clients but also themselves. Such attention can also reduce repetitive mental dialog about their, and their clients’, limitations (Wise, Hersh, and Gibson, 2012).

This study’s participants identified their mindfulness self-care practices as having a two-fold process. Personal mindfulness practices, according to this research, supported their professional practices with clients, and in turn, these clinicians encouraged clients to use those, or similar, mindfulness practices and states of attention such as awareness,
acceptance, and non-judgment. The therapists felt their use of yoga and meditation, for example, also increased their appreciation of, and sensitivity toward, their clients’ work through the therapy process. Their own meditation practices seemed to help them stay in the moment, with acceptance and non-judgment, in the therapy room. Many of these therapists taught clients specific breathing techniques that enhanced awareness in the present moment (Wise, Hersh, & Gibson, 2012).

**Self-Care**

If family therapists intend to help clients through the course of their careers, they would greatly benefit from effectively cultivating ways to care for themselves (Skovholt & Trotter-Mathison, 2011; May & Donovan, 2007). The self-care process for therapists can address “fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism,” preventing deep weariness and other components of professional burnout (Skovholt & Trotter Mathison, 2011, p. 146). Friedman (1985) reported that the cumulative result of such attitudinal disaffections could result in “a significant loss of interest, motivation, energy, satisfaction, and effectiveness in connection with the work” (p. 549).

Compassion fatigue has distinct implications for therapists, such as emotional exhaustion, loss of empathy, depersonalization of the client’s point of view, loss of respect for the client and for the therapeutic process, and ethical, clinical, and legal divergences (Negash & Sahin, 2011). The effect of these pertains not only to the therapist but the client as well, potentially diminishing the client’s own sense of empathy, undermining the full therapeutic process (Grolsch & Olsen, 19994; Henry, Schacht & Strupp, 1900; Orlinsky, 1999).
Also, the helping professions, such as family therapists, have an ethical imperative, as professionals, for self-care. As Chapter II detailed, the stressors such professionals encounter can be erosive of personal attitudes and, as a result, decrease effectiveness with clients in a practice. Because they address relational systems, marriage and family therapists must attend deliberately to levels of relationship engagement that require close, ongoing, and dedicated attention (American Association for Marriage and Family Therapy [AAMFT], 2013). The AAMFT insists that therapists must attend to their self-care. For example, sub principle 3.3 of the Code of Ethics specifically mandates that "marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance of clinical judgment" (AAMFT, 2012, “para” 3.3). Marriage and family therapists, who address relational systems, must attend deliberately to various levels of relationship engagement that require close and dedicated attention (American Association for Marriage and Family Therapy [AAMFT], 2013).

Skovholt and Trotter-Mathison (2011) defined self-care as the means to “finding ways to replenish the self” (p. 196). The authors proposed that positive self-care strategies should produce feelings of “zest, peace, euphoria, excitement, happiness, and pleasure” (p. 196). Mindfulness, therefore, generally promotes new levels of acceptance in life as an alternative to focusing on unsatisfying experiences and trying to change what cannot change (Yapko, 2011). Although none of the research participants defined burnout as a challenge in their current personal lives and careers, they each proposed that mindfulness practices supported their self-care in ways that sustained productivity, inspiration, and uplifting spiritual interests.
The participants each shared that they typically view mindfulness as a form of self-care. This was particularly enlightening for me to hear as this consideration has been significant to this dissertation topic. They helped me understand mindfulness, in their various voices and from their unique perspectives, in ways that I have not thought about. In particular, I now spend more time talking with my clients specifically on the topic of self-care. The participants shared their experiences with self-care as taking care of themselves in the smallest of ways in their day to day lives, and in more substantial ways, such as changing their perceptions to better navigate the challenges of life. They spoke of the smallest to the widest ranges of caretaking, such as doing nails, taking a bath, going for a run, trying new spiritual/energy practices, eating mindfully, self-hypnosis, therapy, reaching out to professional colleagues, enjoying time with loved ones, utilizing positive affirmations and mantras, listening to their bodies with acceptance, learning to manage stress and anxiety, and utilizing meditation. The participants also shared how they have conversations with their clients about their clients’ self-care practices and the importance of self-care.

Unique

From a Buddhist perspective, for example, the goal of mindfulness “is not to change our experience; rather it is to change our relationship to our experience” (Gehart & McCollum, 2007, p. 216). Acceptance, which means receiving our experience without judgment or preference, with curiosity and with kindness, would therefore be applicable to a systemic family therapist’s mindset (Germer, Siegel, & Fulton, 2005).

The participants reported that mindfulness has offered them strategies for greater acceptance of both the ups and downs of life. The participants recounted how
mindfulness has given them the opportunity to actively engage in more meaningful moments in their day to day lives. Some of them view mindfulness self-care as a spiritual practice and, circularly, they view spiritual practices as mindfulness self-care practices. Mindfulness has helped the participants have increased gratitude in their lives while diminishing anxiety.

**Reflections on Findings: Circularity**

Cultivating more mindful therapeutic relationships can help therapists improve their coping strategies with stress, both at work and at home, therefore reducing physical and personal challenges that can arise in a therapy career, such as burnout (Hick & Bien, 2008). Clients whose therapists are open minded, nonjudgmental, and curious often feel more directly validated and respected (Yapko, 2011). Such therapists elicit clients’ unique strengths and characteristics, which opens the therapeutic context into a noticeably supportive and collaborative environment that allows for empathetic and compassionate communication (Yapko, 2011). Meditation, hypnosis, making love, playing sports, creative brainstorming, and performing or listening to music are all activities that can disperse the insularity of a personal will and instead promote greater conscious awareness (Flemons, 2004).

Perhaps the most compelling finding among the shared responses from the participants was the identification of circularity inherent in the weave of interviews. Participants’ accounts indicate that mindful self-care was considered a reasonable component for satisfying the ethical imperative among family therapists for self-care. And what worked for these therapists in their personal lives as practices for well-being and inspiration helped them function as effective practitioners as well. They were able to
provide guidance, based on their own studies and experiences, for useful techniques that they then often shared with interested and willing clients. This suggests that mindfulness self-care supported the ongoing professional duties of these marriage and family therapists to help their clients find more satisfying states of engagement with themselves and others, while also satisfying the ethical imperative for family therapists to maintain effective self-care. In their personal, home, and family lives, in their professional practices, and their interventions with clients, mindfulness self-care practices seemed to provide inspiration, focus, and fulfillment, no matter which arena of engagement they maintained. These mindfulness practices, according to the participants, translated well from one arena of life to another. This suggests that mindful self-care offers further benefits for others in the participants’ environments while fulfilling self-care.

Mindfulness, then, seemed appropriate within the pattern of predictable activities, responsibilities, and interests of these therapists, rather than merely a collection of techniques that refined them in only one primary arena of life experience.

Also, in the sorting that following the transcribing of the interviews, it was often challenging to decide which categories some of the quotes were to be placed in. For example, it was regularly difficult to determine whether direct accounts were to be presented in the personal category or the self-care category, the personal category or the professional category, the mindfulness category or the personal category, etc, because they overlapped each other’s thematic focuses. When Dana, for example, mentioned the benefits of her mindfulness self-care, she tied together her assessment to include personal, professional, and self-care themes in saying:
I am done with my doctorate. I am starting my career. I am a new parent. I have this yoga practice that has become a really big part of my life...and I am just learning so much more about my own self...my clients.... So, everything is kind of coming together, you know.

While Dana included at least three of this research study’s categories—self-care, personal, and professional—in the above statement, Beth related a way of using mindfulness to handle anxiety over her clinical experiences to ways that she used mindfulness for self-care of her physical wellbeing:

…if I have a particularly bad session, where I feel that maybe I crossed the line or maybe the client didn't understand...just leaving with that bad, yucky feeling...I won't go to that place of judgment, I will go to that place of what can I learn from this. That takes me to a whole other level of understanding and I am not providing my body with that wear and tear that would have happened had I stayed in that judgment place.

It might have been possible to have made other choices of placement for individual quotations like these in different categories suggested above and arrived at the same overall conclusions. Similarly, the examples above and others could have been cited in more than one category, but I avoided that to diminish redundancy for readers of this study.

The circular potential of mindfulness self-care for the participants was made apparent in this way, as it seems that the themes overlap each other significantly, with mindfulness itself as the constant in the fluctuation of personal and professional focus across thematic categories. Therefore, the conclusion that mindfulness had a circular
influence on the participant family therapists, in that mindfulness self-care benefited not only the therapists but also those engaged within the professional life of the therapists, suggests a practical hopefulness for those of similar disposition toward mindfulness practices who pursue ongoing careers in marriage and family therapy. The accounts by participants in this dissertation research project indicate that mindfulness self-care had a systemic effect on them as systemic family therapists.

**Limitations of the Study**

This study explores the experiences of marriage and family therapists, through their voices and lived experiences, documenting ways that they identify mindfulness practices as a form of self-care in their personal and professional lives. Their personal accounts contributed to the already existing literature of mindfulness and mindfulness self-care, as well as to the small body of research within the field of marriage and family therapy itself. Any methodology, however, presents limitations to research findings. In this study, certain limitations were evident in the research process. These limitations primarily involved saturation/repetitiveness of the themes.

**Saturation/Repetitiveness**

The research participants expressed similar, overlapping concepts about the effectiveness they found in using mindfulness practices for self-care. Because of this, many of the emerging themes that constitute the findings of this research project echo each other across the interviews. Therefore, the thematic examples presented reflect the consistency of reports on the efficacy of mindfulness self-care for marriage and family therapists, according to the research participants. This suggests that the detailed accounts reported in the data analysis achieved saturation across the sampling chosen for this
project, evidencing a richness of quality in the interviewees’ reports. At the point this saturation became apparent, it was possible to organize the reporting of the themes, rather than to seek further research participants.

**Sampling/Cultural and Gender Diversity**

There was not a great deal of cultural diversity among my participants. A diverse cultural sample of participants is usually indicative of a more inclusive and detailed analysis to the reader. This study consisted of five female participants and one male participant, most of the participants were Caucasian, and most were American. For further research that intends to expand perspectives beyond the scope of this research project, it would be possible to investigate a wider range of participants across the variables of ethnic, cultural, and gender to discover whether these factors would generate thematic findings other than those reported in this research project.

**Researcher Bias**

Within the context of Interpretative Phenomenological Analysis, the researcher engages in understanding an experience and offers his or her interpretation of the data (Smith, Flowers & Larkin, 2009). Researchers who employ this type of analysis naturally influence the data through the use of personal values that guide the process and, in effect, the researchers become part of the research process themselves. Accordingly, I was included in the research and remained an intricate part of how the data was analyzed and interpreted. My researcher biases influenced the data from the start of this project through the manner in which I selected my research question, literature review, interview questions, and data analysis, which were a reflection of my personal preferences and biases.
Throughout the entire research process, I was aware of the importance of these potential biases and tried to maintain as objective a position as possible to not let my preferences manipulate and/or determine the decisions I made as a researcher. Although in IPA, the researcher is subjectively involved in the entire research process, I remained cautious to do my best to not dramatically influence the data with my personal biases. My reflexive journaling and consistent personal disclosure in the research data helped organize my biases and decide which ones to include or eliminate from my literature review.

During the interviewing process, I did my best to not hold my personal biases regarding mindfulness as standards that would alienate the participants from their own experiences, nor to inspire them to conform in any way to my ideas about mindfulness. I did not want my personal view on mindfulness self-care to get in the way of how the participants formed their views and opinions on mindfulness self-care. Mindfulness would seem to many a personal and subjective topic, so during the interviews, I used my skills in therapeutic conversation to develop an empathetic and accepting context for each of them, and encouraged them to speak about their own perceptions and experiences.

In the data analysis phase, I had to make sure I read, re-read, and analyzed the data thoroughly to clarify their meanings and lived experiences. I made a strong effort to ensure I was not being swayed by my positive interactions with them so I could, as fairly as possible, make sense of their own experiences without trying to subtly transform them.

**Validity**

“A reliable IPA study should have a considerable number of verbatim extracts from the participants' material to support the argument being made, thus giving
participants a voice in the project and allowing the reader to check the interpretations being made" (Smith et al., pp.180-181, 2009). Throughout Chapter IV, I used verbatim quotes as to not implement my own biases and interpretations of the direct experiences of those I was interviewing. I wanted to protect the voices of the participants as the main focus of this research study. In the interviews, my questions came from my personal research interests, but I let the participants answer for themselves by making the questions open-ended, and I did not prompt my participants to answer in a specific way. For example, when I asked them to define mindfulness, I did not share with them my own definition of mindfulness. Once I transcribed the interviews, I shared the documented version with each participant, giving them an opportunity to review the transcript and inform me if things were recorded with accuracy to their full satisfaction.

Because the interview content, in the precise and approved transcriptions, formed the great majority of Chapter IV, and because these transcriptions provided descriptions and reports in great detail, I feel I have respected and supported the validity of my research participants’ accounts to the best of my ability. While the participants were selected because of their familiarity with mindfulness practices, I let them speak their accounts as individuals. None of them had access to each other’s transcripts because I intended to preserve, as best possible, the unique value they each gave to the research.

**Implications**

The findings of previous studies indicate that mindfulness self-care practices have proven helpful for mental health professionals. However, there is a lack of substantial literature that specifically addresses the explicit practices and useful applications of such approaches for marriage and family therapists regarding self-care practices. Family
therapists are as human as any other mental health caregivers, so they can be expected to share the same benefits from mindful self-care that the literature indicates in other therapeutic specialties.

This study has gathered insights from interviews with family therapists who practice mindfulness as a form of self-care to create more positive and productive practices in their lives. This study was also designed to examine the participating therapists’ respect for specific mindfulness practices. Through interviews, I obtained personal accounts from the participants about what practices are most likely to support their therapist self-care and revitalization of professional purpose.

I chose the qualitative methodology of phenomenology in order to seek a fuller range of lived experience as expressed by each of these practicing therapists who engage in mindfulness practices. This way, the contribution to the field is based on direct accounts from therapists other than the researcher who are currently practicing in the field and using mindfulness as a means for self-care. Each of the participants in this research project gave me different perspectives, in different voices, about what mindfulness is, how it can be used in personal and professional contexts, and how participants individuated their use of mindfulness self-care.

The implications of the findings from this research project to other marriage and family therapists include ways of locating mindfulness in their own lives, examples of how to structure regular mindfulness practices into their daily lives to further cultivate its benefits, and how this can be individuated according to each person’s lifestyle, wants, and needs. This research implies that mindfulness is practiced in small daily ways just as often as in scheduled meditations, and that the mindfulness self-care practices that work
for them in their personal lives function as effective practices for their professional lives as well.

The therapeutic implications from this research are that mindfulness self-care is not a distinct model, but rather an approach that likely has diverse uses when applying various therapeutic models. This research, and that of others (Shapiro & Carlson, 2009; Wise, Hersh, & Gibson 2012), suggests that mindfulness self-care can be useful as part of an overall program of self-care. There is much more to be learned, I believe, in how to structure mindfulness practices and techniques into therapists’ work with clients, such as integrating mindfulness practices with specific therapeutic models, and how to structure mindfulness practices into self-care for individuals with very different lifestyles. Specifically, mindfulness seems to blend particularly well with solution focused, solution oriented, and Ericksonian therapy models because these particular models also make it a priority to focus on the here and the now, rather than prioritizing the past.

As a result, I now have a personal interest in designing trainings for marriage and family therapists about mindfulness self-care. The participants in this research study have inspired me to make further attempts, beyond this dissertation, to share these insights with others who would find it useful. Additionally, I have an interest in writing a book about mindfulness practices and their benefits for helping professionals.

It could also be helpful to introduce trainings in mindfulness practices into family therapy practicums at university clinics and perhaps as an elective in family therapy programs. The trainings for practicums could include techniques on how to establish better therapeutic presence through mindfulness awareness strategies, mindful breathing, matching, establishing rapport, and developing greater acceptance and non-judgment.
The mindfulness elective could include an overview of various perspectives on mindfulness, mindfulness in the helping professions, mindfulness in family therapy, and similar trainings that would enhance professional self-care for marriage and family therapists.

**Future Research**

Future research could include investigating how mindfulness relates to specific post-modern systemic models such as solution focused brief therapy, narrative therapy, solution oriented therapy, and others. My particular interest is in the integration of mindfulness with Ericksonian therapy and solution oriented therapy. Additionally, there could be use for research on how the benefits of mindfulness self-care can affect the specific way therapists work with clients, such as providing homework, in-session exercises, breathing techniques, and other practices in ways that clients would be able to use them for themselves. I personally would like to contribute future research on mindfulness therapeutic intervention of Longboard Therapy, which I have introduced into the field of family therapy. I am also currently working on the development of ways to more professionally incorporate fishing into therapy in my own practice with clients.

**Concluding Remarks**

Shapiro and Carlson (2009) pointed out, “mindfulness practice offers an opportunity to explore deeply our own pain and suffering and the causes and conditioning that lead to it” (p. 110). As discussed in Chapter II, a number of trainings on mindfulness strategies for self-care have been offered to mental health professionals, inspiring appreciation for, and attention to, these concerns. As Shapiro et al. (2005) reported, a focus on mindfulness can counterbalance therapists’ frustrations, discouragement, and
fatigue through mindfulness self-care’s potential for reinforcement of vitality and renewed dedication to their work with clients. This study has, through detailed accounts by marriage and family therapists, presented that mindfulness self-care strategies contribute to the betterment of the clinician and the client, reinforcing the circular theme of mindfulness.

It is possible that mindfulness self-care works for these participants because it engages personal attention in that which is beyond the individual self, and perhaps that is at the heart of its circular function as self-care. By bringing these research participants out beyond themselves, mindfulness seems to allow them to bring more of the outer world into their consciousness. This seems a useful understanding to those whose professional practice guides others past the limits of what they presume to be their limitations.
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Biographical Sketch

Isaac Farin was born in Miami, FL in 1982 to eclectic and traditional Jewish parents. His father is from Cuba and his mother is from Israel. Isaac, the oldest of four boys, grew up with his family in North Miami Beach. He attended a Jewish private school until the 10th grade, when he transferred to a local public school. Isaac was very athletic and took pride in sports; he played football, soccer, and tennis.

After receiving his bachelor’s degree in psychology in 2004 from the University of Central Florida, Isaac moved back to North Miami Beach to pursue his master’s degree in mental health and family counseling from Barry University in 2008. He then decided to pursue a Ph.D. in family therapy at Nova Southeastern University.

During his academic career, Isaac interned at Bayview Mental Health Center, working with clients with psychiatric diagnoses in an individual counseling setting. As a marriage and family therapist registered intern, Isaac worked at Chrysalis Center, a psychosocial rehabilitation center, providing individual and group therapy. Additionally, Isaac worked for two years at the Institute for Family Centered Services (IFCS), providing in-home individual and family therapy in Miami-Dade County. Isaac was then promoted to regional director of the North Miami region. In that position, he supervised 17 therapists and managed the financial responsibilities and performance productivity of the North Miami region. Isaac developed a passion for supervision and went on to become qualified to supervise marriage and family therapy and mental health counseling registered interns in the state of Florida. Isaac also received supervisor designation by the American Association of Marriage and Family Therapy (AAMFT).
Isaac is currently a clinical member of the American Association of Marriage and Family Therapy (AAMFT), an associate member of the American Society of Clinical Hypnosis (ASCH), and an associate member of the Association for Solution Focused Practitioners (ASFP). Isaac received certified training in hypnosis and hypnotherapy by Dr. Douglas Flemons, Bill O’Hanlon, and Richard Nongard. Isaac has taken certification courses on Mindfulness and Psychotherapy with the National Institute for the Clinical Application of Behavioral Medicine (NICABM).

In 2011, Isaac opened his private practice, Isaac Farin Therapy LLC. He is currently working full-time with individuals, couples, and families. He specializes in working with depression, anxiety, grief and loss, and life transitional changes. He is the developer of Longboard Therapy ®, in which he utilizes the sport of longboard skateboarding with his clients. Isaac is currently in the process of developing Solution Informed Mindfulness Therapy (SIMT), which blends mindfulness with Ericksonian and Solution Oriented Therapy practices and perspectives.

Isaac is married and expecting his first child in October of 2015. He lives in Aventura with his wife and his dog. His interests include longboard skateboarding, fishing, gardening, reading, meditating, spending time with his dog, and spending time with his friends and family.