

Research corroborates mindfulness meditation effective in Marriage and Family Therapy curriculum

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Eric McCollum, professor of human development and Marriage and Family Therapy program director in Virginia Tech's National Capital Region, practices and teaches mindfulness meditation.

Virginia Tech is one of few universities to integrate mindfulness meditation into its Marriage and Family Therapy (MFT) program curriculum, according to Eric McCollum, professor of human development and MFT program director in the National Capital Region. "Mindfulness meditation helps students improve their ability to be emotionally present in therapy sessions with clients," he explained. "It helps beginners, who can sometimes feel overwhelmed, stop focusing on themselves and think more about others."

MFT is a three-year master's degree program in the human development

department in the College of Liberal Arts and Sciences.

Although most extensively described in the Buddhist tradition, McCollum teaches mindfulness as a secular practice, compatible with all [religious beliefs](#). Mindfulness meditation involves deliberately focusing one's attention on present experience - thoughts, physical sensations, emotions -- and doing one's best to stay present with those experiences without judging them or avoiding the difficult aspects.

Extensive research on mindfulness in [health care](#) points to benefits to be gained from the practice. For novice therapists, another advantage is that mindfulness meditation helps them to switch out of problem solving into being more present, more empathetic, and more compassionate, all important aspects of the therapeutic process, said McCollum. He has practiced mindfulness for over 20 years and began to introduce the practice into the Virginia Tech MFT curriculum about five years ago after seeing students struggle to be emotionally available to clients. McCollum has been a Virginia Tech faculty member in the National Capital Region since 1992.

Rachel Cramer, an MFT student from Arlington, Va., explained how mindfulness meditation has helped in her interaction with clients.

"Thinking back on starting out in the therapist's chair, one of the hardest things for me was to learn to be quiet. Although I thought I understood active listening intellectually, the actual practice of listening without trying to form a response or a counter-argument or an intervention, and just to sit and take in what the other person was saying peacefully, was a huge challenge for me. I think that is where the practice of mindfulness was the most helpful to me. Just having the experience of quieting my inner cacophony in a disciplined way gave me an experience to draw on when sitting with a client.

"In a strange way," Cramer continued, "mindfulness practice helped me

get to the point where I could be most quiet and centered when hearing the most difficult things. Without the exposure to mindfulness practice in my first techniques class, I'm not sure I could really have learned to 'sit with someone's pain' just as a witness, without trying to fix the unfixable. This experience also shaped my use of mindfulness, or at least quiet and measured breathing, as a way to help clients slow their own processes down. Slowing them down made a lot more sense to me after I had experienced the value of this myself."

Mindfulness meditation begins in the first year of clinical training. At this juncture, students have taken theory and practice courses but are just beginning actual clinical rotations. They are encountering a variety of issues common to beginning clinicians, such as dealing with anxiety, using a theoretical model effectively, and learning clinic procedures. As a course requirement (but not graded), students keep weekly journals which are read by the instructors over the course of the semester and then returned to them.

According to McCollum, the educational purpose of these journals is to provide an avenue for students to both communicate and reflect on their experience and to provide some accountability for their weekly practice of mindfulness meditation. Although asked to practice for five to 10 minutes daily, there is no penalty for not practicing. "We ask them simply to report their experience, including why they did not practice meditation during a given week. Students are explicitly and frequently encouraged to include both positive and negative experiences, as this is part of mindfulness practice: to accept whatever experience is happening," McCollum said.

Thirteen students gave permission for McCollum to use their journals for a research paper, "Using Mindfulness Meditation to Teach Beginning Therapists Therapeutic Presence: A Qualitative Study," which he coauthored with Diane R. Gehart, professor in the Department of

Educational Psychology and Counseling at California State University, Northridge. The paper was recently accepted for publication in a future issue of the *Journal of Marital and Family Therapy*.

Of the 13 students included in the study, there are seven men and six women ranging in age from 22 to 60. In terms of diversity, one described himself as gay, one identified as Armenian, another Latino, and the remainder as White or Caucasian.

A variety of themes emerged through thematic analysis of these students' journal entries, including the effects of meditation practice, the ability to be present, balancing being and doing modes in therapy, and the development of acceptance and compassion for themselves and for their clients.

Among the study's findings:

- Mindfulness helped students be present in their sessions. They were able to attend to their inner experience during what was happening with the clients in front of them, and further bring these two domains together in the therapist-client interaction. However, the students also made clear that this was not a process of becoming absorbed. They described instances where they were able to remain present with intense or difficult material in sessions without becoming "infected" with it; that is, in contact but not overwhelmed, a theme referred to as "centered."
- The students credited several "effects" of their mindfulness practice with their ability to be present as therapists. They felt they were calmer in general and specifically in their therapy sessions; were more aware of their inner chatter and could either decrease or disconnect from it, and were able to slow down their

perceived inner pace or sense of hurry. Finally, some of them used brief periods of formal practice to allow themselves to set aside thoughts and feelings associated with the previous session or with their lives outside of the clinic and focus their attention on what was happening in the current client session.

- The students' experience of presence seems to have formed a foundation for them to shift their mode of being in the session. Being did not become their sole mode in therapy sessions but they appeared to reach more balance between the two modes. What helped them make this shift was seeing the positive effects on the clients of their changed presence. For most students, this came through interaction with clients in the session; some actually meditated with their clients and were encouraged when clients found this a useful experience.
- The students reported explicitly experiencing a sense of compassion and acceptance. As they came to accept themselves in the therapist role, they were better able to accept their clients. Some students came to a stance of compassion that was consistent with the traditional meditation literature - seeing commonality between their own struggles and their clients' struggles and recognizing their shared humanity.

"Our findings suggest that mindfulness [meditation](#) may be a useful addition to clinical training," said McCollum.

Continued contact with students who have graduated from the program also provides McCollum with evidence for its effectiveness. One of these is Courtney Powell who earned a MFT master's degree in 2008 and currently resides in San Antonio, Tx.

"When I first thought back about the mindfulness experience, I wasn't sure how much it still applied. I thought, 'I don't practice daily, and I don't use it as often as I should.' Then I realized that I was wrong. I do practice daily and I do use the experience often. However, it's no longer a conscience practice. It's something I've incorporated into who I am and how I deal with the struggles and frustrations I face every day. When I look back and who I was before the mindfulness experience, I realize how I 'became' the stress I experience. I would think about how stress had affected me in the past and how it would affect my future. I would get more frustrated and more irritated... Now, while I experience as much stress as I did before, I am more aware of my present experience and the stress seems outside of who I am. I worry less about how I have experienced it in the past and how it will impact my future. I am also not negative about the experience. I'm aware of it, I notice it, and for the most part, I'm able to let it go."

She continued, "I think that it was important for someone like Dr. McCollum, who truly believes and clearly practices mindfulness, to teach it to us because we could see an example of how it works. He also encouraged us to use the practices with clients and seeing the impact it had on their life experiences was also very powerful."

More information: The MFT website is www.ncr.vt.edu/Programs/MFT.htm

Provided by Virginia Tech

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