CHOOSING TO BE PRESENT AS COUNSELORS IN TRAINING: A GROUNDED THEORY

By

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To Tyler, Cody, and Camilla
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Theoretical model: Choosing to be present as counselors in training
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<tr>
<td>Beginner’s mind</td>
<td>Having an open mind, coming to experience as if for the first time. “In the beginner's mind there are many possibilities, in the expert's mind there are few” (Suzuki, 1973).</td>
</tr>
<tr>
<td>Being present</td>
<td>Being all there – in body, mind, and spirit – in direct contact with the environment or person in moment-to-moment felt experience. For the purposes of this study being present will be assumed to refer to therapists being present in the context of counseling.</td>
</tr>
<tr>
<td>Buddhism</td>
<td>A spiritual tradition in which enlightenment may be obtained through mindfulness meditative practices. Enlightenment means one has achieved direct knowledge and experience of well-being, happiness, and freedom from suffering.</td>
</tr>
<tr>
<td>CIT</td>
<td>Counselor in training.</td>
</tr>
<tr>
<td>Client factors</td>
<td>Factors that contribute to therapeutic outcome that include what clients bring to the therapy session and what influences their lives outside the therapy sessions, i.e. strengths, supportive elements in their environment (Hubble, Duncan, &amp; Miller, 1999).</td>
</tr>
<tr>
<td>Common factors</td>
<td>Four factors that account for variance in therapeutic outcome: (1) client factors; (2) relationship factors; (3) hope, expectancy or placebo factors, and (4) technique factors (Hubble, Duncan, &amp; Miller, 1999; Lambert, 1992).</td>
</tr>
<tr>
<td>Concentration meditation</td>
<td>Concentration meditations train participants to focus on a single point, such as a word (e.g., a mantra), sound, object, or sensation. (Kabat-Zinn, Massion, Hebert, &amp; Rosenbaum, 2002)</td>
</tr>
<tr>
<td>Contact</td>
<td>Contact in Gestalt therapy theory means “being mindful of current reality” at the boundary between “me” and “not-me” (Yontef, 1995). There may be contact between a person and the environment that is not good, meaning the person is not mindful or there is something interfering with good contact. This is the focus of therapy in Gestalt therapy. Defense mechanisms are identified that get in the way of good contact. There is also a healthy need to withdraw from contact. A cycling between contact and withdrawal is part of healthy functioning.</td>
</tr>
<tr>
<td>Term</td>
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<td>Counselor development</td>
<td>While counselor development models (Loganbill, Hardy &amp; Delworth, 1982; Stoltenberg, McNeill, &amp; Delworth, 1998) map development over the course of training and perhaps into early years of practice, the concept of counselor development used in this study also includes continued growth toward becoming a master therapist (Goh, 2005; Jennings, Sovereign, Bottorff, Mussell, &amp; Vye, 2005; Jennings, Goh, Skovholt, Hanson, &amp; Banerjee-Stevens, 2003).</td>
</tr>
<tr>
<td>Counselors in training (CITs)</td>
<td>Individuals enrolled in university graduate programs in either counselor education or counseling psychology.</td>
</tr>
<tr>
<td>Criterion sampling</td>
<td>Including participants in a study based on their meeting some pre-established criterion or criteria. (Kuzel, 1992)</td>
</tr>
<tr>
<td>Embodied knowing</td>
<td>The mind is not separate from the body. All conceptual understanding of the world is grounded in the body’s perceptual and motor systems. “Truth and knowledge depend on embodied understanding” (Lakoff &amp; Johnson, 1999, p. 555).</td>
</tr>
<tr>
<td>Existentialism</td>
<td>A philosophical and theoretical orientation that emphasizes four givens of existence: meaninglessness, isolation, freedom, and death. With this comes an emphasis on personal responsibility and authentic living in the world.</td>
</tr>
<tr>
<td>Gestalt</td>
<td>An existential, phenomenological, experiential, and experimental approach to psychotherapy and theory of change that emphasizes contact, self-support, here and now awareness, and respect.</td>
</tr>
<tr>
<td>Hope/expectancy/placebo factors</td>
<td>Factors that contribute to therapeutic outcome that include clients’ confidence in therapy and the therapist (Hubble, Duncan, &amp; Miller, 1999).</td>
</tr>
<tr>
<td>Implicit knowing</td>
<td>“. . . non-symbolic, nonverbal, procedural, and unconscious in the sense of not being reflectively conscious” (Stern, 2004, p. 113). It is what we know before we are conscious of knowing it.</td>
</tr>
<tr>
<td>Intersubjective</td>
<td>Between two people; in contrast to intrasubjective, within one person.</td>
</tr>
<tr>
<td>Master therapist</td>
<td>A therapist considered an expert in psychotherapy by colleagues and by virtue of a record of positive therapeutic outcomes.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Meaning</td>
<td>An interpreted goal, intent, purpose, or significance of a thing, event, relationship, or person. Meaning, as used in the constructivist orientation of this study, is the understanding or sense an individual makes of his/her experience and the objects in his/her world.</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>“Quantitative statistical analysis that is applied to separate but similar experiments of different and usually independent researchers and that involves pooling the data and using the pooled data to test the effectiveness of the results.” (Merriam-Webster’s Dictionary)</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>“An operational working definition of mindfulness is: the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145).</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>“. . . highly refined practices aimed at systematically training and cultivating various aspects of mind and heart via the faculty of mindfulness” (Kabat-Zinn, 2003, p. 145) which is done by “(1) observing, noticing, bringing awareness; (2) describing, labeling, noting; and (3) participating. . . (1) nonjudgmentally, with acceptance, allowing; (2) in the present moment, with beginner’s mind; and (3) effectively” (Dimidjian &amp; Linehan, 2003, p. 166).</td>
</tr>
<tr>
<td>Novice counselor</td>
<td>A counselor within the first two or so years of training and clinical experience.</td>
</tr>
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<td>Person-centered</td>
<td>A therapeutic approach developed by Carl Rogers that holds that people tend toward becoming fully functioning and emphasizes the therapist’s way of being rather than a set of techniques. Rogers identified six necessary and sufficient conditions for therapeutic change which include therapist empathy, congruence and unconditional positive regard (Rogers, 1957).</td>
</tr>
<tr>
<td>Phenomenology</td>
<td>A philosophical and theoretical orientation that maintains that in direct experience of objects (people or the environment) through the senses and setting aside prevailing understandings of those phenomena people have the possibility for new understanding or meaning to emerge or to confirm existing meaning or understanding.</td>
</tr>
<tr>
<td>Presence</td>
<td>The quality of being all there – in body, mind, and spirit – in direct contact with the environment or person in moment-to-moment felt experience.</td>
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</table>
Primary knowing  “... arises by means of ‘interconnected wholes, rather than isolated contingent parts and by means of timeless, direct, presentation’ rather than through stored ‘re-presentation.’ ‘Such knowing is open rather than determinate, and a sense of unconditional value, rather than conditional usefulness, is an inherent part of the act of knowing itself,’ said Rosch. Acting from such awareness is ‘spontaneous, rather than the result of decision making,’ and it is ‘compassionate ... since it is based on wholes larger than the self.’” (Rosch quoted by Senge, Scharmer, Jaworski, & Flowers, 2005, p. 98)

Qualitative inquiry Research emphasizing description and exploration of the qualities of phenomena or things, processes, and meanings rather than on measurement. “Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry” (Denzin & Lincoln, 2005, p. 10).

Reflection A therapists’ examination of the assumptions, beliefs, and values that inform his/her work with clients as well as reviewing and analyzing the content and process of his/her work and interaction with clients.

Relationship factors Factors that contribute to therapeutic outcome including therapist qualities as well as the alliance between therapist and client.

System A set of parts or components that make up and function as a whole that has boundaries distinguishing it from its surroundings.

Technique factors Factors that contribute to therapeutic outcome that include “therapeutic or healing rituals” that include a “rationale, offer an explanation for the client’s difficulties, and establish strategies or procedures to follow for resolving them” (Hubble, Duncan, & Miller, 1999, p. 10).

Therapeutic relationship The connection, association, and involvement between therapist and client.

Working alliance Used interchangeably with therapeutic relationship and therapeutic alliance. When specifically tied to Bordin’s (1979) model, it includes the negotiation of goals, bond, and tasks between therapist and client.
CHOOSING TO BE PRESENT AS COUNSELORS IN TRAINING: A GROUNDED THEORY

By

Christina Tannen

May 2009

Chair: M. Harry Daniels
Major: Mental Health Counseling

The purpose of this study was to examine how counselors in training (CITs) describe their experience of being present and the meaning they make of that experience. It focused on the counselors’ way of being as distinguished from their application of technique. Conducted from a constructivist theoretical perspective this study assumed that knowledge is situational, that human subjectivity produces legitimate knowledge, and that meaning is constructed rather than discovered. Seven CITs, recruited from departments of counseling psychology and counselor education, participated in the study. They participated in a mindfulness meditation group as a way of cultivating being present and as a context in which they constructed the meaning of being present. The transcripts of interviews with the participants were analyzed using grounded theory methods which yielded a theoretical model of the process of choosing to be present as CITs. The theory includes seven key elements: 1) Acting to Contain Anxiety and Uncertainty, 2) Awakening to Choices, 3) Choosing to be More Present, 4) Being Present, 5) Contexts Facilitating or Inhibiting Being Present, 6) Experiencing the Outcomes of Containing Anxiety and Uncertainty, and 7) Experiencing the Outcomes of Being Present. The theory acknowledges the inevitability of anxiety and uncertainty for CITs and portrays a dynamic process in which
they may at any one time move toward being more present or toward containing their anxiety and uncertainty, characterized as seeking connection or seeking safety. To choose, CITs first awaken to the experience of being present and thus to an alternative to acting to contain anxiety and uncertainty. They may then actively choose to become more present or they may go toward safety again. The choices they make take place in and are influenced by context. Being present and acting to contain anxiety and uncertainty both yield outcomes that shape their work as counselors in training. CITs negotiate the complexity of choice moment by moment and cumulatively influence their personal development by the choices they make. The theory offers new perspectives on being present in counseling, suggests a potential role for being present in the therapeutic relationship, and adds an unexplored dimension to the process of counselor development.
CHAPTER 1
INTRODUCTION

Overview

Psychotherapy is personal. This is often acknowledged to be the case for clients. Clients offer up their personal struggles, face into private experiences of trauma and loss, and bring their personal qualities and resources to contribute to the therapy process. But psychotherapy is also personal for the therapist. While objectivity is often prized and pressures exist for counselors to be experts who assess and treat with precision, therapists ultimately rely on their personal beings as the instruments of therapy. Therapists not only draw on knowledge and skills, but also bring themselves into direct contact with the client and with themselves. For therapists to stay with their clients’ personal suffering, they come in contact with their own. Frequently, therapeutic change emerges from such a uniquely intimate encounter, when counselor and client sense a powerful connection to each other. How counselors develop the capacity to bring themselves to the therapeutic relationship so they can facilitate this connection is fertile but virtually unexplored ground. This capacity for connection will be taken up from the following perspectives: the person of the therapist, the therapist in relationship, and the therapist’s presence.

The Therapist

The counselor’s own being and experiencing in the counseling session need to be focal points in considering connection between therapist and client. As used here, being and experiencing are verbs that invoke the way the person of the therapist is alive and participating in the counseling session, awake to one’s own being and to one’s experiencing of clients. Being in contact with oneself means being aware of one’s moment to moment experience of and adjustments to one’s environment, including the client. According to Gestalt therapy tradition,
the self is a “system of creative adjustments” to what is encountered at the boundary between self and environment (Perls, Hefferline, & Goodman, 1951). The self evolves as it is continually constructed and reshaped in dialogue with the environment (Kincheloe, 2005). The self as a system constantly reorganizes and while there may be some recognizable patterns the path is not predictable. Similarly, Buddhists speak of “no self” with the idea that there is no firm entity that can be held onto as self, but rather continuous awareness and experience (Hahn, 1990; Levine, 1979).

Contact between client and therapist happens at the boundary between them where they each adapt and change in response to one another. If therapists keep themselves away from that boundary, tucked behind a prescribed protocol or a preconceived idea about clients or their presenting issues, then a connection is not made between them and change does not happen. If therapists think of themselves as fixed entities separate from their clients, true connection is more difficult. On the other hand, if therapists can be aware of themselves as perpetually evolving systems and can bring themselves fully to their personal boundary, the border that both separates and connects them to their clients, open to whatever they find there, then they and their clients have the possibility of growing and changing (Hycner, 1991; Perls, 1973; Perls, et al, 1951).

A body of research on therapists regarded as experts offers a portrait of the master therapist that highlights personal qualities, abilities, and capacities (Skovholt, Hanson, Jennings, & Grier, 2004, Skovholt & Jennings, 2004, 2005), drawing attention again to the importance of attending to the therapist as a person. Not only are personal qualities emphasized, but the particular qualities seen as significant support the value of connection and of openness to novelty and unpredictability. For instance, the portrait of the master therapists includes tolerance for
ambiguity, anxiety, disorder, conflict, ambivalence, and paradox (Skovholt, Hanson, Jennings, & Grier, 2004, p. 19). These qualities also support the self adaptation and growth process identified above which in turn enables good contact between self and other. Good contact in Gestalt therapy theory means “being mindful of current reality” at the boundary between “me” and “not-me” (Yontef, 1995). The therapist being congruent or fully oneself (Rogers, 1957, 1961; Skovholt, Hanson, Jennings, & Grier, 2004), along with the ability to form relationships (Skovholt, Hanson, Jennings, & Grier, 2004, p. 27) are also associated with the master therapist. This body of work suggests that these qualities and capacities are developed over the career of a therapist who is graced with natural relational abilities and who continually seeks personal and professional growth. While experience is a significant factor, it is not the determining one.

What is unknown is how counselors in the beginning of their careers might make use of practices aimed at developing these abilities and capacities.

Loganbill, Hardy, and Delworth (1982) identify in novice counselors a naïve sense of security based on black and white thinking and lack of awareness of problem areas in their work. Novice counselors are also characterized by anxiety, dependency, and technique focus (Reising & Daniels, 1983; Ronnestad & Skovholt, 1993). The term “premature foreclosure” summarizes the novice’s “tendency to latch on to one simplistic solution, theory, or frame of reference with which to view clients in order to avoid being cognitively or emotionally overwhelmed” (Skovholt, Hanson, Jennings, & Grier, 2004, p. 20). This foreclosure on possibilities helps the practitioner, whether novice or seasoned, avoid the anxiety of ambiguity and uncertainty but makes true contact with a client difficult if not impossible. The client is fit into a preconceived box rather than being experienced freshly. Supervisors of novice counselors are encouraged to provide structure and security in response to this characterization (Stoltenberg, McNeill, &
Delworth, 1998) as opposed to encouraging them to embrace or tolerate their anxiety. If programs and supervisors provide direction and structures for novices to hold on to, it becomes a self-fulfilling prophecy that novices will in fact rely on that direction and structure. Another way to address novice counselors’ needs is to train counselors to be present—to be able to “sit” with anxiety, to increase their comfort with not knowing and not controlling, to be open. Cultivating presence can augment current structures in counselor preparation to enable novice counselors to make better connections with clients.

Counselors in training (CITs) are taught to be aware of the behavior of the client, the feelings and thoughts of the client, as clues to the client’s presenting issue or meaning making. Students of counseling are also advised to be aware of themselves, including their own behaviors, thoughts and feelings, cultural values, as clues to their own biases, personal history and meaning making. While some training is offered in how to interpret what they notice and how it fits with the content they have learned, students are not offered much assistance regarding the process of noticing itself (Holloman, 2000). Noticing here means paying attention, being aware and seeing. Self-awareness and accurate empathy show up in the qualities of master therapists and are held out as things to strive for. Novice counselors need a practice devoted to the development of in-the-moment awareness of self and other.

Reflection is suggested as important in the process of becoming a master therapist (Schon, 1987; Skovholt & Ronnestad, 1992). Reflection involves processing experiences in counseling. While reflection, either in supervision or on one’s own, may include a focus on both process and content aspects of counseling, it is an intellectual exercise about something that happened in the past (Ward & House, 1998). Primary knowing (Senge, Scharmer, Jaworski, & Flowers, 2005), implicit knowing (Stern, 2004) and embodied knowing (Lakoff & Johnson, 1999) are ways of
describing a more inclusive kind of knowing, one that draws on the senses, emotions, and spirit in the present moment, as well as on thoughts about that experience. Present moment awareness (Stern, 2004) is a necessary companion of the reflection process. Present moment awareness provides the data upon which to reflect later. The quality of the awareness in the moment may determine the quality of the data for reflection. Being present in the moment is a requirement for reflection to be effective and in turn strengthens the counselor’s skills.

The Therapeutic Relationship

After exploring the importance of the “being” of the therapist, this section turns to the importance of the therapist’s “being with” the client in the therapeutic relationship. Common factors research sheds light on the significance of the therapeutic relationship (Hubble, Duncan, & Miller, 1999; Lambert, 1992). This line of research is devoted to finding factors that contribute to therapeutic outcome regardless of theoretical orientation and has led to the identification of four common factors in client change: (1) client factors; (2) relationship factors; (3) hope, expectancy or placebo factors, and (4) technique factors (Hubble, Duncan, & Miller, 1999; Lambert, 1992). Relationship factors are of particular importance in the study of presence. These factors encompass therapist qualities as well as the alliance between therapist and client. According to Lambert (1992), Hubble, et al (1999) and others (Horvath, 2005; Martin, Garske, & Davis, 2000; Norcross, 2002; Nuetzel, Larsen, & Prizmic, 2007; Stevens, Muran, Safran, Gorman, & Winston, 2007; Watson & Geller, 2005; Zuroff & Blatt, 2006) the therapeutic relationship is a substantial contributor to therapeutic outcome, second only to client factors in accounting for the variance in outcome.

Investigation of the therapeutic relationship has focused primarily on two areas: (a) what factors make up the relationship (Bordin, 1979; Gelso & Carter, 1994; Norcross, 2002) and (b) what therapist qualities correlate with positive therapeutic relationships (Ackerman &
Hilsenroth, 2003; Clemence, Hilsenroth, Ackerman, Strassle, & Handler, 2005; Norcross, 2002; Watson & Geller, 2005). Conceptualizations of the therapeutic relationship have been provided most notably by Rogers (1957), Luborsky (1976), Bordin (1979), and Gelso and Carter (1985, 1994) and instruments to measure the relationship emanate almost exclusively from these models. In spite of the attention given to relationship factors in therapy, the following discussion will highlight critical limitations in the profession’s understanding of the therapeutic relationship.

The counseling field seems to have settled on the early models of the therapeutic relationship or alliance (Horvath & Luborsky, 1993; Norcross, 2002; Norcross, Beutler, & Levant, 2006). As a result, the research literature reflects a theoretical foreclosure that limits a full examination of this important phenomenon (Horvath, 2005; Elvins & Green, 2008). Studies that identify therapist qualities that correlate with positive therapeutic relationships also use the same models and so are limited to contributing to an understanding of qualities that relate to those particular ways of conceptualizing the relationship. In addition, how therapists develop those qualities or develop the capacity to build positive therapeutic relationships has not been explored. In Horvath’s (2005) review of the research on the therapeutic relationship, he referred to projects designed to train therapists with the goal of developing better working alliances. He stated that more than half of the studies he reviewed showed no improvement in alliance ratings following training (2005). “These findings appear to suggest that it is important to more clearly identify the interactive elements between therapist and client related to the alliance . . . .” (Horvath, 2005, p.5).

Client ratings of the therapeutic relationship more consistently predict outcome than either therapist or observer ratings (Fitzpatrick, Iwakabe, & Stalikas, 2005; Horvath & Symonds, 1991; Hubble, Duncan, & Miller, 1999; Watson & Geller, 2005). The discrepancy between client and
therapist ratings of the alliance has not been thoroughly investigated. What is it that therapists are attending to that their appraisal of the alliance is so different from that of clients? It has been conjectured that therapists use their theoretical perspective as a reference point for making judgments about the relationship where the client may refer to other personal relationships (Hubble, Duncan, & Miller, 1999). If this is the case, then the therapists, especially therapists in training, are in a bind. On the one hand they are encouraged to adopt a theoretical orientation and on the other they need to find a way to set aside theory and be present enough in the encounter with the client to sense the state of their relationship.

Research on the therapeutic relationship is also limited by the difficulty existing research structures have in accommodating the study of process-oriented and experiential phenomena (Norcross, Beutler, & Levant, 2006). As discussed above, the therapist and client adapt in response to each other and to their interaction, making the relationship a process and experiential phenomenon. In addition, the relationship is a whole system, an understanding of which is limited, if not skewed, by taking it apart and studying the pieces as is required by existing research structures. For instance, adopting an atomistic rather than holistic approach, Ackerman and Hilsenroth (2003), Dunkle and Friedlander (1996), and Norcross (2002) separated the therapist’s contribution to the therapeutic relationship into discrete elements such as empathy, self-disclosure, honesty, flexibility, positive regard, and others, attempting to establish correlations of individual factors with ratings of the relationship. Extracted from the whole of the relationship, these variables may look different than when part of the gestalt.

On a more global level, data generated by frequently used research methodology, such as the meta-analysis, paints an impersonal picture of a personal encounter. The meta-analysis has become the foundation for accepted knowledge claims about the therapeutic relationship
In a review of the literature on the therapeutic relationship, including works from the years 2000 through 2006 as well as earlier classic works, the sources cited most often in the PsycInfo database were meta-analyses. While drawing on a great deal of work, a meta-analysis becomes removed from the phenomena of interest, with the complexity of an entire research study reduced to a single data point in a meta-analysis. What is gained in breadth is lost in depth of understanding. What is an embodied experience becomes disembodied. The profession is left at a distance from the moment to moment experience of a relationship.

These examples point to some key inadequacies in the profession’s understanding of the therapeutic relationship. The being and experiencing of the therapist in the moment of encounter with the client, what can be called the therapist’s presence, does not appear in the language or literature on the therapeutic relationship. Being present, as both an intra-personal therapist factor (being) and as a co-constructed, inter-subjective experience (being with), fits intuitively in the realm of the therapeutic relationship and yet the topic is missing from theoretical models of the therapeutic relationship.

**Therapeutic Presence**

Presence has been suggested to be a process and/or quality inherent in positive therapeutic relationships but has been only marginally explored. The concept of presence distinguishes between a therapist’s way of being and the application of knowledge or technique. Psychotherapists from different theoretical traditions, i.e. psychoanalytic, existential, person-centered, and Gestalt, have written about therapist presence (Buber, 1970; Bugental, 1987; Freud, 1912/1961; May, 1958; Reik, 1948; Rogers, 1961). Freud recommended “evenly hovering attention” as opposed to selective or forced attention (1912/1961). Reik (1948) spoke of listening with “the third ear” meaning with one’s whole being. For Bugental (1987), “Presence
is the name for the quality of being in a situation or relationship in which one intends at a deep level to participate as fully as she is able” (p. 27). When the therapist is present, he or she is relating to the client as “one existence communicating with another” (Binswanger, quoted by May, 1958, p. 81). In Martin Buber’s (1970) I-thou relationship, presence takes on the dimension of a meeting, for “[o]nly as the You becomes present does presence come into being” (Buber, 1970, p. 63). In person-centered therapy the therapist’s function is “being immediately present to his client, relying on his moment-to-moment felt experience in the relationship” (Rogers, 1989, p. 16). For Gestalt therapists, being present means making authentic contact – either with oneself or with the environment – which includes awareness at the sensory as well as the cognitive level (Korb, Gorrell, & Van De Riet, 2002). The few research studies on presence yielded qualitative descriptors such as receptivity, inwardly attending, extending, being with and for the client, attentional ability, immersion in the moment, connected, authentic self, and openness of being (Fraelich, 1989; Geller, 2001; Pemberton, 1977; Phelon, 2001). Presence as a holistic experience defies being pulled apart into pieces so it must be understood that each of these parts overlaps and intertwines with the others. Presence is also referred to as a continuum, expressed in terms of the intensity of the connection and the engagement of body, mind, and spirit (Geller, 2001; McDonough-Means, Kreitzer, & Bell, 2004). Together these descriptors paint a picture similar to the conceptualizations of presence by therapists from various theoretical perspectives.

Both Phelon’s (2001) and Geller’s (2001) participants referred to kinesthetic aspects of presence. Connection between therapist and client, as for any two people, takes place at the boundary between self and other. From a phenomenological perspective contact is made through the senses. Direct experience involves sensory data and awareness. For therapists to connect
with clients their attention cannot be solely occupied with cognitive functions that take them
away from present moment experience (May, 1958; Reik, 1948; Stern, 2004; Welwood, 2000).
They must involve their whole being. Awareness of sensory and kinesthetic data is not generally
a focus of counselor preparation.

Components of presence may be identified but in and of themselves do not resemble
presence. And being present appears to encompass paradoxical aspects. For instance presence is
described as requiring receptivity and action; concentration but not fixed attention, and
heightened awareness of one’s own being and also being unaware of one’s own being. These
paradoxical aspects appear mutually exclusive and yet each can be observed at different points.
If only one aspect is identified as a variable in the study of presence, the appearance of its
opposite confounds the findings. Meaningful study of the experience of presence requires a
holistic approach.

Those who have studied presence propose conceptually that developing therapists’ skill
in being present enhances their capacity to build a stronger alliance and a more therapeutic
relationship (Geller, 2001; Pemberton, 1977; Phelon, 2001). There is also overlap in descriptions
of the qualities of master/expert therapists (see above section) with descriptions of therapist
presence. If the therapeutic relationship is considered critical to outcome in therapy, it is
reasonable to suggest that the qualities of these master therapists, including being present, have
something to do with their ability to form therapeutic relationships that promote change. This
line of reasoning supports the importance of increasing counselors’ ability to be present. To date,
cultivating being present remains primarily the purview of spiritual practices and has not been
thoroughly explored in the context of counseling.
In Buddhism, mindfulness forms the foundation of optimal presence, the combined working of the seven factors of awakening: mindfulness, investigation, energy, joy, tranquility, concentration, and equanimity (Morgan & Morgan, 2005). But mindfulness is not a Buddhist phenomenon. Mindfulness is a universal experience “having to do simply with the cultivation and refinement of our ability to be present and awake in our lives” (Kabat-Zinn, Massion, Hebert, & Rosenbaum, 2002, p. 287). Mindfulness meditation has been practiced for centuries as a way to develop mindfulness and thus presence. Mindfulness meditation means sitting in intentional silence focusing attention on the breath, noting present moment experience as it unfolds without judgment. Psychotherapy research on mindfulness meditation has focused primarily on the effects of teaching mindfulness practice to clients as a therapeutic intervention (Baer, 2003). Results of various studies of the effects of mindfulness meditation practice show reduced anxiety, depression, eating disorders, and pain, and heightened performance and life satisfaction (Brown & Ryan, 2003; Kabat-Zinn, Lipworth, Burney, & Sellers, 1987; Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, et al., 1992; Kristeller & Hallett, 1999; Shapiro, Schwartz, & Bonner, 1998; Teasdale, Williams, Soulsby, Segal, Ridgeway & Lau, 2000). In regard to therapists, mindfulness mediation has been explored as a method of self-care (Christopher, Christopher, Dunnagan & Schure, 2006; Shapiro, Brown, & Biegel, 2007). Fulton (2005) and Tremlow (2001) suggest conceptually a number of benefits to mindfulness meditation as clinical training for therapists including fine tuning attention, listening and hearing skills; healthy experiencing of the here and now; developing nonattachment and optimal distance; and compassion. Despite these potential benefits for the therapist, research is minimal in this area. Training counselor trainees in mindfulness meditation offers them the opportunity to develop
mindfulness as the foundation for being present and a context in which to explore their experience of being present and the meaning they make of that experience in counseling.

The Problem

Despite the power and promise of presence in facilitating connection with clients, for therapist self awareness and growth, and for tolerating ambiguity and unpredictability, there is a dearth of systematic exploration of presence. The profession has not had the means to examine the meaning of being present in therapy and may have avoided the topic as it did not fit within the predominant research paradigm. In addition, research on counseling effectiveness has focused on the client or on specific theories and interventions (the therapist’s doing) rather than on the therapist’s being in counseling. What is understood about being present so far comes from the experience of seasoned therapists who have an interest in and a propensity to be present. Little is known about the meaning CITs make of the experience of being present or if they have the experience at all. The purpose of this study was to examine how CITs describe and the meaning they make of their experience of being present in the context of counseling. Unless otherwise noted, being present implies being present as a therapist and in the context of counseling. Mindfulness is included as a way of cultivating the ability to be present.

Theoretical Foundations

Constructivism forms the theoretical perspective for my research. Phenomenological, existential, and Gestalt theories along with Buddhism each conceptualize the experience of being present and so contribute various perspectives to this study. In addition, theoretical propositions regarding counselor development furnish a context for this study as they structure existing expectations for counselors, particularly novice counselors. I will briefly describe each of these as they inform my exploration of being present.
**Constructivism**

Constructivism emerged from challenges to the modernist thinking and the limitations of logical positivism (Hayes & Oppenheim, 1997; Sexton, 1997). Constructivism suggests that the knower is inextricably entwined with what is known, and that knowledge is relative to context (Sexton, 1997). Reality exists in terms of the meaning constructed by the observer. Within constructivism, beliefs about the nature of reality stretch along continua on two dimensions: (1) from realism to idealism, and (2) from individually constructed to socially constructed knowledge (Chiari & Nuzzo, 1996; Hayes & Oppenheim, 1997). At the extreme realist end of the continuum, constructivists believe that there is an absolute reality to be known but that it will never be truly and exactly known due to the limitations of the observer’s perceptual, cognitive, and emotional processes. At the other end of the continuum is the extreme idealist belief that reality is created entirely by the observer. Being present in counseling will be looked at in this study from a position on each of these dimensions: first, the experience of presence exists only as it is experienced by the counselor and second, the individual experience and the meaning made by the individual counselor is given primacy. The counselor enters into an intersubjective space with the client and constructs meaning from this interaction and as well as from his/her being in the world. The meaning made by individual counselors is the interest of this study. An assumption I make is that being present in counseling acknowledges the uniquely constructed meanings of each individual and that opening to those different constructions of reality promotes a positive therapeutic relationship.

**Phenomenology**

Being present has been studied from a phenomenological perspective yielding rich descriptions of the experience by psychotherapists (Fraenlich, 1989). Phenomenology is a branch of philosophy that influenced psychotherapy theories such as existential and Gestalt as well as
research methodology in the social sciences. This philosophy called psychotherapists and
researchers to go “to the things themselves,” and “recognized the crucial value of returning to the
self to discover the nature and meaning of things as they appear and in their essence”
(Moustakas, 1994, p. 26). The goal of phenomenology is to bracket off preconceived theories,
concepts or categories so that one can make meaning of fresh experience, can see more clearly
what is manifest (Moustakas, 1994). This is also a description of being present.
Phenomenological experience is a present moment experience and being present is a
phenomenological experience.

**Existentialism**

According to existential theory, people experience anxiety due to the inevitability of the
conditions of living: death, isolation, meaninglessness and freedom. It is in acknowledging their
authentic experience of being in the world and connecting with that of others that people
confront, accept and tolerate these conditions (Yalom, 1980). Human existence is seen as a
process of emerging and becoming, of coming into being (May, 1958). Existential
psychotherapy is based on “. . . an understanding of what makes man the *human* being; it stands
for defining neurosis in terms of what destroys man’s capacity to fulfill his own being” (May,
1958, p. 35). Existential psychotherapy, then, encourages both therapist and client to inhabit
their experience of living, to be present. Existential therapists have written eloquent descriptions
of the value of presence in the therapeutic encounter. This approach to psychotherapy asks
therapists to be present with their clients, connecting in their common experience of the givens of
existence, authentically, one human being with another.

**Gestalt**

Gestalt therapy theory offers another frame for the therapeutic value of being present for
both client and therapist. Gestalt therapy is described as phenomenological, existential,
experiential, and experimental (Korb, Gorrell, & Van De Riet, 2002; Yontef, 1989). It is phenomenological in that clients are encouraged to experience their lives directly through their senses rather than through their ideas about their experience. As in existential therapy, the goal is to help clients remove what blocks them from this direct experiencing in order to make good contact with their environment and with themselves. This is accomplished by helping clients develop present moment awareness through experiential and experimental interventions. It is through experiencing themselves as they are in the present that clients come into their authentic being in the world. The paradoxical theory of change posits that people change by becoming who they are rather than trying to become something different (Beisser, 1970/2004). The human being is seen as a self-regulating whole. People grow and adapt to relevant aspects of their environment at the boundary which both defines them as separate and connects them to their environment. As such, Gestalt therapy recognizes the self as interconnected with the context in which it comes to be moment by moment. The therapist is asked to be aware of self, others and the context or field; to be available for dialogue or relationship with the client; to use self as an instrument of therapy, and to focus on process rather than on content (Brown, 1997; Yontef, 2002). Gestalt therapy requires the therapist to be present to facilitate authentic, therapeutic dialogue in the immediate moment and brings clients to their present experience to facilitate healthy organismic functioning and growth.

**Buddhism**

Buddhism provides a description of being present in the context of spiritual practice and points to potential therapeutic value in being present, for both therapist and client. Buddhism will be discussed here in the broadest of terms as diversity exists within the Buddhist world. In addition, the Buddhism presented here has been interpreted by western practitioners.
In Buddhism, as in most Eastern spiritual traditions, well-being, happiness, and freedom are found within each person as part of his/her true nature. People suffer from believing that happiness lies outside them and from their attachments to things, people, and ideas, which are in fact always changing (Fulton & Siegel, 2005). Buddhist mindfulness meditative practices are aimed at helping people achieve direct knowledge and experience of that essential nature that goes beyond the separateness of the individual self and the conceptual mind (Welwood, 2000). In striking similarity to constructivist and Gestalt thinking, Buddhism describes the construction of self as taking place moment to moment. In Buddhism, this construction of self results from attachment of the mind to particular feeling states or thoughts (Levine, 1979) that are then claimed as one’s identity. In meditation, attention is focused on each moment as thoughts and feelings pass through consciousness and over time the meditator learns not to hold on to any of them as proof of identity or self (Levine, 1979/1989). The effect is insight into the inevitability of change which in turn facilitates a letting go of needing to control life and an increase in compassion and love (Fulton, 2005). The emphasis on direct experience of what is in each moment and opening to compassion in Buddhist thought and practice offers another perspective on being present. For the therapist, being present and unattached to thoughts about the client, open to client changes, the therapist would detach from the need to control and to know and would see more clearly and compassionately.

**Counselor Development**

Being present has been suggested to increase self awareness, tolerance for difficult emotions, and openness to complex and paradoxical phenomena. In this study I listened to the meaning CIT’s make of their experience of being present in counseling against the backdrop of models of counselor development and expertise.
Stoltenberg and Delworth (1985) delineated a four-stage model of counselor development for trainees. Increased autonomy and self-awareness, along with knowledge of theory and technique, indicate progression from one stage to the next. More mature trainees also show more complete self-understanding and are able to draw on a more complex view of the counseling process (Stoltenberg & Delworth, 1985). Loganbill, Hardy and Delworth (1982) used the terms stagnation, confusion, and integration to describe the stages in their model of counselor development. In the stagnation stage, counselors lack awareness of their blind spots, demonstrate a naïve sense of security and black and white thinking (Loganbill, Hardy & Delworth, 1982). Although other models refer to anxiety at this stage and this model notes a sense of security, I conjecture that these are two sides of the same coin. Counselors rigidly cling to specific theory or interventions and feel anxiety when they are faced with challenges to those approaches or if they are forced to deviate from them. At later stages of both of these models (Stoltenberg & Delworth, 1985; Loganbill, Hardy & Delworth, 1982), as well as in descriptions of master therapists (Goh, 2005; Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005; Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003), counselors demonstrate more self-awareness, tolerate greater uncertainty and anxiety, and exercise more flexibility and complexity in conceptualizing client issues. Reising and Daniels (1983) demonstrated that a simple (linear) stage model of counselor development does not adequately depict this developmental process which is demonstrably complex. Counselors do not simply complete one stage and move to the next, but develop unevenly and perhaps cyclically. Therapist expertise has also been defined as knowing what happens “moment-by-moment during therapy sessions” (Orlinsky, Ambuhl, Botermans, Davis, Ronnestad, Willutski, Cierpka, & Davis, 1999). Regardless of to what extent
a counselor can be considered to be at a particular stage of development, moment to moment awareness seems crucial to performance.

**Summary**

In summary, this study focuses on the experience and meaning made by individual counselors of being present from a constructivist perspective. Phenomenology, existential, Gestalt, and Buddhist theories explore presence and its meaning. Existential and Gestalt theories of human living, growth, and change influenced my own experience and thus my framing of the importance of being present. Both existential and Gestalt therapies center on authentic being in the present moment for therapist and client. How the meaning CITs make of their experience of being present overlays on existing conceptualizations of counselor development contributes to the analysis.

**Significance of Study**

CITs’ experience of being present and the meaning they make of that experience in counseling have not been the focus of previous systematic investigation. Therapists’ connection with clients has been shown to be crucial to positive therapeutic outcome (Horvath & Luborsky, 1993; Lambert & Catani-Thompson, 1996; Norcross, 2002; Vocisano, Klein, Arnow, Rivera, Blalock, Rothbaum, et al, 2004) and yet little is known about the processes that enable therapists to make those connections. Without the study of being present in counseling, the profession is left at a distance from the very personal encounter between therapist and client, between one existence and another. It neglects what may prove to be an avenue for enhancing therapeutic relationships and the development of counselors.

Most examination of the therapeutic relationship has been atomistic and reductionistic and has centered on a circumscribed set of models and measures (Ackerman & Hilsenroth, 2003; Horvath, 2005; Clemence, Hilsenroth, Ackerman, Strassle, & Handler, 2005; Norcross, 2002). A
qualitative analysis of therapists’ personal experiences and meaning making offers a holistic and inductive approach to looking at these complex processes. In particular, this study provides in-depth descriptions of the meaning that people new to the practice of therapy make of the experience of being present, complementing the existing descriptions of presence by experienced therapists (Fraelich, 1989; Geller, 2001; Pemberton, 1977; Phelon, 2001).

Analysis of the experiences and constructed meanings of CITs regarding presence adds richness to the dialogue on therapist development on their way from novice to master. Novice counselors have been characterized as anxious, dependent, and technique-focused (Loganbill, Hardy, & Delworth, 1982; Reising & Daniels, 1983; Ronnestad & Skovholt, 1993) while master therapists are portrayed as tolerant of ambiguity and uncertainty and focused on their relationships with their clients (Skovholt, Hanson, Jennings, & Grier, 2004; Skovholt & Jennings, 2004). Learning to be present can supplement other training experiences in addressing novice counselor anxiety thereby making room for flexibility in interventions and better contact with clients. The participants in this study, in learning mindfulness meditation, developed their capacity for being present and constructed meaning out of that experience in the context of counseling.

In this study I highlight the therapist’s being and experiencing in the context of counseling, setting it apart from studies that have focused on discrete therapist interventions, client factors, and models and measures of the therapeutic relationship. The findings of this study help the profession know more of how therapists bring themselves to be present in the therapeutic relationship and what they understand presence to mean in the context of counseling. In particular, this study sheds light on how new counselors understand and integrate the experience
of being present into their work as counselors. It also offers resources and encouragement for further exploration.
CHAPTER 2  
LITERATURE REVIEW  

Therapeutic Effectiveness and Common Factors  

Psychotherapy helps bring about changes in clients’ symptoms and life functioning (Asay & Lambert, 1999; Seligman, 1995; Lambert & Cattani-Thompson, 1996; Lambert & Bergin, 1994). Testing different therapies using different methodologies and from different perspectives (client, therapist, observer), researchers have found support for the effectiveness of psychotherapy for a variety of presenting problems and diagnoses (Asay & Lambert, 1999; Hubble, Duncan, & Miller, 1999). Meta-analyses of studies of specific therapies conclude that “Everyone has won and all must have prizes” meaning that therapies demonstrate reasonably equivalent effectiveness (Benish, Imel, & Wampold, 2008; Lambert & Bergin, 1994; Ahn & Wampold, 2001; Wampold, Mondlin, Moody, Stich, Benson, & Ahn, 1997; Takuya, Wampold, Serlin, Hamilton, Brown & Kircher, 2008), although some therapies seem to work better for some problems (Bergin & Garfield, 1994; Ogles, Anderson, & Lunnen, 1999).

Frank and Frank (1991, cited in Hubble, Duncan, & Miller, 1999, p. 7) identified aspects of therapy that were held in common by effective therapies. They were followed by Lambert’s (1992) work which proposed four common therapeutic factors. Building on Lambert’s (1992) work, Hubble, Duncan and Miller (1999) reviewed the literature “with the purpose of selecting the major components or ingredients of therapy that provided the best bridge between the various schools” (p. 8) and emerged with labels for the “big four” factors that have become the language of the common factors literature: 1) client or extra-therapeutic factors, 2) relationship factors, 3) placebo/hope/expectancy factors, and 4) technique factors. Lambert (1992) assigned percentages to each common factor to demonstrate its contribution to therapeutic outcome. Relationship factors (what Lambert called the “common factors”) were said to account for 30% of the
variance in therapeutic outcome (with extratherapeutic factors contributing 40%, expectancy 15%, and therapy technique 15%) (Lambert, 1992, p. 97). While studies of the therapeutic relationship and the working alliance refer to these percentages regularly, Lambert himself cautioned that “no statistical procedures were used to derive the percentages that appear in figure 3.1, which appears somewhat more precise than is perhaps warranted” (1992, p.98). Nevertheless, researchers almost without exception maintain that the relationship is critical to positive therapeutic outcome (Lambert & Bergin, 1994; Horvath & Greenberg, 1989; Nuetzel, Larsen, & Prizmic, 2007; Stevens, Muran, Safran, Gorman, & Winston, 2007; Zuroff & Blatt, 2006). This claim is predicated on empirical studies of the relationship as defined by various models of the therapeutic relationship and the working alliance.

The Therapeutic Relationship

Theories and Models

Theorists conceptualize the therapeutic relationship in various ways to facilitate change. Freud recommended that therapists allow their analysands to develop a positive attachment to them by “maintaining ‘serious interest’ and ‘sympathetic understanding’ of the client” (Horvath & Luborsky, 1993, p. 56). This attachment was to allow clients to displace onto the therapist aspects of relationships with significant people from the client’s past. The processing of the transference, as this displacement is termed, forms the central thrust of the therapy (Gelso & Carter, 1994, p. 297). According to Horvath and Luborsky (1993), in Freud’s later writing he indicated that beyond the transference relationship, by definition a distorted relationship, there may also develop a real or undistorted relationship. Beyond the transference relationship, this part of the client, which is grounded in reality, helps the client to heal.
Determined to abstract from his therapy experiences the basic principles involved in change, Carl Rogers (1957) proposed six conditions that if present are not only necessary but sufficient for therapeutic personality change. These conditions are as follows:

1. Two persons are in psychological contact. 2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious. 3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship. 4. The therapist experiences unconditional positive regard for the client. 5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client. 6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 1957, p. 96)

Many times the Person-Centered approach is reduced, especially for research purposes, to what are called therapist offered conditions (TOC) and include only empathy, warmth, and genuineness. The more relationship-oriented conditions, in which the client and therapist are in contact and in which not only does the therapist offer them but the client perceives the therapists’ empathy warmth and genuineness, are often left out. Nonetheless, they remain important aspects of this theory of change. Horvath and Luborsky (1993) note that Rogers’s theory does not address variability in client motivation or ability to take advantage of the conditions (p. 562), however, the first and last condition seem to take client perspective into account. They also report that in the majority of the studies on the TOC’s it is the client’s perception of the therapist rather than the therapist’s behavior that correlates most highly with outcome (Horvath and Luborsky, 1993, p. 562). Again, the sixth condition in Rogers’ theory of change demonstrates his acknowledgement of the importance of the client’s experience and perception. From the necessary and sufficient conditions, it is clear that for Rogers, change only occurs in the context of a relationship. What sets Rogers’ Person-Centered Theory apart from most other theories is this valuing of the relationship as the facilitative agent of therapy, rather than as a pre-condition for therapy techniques that bring about the change.
Bordin (1979), troubled by the proliferation of psychotherapy theories in the 1960’s and 1970’s, proposed a model of the working alliance. He saw the working alliance as a key element of the change process and one that can be generalized across theories to provide a focus for research on therapeutic change. The working alliance develops from three aspects of the therapeutic relationship: the goal, the task and the bond (Bordin, 1979). The alliance is enhanced to the extent that therapists and clients agree on the goals of their work together. While different theories focus on different kinds of goals, the agreement on the goals is what is important. The client and the therapist collaborate on the content and conduct of their work together, including the assignment of homework, focusing on a particular behavior or how fees are paid (tasks). The bond resembles what might be called the affective or more intimate parts of the therapeutic interaction, including trust and attachment. Just as with goals, bonds may look different depending on the therapy approach, the role of the therapist and the length of therapy (Bordin, 1979, p. 254) but it is the strength, not the type, of the bond that is important to the overall alliance. In the early years of research on the relationship between working alliance and therapeutic effectiveness studies focused on the use of psychodynamic therapies and Bordin (1979) called for more comprehensive confirmation of these results. The working alliance has been widely researched using many different therapeutic approaches since he made that call (Clemence, Hilsenroth, Ackerman, Strassle, & Handler, 2005; Dunkle & Friedlander, 1996; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993; Watson & Geller, 2005; Horvath & Symonds, 1991; Bachelor & Salame, 2000, etc.).

“working alliance,” further developed by Bordin (1979). Gelso and Carter outline the model’s three components: “a working alliance, a transference configuration, and the ‘real’ relationship” (Gelso & Carter, 1994, p. 296). Transference has already been defined as the client’s displacement onto the therapist of conflicts, feelings and attitudes from significant relationships in the client’s life. In Gelso and Carter’s (1994) model, the transference configuration also includes countertransference, or the therapist’s transference to the client’s issues or communication. The real relationship, similar to Freud’s use of the term, is characterized by genuineness and realistic perceptions. “Genuineness is defined as the ability and willingness to be what one truly is in the relationship – to be authentic, open, and honest. Here there is agreement with Rogers’ concepts of genuineness and congruence. Realistic perceptions refer to those perceptions that are uncontaminated by transference distortions and other defenses” (Gelso & Carter, 1994, p. 297). Each of the components of this model interacts and overlaps with the others. The authors claim that these components of the therapeutic relationship exist in all forms of therapy.

All of the theories and models of the therapeutic relationship and working alliance mentioned so far come from the perspective of the therapists. Bachelor (1995) examined the alliance from the perspective of the client in a qualitative study. Client ratings of the therapeutic relationship more consistently predict outcome than either therapist or observer ratings (Horvath & Symonds, 1991; Watson & Geller, 2005; Fitzpatrick, Iwakabe, Stalikas, 2006) and tend to be higher than those of therapists (Tryon, Blackwell, & Hammel, 2007). In Bachelor’s (1995) study, 66 descriptions were gathered from 34 self-referred clients over three phases of therapy at a university-run community mental health clinic. The reports clustered around three types of alliances: nurturant, insight-oriented, and collaborative (p. 324). The nurturant type of alliance,
The clients who wrote about the insight type of alliance focused on self-revelation and therapist clarification-type activities (39% of protocols). Only 15% of the clients in this study wrote about the alliance in terms of joint activity or collaboration with the therapist (Bachelor, 1995, p. 330).

The conclusion that all clients do not value the same kind of interaction with the therapist in building an alliance deserves attention. In a more recent study of 30 clients from three settings, Bachelor, Laverdiere, Gamache, and Bordeleau (2007) reported that of the therapist qualities deemed by clients as relevant to collaboration in therapy, the most prevalent was attentive listening. Bedi (2006) interviewed 40 outpatient clients who had received services at a university or community mental health clinic or from a private practitioner and reported a positive therapeutic relationship. Coding of the interviews yielded eleven common alliance formation factors: setting, presentation and body language, nonverbal gestures, emotional support and care, honesty, validation, guidance and challenging, education, client’s personal responsibility, and session administration (p. 26). The inclusive nature of the list of factors makes it a somewhat unwieldy contribution to understanding the alliance. However, the findings suggest that exploring how the therapist attends to these factors holds importance in establishing a positive therapeutic relationship.

Ten therapists, identified as masters by their professional peers, were queried about their construction of the therapeutic relationship (Sullivan, Skovholt, & Jennings, 2005). Their responses were organized into six relationship stances, three in the Safe Relationship Domain and three in the Challenging Relationship Domain. The therapists took these relationship stances at different points in therapy and with different clients. This constructivist approach to creating a
model of the therapeutic relationship from the therapists’ point of view contributes to the body of literature on the relationship but has not been adequately recognized.

Attempts have been made to isolate factors that combine to make up the therapeutic relationship, and which correlate with outcome. Hatcher and Barends (1996) conducted a study over a five year period with 231 outpatient clients in which a factor analysis of client responses on three measures of alliance isolated two constructs that were predictive of client improvement: confident collaboration and idealized relationship. Confident collaboration indicates clients’ confidence in the therapist, in the treatment and in their own ability to improve (p. 1330). This sounds remarkably like the definition of the expectancy/hope/placebo factor which Lambert (1992) and Hubble et al. (1999) separate from the therapeutic relationship in the common factor model. In a study of 125 individuals seeking treatment at two university-based, community outpatient clinics, Clemence, Hilsenroth, Ackerman, Strassle, and Handler (2005) confirmed the importance of the confident collaboration and found consistency between client and therapist ratings, a rare finding (p. 452). The idealized relationship factor addresses the degree to which clients feel they can speak up to their therapists when they disagree or have negative reactions to a therapist intervention. Hatcher & Barends’ (1996) study found no predictive value in the subscales of goal, bond, and task, but did in the composite alliance score. Watson and Geller (2005) examined the relationship between the TOC’s and outcome as mediated by the working alliance in a study of 66 clients in a comparative treatment study on depression. They found that the clients’ ratings of the TOC (empathy, congruence, and positive regard) were predictive of improvement and concluded that these conditions facilitated the development of the working alliance (goal, bond, and task) (p. 30). In a meta-analysis of clinician activities that relate to therapeutic alliance during the initial assessment and session, Hilsenroth and Cromer (2007)
extracted the following as some of the actions that contribute positively to the alliance: adopt a collaborative stance toward client, speak with emotional and cognitive content; use clear, concrete, experience–near language; facilitate client affect and experience; explore uncomfortable feelings, and explore in-session process and affect (p. 214).

The measures used in these studies of the therapeutic relationship reflect the dominant models of the relationship described above. Within those models these studies suggest correlations with outcome. Working within existing frameworks allows the use of empirically-supported instruments but also limits broader exploration of the relationship.

Sexton, Littauer, Sexton, and Tommeras (2005) looked at the depth of the connection between therapist and client and how that related to ratings of the working alliance as measured by the Working Alliance Inventory. In an in-depth analysis of therapy sessions between 34 clients at a Northern European outpatient psychiatric clinic and their therapists, Sexton et al. (2005) found that connection was established early in the session and predicted the strength of the working alliance. The researchers state that therapist activities that seemed to develop connection were:

(a) active focused listening, (b) keeping the topic largely centered on the client, (c) providing a relaxed warmth to the session, (d) allowing the client to become emotionally moved, (e) avoiding the provision of too much information or advice, and (f) not using a purely cognitive verbal style, a style that the client might perceive as indicating that the therapist was overly detached. (p. 114)

The similarities between these activities of connection with aspects of bond, TOC, nurturant alliance, and other terms used in defining the therapeutic relationship are obvious and the measure of the alliance familiar. The activities of connection may also be the activities of forming a relationship.

Therapist self-awareness may be helpful in developing an alliance as long as the therapists do not invest too much energy in managing their self-awareness. Fauth and Nutt-Williams
(2005) examined the in-session self-awareness of 17 therapist trainees in relation to their interpersonal involvement and the ratings of the alliance by volunteer student clients. The small sample size limits conclusions from this study however raising self awareness as a potentially facilitative quality in developing a positive therapeutic relationship contradicted earlier findings (Williams, 2003; Williams, Judge, Hill, & Hoffman, 1997; Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003, cited in Fauth & Nutt-Williams, 2005, p. 443) in which therapists worked to manage their self-awareness so as not to interfere with their work with clients. Perhaps there are more nuanced terms for these different experiences of self-awareness, such as conscious awareness versus self-consciousness. This distinction bears relevance to this study of being present.

**Measurement**

The measurements of alliance derive from conceptualizations of the working alliance and relationship. After conducting their own research in this area and reviewing decades of others’ research as well, Horvath and Luborsky (1993) concluded that “Unfortunately, there has been no agreement across instruments as to the underlying structure of the alliance; each instrument has different sub-scales, making such comparison impossible at this time” (p. 565). Each scale emanates from a theoretical framework which dictates the variables to be rated. For instance the commonly used Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989) measures three alliance dimensions outlined by Bordin (1979): goal, task, and bond. The Vanderbilt Psychotherapy Process Scale (VPPS) (Strupp and colleagues at Vanderbilt University, cited in Martin, Garske, & Davis, 2000, p. 440) appraises patient and therapist exploration, patient participation, patient hostility, therapist warmth and friendliness, negative therapist attitude and therapist directiveness (Bachelor & Salame, 2000). The Helping Alliance Questionnaire is based on Luborsky’s (1976) model of alliance and assesses perceived helpfulness and support of
therapist as well as collaboration on goals. The Therapist Bond Scales (TBS) (Saunders, Howard, & Orlinsky, 1989) include measures of working alliance, empathic resonance, and mutual affirmation. Here, working alliance is defined as the investment client and therapist make in their roles and the genuineness with which they bring themselves into the relationship (Saunders et al., 1989, p. 323). The other dimensions bear resemblance to Rogers’ empathy and positive regard, but focus more on the relational aspects rather than on therapist activity. The California Psychotherapy Alliance Scales (CALPAS) assess what the authors term therapeutic alliance, working alliance, therapist understanding and involvement, and client-therapist agreement on tasks and goals (Gaston & Marmar, 1994). Gelso and colleagues recently developed a measure of the concept of the real relationship as defined by Gelso and Carter’s (1994) model of the therapeutic relationship, focusing on genuineness and realism (Gelso, Kelly, Fuertes, Marmarosh, Holmes, Costa, & Hancock, 2005).

It makes sense that measures of a construct fit within a therapeutic framework and yet the variety of concepts being explored under the umbrella of the therapeutic relationship and the working alliance leads to some confusion as well as difficulty in replication and comparison. In addition, other ways of looking at the alliance, “such as moment-to-moment fluctuations in the quality of the patient-therapist relationship” might bear a different relationship to therapeutic outcome and paint a different picture of the alliance itself (Crits-Christoph, Gibbons, & Hearon, 2006). The diversity in theory and measurement as well as the exclusive use of a few models and measures indicate that there is more work to be done in clarifying the complex interactions in the therapeutic relationship. In a review of the conceptualization and measurement of the therapeutic alliance, Elvins and Green (2008) came to a similar conclusion.

Therapeutic alliance constitutes a major variable in explaining the outcome of treatment. However, meta-analytic, narrative, and theoretical reviews have all begun to comment on
significant deficiencies in both conceptualization and measurement of alliance. While the evidence on the overall impact of alliance on treatment outcomes is impressive, we know much less about its components, modeling and discrete measurement. (p. 1167).

Client Characteristics and the Relationship

What the client brings to the relationship deserves mention in any review of literature on the therapeutic relationship. Client perspectives on the therapeutic relationship were explored above. Here I look at literature on client characteristics as they relate to the therapeutic relationship.

In reviewing the empirical literature on client variables, Asay and Lambert (1999) reported that the “most frequently mentioned are the severity of disturbance (including the number of physical symptoms involved), motivation, capacity to relate, ego strength, psychological mindedness, and the ability to identify a focal problem (Lambert & Anderson, 1996; Lambert & Asay, 1984)” (p. 31). Strupp (1980, cited in Asay & Lambert, 1999, p. 32) analyzed a series of case studies of male college students and their therapists and concluded that client variables that influenced their ability to form relationships with the therapists made the difference in treatment outcome. Horvath and Luborsky (1993) also reviewed the client’s contribution to the working alliance and noted that clients who have difficulty with social or family relationships also have more difficulty establishing a strong working alliance (p. 567). On an intrapersonal level, clients with poor object relations, greater defensiveness, and less psychological mindedness have trouble entering into an alliance as well (Horvath & Luborsky, 1993, p. 567). Tryon, Blackwell and Hammel (2007) conducted meta-analyses of client-therapist alliance ratings in 53 studies published in refereed journals from 1985 through 2006. They reported that clients rated the alliance higher than therapists and that client disturbance was a significant moderator of rating differences between therapist and client. These findings raise questions about the impact of the therapist offered conditions on the relationship. The interpretation of Rogers’ (1957) necessary
and sufficient conditions to be therapist offered conditions only, however, neglects the two that require involvement of the client: one, that the client and therapist must be in contact with one another, and two, that the client must perceive the therapist’s empathy and positive regard (Rogers, 1957). The client must be willing and able to enter a relationship to some extent. The relationship is a co-created phenomenon so that each participant contributes to and influences the nature of that relationship. At the same time, there is something to be learned by exploring what therapists are attending to that their ratings of the alliance differ significantly from those of clients.

**Summary**

The therapeutic relationship, one of four factors in therapeutic change common across theoretical orientations, accounts for a significant percentage of change in therapy (Lambert, 1992). As ratings of alliance increase so do ratings of client improvement (Clemence, Hilsenroth, Ackerman, Strassle, & Handler, 2005). Meta-analyses show a moderate but reliable and consistent association between working alliance and outcome (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). A variety of definitions and identifications of components of the relationship have been studied (Horvath, 2006; Horvath & Luborsky, 1993). Disagreement remains over “how the alliance operates and what contribution each participant must provide for the development of a strong working alliance in therapy (Frieswyk et al., 1986; Gaston, 1990; Gelso & Carter, 1985; Hatcher, 1990; Horvath & Greenberg, 1987; Luborsky et al., 1985)” (Horvath and Symonds, 1991, p. 147). The working alliance as a pan-theoretical construct, removed from its psychoanalytic context, has become isolated from a theoretical framework that would explain its part in therapeutic change (Horvath, 2005). Clients are not a homogeneous group in terms of what they value in a therapeutic relationship (Bachelor, 1995). Therapist ratings of alliance are generally less predictive of outcome than clients, (Bachelor, 1995;
Bachelor & Salame, 2000; Asay & Lambert, 1999; Clemence et al., 2005; Horvath & Luborsky, 1993; Lambert & Bergin, 1994).

**Therapist Characteristics and Development**

**Therapist Characteristics**

With the understanding that the therapeutic relationship plays a significant part in the outcome of therapy, I turn now to the literature related to the contribution of the therapist to the relationship and to client change. In addition, I look at research findings on master therapists and models of counselor development as a developmental continuum.

Ackerman and Hilsenroth (2003) conducted a meta-analysis of twenty five studies of therapist qualities associated positively with the therapeutic alliance, as defined by Bordin (1979). Various theoretical orientations and level of therapist experience were represented in the studies included in their review. The following personal attributes of the therapist were reported to contribute positively to the alliance: flexible, experienced, honest, respectful, trustworthy, confident, interested, alert, friendly, warm, and open (Ackerman & Hilsenroth, 2003, p. 28). In a more recent meta-analysis of clinician interventions related to alliance, Hilsenroth and Cromer (2007) note the following therapist qualities and attitudes significantly relate to positive alliances: empathy, support, exploration, activity, confident collaboration, appreciation, trust, warmth, attunement, potency, competence, respect, attentive, engaged listening, and appearing to understand the client without being judgmental. Assigning causality, however, is questionable in either direction (therapist qualities predict alliance or alliance predicts qualities). In fact, the therapist qualities are treated as part of the alliance itself in several measures (The Vanderbilt Psychotherapy Process Scale, The Therapist Bond Scales, California Psychotherapy Alliance Scales).
Contrary to Ackerman and Hilsenroth’s (2003) finding that experience is a facilitative therapist quality, Dunkle and Friedlander (1996) found level of experience was not predictive of positive alliance ratings in their study of 73 university counseling center therapists. Whether or not experience helps therapists build more positive therapeutic relationships is relevant to the definition and characterization therapist development and mastery. Master therapists tend to be experienced therapists and they tend to be relationally skilled (Skovholt & Jennings, 2004). Experience may correlate with therapist expertise and the formation of positive relationships however it does not apparently predict these outcomes. What Dunkle and Friedlander (1996) did find to be predictive of the bond component of the alliance was the therapists’ level of self-directed hostility, perceived social support, and degree of comfort with closeness in interpersonal relationships.

In her study of 34 outpatient clients’ perceptions of the therapeutic alliance, Bachelor (1995) found that “facilitative therapist qualities of respect, being nonjudgmental, and careful listening, including empathy as well as a climate of trust, were valued by most clients regardless of preferred type of alliance” (p. 330). Not surprisingly, Najavits and Strupp (1994) found that therapists who showed more warmth and friendliness, more affirmation and understanding, and a minimum of attack and blame had higher rating of the alliance. These findings come from a small sample of all white, experienced therapists trained in psychodynamic therapy who had similar caseloads and problem severity, but nonetheless have been widely generalized.

Grunebaum (1986) interviewed 47 clients all of whom were mental health professionals themselves who believed they had been harmed by psychotherapy. The study lacks methodological rigor but offers subjective accounts of therapies considered harmful by clients. Harmful therapy was characterized as distant, cold, unengaged, and lacking in human quality in
addition to the more obvious ethical breeches of intensely emotionally or sexually involved therapy.

Jennings, Skovholt and colleagues created what they called a portrait of the master therapist, or “the Highly-Functioning Self” based on multiple analyses of longitudinal interviews with ten master therapists, selected by their professional peers for their mastery (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Skovholt, Jennings, & Mullenbach, 2004). The authors organized the characteristics of the highly functioning self of the therapist into four types of characteristics – paradoxical, word, identifying and central. Paradoxical Characteristics include “Drive to Master and Never a Sense of Having Fully Arrived,” “Ability to be Deeply Present with Another and Often Preferring Solitude,” “Great at Giving Of Self and Nurturing Of Self.” Examples of Word Characteristics are: congruent, intense, open, curious, reflective, and self-aware. Central Characteristics were organized into cognitive, emotional, and relational domains. In the Cognitive Domain, the authors give as examples “Embraces Complex Ambiguity” and “Profound Understanding of the Human Condition;” under the Emotional Domain, “deep acceptance of self,” and “Intense Will to Grow,” and finally in the Relational domain, “Piloted by Boundaried Generosity” and “Able to Intensively Engage Others” (Jennings et al., 2003, p. 66; Skovholt, Jennings, & Mullenbach, 2004, p. 135). Again, similarity exists between these characteristics and those mentioned by other researchers, but these authors add a level of complexity by including paradoxical characteristics and by thickening the description of therapist characteristics. These studies were limited by the fact that the therapists were all of European descent, all in private practice where they were selective in the clients they saw. These categories have not been examined in terms of how they contribute to therapeutic effectiveness other than the assumption that the therapists who generated the data were considered “masters”
by some consensus. If, however, these therapists are in practice effective therapists, which in turn implies that they have the capacity to establish positive therapeutic alliances, then this portrait of mastery has relevance for this study.

**Counselor Development**

The qualities and abilities of the master therapist as outlined above contrast sharply with the characterization of novice counselors in various models of counselor development. In the early stages of each of the following theories or models of counselor development, the counselor trainee is characterized by anxiety, dependency, focus on technique, lack of awareness, and black and white thinking. As will be noted, most models encompass the development of counselors through training and in some cases also their early professional years. Targeting this period of counselor development may be due primarily to the need for models to serve as guides to supervisors. It may also be attributed to the accessibility of this population for research and observation. Several of the predominant models are described below.

Hogan (1964) proposed four stages in a model of counselor development, from beginning counselor through master psychologist. Counselors begin as dependent, neurosis bound, insecure, uninsightful, motivated and imitative and through the following stages develop greater autonomy, confidence, insight, and self-awareness. The final stage, the master psychologist, represents seasoned therapists well beyond their training years, although no time frame was suggested in the model. Hogan’s model stimulated other theorizing as well as research to test the model. Reising and Daniels’ (1983) study of 141 counseling psychology graduate students at twenty university counseling centers supported some of the factors related to Hogan’s model, however their findings suggested that counselor development is not a linear process, but a complex one. Such findings have implications for all the stage models of development.
Hill, Charles, & Reed (1981) analyzed counseling sessions and interviews with 12 counseling psychology students through three years of doctoral training and derived a conceptual model of stages of counselor development over the training period. The four stages in this model are labeled sympathy, counselor stance, transition, and integrated personal style. In these stages, the counselor trainee moves from over involvement and responsibility for client and difficulty setting limits and boundaries, to a stage in which the counselor learns techniques and adopts a model as part of looking to the supervisor or other experts for the “right way” to do counseling, to a transition stage involving disruption and anxiety and finally to the stage of integration when counselors have more confidence and trust in themselves, are more flexible and able to use personal reactions as tools in therapy. This model has not been thoroughly investigated however it is one of the few derived from empirical data.

Loganbill, Hardy, & Delworth (1982) proposed a model of counselor supervision which included assessing counselors in terms of a stage model of development. The model is heavily influenced by the theories and assumptions of developmental psychology, in particular those of Erik Erikson and Margaret Mahler (Loganbill, Hardy, & Delworth, 1982, p. 14) and also derives from the literature and the authors’ experience in counselor education and supervision. According to this model, the three stages of development – stagnation, confusion, and integration – are distinct and sequential. Counselors may repeat the cycle numerous times throughout their life span each time at a deeper level and with more thorough processing of the issues in that stage. The initial stage, stagnation, is exemplified by narrow or rigid thinking, naïve sense of security, dependency, low self concept in the counseling role, and lack of awareness. This stage is followed by the confusion stage which is characterized by instability, disorganization, confusion, and an unfreezing of attitudes. This may result in some panic and grasping to regain
the security of stage one. The third stage, integration, involves reorganization, integration, flexibility, greater awareness, and personal security based on the awareness of insecurity.

Stoltenberg (1981) integrated Hogan’s (1964) stages and Hunt’s (1971, cited in Stoltenberg, 1981) Conceptual Systems Theory into what he named the Counselor Complexity Model. Stoltenberg maintained that counselor trainees develop in a predictable way through their training. Stoltenberg designed supervisory environments that he theorized based on Hunt’s conceptual development theory would be optimal in facilitating the counselor’s development at the different stages (see description of Hogan’s theory above). He suggested that by the master counselor stage supervision if received at all is primarily collegial and the counselor can work independently. He also noted that not all counselors reach that stage of development. It can be assumed that Stoltenberg intended that supervisors may impede counselors’ progress by not providing what Stoltenberg called optimal environments at the different stages. There may also be other counselor related factors that contribute to a lack of growth but these were not addressed. Wiley and Ray (1986) created an instrument to test the validity of an elaboration of Stoltenberg’s model. After three pilot studies, data for this study were collected from 107 counselor trainee-supervisor dyads at university counseling centers. The authors reported that developmental stage was not predicted by training level and that matching the developmental level of the trainee with the environment considered optimal for that level did not predict satisfaction and learning ratings. The additional finding of a high percentage of trainees at the master counselor level challenged the conceptualization of that stage as one reached later in a counselor’s career. Replicating or further exploring this finding might help clarify the definition or meaning of the characteristics of this stage. Stoltenberg, McNeill, and Delworth (1998) put forth an integrated developmental model of supervision as an extension of Stoltenberg’s earlier
work. Here again, the counselor moves from dependency toward greater autonomy, from anxious over-emphasis on self to greater ability to see the client’s view, from simple explanations based on one framework to alternative and more complex conceptualizations. In the intermediate stages counselor is in a reorganization process of giving up adherence to one framework but not having yet integrated others, and may experience confusion, overload, lack of motivation, or doubt about the profession.

The models of counselor development reviewed above (Hill, 1981; Hogan, 1964; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981; Stoltenberg, McNeill, & Delworth, 1998) are stage models and focus on development through the process of training and to some extent immediately after completion of training. There is no specification of how to evaluate or define the aspects of each stage and there is no indication of how students transition into the next stage. The relationship between experience and development is left unclear as well. And the complexity of the developmental process is not addressed. The models primarily attend to the kind of supervision best suited to counselors at the different stages. In a different approach, Jennings, Ronnestad, Skovholt, and their colleagues looked at the development of therapists over their life span in a series of qualitative studies and identified themes in therapist development and a model of the master therapist (see above section on Therapist Qualities) (Ronnestad & Skovholt, 2003; Skovholt & Jennings, 2005; Skovholt & Ronnestad, 1992).

Skovholt and Ronnestad (1992) analyzed interviews with 100 therapists ranging from first year in grad school to 40 years post grad school and identified twenty themes of therapist and counselor development. The therapists in the study were all from Minnesota and 96% of them were white. The findings must be viewed within the limitations of these contexts. The authors structured the data to provide description of the phases of development in the following
categories: experience and training, central task, predominant affect, sources of influence, role and working style, conceptual ideas, learning process, and measures of effectiveness and satisfaction. In a later reanalysis of the data from this study, Ronnestad and Skovholt (2003) reformulated the twenty themes into fourteen themes and six phases of development beginning with the lay helper and continuing to beginning student, advanced student, novice professional, experienced professional, and finally the senior professional. The authors note that the term phase, as opposed to stage, implies some fluidity in the boundaries of developmental processes. In this model as in others, the beginning student counselor is often plagued by anxiety when seeing clients such that it is difficult for them “to concentrate, focus attention, cognitively process and remember what happened during the hour” (Ronnestad & Skovholt, 2003, p. 12). The students seemed calmed by learning methods and skills and look to experts for guidance and validation. This characterization of novice therapists seems consistent across models. The same limitations regarding the homogeneity of the participant therapists apply to this study as to the earlier study. This study contributes a developmental model that follows the continued growth of the therapist through the life span which makes its scope unique among counselor development models (Goodyear, Wertheimer, Cypers, & Rosemond, 2003). Goodyear, Wertheimer, Cypers, and Rosemond (2003) in their response to Ronnestad and Skovholt (2003) note that some researchers had found that anxiety is not as prevalent in novice counselors as suggested by many of the earlier models along with this one. However, Skovholt and Ronnestad (1992) hypothesized that younger therapists are hesitant to talk about their anxiety or are perhaps even unaware of it. They reported that the more senior professional therapists remember their novice years as anxious, especially in contrast to their experience as mature counselors.
What is missing from the dominant models of counselor development is exploration or theory regarding how counselors transition from one stage or phase to another (Worthington, 2006). In a review of theoretical and empirical literature on counselor development and supervision, Worthington (2006) did not report on the one exception. In addition to their model and themes of counselor and therapist development, Ronnestad and Skovholt’s (1993, 2003) offer a process model of development and stagnation. Just as with other developmental models, years of experience do not guarantee progress through all the phases of development. In contrasting stagnation and growth, the authors suggest that “Openness to learning and an ability and willingness to recognize the complexities of professional work is crucial for growth” (Ronnestad & Skovholt, 2003, p. 13). Therapists who grow do not respond to challenge or anxiety by prematurely closing down, for instance by committing to one method or to one client age group or population. Instead therapists who grow are adaptive and remain open even in the face of uncertainty. These processes are relevant to the study of being present.

**Presence**

The term “presence” is absent from the language and research literature on the therapeutic relationship and the working alliance. However, therapists from various theoretical orientations have written about their experience with presence. Although many of these therapists hail from humanistic traditions, studies have also shown the importance of therapist offered conditions in therapies that focus more on technique than relationship (Watson & Geller, 2005; Lambert & Bergin, 1994). In spite of the number of writings on presence, a common language does not exist (Phelon, 2001). Writers have worked in relative isolation. Not only does this make the literature difficult to share among interested writers, but it testifies to the difficulty of putting into words the experience of presence. For these reasons, the authors own words are quoted often in this section. The first part of this discussion of therapeutic presence reports the ways therapists
working within different theoretical frameworks have described their experience of presence. Then researchers’ efforts to study presence will be detailed.

**Presence: Conceptual Literature**

In the psychoanalytic context, Freud advised therapists to use “evenly hovering attention” as opposed to selective or forced attention (Freud, 1912/1961). Theodore Reik (1948) wrote of listening with the third ear as his way of describing presence.

> It can be demonstrated that the analyst, like his patient, knows things without knowing that he knows them. The voice that speaks in him, speaks low, but he who listens with a third ear hears also what is expressed noiselessly, what is said pianissimo. . . .The psychoanalyst who must look at all things immediately, scrutinize them, and subject them to logical examination has often lost the psychological moment for seizing the fleeting, elusive material. (p. 145)

He went on to say that this third ear may be turned inward so that the therapist may “hear voices from within the self that are otherwise not audible because they are drowned out by the noise of our conscious thought-processes” (Reik, 1948, p. 146). These descriptions evoke a sense of what may be called presence and are reminiscent of the characteristics of the master therapist (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Skovholt, Jennings, & Mullenbach, 2004).

In Martin Buber’s (1970) I-thou relationship, presence takes on the dimension of a meeting, not solely a presence coming from one person in the relationship. In addition, the present “exists only insofar as presentness, encounter, and relation exist. Only as the You becomes present does presence come into being” (Buber, 1970, p. 63). And in that relating, if we objectify anything, whether object or human, we relate to an “it”. True presence in direct encounter is the only way we know ourselves as an “I” and experience being alive (Buber, 1970, p. 67). This view of presence as meeting contrasts with some of the more intrapersonal descriptions of presence explored later (Korb, 1988; Pemberton, 1977).
Rollo May (1989), an existential, humanistic psychotherapist, described presence in terms of empathy, meaning “feeling into”. The source of empathy is the ability to identify with another person and understand. It is what he called “participation in” others that allows us to understand them.

To know the meaning of beauty or love or any of the so-called values of life, we must let ourselves participate in them. Thus “experiencing” them, we shall know them “on our pulse,” as Keats puts it. It is sheer folly to think that another person can be known by analysis or formulas; here understanding as participation comes into its own. (May, 1989, p. 67)

He introduced the words “experiencing” and “participation” into the notion of being present. The existentialist approach to therapy, as described by May (1958) relies on a real relationship between therapist and client in which the therapist is first a human being and second an expert in human existence. It is in being present with the client that the client may be sparked to be present in his/her own alive experience. As such, the therapist “will need to be aware of whatever in him blocks full presence” (May, 1958, p. 84). However, “real confrontation between two people can be profoundly anxiety-creating” (May, 1958, p. 85) which makes understandable therapists’ temptation to protect themselves with the distance of technique or expertness. Crucial in the effort to be present is awareness of that temptation so as not to harm the client by denying connection and validation.

Another existentialist, Bugental (1987) described presence as:

. . . the quality of being in a situation or relationship in which one intends at a deep level to participate as full as she is able. Presence is expressed through mobilization of one’s sensitivity – both inner (to the subjective) and outer (to the situation and the other person(s) in it) – and through bringing into action one’s capacity for response. (p. 27)

In existential theory, people experience anxiety due to the inevitability of the conditions of living: death, isolation, meaninglessness and freedom. It is the connection and presence of others that helps people confront, accept and tolerate these conditions.
Carl Rogers’ person-centered theory formed a key piece of the conversation about the therapeutic relationship. He maintained that “significant positive personality change does not occur except in a relationship (Rogers, 1957, p. 96). The therapist offered conditions of empathy, congruence, and warmth also fit intuitively with the descriptions of presence by Buber (1970), May (1958, 1989) and Bugental (1987). In person-centered therapy the therapist’s function is seen as “being immediately present to his client, relying on his moment-to-moment felt experience in the relationship” (Rogers, 1989, p. 16). He added the qualifier “accurate” to the more common use of the word “empathy” in establishing his necessary and sufficient conditions for change. Being present in the client’s world, in a “moment-to-moment sensitivity in the here and now, in the immediate present” (Rogers, 1989, p. 16), therapists are more likely to offer accurate empathy.

In another approach from the humanistic tradition, Gestalt therapy, the concept of presence plays a central part in the therapy process. For Gestalt therapists, being present means making authentic contact – either with oneself or with the environment – which includes awareness at the sensory as well as the cognitive level (Korb, Gorrell, & Van De Riet, 2002). Authentic contact is not passive, something that just happens when in the presence of another. According to Laura Perls (1978/1992), contact is an activity; I make contact on the boundary between me and the other. The boundary is where we touch and at the same time experience separateness. It is where the excitement is, the interest, concern, and curiosity or fear and hostility, where previously unaware or diffused experience comes into focus, into the foreground as a clear gestalt. (p. 53, emphasis in the original)

For both therapist and client, being present and making contact with the environment facilitates satisfaction (completion of gestalten) and frees the person up for new growth (emergence of new gestalten). One goal of Gestalt therapy is maturation, or self-support and people are more able to be self-supporting by being present-centered which means being aware (Yontef, 1995, p. 278).

Material emerges in me that I have not thought, imagined or articulated in the way I do at that moment. . . . They [images and ideas] arise in me spontaneously; I am present in the words or images or ideas; any spoken language has a poetic quality, any silence is affirmation without speech. I have no sense of time passing – I am aware of nothing but the present; I see and hear clearly with no impediment or interruption; my perceptions do not alternate between figures for there is only one figure, the whole of what is present. (p. 100)

Korb characterized her experience as intrapersonal and at the same time this state of presence allows her to make more unimpeded contact with her clients (Korb, 1988, 101).

Stern (2004) investigated the present moment, a different angle of view of the experience of presence. He outlined “features of a clinically relevant present moment” (2004, p. 32): awareness or consciousness, not a verbal account of an experience; felt in the now; of short duration; psychologically significant to break through into consciousness; holistic happenings; temporally dynamic; unpredictable; involves a sense of self; and vary in importance (pp 32–40).

He drew on neurological research for support for some of his conclusions. In one example, he told of “mirror neurons” that fire in an individual observing another person doing something in the exact pattern as if the observer were performing the same action. “We experience the other as if we were executing the same action, feeling the same emotion, making the same vocalization, or being touched as they are being touched” (p. 79). Other mechanisms help synchronize one person’s movements with another’s, allowing them to participate in each other’s experience. Stern added that “implicit knowing” is part of the present moment, a knowing that is “nonsymbolic, nonverbal, procedural, and unconscious in the sense of not being reflectively
conscious” (p. 113), similar to Reik’s (1948) “listening with the third ear.” In Stern’s description of the therapeutic present moment, boundaries between therapist and client become permeable, as in Korb’s (1988) “numinous ground,” even as the selves remain differentiated: intersubjectivity rather than fusion (Stern, 2004, p. 77). In the intersubjective present moment, You have your own experience plus the other’s experience of your experience as reflected in their eyes, body, tone of voice, and so on. Your experience and the experience of the other need not be exactly the same. They originate from different loci and orientations. They may have slightly different coloration, form, and feel. But they are similar enough that when the two experiences are mutually validated, a “consciousness” of sharing the same mental landscape arises. (Stern, 2004, p. 125)

There are noticeable similarities between Stern’s intersubjective present moment and Buber’s (1970) I-thou meeting.

Buddhist philosophy and practice is finding its way into psychotherapy (Welwood, 2000; Aronson, 2004; Anderson, 2005; Geller, 2003). Buddhist mindfulness practice is used to develop awareness and acceptance of what is, as opposed to what is wished to be, and to gain detachment from desire for particular outcomes. Welwood (2000) calls this “unconditional presence” (p. 141). This presence is open and humble. Suzuki Roshi, a teacher of Zen Buddhism, coined the term “beginner’s mind” to express this idea. “In the beginner’s mind there are many possibilities, in the expert’s there are few” (Suzuki, 1973). Welwood (2000) described the value of open presence, or beginner’s mind, to therapy: “... when they [therapists] operate from not-knowing, they are more likely to embody authentic presence. Letting themselves not know what to do next invites a deeper quality of stillness and attentiveness into the work” (p. 142).

**Empirical Studies of Presence**

It is stunning to juxtapose these powerful descriptions of presence with its absence from the research literature on the therapeutic relationship. Presence fits intuitively in the realm of the
relationship and thus studying this phenomenon holds importance for the counseling profession. Studying such a complex phenomenon presents a challenge. Several researchers have taken the challenge and contributed to an understanding of presence. The following is a look at studies of presence to date from the counseling and psychotherapy literature as well as from some other disciplines.

Pemberton (1977) studied five psychotherapists purposefully selected for their reported effectiveness and presence. The purpose of his study was to arrive at an operational definition of presence and develop a model of how presence is “achieved, maintained and lost” (Pemberton, 1977). His model of presence was derived from his observations of the therapists at work and from follow up interviews, however he did not delineate the coding or distillation process. The therapists in the study were well-known in the field at the time of the study but no inclusion criteria were provided. The value of this study lies in three areas. First, the language characterizing presence is broadened. Pemberton (1977) named the forces that enable or generate presence: focusing, extending, and enfolding (p. 4), defined in the following way.

Focusing is the ultimate act of moving inward in order to fully be at one with oneself . . . . Extending is the ultimate act of moving out; opening, enlarging, and elongating boundaries. . . . Enfolding is the ultimate act of taking in something that is exterior to oneself. Webster’s (1968) defines enfolding as, ‘to fold inward or toward one another (p. 433),’ and The American College Dictionary (1964) adds, ‘to clasp, embrace (p. 624).’ Enfolding is pure receptivity. (Pemberton, 1977, p. 4-5, emphasis in the original)

Second, Pemberton (1977) concluded that presence is an intrapersonal phenomenon rather than an interpersonal one. The coming together described by other writers, Pemberton suggested, happens when both people are individually present at the same time, in the relational realm. He called this “meeting” (Pemberton, 1977, p. 5). Third, he made the claim that healing is “the immediate result of presence or meeting,” (Pemberton, 1977, p. 6). Healing was described as a momentary process, happening over and over again, the outcome of which is
authenticity, centeredness, purpose, clarity, and autonomy (Pemberton, 1977, p. 7). Further research needs to test the usefulness of focusing, extending, and enfolding in generating presence as well as the claim of the healing capacity of presence.

Fraelich (1989) conducted a phenomenological study of presence in which he interviewed six practicing psychotherapists, three in private practice and three from a community mental health clinic. Fraelich analyzed the transcripts of the interviews using methodology delineated by Moustakas (1994) to identify the essential structures of the phenomenon of presence. He reported the following Thematic Structures of Presence: (1) presence as spontaneous occurrence, (2) immersion in the moment, (3) openness of being, and (4) living on the cutting edge. Fraelich concluded that his study substantiated the existence of presence, previously addressed only theoretically, and suggested presence as a powerful influence in psychotherapy. The theme of presence as spontaneous occurrence brings up the question of whether or not presence may be cultivated purposefully. Fraelich did not reference Pemberton’s (1977) study and noted that no quantitative or qualitative studies had been conducted up to that time on the nature of presence. This illustrates the marginalized status of the study of presence and lack of communication among researchers with presence as an area of interest.

Phelon (2001) tackled the exploration of presence using several innovative methodologies. She began with a hermeneutic study of texts addressing presence from a wide variety of fields. Next a panel of experienced therapists, chosen because they had experienced a therapist’s presence and could discuss it, refined the categories derived from the hermeneutic study in two cycles of a process of “sympathetic resonance” (Phelon, 2001, p. 6) to arrive at the final distillation. The final distillation yielded nine elements (revised from the original nineteen) that Phelon (2001) grouped into three interactive categories: (a) development and growth, which
includes seasoning, commitment to personal growth, integration and congruence, and spiritual practice and belief; (b) qualities of awareness, including attentional ability, inner awareness, and kinesthetic aspects of presence; and (c) therapeutic alliance, including alignment with the client, and receptivity (p. 128). Phelon called this study an “intuitive inquiry” based on a process outlined by Anderson (1998, 2000, cited in Phelon, 2001, p. 5). This study demonstrates an attempt to create methodologies that enable researchers to apply rigor while investigating complex, intangible phenomena.

Presence in the context of medical healing takes on a more spiritual quality, although the spiritual dimension of presence also showed up in Phelon’s (2001) study. In a project by the New Creek Foundation, a non-profit organization interested in healing, two components of a healing presence were agreed upon by participants: love and good intentions (Jonas & Crawford, 2004). Here, love was described as a “deep emotional connection with the spiritual or divine aspect of another person” and “rooted in the ‘now’” (2004, p. 752). Nothing is known about the participants or the design of the project so its usefulness lies only in expanding the “languaging” about presence.

Literature from the nursing field attempting to define presence has been primarily theoretical and descriptive, just as it has in the field of psychotherapy. Two dimensions of presence emerge from that literature that McDonough-Means, Kreitzer, and Bell (2004) identify as physical and psychologic, or “being there” and “being with.”

Physical presence involves body-to-body proximity and the requisite skills of seeing, examining, touching, doing, hearing, and hugging or holding. Psychological presence involves mind-to-mind contact. To be psychologically present requires that the caregiver have skills of listening, attending to, caring, empathy, being nonjudgmental, and accepting. (p. S-25)

A third dimension of therapeutic presence, the spiritual level, requires centering, intentionality, intuitive knowing, at-one-ment, imagery and connecting (McKivergen &
Daubenmire, 1994, cited in McDonough et al., 2004, p. S-25). All three dimensions compare with how presence has been described in therapy. Structuring presence in a way that separates body, mind, and spirit, however, differs from a non-dualistic or holistic view.

Also useful from the medical healing literature is the conceptualization of presence on a continuum, rather than as dichotomous (one is either present or one is not) (Osterman & Schwartz-Barcott, 1996). The continuum model – from presence to partial presence to full presence to transcendent presence -- also operationalized presence to an extent and may be adaptable to research in psychotherapy.

Drawing on other disciplines provides multiple viewpoints of perhaps a common experience that can be enriched by further study and is consistent with a constructionist way of knowing. Two other studies from outside the psychotherapy field focused on presence and not only provide additional points of view of presence but contribute other approaches to the study of presence. Kokinakis (1995) conducted a naturalistic study of yoga therapist training at a yoga training institute. Her findings suggested that loving presence is fundamentally important in the yoga therapist’s practice and thus is important as part of training. Loving presence was defined as knowledge of self (dual and non-dual), conscious awareness, and an attitude of non-attachment. As yoga is a practice that involves the body, there were important kinesthetic aspects of loving presence such as synchronizing breathing with client. Kokinakis outlined training practices that promote or cultivate loving presence in the yoga therapist, beginning with cultivating loving presence toward oneself and then involving breathing and yoga postures done in connection with others and with an attitude of open, non-attachment. Kokinakis addressed the Eastern and Western cultural values and beliefs that influence the meaning of loving presence. This is the only study to address multi-cultural considerations in exploring presence. This study
emphasized the place of the body in presence. Curry’s (2003) study also highlighted kinesthetic aspects of presence in looking at patients of naturopathic medicine and their experience of presence. Curry transcribed and coded interviews with the patients and with her co-researcher continually checked back with the patients as they worked to create a synthesis of their experience. Curry’s analysis yielded components of healing presence in the following categories: predisposition to having healing presence experience, characteristics that promote healing presence, characteristics that block healing presence, characteristics about the interactive nature of healing presence, felt descriptors of the experience, mindful appraisals for meaning making, and lasting changes or transformations of heart & mind. Their final synthesis statement included the following characteristics of healing presence: mind, body, spirit connectedness co-created between client and practitioner; clients feel held and at ease; clients trust they will be heard and accepted for who they are; felt in the body, and clients feel a shift toward health.

Curry’s findings are in synch with Pemberton’s (1977) claim that presence is healing. In contrast to Pemberton (1977) but similar to many other descriptions of presence (e.g. Buber, 1970; Bugental, 1987; Rogers, 1989; Stern, 2004; Yontef, 1995) is the description of presence as a co-created or in-between experience.

Geller (2001) conducted a two-part study of therapeutic presence. First she interviewed seven therapists who had written about or were proponents of therapeutic presence. From a five stage analysis of the interview data Geller constructed a model of therapeutic presence, which was then checked by a panel of experienced therapists and her supervisor (2001). This study employed a standard and rigorous qualitative methodology. The resulting model of presence comprises three parts: (a) preparing for presence, (b) the experience of presence, and (c) the process of presence. “Preparing for presence” includes both practices in life that promote the
therapist’s ability to be present and pre-session preparation such as bracketing, clearing a space, and setting an intention to be present. Components of the “process of presence” are receptivity, inwardly attending, and extending. The “experiencing of presence” involves immersion, expansion, grounding, and being with and for the client (p. 60). Presence as a holistic experience defies being pulled apart into pieces so it must be understood that each of these parts overlaps and intertwines with the others. The therapists in the study also referred to presence as a continuum, expressed in terms of the intensity of the connection (p. 57).

In the second part of Geller’s (2001) study, she created a measure of presence, the Therapeutic Presence Inventory (TPI), based on the model of presence derived in the first part of the study (p. 117). The questionnaire reflects the therapist’s experience of presence during a therapy session with a client. A second version reflects the client’s experience of the therapist’s presence. The author provided a thorough description of the measures taken to test validity and reliability of the TPI and the resulting data indicating adequate levels of both.

This study makes four contributions to the study of presence. First, consistent with findings that clients’ ratings of the working alliance are most predictive of therapeutic outcome (Horvath & Symonds, 1991; Bachelor & Salame, 2000; Clemence et al., 2005; Fitzpatrick et al., 2005) client ratings of therapist presence were more predictive of both the alliance and session outcome than therapists’ ratings (Geller, 2001, p. 182). Second, clients’ ratings of therapist presence correlated with their ratings of the working alliance and with session outcome, suggesting that presence contributes in some way to both. Third, the TPI offers a measure of therapeutic presence that opens a door to further research. And fourth, the “preparation for presence” part of the model of therapeutic presence offers guidance in beginning to think about training counselors to be present. Every participant in Geller’s study mentioned some form of
meditative practice as part of their preparation for being present. The next section reviews literature related to mindfulness meditation in particular.

**Mindfulness Meditation**

In this section, I will define and describe some of the applications of mindfulness and mindfulness meditation. Mindfulness is a universal human capacity to pay attention in the moment without judgment. Mindfulness is said to be the foundation of being present (Morgan & Morgan, 2005) and mindfulness meditation is a practice to develop mindfulness and presence.

Psychotherapy research on mindfulness meditation has focused primarily on the effects of teaching mindfulness practice to clients as a therapeutic intervention (Baer, 2003). Results from various studies of the effects of mindfulness meditation practice show reduced anxiety (Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, et al., 1992; Shapiro, Schwartz, & Bonner, 1998), depression (Teasdale, Williams, Soulsby, Segal, Ridgeway & Lau, 2000), eating disorders (Kristeller & Hallett, 1999), and pain (Kabat-Zinn, Lipworth, Burney, & Sellers, 1987), and heightened performance and life satisfaction (Brown & Ryan, 2003). These results must be considered suggestive due to methodological limitations such as lack of control groups, small sample sizes, lack of evaluation of integrity of treatments (i.e. training of therapists to teach mindfulness meditation and evaluation of their performance).

Mindfulness principles and practice have been incorporated into or combined with existing theoretical approaches to psychotherapy, e.g. Mindfulness Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (Linehan, 1993), and Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999). Empirical studies of the effectiveness of these approaches are emerging but are not the focus of this review as my interest is in mindfulness meditation as it relates to the therapists’ preparation and practice.
In regard to therapists, mindfulness meditation has been explored as a method of self-care. Christopher, Christopher, Dunnagan, and Schure (2006) summarized the content of focus group discussion among eleven counseling students who completed a class in mindfulness practices which included yoga, mindfulness meditation, body scan, and qigong. The findings included reports of students being able to maintain focus and to stay more in the present as well as “feeling better equipped, both emotionally and mentally, to deal with daily stress in their lives” than before taking the class in mindfulness practices (p.506). Students chose from among a group of practices that were all considered mindfulness practices and most students chose informal mindfulness practice or yoga as the most used methods. As such, the conclusions about what practices bring about these results must be somewhat vague. The methods and analysis are not well documented so it is difficult to evaluate the rigor of the study. The results suggest certain benefits of mindfulness for CITs but further research is needed. Shapiro, Brown, and Biegel (2007) studied the effects of Mindfulness Based Stress Reduction (MBSR) practice on several variables using a non-randomized, cohort control group design with 54 masters-level counseling students. The experimental group reported significant decreases in stress, negative affect, rumination, state and trait anxiety, and significant increases in positive affect and self-compassion. The study participants were from one university, were self-selecting in participation in the study, and were from class groupings that may indicate motivational differences all of which influence the generalizability of the findings. In addition, there was no true control group. Nonetheless this study provides more empirical support for the potential benefits of mindfulness training for the well-being of counselors.

Mindfulness as clinical training, distinguished from clinical intervention and from counselor self-care, has been explored conceptually and to a limited extent empirically. Fulton
(2005) explored “the therapist’s cultivation of mental qualities, well-described in meditation literature, that relate to the common factors underlying effective treatment” (p, 58). He proposed that mindfulness meditation practice offers benefits to counselors in the following areas: paying attention, affect tolerance, practicing acceptance, empathy and compassion, equanimity and the limits of helpfulness, learning to see, and exposing therapist’s narcissistic needs. Thomson (2000) suggested that Zen mindfulness practice facilitates in counselors’ the ability to be “flexibly present” with clients and the natural growth of empathy and compassion. Twemlow (2001) proposed that training psychotherapists in Zen practice offers a way to develop important attributes: trained attention, the centrality of the here and now, nonattachment, and compassion. He referred to his use of Zen as “divorced from its usual role as a form of Buddhism and/or a religious belief” (p. 1) and described core principles – emptiness of self and the non-dual nature of the universe, impermanence, and paradox. He suggested such training to prepare the person of the therapist to connect with clients, and to help clients hold contradictions and make meaning of their lives. Coming from the psychoanalytic tradition Twemlow accepted the expectation that therapists will undergo personal analysis but added that training the mind in the way of Zen fills gaps in preparing the therapist as instrument of connection and change. He integrated the philosophy of Zen and psychoanalytic/psychodynamic theory which may not make sense to those outside that approach. Nonetheless Twenlow makes a convincing case for the value of the Zen philosophy as well as of mindfulness practice in transforming the therapist. Kurash and Schaul (2006) reported on the implementation of a program at the University Counseling Center at Stony Brook University in 1999 in which mindfulness meditation training was offered to staff and predoctoral psychology interns. The authors outlined what they observed to be the benefits of the mindfulness practicum for counselor trainees. While in the beginning of mindfulness
training, trainees report anxiety, the authors note that mindfulness increases awareness of anxiety and with time mindfulness seems to reduce anxiety (p. 61). Meditation, on a physical level, helped interns reduce stress (p. 62) and given the emphasis on “doing” in most counselor training programs the mindfulness practice helped provide balance in its focus on “being” in the moment in an open, non-doing state (p. 63). The authors maintain that mindfulness meditation promotes ego strength in the ability to be in touch with the body, experience emotions, strengthen attention and tolerance for ambiguity and paradox (p. 63). Meditation is generally practiced in silence which has the benefit of increasing counselor trainees’ comfort with respecting and allowing for silence in session. Finally, the authors describe how the practice of meditation – sitting and observing one’s own experience with a non-judgmental, accepting attitude, over and over again – cultivates the ability to be present and aware which they note as fundamentally important in the therapeutic relationship (p. 65). The benefits of mindfulness meditation practicum reported by the authors are based on anecdotal reports and the authors’ observations. These conclusions must be interpreted in that context. Clearly the authors were predisposed to seeing these benefits by their own study and practice which is presumably why they developed the practicum in the first place. Did they simply see what they expected to see? This is likely but is tempered by the authors’ mindfulness practice which, also presumably, enables them to attend with an open, non-judgmental mind to what is going on around them.

There are few empirical studies of the impact of mindfulness meditation training for therapists on clinical outcomes. Two recent studies with contrasting results are reviewed next.

Stanley et al. (2006) studied the effects of therapist mindfulness on client outcomes. The therapists were 23 doctoral-level trainees and outcome measures were taken on 144 adult clients. The authors reported that higher therapist mindfulness, as measured by the Mindfulness
Attention Awareness Scale (MAAS), predicted poorer outcome in clients, as indicated by the Global Assessment of Functioning and Clinical Global Impressions scores. They suggest that too much mindfulness distracts therapists from “the greater agenda of adherence to manual-based, empirically supported therapies” (p. 332) because it does not allow therapists to move into procedural memory, a sort of automatic pilot needed to perform a learned skill. Certainly these two processes are at odds. The conclusion that mindfulness interferes with effective therapy, however, should be questioned. The authors note that the variance in outcome attributable to the mindfulness of the therapist was limited (p. 333). The therapists were trainees in their first clinical placement and so may not have been at the point in their development as counselors where they could use mindfulness to access clinical judgment to improve outcome. The therapists were not trained in mindfulness practice but the MAAS is a self-report rating of mindfulness in daily life. It is unclear if this instrument measures therapist mindfulness in counseling sessions or how MAAS measurement might differ with therapists trained in and practicing mindfulness meditation.

In contrast to the above findings by Stanley et al. (2006), Grepmair Mitterlehner, Loew, and Nickel (2007) found more positive treatment outcomes for 58 therapist trainees after they were trained in and practiced mindfulness meditation than prior to the meditation training. Outcome measures used were Session Questionnaire for General and Differential Individual Psychotherapy (STEP), the Questionnaire of Changes in Experience and Behaviour (VEV), and the Symptom Checklist (SCL-90-R), which includes the GSI, on 113 patients in a psychosomatic hospital in Germany. On all measures, the patients of mindfulness-trained therapists had more positive treatment outcomes. These results may differ from the Stanley et al. (2006) study in part because of the intensity of the mindfulness training and practice (daily for nine weeks) provided
to therapist trainees. No comparison of MAAS scores are available to evaluate the differences between therapists naturally occurring level of mindfulness as in the Stanley et al. (2006) study and the level of mindfulness of the mindfulness-trained therapists in the Grepmair et al. (2007) study. One of the limitations of the Grepmair study is the fact that the control group consisted of the therapist trainees prior to mindfulness training so that the groups were distinguished during the experimental phase not only by the mindfulness training and practice but also because of being further into their clinical training. A true experimental design, including random assignment to groups would provide needed clarification of these results.

Using a quasi-experimental design, Valentine and Sweet (1999) compared the ability to sustain focused attention, as measured by the Wilkins Counting Test, of 19 meditators and a control group of non-meditators. The meditators performed significantly better on the test of sustained focused attention than the controls. The limited sample and the nonrandomized design limit generalization of the results. The findings do point to a potential benefit for counselors in that the meditators were better able to ignore distracting thoughts, an ability relevant to being present in the session with a client. Clearly a task more relevant to counseling than a counting test would better predict the benefit of meditation for counselors.

In her dissertation study, Wexler (2006) found significant positive correlation between therapist mindfulness, as measured by the Mindfulness Attention and Awareness Scale (MAAS) and the therapeutic alliance, as measured by the Working Alliance Inventory (WAI) and rated by 19 therapist-client dyads. The limitations of Bordin’s model of the working alliance, on which the WAI is based, were discussed earlier in this review however it stands as the most widely used measure of the alliance. Wexler also created and tested a measure of mindfulness in psychotherapy, scores on which did not correlate with scores on the MAAS which imply that
more work needs to be done to sort out if these are two distinct experiences that do not correlate or if the mindfulness in psychotherapy scale needs reformulation. The results of the study suggest that mindfulness and establishing a positive alliance in therapy are related.

Bruce and Davies (2005) conducted a qualitative study of mindfulness in the context of hospice care. The participants were seven staff and two patients in a Zen Buddhist hospice care facility, all of whom had practiced mindfulness meditation for at least six months. The authors referred to the difficulty in using language based in the subject-object duality to describe their experience and the experience of the participants. In summarizing their findings, the authors wrote: “This inquiry points to in-between spaces of human experience wherein mindfulness fosters openness and supports letting go, and creating spaces for whatever is happening in attending the living-and-dying process (p. 1329). Four themes were identified from interpretation of the data: meditation in action, abiding in liminal spaces (an in-between space where separation dissolves), seeing differently, and resting in groundlessness. These themes have relevance for psychotherapy practice and show similarity to writings about the experience of being present.

In Buddhism, mindfulness forms the foundation of what Morgan and Morgan (2005) call optimal presence, the combined working of the seven factors of awakening: mindfulness, investigation, energy, joy, tranquility, concentration, and equanimity (Morgan & Morgan, 2005). But mindfulness is not a Buddhist phenomenon. Everyone has the capacity for mindfulness and experiences it in some way in their daily lives. Mindfulness is a universal experience “having to do simply with the cultivation and refinement of our ability to be present and awake in our lives” (Kabat-Zinn, Massion, Hebert, & Rosenbaum, 2002, p. 287). Teaching mindfulness meditation
to counselor trainees offers them the opportunity to learn mindfulness as the foundation to being present, as a personal experience and in their clinical practice.

But what exactly is mindfulness? In reviewing secular, professional research literature on mindfulness in an effort to point to future research directions, Dimidjian and Linehan (2003) identified the areas in which there was consensus in defining the practice of mindfulness.

“...three qualities related to what one does when practicing mindfulness: (1) observing, noticing, bringing awareness; (2) describing, labeling, noting; and (3) participating. It also identifies three qualities related to the ways in which one does these activities: (1) nonjudgmentally, with acceptance, allowing; (2) in the present moment, with beginner’s mind; and (3) effectively” (Dimidjian & Linehan, 2003, p. 166)

This is easier said than done. As Kabat-Zinn (2003), states “it is unlikely that such process would be sustained or developed over time in most of us without some element of intentional practice... Mindfulness is not merely a good idea such that, upon hearing about it, one can immediately decide to live in the present moment...” (p. 148). So mindfulness provides a foundation for being present and to develop and sustain mindfulness takes practice.

What is mindfulness meditation? There exist highly refined practices devoted to developing mindfulness most well articulated and developed within the Buddhist traditions (Kabat-Zinn, Massion, Hebert, & Rosenbaum, 2002). These practices may be done in secular or spiritual contexts. There are two basic types of meditation practices: concentration and mindfulness. Concentration meditations train participants to focus on a single point, such as a word (e.g., a mantra), sound, object, or sensation. When the person’s attention shifts away from the stimulus, it is directed back to the object of meditation (Baer, 2003; Kabat-Zinn, Massion, Hebert, & Rosenbaum, 2002). Although mindfulness meditation shares with concentration meditation the use of a single object as a starting point, such as the breath, it asks the meditator to observe the constantly changing internal and external stimuli as they arise and to note the nature of those thoughts or sensations (Baer, 2003; Levine, 1979). The idea is not to become
absorbed or to shut out the world, but to pay attention and notice what is taking place, both internally and externally. Mindfulness meditation encourages the practitioner to

... come to our senses through focusing on the body and on bodily sensations such as those associated with breathing ... and to shift from being caught up in and carried away by the automaticity of our thoughts and feelings, to being aware of them, and being more grounded in awareness itself. (Kabat-Zinn, Massion, Hebert, & Rosenbaum, 2002, p. 287)

Mindfulness meditation practice means sitting in intentional silence focusing attention on the breath, noting present moment experience as it unfolds without judgment and then returning to the breath again.
CHAPTER 3
METHODOLOGY

Overview

In this chapter I outline how this study was conducted and the rationale and support for the methods. I begin with definition and implications of the constructivist theoretical perspective. Next, I restate the purpose of the study and the research questions addressed and delineate the procedures and justification for sampling, data collection, intervention, and data analysis methods. Finally, I include a subjectivity statement declaring my personal experience and interest in the topic of study to make transparent my biases and assumptions in approaching this study.

Constructivist Theoretical Perspective

This study emanates from a constructivist theoretical perspective. Although multiple perspectives exist within the constructivist paradigm (Chiari & Nuzzo, 1996; Raskin, 2002) in general constructivism shares the follow assumptions: (1) that knowledge is relative and situational, that both the knower and the known cannot be removed from their context (Denzin & Lincoln, 1994); (2) that human subjectivity produces legitimate knowledge; (3) that human beings construct meaning rather than discover it (Schwandt, 2000), and (4) that “no object can be adequately described in isolation from the conscious being experiencing it” (Crotty, 1998, p. 45). Constructivism suggests that the knower is inextricably entwined with what is known, that the knower is both influenced by what is observed and influences it as well (Sexton, 1997). Reality exists in terms of the meaning constructed by the observer. Being present has been described in the literature from the perspective of experienced therapists. In this study it is the meaning of beginning counselors that is of interest. The constructivist perspective was chosen for this study to acknowledge and explore the meaning of being present as constructed by individual CITs as...
one of multiple constructed meanings of being present. And because the constructivist perspective assumes that individuals construct meaning in context it is appropriate for analyzing the various contexts that impinge on CITs experience of being present and the meaning they construct of that experience.

Discrepancies among the different constructivisms lie in beliefs about the nature of reality and how that reality becomes known. These different constructivisms stretch along continua on two dimensions: (1) ontologically, from realism to idealism, and (2) epistemologically from individually constructed to socially constructed knowledge (Chiari & Nuzzo, 1995; Hayes & Oppenheim, 1997). At the extreme realist end of the continuum, there is an absolute reality to be known but that it will never be truly and exactly known due to the limitations of the observer’s perceptual, cognitive, and emotional processes. As such human beings construct meaning of the reality as they see it but that reality exists in an absolute sense. At the other end of the continuum is the radical idealist belief that reality is created entirely by the observer. The epistemological continuum is bounded at one end by the recognition of knowledge as it is constructed by individuals and at the other by recognition of knowledge constructed and reconstructed in the process of human social interaction.

I assumed that being present exists as it is experienced by the counselor. It takes on meaning only as it is constructed by individual counselors. The theory generated by this study emanates from the experiences and the meanings constructed by the individual counselors as they are brought together by my interpretation and analysis. Denzin and Lincoln (2005) note that individual constructions may come together with those of other individuals in such a way as to create something of a consensus. In this way, meaning that individual CITs make of their experience of being present may show agreement or share meaning with each other.
Purpose and Research Questions

The purposes of my study are to examine how CITs describe their experience of being present and the meaning they make of being present in the context of counseling. Studying the experience and meaning of being present lends itself to qualitative inquiry. The following research questions guided this inquiry:

1. How do counselor trainees describe their experience of being present?
   - How do counselor trainees understand and describe the personal and interpersonal qualities or aspects of being present?
   - What processes do CITs experience in being present?

2. What meaning do counselor trainees make of being present in the context of counseling?
   - What values and beliefs do CITs draw on in constructing meaning of the experience of being present in counseling?
   - How do CITs apply their constructed meaning of being present in counseling?

Participants and Sampling

The purpose of the study was to examine the description and meaning CITs make of their experience of being present in counseling. The purpose of sampling in qualitative inquiry is to select participants who can provide rich data relevant to the research questions (Patton, 1990). My intent is to probe deeply into the experience and meaning of CITs. “The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size” (Patton, 1990, p. 185, italics in original).

In qualitative study sampling may be done in a variety of ways to fit the theoretical orientation and purposes of the study. In general, sampling in qualitative inquiry is purposeful in contrast with the probability sampling of quantitative inquiry (Patton, 1990) Where probability sampling derives its power from random selection of a statistically representative sample of the
population to which the researcher expects to generalize (Gay & Airasian, 2003), purposeful sampling derives its power from the selection of a sample targeted because of its likelihood to offer rich, meaningful data related to what the researcher wants to know (Patton, 1990). Within the category of purposeful sampling researchers can choose from among different strategies to suit their research purposes (Kuzel, 1992). For this study, I initially used criterion sampling. Criterion sampling was done before the data is gathered (Kuzel, 1992) and ensured that all participants met criteria relevant to research questions.

Consistent with the purpose of my study, the participants were recruited from graduate programs in counselor education and counseling psychology. Participants were recruited via announcements (See Appendix D) on the Counselor Education and Counseling Psychology listservs, through flyers posted in both departments and through presentations by the researcher in classes in counselor education. The class presentations included the same information as the listserv announcement and provided the opportunity for interested students to ask questions.

Participants included in the study were graduate students at a large university (approximately 51,000 students) in the southeastern United States. The university is situated in a medium-sized city with a population of approximately 115,000. Participants were volunteers and therefore self-selecting. All participants met the following selection criteria:

Participants were graduate students in counselor education or counseling psychology.

Participants had experience counseling clients. This experience was in the form of one of the following: Alachua County Crisis Center telephone counseling (See Appendix A), practicum or internship field experience at either masters or doctoral level (See Appendix B and Appendix C). Participants had completed or were currently working in one of these clinical placements.

I recruited nine participants for the study and interviewed each of them one time prior to their beginning the mindfulness meditation training group. Two participants withdrew following the first interview stating their schedules were too full to accommodate participation in the study.
The remaining seven participants were each interviewed two more times and five of them were interviewed a fourth time. I assigned a pseudonym to each of the participants to protect their anonymity in reporting the findings. The participants included diversity in race/ethnicity, academic department, degree program, and, to some extent, theoretical orientation. Information provided by each of the participants will be described below (See also Table 3-1). The participants’ student status is reported as it was at the time of the study.

Andrea is a fourth year doctoral student in Counseling Psychology in the Department of Psychology in a large southeastern university. She described herself as a white, first generation Polish American. Andrea reported having clinical experience working in a child abuse prevention program, a group home for adolescents, a university counseling center and an inpatient psychiatric unit in a hospital. At the time of the study she was not working with clients. Andrea’s integrative theoretical orientation included a “strong influence of interpersonal and multicultural counseling theories” and she indicated that she had used interventions from Gestalt, Cognitive-Behavioral And Solution-Focused therapies. Andrea was interviewed four times for this study, over the course of eight months.

Cathy is also a fourth year doctoral student in Counseling Psychology in the Department of Psychology in a large southeastern university. She identified herself as a biracial Asian American woman. Cathy gained her clinical experience working at a university counseling center and a community crisis center that offered both ongoing counseling and crisis intervention. She was not seeing clients the semester in which she participated in this study. Cathy listed her theoretical orientation as Integrative and noted the following contributing theories: Psychodynamic, Interpersonal, Feminist/Multicultural, And Client-Centered. Cathy was interviewed four times over the eight months of data collection and analysis.
Irene is a first year doctoral student in Mental Health Counseling in the Department of Counselor Education. She identified herself as Caucasian American. She completed three years of clinical training at a community counseling clinic working with couples and adolescents and worked as a substance abuse counselor for adolescents. She was not seeing clients the semester in which she participated in this study. Irene said she conceptualizes her work with clients from a Wellness Counseling perspective. Irene was interviewed three times for this study.

Jesse is in her final year as a doctoral student in Mental Health Counseling in the Department of Counselor Education. She identified herself as Arab American who practices from a Feminist, Relational-Cultural, Eclectic theoretical orientation to counseling. She has seven years of clinical experience including at a university counseling center, a university crisis intervention team, and ????. Jesse was actively seeing clients as part of the university’s crisis intervention team during the data collection period of this study. Jesse was interviewed four times for this study.

Jill is a fourth year doctoral student in Counseling Psychology in the Department of Psychology. She identified herself as Caucasian. For her clinical training, Jill worked at a university counseling center and a university career resource center. Jill was one of three participants working with clients during the course of the study. She represented her theoretical orientation as Humanistic/Existential. I interviewed Jill four times for this study.

Kelly is in her second year of working on her masters/specialist degree in both School Counseling and Mental Health Counseling in the Department of Counselor Education. She identified herself as White American. At the time of the study Kelly had worked for four years as a mental health technician at a psychiatric hospital and was continuing her work in that capacity during the study. She had not yet completed a clinical training experience as part of her
graduate program. Kelly identified her theoretical orientation as Solution-Focused Therapy (SFT) “mixed with client-centered.” I interviewed Kelly once and she participated in the first week of the mindfulness meditation training group before she withdrew from the study. She indicated that she no longer had time in her schedule to participate in the study.

Linda is in her third year working on a masters/specialist degree in both School Counseling and Mental Health Counseling in the Department of Counselor Education. She had completed school counseling placements in the public school system and a mental health practicum at an unnamed site. Linda was interning as a school counselor at the time of the study and she described her theoretical orientation as Client-Centered and Cognitive-Behavioral Therapy (CBT). I interviewed Linda one time. She missed two out of the first five meetings of the mindfulness meditation group and I determined that she was no longer a valid participant in the study.

Pam is in her third year of study for a masters/specialist degree in Mental Health Counseling in the Department of Counselor Education. She identified herself as White. Pam’s clinical experience consisted of training and work as a crisis phone line volunteer and three practicum and internship placements at the county crisis center providing individual and family counseling. At the time of the study, Pam was seeing client as a staff member at the county crisis center. Pam identified her theoretical orientations as Humanistic, Person-Centered, and Gestalt. I interviewed Pam three times for this study.

Teresa is a fifth year doctoral student in the Counseling Psychology program in the Department of Psychology. She identified herself as Black and Latina and as a Panamanian American. She had completed training as a crisis phone line volunteer and for her practicum placement had worked as a counselor at the county crisis center and at a family medical practice.
Teresa described her theoretical orientation as Integrative combining Existential, Humanistic, Family Systems, Multicultural, and Cognitive Behavioral Therapy (CBT). I interviewed Teresa four times for this study.
<table>
<thead>
<tr>
<th>Name</th>
<th>*</th>
<th>Department</th>
<th>Program</th>
<th>Student Status</th>
<th>Theoretical Orientation**</th>
<th>Race/Ethnicity**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea</td>
<td>4</td>
<td>Psychology</td>
<td>Counseling</td>
<td>4th yr Doctoral</td>
<td>Integrative (interpersonal, multicultural, CBT, Gestalt, SFT)</td>
<td>White 1st Generation, Polish American</td>
</tr>
<tr>
<td>Cathy</td>
<td>4</td>
<td>Psychology</td>
<td>Counseling</td>
<td>4th yr Doctoral</td>
<td>Integrative (interpersonal, psychodynamic, feminist/multicultural, client-centered)</td>
<td>Biracial Asian American</td>
</tr>
<tr>
<td>Irene</td>
<td>3</td>
<td>Counselor</td>
<td>Education Mental Health</td>
<td>1st yr Doctoral</td>
<td>Wellness</td>
<td>Caucasian American</td>
</tr>
<tr>
<td>Jesse</td>
<td>4</td>
<td>Counselor</td>
<td>Education Mental Health</td>
<td>4th yr Doctoral</td>
<td>Feminist, relational-cultural, eclectic</td>
<td>Arab American</td>
</tr>
<tr>
<td>Jill</td>
<td>4</td>
<td>Psychology</td>
<td>Counseling</td>
<td>4th yr Doctoral</td>
<td>Humanistic/existential</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Kelly***</td>
<td>1</td>
<td>Counselor</td>
<td>Education School &amp; Mental Health</td>
<td>2nd yr Masters</td>
<td>Solution-focused (SFT), client-centered</td>
<td>White American</td>
</tr>
<tr>
<td>Linda***</td>
<td>1</td>
<td>Counselor</td>
<td>Education School &amp; Mental Health</td>
<td>3rd yr Masters</td>
<td>Client-centered, CBT</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Pam</td>
<td>3</td>
<td>Counselor</td>
<td>Education Mental Health</td>
<td>3rd yr Masters</td>
<td>Humanistic, person-centered, Gestalt</td>
<td>White</td>
</tr>
<tr>
<td>Teresa</td>
<td>4</td>
<td>Psychology</td>
<td>Counseling</td>
<td>5th yr Doctoral</td>
<td>Integrative (existential, humanistic, family systems, multicultural, CBT)</td>
<td>Black and Latina (Panamanian American)</td>
</tr>
</tbody>
</table>

*Number of Interviews.  ** As identified by participants.  ***Interviews not included in analysis.
**Data Collection**

Data was collected from the participants through interviews. Interviews provide an opportunity to “find out what is in and on someone else’s mind . . . [and] to find out from them those things we cannot directly observe” (Patton, 1990, p. 278). Interviewing as a data collection method is predicated on “the assumption that the perspective of others is meaningful, knowable, and able to be made explicit” (Patton, 1990, p. 278). With the purpose of this study to examine the personally constructed meaning that CITs make of their experience of being present, interviews created an opportunity for the participants to articulate their experience and its meaning to them. These are not observable phenomena and so lent themselves to interviewing as an appropriate data collection method.

Participants were interviewed using a semi-structured, in-depth formal interview format. The interviews were semi-structured in that, as the interviewer, I came prepared with guiding questions but did not stick to an interview script (Hatch, 2002). The questions were designed to allow respondents freedom to structure their responses to fit their way of making sense of their experience and to provide deep and rich descriptions of their experience and its subjective meaning (Hatch, 2002). The interviews were considered formal because they were planned and scheduled at a particular time rather than informal conversational interviews (Patton, 1990). The interview guide (See Appendix E) was structured and flexible – structured to keep the conversation focused on the research questions and flexible to allow for digressions and redirections by the respondents and probes for more depth by the interviewer.

Participants were informed of the purposes of the study and that it was being conducted for my dissertation and possible later publication. All aspects of the consent process as required by the Institutional Review Board of the University of Florida were followed. Participants were not involved in any aspect of the study without signing an informed consent form (See Appendix F).
Three interviews were conducted with each of the seven participants and a fourth interview was conducted with five of the participants (See Outline of Data Collection, Appendix G). The first interview took place prior to the training in mindfulness meditation. The second interview was conducted during the seventh week of the mindfulness meditation training. The third interview took place during two weeks following the completion of the mindfulness meditation training. The fourth interviews were conducted in the fourth month after the completion of the training as part of data analysis. The first and third interviews used the same interview guide (See Appendix E) which asked participants to describe their experience of being present and the meaning they make of that experience. The second interview involved processing the participants’ journals from the meditation training. The journals were copied and used as secondary data sources and were interpreted by the participants themselves in the interview. The interview was loosely structured to allow maximum flexibility to the participants in sharing the meaning they made from their journal entries (See Appendix E). I did not read the journals prior to the second interview so as to avoid coming to that interview with any preconceived ideas about meaning of the journals. Prior to the fourth interview, participants were sent the coding trail and proposed theory that had been produced by data analysis up to that point. The interview included member checking of the data analysis as well as theoretical sampling to fill out and probe the meaning of the existing codes.

The participants were trained in mindfulness meditation as one way to cultivate being present. The mindfulness meditation training group was constituted for the purposes of this study and all members of the group were participants. Participants had the opportunity to learn mindfulness meditation which has been shown to have benefits in stress and anxiety reduction in
addition to being a way to cultivate being present. The mindfulness meditation training program ran for eight weeks and included the following elements and methods:

- Weekly one and one-half hour group sessions
- Formal mindfulness meditation methods including sitting meditation, body scan meditation, and walking meditation
- Informal mindfulness meditation practices in everyday life such as awareness of routine activities such as eating, weather, driving, walking, and interpersonal communication.
- Daily home assignments including 5-20 minutes per day of formal mindfulness practice, 5-15 minutes per day of informal mindfulness practice, one- to three- page daily readings, and daily meditation log.
- Weekly journal entries reflecting on practice (2-3 paragraphs).
  Group discussions centered around reactions and reflections on daily home practice.

The eight sessions of the mindfulness meditation training program are described in greater detail in Appendix H. The mindfulness meditation trainer, Dr. Michael Murphy, is a licensed psychologist on the staff of the University of Florida Counseling Center (See Appendix I for his vita). Dr. Murphy drew on his training in both Buddhist mindfulness meditation and Mindfulness-based Stress Reduction to create this mindfulness meditation training program.

Data Analysis

Overview of Grounded Theory

Grounded theory was developed by two sociologists, Barney Glaser and Anselm Strauss (1967) to provide an alternative to the predominant emphasis at the time on verification of theories. The purpose of grounded theory methodology was to discover in empirical data theories that would be more relevant and a better fit with the areas under study than theories created conceptually and then tested empirically. They devised a systematic and rigorous method of comparative analysis (Glaser & Strauss, 1967). The methodology has its roots in the positivist paradigm in that the assumption is that there is something to be discovered in the data.
As Strauss and Corbin (1998) state, “. . . the researcher begins with an area of study and allows the theory to emerge from the data” (p. 12). The theory can then be further tested in the service of better explaining and predicting behavior. Because of his interactionist background, Strauss acknowledged the “interplay between researchers and data” (Strauss & Corbin, 1998, p. 13) and Glaser and Strauss both articulated the interpretive job of the analyst, emphasizing moving from the descriptive to the conceptual. However researchers are instructed to avoid allowing their biases to influence what is seen in the data. Researchers’ understanding of the area of study gives them what is called theoretical sensitivity to the data. Theoretical sensitivity allows the researcher to understand what is in the data but the researcher is not to impose preconceived concepts or structures on the data. That the researcher can be objective in this way is a positivist notion that will not stand up in a study with a constructivist theoretical orientation such as this one.

Kathy Charmaz (2000, 2005, 2006, 2008) and others (e.g. Bryant, 2002; Clarke, 2003) maintain that grounded theory may be separated from its positivist roots and used as a tool by researchers from a constructivist theoretical orientation. Charmaz (2000) claims that constructivist grounded theory “takes a middle ground between postmodernism and positivism” (p. 510). “Constructivist grounded theorists take a reflexive stance on modes of knowing and representing studied life. That means giving close attention to empirical realities and our collected renderings of them – and locating oneself in these realities” (Charmaz, 2005, p. 509). In keeping with a constructivist theoretical orientation and in a departure from classic grounded theory, constructivist grounded theorists do not operate as objective observers of an objective world nor do they assume that data reflect that world such that realities are there to be discovered. “Interpretive theory calls for the imaginative understanding of the studied
phenomenon. This type of theory assumes emergent, multiple realities; indeterminacy; facts and values as inextricably linked; truth as provision; and social life as processual” (Charmaz, 2006, p. 126). Charmaz emphasizes Strauss’ interactionist background as informing grounded theory and allowing it to be used outside of a strictly positivist realm (Charmaz, 2006). It can be argued that the participants in grounded theory studies have a voice in the data and that their voices interact with the researcher in the development of theories that are grounded in the data. Constructivist grounded theory focuses on actions and understanding processes involved in various phenomena which makes it an appropriate methodology for this study of being present as experienced and interpreted by CITs.

In examining constructivist grounded theory, Greckhamer and Koro-Ljungberg (2005) suggest that it is not so easy to extract grounded theory from its positivist origins, that the type of knowledge produced by the methodology is consistent with the epistemology out of which it came. These authors note the erosion of grounded theory as it is adapted to the purposes of the researcher without regard for its epistemological implications. Others note that while grounded theory was developed in an era when positivism was the dominant paradigm, the founders never specified the theoretical orientation of grounded theory. This leaves room for disagreement on the kind of knowledge it may produce. In addition, grounded theory assumes that “the social world, at some level, is orderly, patterned, and understandable” and performs an ordering process on the data that “justifies the interpretive practices of science and grounded theory” (Denzin, 2007, p. 458). I attempt to address these criticisms as I use grounded theory methodology in this study by making transparent my own assumptions as the researcher, to situate my interpretations of the constructed meaning of the participants in the study, and to allow complexity and disorderliness to remain a part of the constructed theory.
The two developers of grounded theory took the methodology in different directions over time (Kelle, 2007). Grounded theory researchers have sometimes aligned themselves with one or the other approach or have adapted the methods to suit their individual investigations. Some agree with this flexibility and contend that the methods are a “set of principles and practices” and not “methodological rules” (Charmaz, 2006, p. 9). Glaser on the other hand argued for the use of the methods as a complete package (Mruck & Mey, 2007). These differences of opinion leave the researcher to make choices in how and when to use procedures associated with grounded theory.

Although not in this order, the process of grounded theory generation involves data collection, several levels of coding, and memo writing. In an iterative cycle the researcher compares data to data, codes to codes, data to codes, and data and codes to memos, and interprets the comparisons and emerging theoretical implications in memos. These activities “should blur and intertwine continually, from the beginning of an investigation to its end” (Glaser & Strauss, 1967, p. 43). There seems to be general agreement with Glaser and Strauss (1967) that “. . . the elements of theory that are generated by comparative analysis are, first, conceptual categories and their conceptual properties; and second, hypotheses or generalized relations among the categories and their properties” (p. 35). The researcher moves toward developing progressively more abstract concepts or categories and exploring the relationships among them. The comparisons become more focused as the theory develops. Additional data collection is targeted to answer questions and fill out categories in what is called theoretical sampling.

**Data Analysis in This Study**

The original design for this study called for a narrative analysis of the data. During the data collection process and the transcription of the interviews, it became clear that grounded theory methods would be more appropriate to analyze the more abstract and conceptual nature of
the data. Grounded theory methods offered a means for interpreting the interaction of processes in the participants’ constructed meanings of their experience. In this section, I describe the specific steps and processes of the data analysis in this study. I provide an outline of the steps in Table 3-2 at the end of this section. In the analysis of the data, I followed Charmaz (2006) approach to constructivist grounded theory. She says “I view grounded theory methods as a set of principles and practices, not as prescriptions or packages” (2006, p. 9). Charmaz outlines two main phases of grounded theory coding: “1) an initial phase involving naming each word, line, or segment of data followed by 2) a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data” (2006, p. 46).

Each of the twenty three interviews with participants was transcribed verbatim. I first coded the transcripts in a detailed open coding process. Since the interviews spanned a period of several months and the participants were experiencing being present in different contexts over that period, I decided to open code all the interviews to get the full spectrum of their experience. In the initial coding process, “Data are broken down in discrete incidents, ideas, events, and acts and are then given a name that represents or stands for these. The name may be one placed on the objects by the analysts because of the imagery or meaning they evoke when examined comparatively and in context, or the name may be taken from the words of the respondents themselves” (Straus & Corbin, 1998, p. 105). I first identified meaning units by going line by line through each interview transcript. Meaning units ranged from a few words to several sentences. I then gave each meaning unit a code. The codes stayed close in the data (Charmaz, 2006), often using in vivo codes (Glaser & Strauss, 1967), the person’s own language, and attending to the nuances in what was expressed. Given the nature of the topic, nuances are
relevant in understanding how the participants experience being present and how they make meaning of that experience. Another reason for using in vivo codes was to avoid imposing language from literature on being present and on mindfulness. In classic grounded theory, I would avoid using in vivo codes in order to move from the descriptive level and to the conceptual level (Holton, 2007). However, much of the language of the participants in the study was already conceptual and reflective. In coding the data, I followed Glaser’s (1978) suggestion in asking the question, what is happening here? What are the processes at work and what accounts for those processes? (Glaser, 1978). From a constructivist perspective I was not “discovering” the processes but interpreting (constructing) what I saw as emerging from the data. Along with Glaser (1978), Charmaz (2006) also recommends looking for actions in the data to avoid applying preexisting categories. I followed this advice for both reasons -- to focus on process and to avoid preexisting categories. As such I used gerunds whenever possible in coding my data but not to the point of forcing or creating awkward language. During the coding process, I stopped frequently to record my ideas about relationships between codes, the meaning of codes, questions about codes to look for in future interviews, etc. These ideas were recorded in memos that were dated and labeled. The goals of memoing, according to Glaser (1978) are to “theoretically develop ideas (codes) with complete freedom into a memo fund, that is highly sortable” (p. 83, emphasis in original).

After coding the first interview for all participants, the initial codes were reviewed to look for emerging relationships among codes and to note frequent and significant codes. The code list was extensive, detailed and close to the data at that point to allow for maximum fullness of categories. The constant comparative process involves comparing coded meaning units with each other and as categories grow, comparing categories or codes with each other, and
comparing emerging theoretical ideas in memos with the categories (Glaser & Strauss, 1967; Charmaz, 2006). This is not a linear process but, as the name implies, a constant comparison of one aspect of the developing analysis to another and to the data. In keeping with this process, I frequently checked back with the data during the coding process, comparing codes with data. One particular focus of my attention was to try not to grab onto terms from existing literature out of convenience or to suit my familiarity with that language, unless a term from the literature seemed to be the best possible fit with my understanding of the data. Coded categories were compared with each other, seeking clarity while not sacrificing fullness. Memos informed the comparisons and pointed to evolving theoretical propositions about processes involving the different categories. Since I worked from a constructivist perspective, all of the coding and memoing is acknowledged as interpretive. At the same time, I was looking for how the participants construct meaning of their experience as I constructed my understanding of that meaning and attempted to communicate that to a broader audience who will in turn construct their own meanings in their contexts. It was particularly challenging to maintain openness as the coding process continued and a theory started to take shape. I tried to hold back on settling on a set of relationships and an organization of those relationships too soon in the process to allow new relationships to come into being. This process paralleled the topic of my study as I tried to be present to the data in the analysis.

Refining of the initial codes moved into focused coding. According to Charmaz (2006) focused coding entails identifying the most significant or frequently occurring initial codes and using them to “synthesize and explain larger segments of data” (p. 57). Charmaz also suggests that in the focused coding process, the analyst is checking preconceptions about the topic as she “acts on” the data (p. 59). I defined relationships between categories drawing on my own
experience, my theoretical sensitivity to the area of study, and by repeatedly going back to the
data and to the various levels of coding. If codes were not filled out enough to become
categories and did not seem significant or relevant enough to the emerging theoretical direction
to warrant theoretical sampling, they were dropped. These codes provide possible directions for
future exploration. Axial coding means “... coding around the axis of a category, linking
categories at the level of properties and dimensions” (Strauss & Corbin, 1998, p. 123) and can be
an approach to focused coding. The goal is to synthesize large amounts of data at a conceptual
level (Charmaz, 2006). While not strictly applying Strauss and Corbin’s axial coding process, I
did develop the relationships of subcategories around the axis of each central category. Clarke
(2003) offered an alternative to axial coding, called situational mapping, which allows the
researcher to explore relationships between the phenomenon under study with situational
influences in a less linear, causal arrangement of categories and subcategories. Early grounded
theory studies stressed causal relationships but now many scholars aim for interpretive
understandings. Such understandings remain contingent on contextual conditions. Situational
mapping is another way to come to understand the data from a fresh perspective and one that
acknowledges complexity and context. My codes highlight the actions involved in being present
in counseling from the perspective of CITs. To form a theory, I needed to define how these
actions relate to and influence each other. In my application of what Clarke (2003) called “the
messy situational map” (p. 565), I wrote each category (action) on a post-it note and laid the
notes out randomly. Then I followed Clarke’s (2003) suggestion to systematically take each
category and think about how it relates to every other one.

Working with the situational map helped me identify the contexts which interact with the
central process in the theory and led into a final phase of coding, selective coding. Charmaz
includes axial, theoretical, and selective codes as optional additions to initial and focused coding, what she identified as the two main phases of coding (2006). Selective coding, in Strauss and Corbin’s (1998) approach represents the final step in grounded theory analysis and involves “the integration of concepts around a core category” (p. 236).

Eventually a story emerges. Often, returning to the raw data and rereading several interviews or observations helps to stimulate thinking. This tends to work if one reads them not for detail but rather for the general sense, standing back and asking the following questions. What is the main issue or problem with which these people seem to be grappling? What keeps striking me over and over? What comes through, although it might not be said directly? (Strauss & Corbin, 1998, p. 148).

Selective coding yielded seven elements of the theory centered around the category of Choosing to Be More Present.

At this point in the analysis I revised the Internal Review Board protocol to add a fourth interview for the purposes of theoretical sampling, consistent with grounded theory methods. I conducted the theoretical sampling interviews (interview #4) with the following purposes: 1) to gather reactions to and feedback on the theory developed thus far, 2) to fill out categories that seemed significant but were not yet well developed, and 3) to inquire about unique outcomes (rarely mentioned but interesting data), if appropriate. The participants were provided a diagram and overview of the theory in its form at the time. The theory was then revised and extended as I interpreted the data from these interviews.
Table 3-2. Elements of the Data Analysis Process

- Transcribed each interview (26 interviews)
- Identified meaning units in transcripts
- Open coded meaning units
- Reviewed and refined open codes
- Initial coding
- Focused coding
- Situational mapping using focused codes
- Selective coding
- Diagramming theory
- Theoretical sampling and member checking
- Refined focused and selective codes
- Refined diagram and theory

Throughout the process, kept log, wrote memos, and engaged in constant comparison to refine and clarify codes and check against the data. The selective coding and diagramming processes were not as linear as this list implies as there was an ongoing process of crafting and revising.

Trustworthiness

The epistemology and theoretical perspective that underpin a qualitative study determine how it is to be evaluated for trustworthiness. The use of the term trustworthiness already implies a non-positivist epistemology in that the criteria do not include verifiability of a true reality or objectivity of the researcher. Nonetheless, evaluating the rigor of a study is equally important. This study used a constructivist approach to grounded theory and as such the findings are an interpretation of the constructed meanings of the participants. Constructivist grounded theory involves “developing increasingly abstract ideas about research participants’ meaning, actions, and worlds” (Charmaz, 2005) while repeatedly checking the interpretation against data. From a constructivist theoretical perspective findings are acknowledged to be interpretative, propositional, and situational (Charmaz, 2006) consistent with the belief that there is no one absolute reality to be discovered. Establishing the trustworthiness of interpretations from this perspective means attending to credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985). Procedures have been identified to strengthen these aspects of the qualitative research. Creswell and Miller (2000) reviewed the literature on structures and criteria
for validity in qualitative studies and synthesized them into a matrix of nine validity procedures from post-positivist, constructivist and critical theoretical paradigms as defined by Guba and Lincoln (1994). I will now address the procedures used to strengthen the credibility, dependability and transferability of this study.

Credibility roughly corresponds to the idea of internal validity or demonstrating the believability of the outcome of the study, in this case, the grounded theory. Rather than demonstrating how close the findings are to reality, the credibility of a study’s outcomes are evaluated based on the plausibility of the interpretations (Glesne, 1999) and on having the findings “approved by the constructors of the multiple realities being studied” (Lincoln & Guba, 1985, p. 296). In my study credibility is established using member checking, prolonged engagement, disconfirming evidence, and peer debriefing procedures.

Member checking, prolonged engagement in the field, and collaboration are the procedures that Creswell and Miller (2000) identify as within the lens of the study participants (p. 126). Since this study comes from a constructivist theoretical perspective, member checking is the most crucial procedure to establish credibility. In each of the interviews with the participants after the first one, I checked my understanding of what they had said in previous interviews and asked for their reactions and clarifications. The participants’ reactions, clarifications, and additions then became part of the transcripts of the interviews and guided subsequent coding. After the third interview, I sent all the participants the list and organization of codes and an overview of the theory as I had formulated it at that point. Five of the participants were available for a fourth interview per the revised protocol. In the fourth interview these five participants were asked to give feedback as to the fit of the theory with their experience and suggestions for changes. I then revised the theory based on their feedback. These were member checking
procedures but with a collaborative element as I was not only asking participants if the categories made sense or if their transcripts were accurate. They were collaborating to some extent on the theory development, although they were not fully involved as co-researchers which would constitute true collaboration from a critical perspective.

The procedure of prolonged engagement adds to the quality of the data by building trust with participants and inviting more comprehensive disclosure (Glesne, 1999). It also allows the researcher to better understand the contexts in which the phenomenon under study takes on meaning (Lincoln & Guba, 1985). Although the definition of this procedure applies it to field studies I think it is applicable for my study as well. I interviewed all seven participants three times over the course of three months and I interviewed five of the seven participants again four months later over which time we built rapport and comfort with one another thus increasing the potential for rich disclosure and adding depth to the data. Such data in turn increases the potential for credible interpretation.

The participants kept journals during the eight-week meditation training. These journals were reviewed and interpreted by the participants and served as secondary data sources for triangulation. Disconfirming evidence resembles triangulation but where triangulation seeks convergence and confirmation, disconfirming evidence is a search for evidence that diverges from the preliminary themes or categories (Creswell & Miller, 2000). The initial focus of the analysis in my study was on the experience of being present and preliminary themes and categories were descriptive of that experience. As my engagement with the data continued, however, I began hearing the divergent messages that then led not only to the creation of new themes and categories (related to not being present and inhibitors to being present) but also helped clarify the initial themes and categories related to being present. I then reexamined the
data with the divergent themes in mind and continued the search in the theoretical sampling
interviews. Including both acknowledged the complexity and multiplicity of realities and
supported the credibility of the theory.

I used peer debriefing, described by Creswell and Miller (2000) as “the review of the data
and research process by someone who is familiar with the research or the phenomenon being
explored” (p. 129). Several people reviewed my work during the research process all of whom
were familiar with the phenomenon of presence including my committee chair, colleagues at a
university counseling center, and two doctoral students, one from Counselor Education at my
university and one in Clinical Psychology from another university. The debriefing took place
during several stages of analysis, first during the initial and focused coding phases, and then as
the theory began to take shape. These people acted as sounding boards, as support, and they
challenged my interpretations which helped me clarify the meaning I was making from the data.
Creswell and Miller state that using peer debriefing adds credibility to a study. In light of the
constructivist perspective of this study, however, the peer debriefing was secondary to member
checking as the critical perspective is that of the participants.

Dependability is made possible by the credibility of the study, paralleling the relationship
between reliability and validity in conventional research (Lincoln & Guba, 1985). Since
replication in search of the truth is not a goal consistent with constructivist research,
dependability is evaluated by examining the rigor and appropriateness of the process that yields
the outcomes and confirmability by evaluating the data, findings, and interpretation as “internally
coherent” (Lincoln & Guba, 1985). It involves documenting the data collection and analysis
procedures so that people outside the research study can review the documentation and evaluate
the study, asking such questions as “Are the findings grounded in the data?” and “Is the category

The audit trail is employed to support the dependability and confirmability of a study’s outcomes. I documented the inquiry process in this study in a research log, memos, and a coding trail (Appendix J). I met frequently with my committee chair and several times with a grounded theory group and received feedback on questions such as the above that helped refine my coding and the emerging theory. Examples of memos (Appendix K), excerpts from the research log, and the final coding trail (Appendix J) are included for review in this document as appendices.

Researcher reflexivity is the procedure by which researchers disclose their assumptions, beliefs, and biases through which interpretation of the data has been filtered (Creswell & Miller, 2000). Again, this is consistent with a constructivist perspective that acknowledges that the researcher is constructing meaning from the data and that the researcher’s constructions are situated in their values, beliefs, and historical context. In line with this criterion for trustworthiness, I have included a researcher subjectivity statement that allows the reader to frame of my subjective interpretations of the data. In addition, during the course of the inquiry, I recorded my thoughts on potential influences of my subjectivity on my interpretation of the data in memos. These memos also directed me to questions for participants to clarify my understanding of their constructed meanings.

Transferability in qualitative research from a constructivist perspective contrasts with external validity in quantitative research from a positivist perspective. External validity is concerned with representativeness for the sake of generalizeability. Transferability requires that researchers clearly delineate the contexts, conditions, and processes involved in the study so that those seeking to apply the findings may determine if “sending and receiving contexts are sufficiently similar to allow one to entertain the possibility of transfer” (Lincoln and Guba,
1985). The methodology for this study has been clearly recorded including the theoretical perspective, the data collection and analysis procedures, subjectivity of the researcher, and limitations. These descriptions offer readers data from which to determine the transferability of the findings.

Subjectivity Statement

It is important for me to openly delineate my relevant experience and assumptions as part of the constructivist approach to research. In constructivist research objectivity is not possible and knowledge is always created in and for a context by human beings as active agents. As a researcher I participated in the creation of knowledge as I interacted with the participants and with the data and therefore my assumptions and biases are inherent in my approach to the topic.

Two streams of my life come together in this study. The first is my experience in therapy, as client and as CIT, and the second is my practice of mindfulness meditation. First, as a client of a Gestalt therapist, I experienced remarkable moments in therapy when I felt a timeless and powerful connection between us. I felt my therapist was right there with me. I felt seen, known, and accepted in a way that transcended the content of the session. Those moments appeared to facilitate change. I wondered how it was that we become so “available” to each other. I have now experienced such moments in both chairs, as client and as counselor. I refer to that experience as being present. When I am present, I feel my awareness of my self heightened and at the same time I am not concerned with myself; I feel myself extending toward the client, listening with my full being; I let go; I reside in the present moment and linear time fades out. The overarching feeling in those present moments is compassion. This is my experience of being present, one that I have only fleetingly but invariably colored how I heard others’ descriptions of their experience.
During the course of planning and implementing this study I have been a CIT as were my participants. In my own preparation as a counselor, I want to develop my ability to be present both in myself and with clients. I first studied psychology in the prime of the existential, humanistic approaches to therapy and these views of the world shaped my understanding of the therapeutic process. My current fascination with being present fits with these theoretical frameworks. I resonated with Gestalt therapy, in particular, with its emphasis on here and now awareness and on making contact with the world not through the mind but more directly through the senses. I draw on these theories along with my experience as a CIT in this study.

The second stream contributing to my position in relation to this study is my experience in meditation. In my early twenties, over thirty years ago, I studied Buddhism and practiced mindfulness meditation. I became disenchanted with Buddhism and in retrospect it was the religious precepts that were difficult for me to adopt, not the practice of mindfulness. In the last two years, I found myself returning to the practice of mindfulness meditation and see how it helps me cultivate my ability to be aware in the present moment. I find this in turn helps me be present in my work with clients. It is in meditation that I become aware of my own worry, fear, sadness, or grief, but learn to stay with them rather than try to control, distract, or avoid. It is this practice that helps me, when I am able to call on it, to stay with my clients in their painful places and not try to fix or rescue. Mindfulness meditation trains me to slow down, to acknowledge what is (rather than what should be, might be, could be), and offer respectful acceptance to clients. It is my belief, then, that mindfulness, presence, and therapeutic change are part of a whole. Even further, it is my belief that learning to be present tunes me up as the instrument of therapy.
I viewed the data through my lens as a woman, as a CIT with a humanistic theoretical orientation to human growth and change, as a meditator, and as a person in my fifties. Each of these lenses influenced the meaning I constructed from the data.
CHAPTER 4
FINDINGS

Introduction

The research questions for my study asked how counselors in training (CITs) describe their experience of being present and the meaning they make of being present in counseling. In analyzing the data I began to see that participants drew on their experience of not being present to help them in describing being present. In addition they described themselves as not present more often than present. In analyzing the data using constructivist grounded theory methodology, processes were identified that explain how CITs understand being present or not and what is at play in choosing to be more or less present. The point that differentiates being present or not is the point of awakening to choices CITs have in how to be. The theory derived focuses on the process of choosing to be present as CITs.

The diagram in Figure 4-1 shows the seven key elements of the theory (selective codes): 1) Acting to Contain Anxiety and Uncertainty, 2) Awakening to Choices, 3) Choosing to be More Present, 4) Being Present, 5) Contexts Facilitating or Inhibiting Being Present, 6) Experiencing the Outcomes of Containing Anxiety and Uncertainty, and 7) Experiencing the Outcomes of Being Present. Being Present, as defined by the CITs as they experience it, is depicted as one loop in a dynamic relationship with Acting to Contain Anxiety and Uncertainty, Awakening to Choices, and Choosing to be More Present. CITs, operating in what they described as “the normal way,” seek the safety of containing their anxiety and uncertainty. When they awaken to choices to be more present, they are at that point already more present. They are no longer unconsciously tied to one way of being. They may then move into actively choosing and being present or they may go toward safety again and contain their anxiety and uncertainty. Anxiety and uncertainty does not disappear if CITs choose to be more present but their experience of the
anxiety and uncertainty seems to change. CITs negotiate the complexity of choices in both a moment to moment process and a personal developmental process. Their choices are also not made in a vacuum and so Contexts Influencing Being Present either facilitate or inhibit both the process of containing anxiety and uncertainty and of choosing and being present. The final two elements of the theory define what develops out of choosing to go in either direction: Experiencing the Outcomes of Being Present and Experiencing the Outcomes of Containing Anxiety and Uncertainty.
Figure 4-1. Theoretical model: Choosing to be present as counselors in training
Overview of the Theory

In this section I provide an overview of the processes and relationships in the theory that I derived from the meaning that the participant CITs made of their experience of choosing to be present. The descriptions are intended to be read as the researcher’s interpretations of the meanings made by the participants in this study of their experience. CITs face insecurity and uncertainty as they begin their work as counselors. They may suddenly find themselves alone in a room with a person experiencing significant pain. That person is looking to the counselor for help. CITs seem to have a choice then about how they work with the uncertainty and the anxiety that arises in them. They make that choice not only in the counseling session itself, but also within a broader context that includes their academic departments, family and/or spiritual values, professional standards, and prevailing cultural norms. Defaulting to what seems to be the socially acceptable way (what is referred to in the data as “the normal way”) they take steps to contain their anxiety in order to perform well as new counselors. The word “contain” is used here meaning “to hold or include within its volume or area; to keep under proper control; restrain; to succeed in preventing the spread of” (Dictionary.com, 2008). Participants described doing this by trying to be in control (planning, researching, and/or adopting a role); by distracting themselves from or avoiding uncomfortable emotions, and by trying to maintain an image of competence. Those CITs who are exposed to the experience of being present – in supervision, through mindfulness training, or in spontaneous personal experiences – awaken to an alternative paradigm. This alternative paradigm, the paradigm of being present seems to enable them to connect with themselves and with their clients and as a by-product develop a different relationship with their anxiety. The concept of a paradigm is used in this analysis to mean “A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline” (The
American Heritage Dictionary, 2008). CITs in this study described being present as trusting and letting go; accepting what is; being human, staying with what is, and being aware. Here anxiety is not contained but transcended or transmuted and CITs are more available for therapeutic connection with their clients.

Choosing to be present is not easy for CITs. For them choosing to be present means taking personal and professional risks in navigating these two conflicting paradigms. It means revising priorities often in a way that contradicts their training. It means heightening awareness of themselves as persons, as well as of their clients, which puts CITs up against previously unacknowledged parts of themselves, often creating new anxiety. What appears to move them to take these risks is their experience of being present. In that experience, they recognize a fit with who they are, their beliefs and values, and their sense of purpose, and they see benefits to the therapeutic relationship and process. Paradoxically, once the choice is made and the CIT lets go into the present moment, anxiety dissipates, becomes less important, or is transmuted into feeling at peace. The CIT is more available to connect with herself and with her clients. That connection, whether with oneself or with clients, is seen by the participants in this study as fundamentally healing. Being present, CITs have conscious access to their emotional reactions, their experience, their training, their intuition, their creativity, and their cognitive processing – it is all there in the moment, which allows counseling to be alive in its complexity.

Although presented thus far as something of a dichotomous choice, to be present or not, CITs are always present to some extent. Being present ranges from being safe in “automatic mode” to “being fully present.” Choosing to be present means consciously fostering and cultivating being present so that one may move toward being fully present. The essence of the previous sentence is in the verbs choosing, fostering, cultivating and being. Each of the actions
associated with containing anxiety or being present are anchoring labels on a continuum, e.g. controlling and planning at one end and trusting and letting go on the other. There seems to be a threshold, though, at which CITs identify their experience as being present as opposed to not being present. That threshold is the point of awareness or awakening.

Acting to contain anxiety and uncertainty feels safe and familiar for CITs in this study but the fallout in counseling is disconnecting, being less available, missing healing opportunities, and not building relationship. Choosing to be present the CIT risks coming to know herself, rejection, loneliness, feeling uncomfortable emotions, and for some, religious censure. The benefits for counseling of choosing to be present weigh in heavily, though: amplifying connection, feeling at peace, being a better instrument of and facilitating the therapeutic process, counseling in the present moment, building tolerance for discomfort, and sustaining counselors in the work.

Choosing to be present is both a moment to moment choice and a broader choice about living one’s life. CITs may set the intention to be present and cultivate that ability through various practices and through coaching themselves. Caring for themselves as whole people, not confining themselves to their role as student or as counselor, enhances their ability to be present. CITs may awaken at moments in life or in counseling when they become aware of their critical thoughts, their efforts to plan and control and other ways they contain their anxiety. At that moment with that awareness, they become more present. They have awakened to the choice they have to foster that presence and connection or to hold on to the familiarity of containing their anxiety. With awareness comes the inevitability of choice. Choice replaces habit. Avoiding and distancing or being more present can no longer be unconscious acts.
Part of containing anxiety involves protecting one’s vulnerability. When CITs choose to be more or less present they take into account the context. In some cases the context may not be a conducive or safe one in which to open oneself. So CITs may at times operate in the loop of safety and protection or they may flow into the loop of opening and letting go. Again, though, even in making an aware choice to protect themselves, they are more present. The more experience the CIT has being present, the more the choice is about connecting with others and with herself and less about negotiating discomfort. Choosing to be present is going toward something positive where containing anxiety is going away from something uncomfortable or negative. The two loops have a different quality.

As moment to moment choices string together over time and the counselor or person spends more time in one loop or another, she develops and changes. The choosing is part of a developmental process and affects the kind of counselor or person she becomes.

This overview of the theory delineated the part each of the selective codes plays in the theorized process. Each of the selective codes will be defined and examined in the sections that follow. The focused codes that make up each selective code are explored in the subsections of each selective code. Initial codes are bolded in the text under each focused code heading (See Appendix J for Coding Trail). The explanations of the selective codes at the beginning of each of the next seven sections are the most conceptual and interpretive. As the focused and initial codes come progressively closer to the data, the explanations are more descriptive for those codes. I start with being present as a way of constructing a definition that informs the theory as a whole.

**Being Present**

Being present comprises a number of actions and attitudes that come together as a gestalt. The whole is different than the sum of the parts. Each action or attitude may look different when
taken out of the whole system. I took participants’ descriptions and defined these eight actions and attitudes of being present: 1) being aware, 2) attending inwardly-outwardly, 3) beginner’s mind, 4) trusting/letting go, 5) accepting self, other, and what is, 6) being right here in the moment, 7) staying with what is, and 8) being human/being authentic. These actions and attitudes will be examined individually keeping in mind their interconnectedness in the whole. They may be seen as nuances of the experience of being present, aspects of being present and requirements for being present. Being present is actually a continuum. The continuum has no end point if one is at least physically present, even if in “automatic mode.” There does seem to be a threshold, though, at which participants identified themselves as being present even if they recognized that they could become more or less present from that point.

Being present is full of paradoxes that are unresolvable in the logical mind. Being present is described as non-doing, simply being. At the same time actions are defined as part of being present, for example trusting/letting go and attending. Being present involves staying with and not avoiding what is in the moment even if what is feels uncertain or frightening. And yet, in being present, participants described feeling safe and at peace. Being present allows some distance from the object of awareness and at the same time participants described feeling more alive and connected to others and to their own experience when they are present. Part of being present, then, is allowing complexity without deciding on one truth.

**Being Aware**

Being aware is the fundamental action of being present. Being aware to any extent moves the CIT out of automatic mode to being more present. The more aware CITs are, the more present they are. Awareness is meant in the sense of being conscious or cognizant through one’s own perceptions. Awareness begins with **waking up** – waking up to one’s former lack of awareness, waking up to one’s sensory and emotional experience, waking up to new insight.
Cathy said she was shocked becoming aware not only of how much pain her body was in but by the fact that she had not realized it until she became present in her body. Jesse described being present in counseling as “awakening to the experience in the room.” Waking up implies that one has been asleep, and to some extent being in automatic mode is that, but more waking up means becoming more conscious. Waking up has the quality of a boundary between consciousness and unconsciousness and at the same time there are degrees of both. Sometimes the CITs wake up as a result of their own efforts to cultivate being present and sometimes they are awakened by a moment of frustration in the session (Cathy) or by a client’s expression of emotion (Teresa, Jill).

Awareness has paradoxical qualities just as so many other aspects of the process of choosing and being present. On the one hand, as Pam describes it so well, “when you’re aware, you’re living and you’re a part of the world and you’re a part of life.” And in another way awareness creates some distance between the person and the object of the awareness, whether the object is one’s own thoughts or physical sensations or the emotional disclosures of another person. Irene referred to this property of awareness as “realizing what my thoughts were and kind of not constricting around them.” The distance seems to bring a kind of clarity and calm that is not available when experiencing those same things in automatic mode. Cathy struggled for a way to describe this witnessing awareness or consciousness,

In the moment there was a part of me, you know that, whatever that is, the third eye or whatever people want to call it, but, part of me that was, you know, thinking, oh, this is like, pretty crazy, I mean, this is pretty intense but pretty like, and what’s going on here is pretty neat.

Awareness of one’s own thoughts, emotions and sensations seems to enhance counselors’ empathy for their clients’ thoughts, emotions, and sensations. The awareness allows CITs to focus on the processes in those thoughts, emotions, and sensations rather than on the content. Also once the counselor becomes aware of reactions, countertransference, physical discomfort,
worries, etc., she becomes less unconsciously distracted and can intervene or give feedback in the moment. Awareness builds on itself with each awareness opening a door through which the person sees there is more to see.

I feel like I’m just [makes sound like the cracking open of a door] opening my eyes a little bit to it and so I hope I can, you know, keep myself going and because it feels neat, like it feels like there’s a lot here but I feel like, yeah, it’s just the first few steps of it. (Pam)

As awareness builds, CITs notice more about themselves, about the world around them, and about their clients (heightening awareness). For Teresa heightened awareness means “taking note of every, everything that I’m doing at that moment and not, not taking it for granted” (Teresa). Jill remembered her experience of being present this way “I was very aware of details in the interaction, just very aware of everything that was happening, everything that was being said.” Although awareness too is on a continuum, once at the threshold at which CITs identify themselves as present there is a sense of heightened awareness.

**Attending Inwardly and Outwardly**

Attending to one’s inner experience and attending to one’s perceptions of the outer world are actions that build awareness (attending inwardly/outwardly). A thought, event, or sensation may awaken a CIT and bring them into awareness, however using one’s attention actively builds awareness and is part of being present. Attending inwardly involves paying attention to one’s own sensory experience, emotional reactions, and thoughts. This self-awareness is distinguished from self-consciousness in being present. Self-consciousness is part of the description of not being present as it involves anxious self-monitoring or self-criticism. “Because I don’t mean not self aware, but yeah, not self conscious, like that’s not where my thoughts are. And so much of the rest of the time they are. ” (Jill). Self-awareness is also distinguished from self-centeredness as it is in the service of becoming more available and connected to the client or to the situation (or even to oneself if alone).
I keep on saying self-awareness and I feel like it makes it sound like this whole experience has just been about me... but I really think that the more I am connected with myself, the more I understand about myself at a deeper level, it, it totally, how could it not impact my connections with other people and my interactions with other people? (Cathy)

The counselor attends outwardly to the process of the counseling session, to clients’ bodily reactions and emotional expression and to the content of their disclosures. Being present, the CIT must juggle attending inwardly and outwardly in bringing her fullest awareness to the moment. Teresa said when being present she is “able to, to really attend to the visceral feelings that I have, what I’m hearing from the person” (Teresa). This is not a balancing act as the attention is not equally inward and outward, but a more responsive interplay between them. Focusing too much on the client, counselors lose awareness of themselves and their own experience and therefore miss out on useful information. Focusing inwardly too much, counselors lose connection with their client or the environment.

I guess I would say that it’s a both-and, so I, I am aware of myself and my own process and my own reactions to what clients are saying but I’m also aware of wanting to meet them where they’re at, validate their world as they see it. (Jesse)

**Focusing** is a sharper use of one’s attention than generalized awareness, what Cathy called “zooming in.” Being present prioritizes the focus of attention. Participants noted that their attention is at times focused so intently on their immediate interaction that outside noises and extraneous stimuli (Andrea, Cathy, Irene, Pam), along with their concept of time (Andrea, Jill) fall away out of their awareness. There are paradoxical aspects to attending. For instance forced focusing narrows and therefore compromises one’s awareness. But too little intentional focus also limits awareness and therefore being present.

It was more like I was demanding that, “OK, forget everything else just be right--,” you know, like I was having a demanding approach to myself... It is different qualitatively, like you know I know how to, I can focus myself. I can, you know, even if I’m worried xyz I can put it at the door, I can do all these things even when I’m under huge stress. But maybe there is a difference between being able to focus and attend and give good
reflections and these things and then something, the presence being a little more open and deeper and where I’m not having that sense of effort. (Irene)

When CITs are successful in attending, they heighten their ability to remember what was happening at the time (heightened memory). Zooming in on one’s alive experience seems to be part of what imprints the moment. Pam said in this regard, “As far as the, the sensory quality? Yeah, I mean I think it’s just like wow, you know that, that feeling of the magnitude of it and just um remembering that moment, specifically, like it had significance to it.” For some CITs their memory of details may be “vivid” (Jill) and others, like Teresa, “remember more the feeling, I remember less about what specifically you know the specific details.”

Beginner’s Mind

The term beginner’s mind is borrowed from the Zen teacher Shunryu Suzuki (1973) who said, “In the beginner's mind there are many possibilities, in the expert's mind there are few.” With the attitude of beginner’s mind, CITs approach the client and the session with an open mind (approaching with open mind). Pam told of going on an emergency home visit and from what she was told about the client, she began to dread the encounter until she switched into a more open minded approach.

I’m just going to go and be there, and see what happens and who knows . . . not having an expectation of what it is that I’m, what it is that I’m doing or what the plan is or whatever, but more of just going and being with the person and, like it was really, really neat. (Pam)

Going further, they approach the client and the session and as if for the first time (approaching as if new). “In my mind, I approach it kind of like I’m just meeting them even if it’s one I’ve worked with before” (Jill). This attitude brings a freshness to the experience that opens up new possibilities. The CIT observes what is without applying previously held assumptions. This allowed Irene to “connect with what is actually going on and be able to respond to what’s actually going on instead of what I think is going on.” From a constructivist
perspective what Irene refers to as “what’s actually going on” is still her constructed meaning of what she perceives but it differs from a purely cognitive construction in drawing on multiple channels of perception.

Not only is the Beginner’s Mind open but it is curious. For Irene this means “put my own concerns aside and really show interest and have a curiosity about where the other person is, from a genuine, like a genuine curiosity, like I wonder what your experience is like right now.” Jill also used the sense of wonder to describe being open and curious about her clients. With openness and curiosity, there can be no pre-set agenda for what will or what needs to happen in the therapeutic encounter. Having preconceived ideas about the client or the work limits being present.

In all these ways, CITs take the beginner stance rather than the expert’s, not because they are beginning counselors but to allow for unknown possibilities and connection with the client (not being expert). This is particularly challenging because they are beginners and trying to appear competent to their clients as well as to their supervisors (see section on Acting to Contain Anxiety and Uncertainty). While challenging for the CIT, taking the stance of not knowing or not being an expert contributes to the openness of beginner’s mind and it encourages clients to tell more of their story.

So with the client I try to take more of that attitude, like I don’t already know and it really does go a different direction because like if I already know, like I might be a little bit right, but I think I get less from them, they tell me less. (Jill).

**Trusting Self and Process/Letting Go**

Approaching clients and the counseling session with the openness of beginner’s mind requires trust in the therapeutic process and relationship and trust in oneself (trusting self and process). It is a struggle, though, for beginning counselors when they are under pressure in
graduate school and feeling their anxiety and uncertainty. As they become present, though, CITs are able to be more trusting. For Cathy this means trusting her gut.

I like when I listen to it. I like when it, it, when I notice, and I’m connected with it because it might not even make a lot of sense with what’s happening, you know? It might seem really weird in that particular moment that I’m feeling fear or I’m feeling anger or I’m just whatever, whatever my reaction is, but more times than not when I’ve shared that with the client it’s been feelings they’re experiencing, you know, and didn’t for whatever reason weren’t conveying at the moment or hadn’t shared up to that point or whatever, and it really marks moments of, of like great intervention time, I mean really great opening for the client times. (Cathy)

Irene noted that trusting herself allowed the conversation to deepen. And Pam trusts that the session will proceed in a productive direction if she stays present. With that trust, CITs let go into being present – they let go of planning and controlling what happens and find themselves in the flow of the present moment. **Not controlling and letting go** means not controlling the pace of the counseling session (Jesse), not focusing on completing tasks (Jill), and most important, not being attached to particular outcomes (Andrea, Irene, Jesse, Pam, Teresa). Letting go of the desire for a particular outcome, even for what might be evaluated as a positive outcome, seems counterintuitive. And yet the alternative means trying to control the future which not only is impossible but it forecloses on possibilities in the present. Letting go is not fighting or trying to change the present moment (Jesse). Related to not controlling and letting go is not planning. Once the CIT gives up needing a particular outcome, it follows that there is no place for a plan (not planning). Planning the present and the future is the opposite of letting go and not controlling. The counseling interaction is “more alive, and you’re not scripting yourself, you’re not figuring out what you’re going to say next” (Pam). Instead “it’s OK, being, being messy and being not being sure of where it’s going to go” (Teresa) and “waiting for it to unfold” (Jill).

Although not controlling and not planning sound like non action, they are active in the sense that they open CITs to an unknown future. CITs also actively open themselves to what is and allow
themselves to be vulnerable as part of trusting and letting go (allowing vulnerability).

Participants described having no pretense (Cathy) and their emotions being on display (Teresa), and allowing reactions to show (Andrea). Their feeling of vulnerability comes through in those expressions. Allowing themselves to be vulnerable is part of trusting themselves and the process and letting go. Another action involved in trusting and letting go is drawing on intuition. Irene related an experience of being present in which she found herself approaching a client family in a different way than her normal approach.

I felt an increased capacity to be effectively responsive to the situation and I wasn’t, I was very in the flow, like I was intuitively knowing what to do next rather than being like “oh, gosh, what do I do next? This father’s being dominating again. How do I handle it” So I wasn’t in my head very much. I just was kind of like, speaking from like an intuitive place.

She trusted her intuition and let go of her normal approach to allow it to come through.

Participants used the expression “in the flow” in some ways synonymously with what is referred to as the process. Precise definitions for these terms are elusive with the limitations of language. Jesse referred to being present being “in the flow of life” and Irene seemed to agree in this passage.

There’s like always an underlying current that’s present in our lives. There’s like, our blood is flowing as long as we’re alive, until our deaths, you know, our bodies are present right here, the ocean tides are flowing, the streams are flowing, the earth is present, so we can choose to connect with that.

Accepting Self, Other, and What Is

Accepting oneself, accepting others, and accepting what is means giving up the fight with thing as they are. Accepting oneself means accepting personal limitations and needs (Irene), “allowing myself, if I am sad, allowing myself to be sad, and allowing myself to be angry . . . like if I’m tired, it’s OK that I’m tired (Andrea). There is a quality about accepting in the context of being present that is distinguished from resignation (Irene). And accepting also
does not mean condoning. Each of those has a value attached, either positive or negative. Accepting simply allows CITs to see things more clearly, without clouding them with what they should be or might be. Pam described meeting the client described above. She had been told the client was having a psychotic episode and needed to be transported to a residential facility. In being open to and accepting of the client, Pam saw the client more clearly as a person and the situation changed character.

I think it was just the simplicity, or like her seeing these things. And I’d said that, I said “Gosh I wonder if that’s a lot like you, you know, that there’s these really neat things about you but nobody really sees them. That they see, they just kind of toss you aside or whatever, and that there’s really like these pretty neat things about you that people just think are weird” and so it was really cool to like have that conversation, and she was just this really sweet woman that, like her family lived in Arizona and she just didn’t have anybody here. And it wasn’t, like we weren’t rushing to throw her in the car and take her to [the mental health facility], or anything like that. It was just like that time that we had. So it was neat. It was really neat. It was powerful.”

Accepting oneself, others, and things as they are, not having to decide if something is good or bad, is freeing. There is no goal or endpoint to accepting. It is not for the sake of making anything happen.

Accepting oneself seems to be a prerequisite for truly being accepting of others. Participants noted the pervasiveness of their evaluation of themselves and their experience as good or bad, pleasurable or painful but that in being present they simply see themselves and their experiences as they are without judgment (non-judging). Judgment adds a story onto the experience itself. Being present means not adding the story but letting the experience be what it is. Teresa used her being late to our interview as an example.

I was thinking about “Oh my god, what is she going to think about me being late.” . . . it’s very easy to get caught up in that automatic thought of, “I’m late, that means, that equals to . . .,” instead of “I’m late” and just put a period at the end, right? There’s a little equal to. I do that. So the period would be, that would be being present. That would be like, “I’m late.” Period. (Teresa)
There is a kindness to the self in accepting things as they are and not adding the evaluative story (being kind to self). The story that gets added to experiences and to one’s behavior and feelings is often critical. As CITs become more present with themselves they discover their self criticism and see the connection between being kind to themselves and their ability to be kind to and connect with others.

. . . those things that I say to myself that I don’t even realize that I’m saying, that tend to be pretty critical, or even if they’re not directly saying “oh, you’re bad” they’re saying “you should” whatever, I should be working more on this, I should be more productive, I should be whatever, or you know, why’d you make that decision, that was stupid. you know, like, those things, and so mindfulness helps me be more aware of those things and then, and then being like OK, if it was somebody else saying this, what would I be saying to them and why can’t I say that to myself. . . . And so that, was, was such a different thought to say that I should be kind to myself and to also recognize that I wasn’t being, because you just assume that you are, I think, at least I did. I just assumed I was, and I was so not. (Cathy)

Accepting oneself and others is validating. It confirms the existence of people’s emotions and experiences and lets them be without trying to make them different. In being accepted as they are, clients feel heard and seen. This validation may help clients accept themselves. With the inevitability of change, what is in this moment will not be the same as in the next. So what is accepted in this moment will change without forcing the change. But one has to be present to notice. Accepting frees people from some of their critical internal dialogue and from struggling against their experiences and reactions. CITs can then see their own experiences and their interactions with clients more clearly.

Staying With What Is

Accepting what is allows things to be as they are without trying to change them. Staying with what is means not trying to get away from things as they are. As will be explored in the section on Acting to Contain Anxiety and Uncertainty, the default impulse for CITs is to somehow escape from uncomfortable feelings. In contrast, in being present, counselors stay –
they stay with their feelings, they sit with their clients’ feelings, and they sit with ambiguity.

Cathy sat with her client who wanted to kill himself. “I just sat in the room with him and initially there wasn’t very much conversation it was just him, and me” (Cathy). There is something respectful in sitting with what is being felt or experienced without trying to control it or make it be different, even if it is painful. “I was sitting with what I imagined the emotions were that she was experiencing so it was, it was not avoiding discomfort it was really embracing what was, whatever was coming up for her” (Jesse). The staying is not forced but is part of opening to whatever is happening in the moment with beginner’s mind, acceptance and awareness (staying with). It is “not waiting to go on to the next thing” (Jill) but being there in the moment. In doing so, CITs become aware of constant change, which releases them into the flow of life. The feelings in the moment shift, perspective shifts, and the counselor or the client moves to the next experience more aware and alive.

**Being Right Here in the Moment**

Being present means being right here in the moment. It means being, not doing. It means being focused right here, not thinking of other places, conversations, or tasks. It means being here now, not thinking of the future or the past. Jesse said being present is being in “the here and now and not, and just being OK with being in the here and now, as opposed to thinking about the past or the future.” This has ramifications not only for the counseling session but in how CITs live their lives.

To be present you’re looking at how you’re feeling right now and you’re not looking at “just got to get through this semester and then that’s it” and “just got to get through this year” “just got to get through this event” or “got to get through grad school” and then my life will begin. (Andrea)

The activities of graduate school or counselor training can be experienced in the present as that is the life being lived in the present. And in each moment, the focus of being present is
being, not doing. Participants referred to being able to “just be there” (Jesse) or even to “just be” (Teresa). Not doing paradoxically does something. Cathy felt so in her encounter with her client. “I think that did something already without even doing anything. I think that might have made that first extension from me to him as a human being...and so me just sitting there and not doing that I think said something” (Cathy). It validates and respects what is being experienced in the moment.

Being right here in the moment locates being present in time and space. Paradoxically time and space are also not relevant in the present moment (time becoming irrelevant). CITs are particularly aware of the dimension of time given that their work is mostly spatially stationary. Being present, CITs experience time differently than when they are not. Participants described time slowing down (Jesse), time going by quickly (Jill), and being unaware of time, as Andrea said “I lose any concept of time. I don’t think, ‘oh, what time is it? Oh our session needs to end’ I don’t think of these things” (Andrea). Thinking about time, such as being aware of the ending time of the session, brings the CIT out of the present moment.

I find like a lot of things are restrictive, the time, the amount of time you have and so sometimes, you know, it it’s hard for you to be in that present moment because you’re, if you have to think about all those restrictions. (Teresa)

The present moment is timeless as it is always right now. What is important is not action or the product of action, but simply being in the timelessness of the present.

Being Human/Being Authentic

Being present, CITs are being human and authentic. Not confined to their role as counselor, they are also daughters, friends, students, musicians, etc. Participants recognize that they are counselors in a professional setting but to be present in that role, they must be fully themselves. They respond to their clients as themselves and not just in their role (not in counselor role). As Cathy said, “And so for me, it wasn’t like therapist client, it was, it was
human being to human being and at least I felt like, you know, right now it’s about the connecting of human beings” (Cathy). Especially as beginning counselors, there is a temptation to add to the appearance of competency by staying in a role. But in being present, CITs venture out of the role. Not being in the counselor role means being authentic. Irene watched herself on a video recording during a part of a session when she felt present and she noticed herself gesturing naturally and said, “OK I’m, I feel like myself. Like I’m bringing my normal self in. I’m not in a stilted, professional mode.” And Cathy says simply, “I’m coming to you as I am.”

**Being human** in counseling means recognizing in oneself the vulnerability and emotions one sees in clients and not allowing the difference in roles to hide their common humanity. “I’m also human and have those kind of, I can have those kind of feelings too” (Teresa). It means interacting with clients person to person with no pretense, not being guarded. Participants described themselves when they were present as being human, with all their imperfections (Cathy, Irene, Pam, Teresa). Paradoxically, in the vulnerability of being authentic and human they also feel a sense of safety or peace as well. Pam described her experience this way:

> I feel that way about like genuineness, you know, because when you’re genuine with someone, then you don’t feel weird inside; it doesn’t feel like you’re hiding things. It feels like you’re being fully open with your clients or, and that you can’t really get backed in a corner . . . (Pam)

Being a whole person acknowledges not only that the CIT is being human and not being in a counselor role, but they come to the moment aware of themselves as integrated wholes (**whole person**). They have identities outside of being a counselor and being a student. Teresa said “if I can see myself in different roles then I can see my client not just as my client but as a person.” Being whole means not being fragmented as a person and not compartmentalizing aspects of life. Being a whole human being with clients gives CITs access to all of themselves, not just their academic and clinical training. Irene said, “To me, it means I have resources in the room with me
that I can draw upon, that I have access to because I’m present with them. So I can access my humor. I can access my creativity and my intuition.” Participants indicated that being present, in particular being human and authentic, cannot be compartmentalized to the counseling session, nor can the stresses of outside life be compartmentalized there. As a whole person, each aspect of one’s life flows into other aspects.

And I think the more stressed I get personally, just in my own life, like the less I’m willing to let go of control. It’s, you can’t do it part way, or at least I can’t do it do it part way, very well, so I can’t be like, “OK, I just going to be really present with this client and then I’m going to go back to being, you know, over controlling over the rest of my life.” (Jill)

The commitment it takes to be present and the effects that commitment has on the CIT’s whole life are explored more in Choosing to Be More Present.

**Contexts Facilitating or Inhibiting Being Present**

The choice to be more present is not made in a vacuum. It is situated in the various contexts in which CITs live and study. Each of the following five contexts will be explored in this section: 1) being a beginning counselor, 2) navigating conflicting paradigms, 3) the academic context, 4) spiritual, theoretical and family values, and 5) the counseling context. These contexts are the soil, the fertilizer, and the climate in which CITs open to being present or contain their anxiety and uncertainty. They neither determine nor predict being present and yet they have an effect on the choices CITs, facilitating or inhibiting. What is here is my interpretation of the meaning that CITs in this study make of their experience of these contexts.

**Being a Beginning Counselor**

People who are training to be counselors are by definition beginners in doing counseling. In describing themselves as beginning counselors, participants highlighted their uncertainty and lack of confidence. “. . . as a new counselor there’s a lot of times when you don’t feel confident, you feel like, oh my god, I have no idea what I’m doing” (Pam). Not knowing what to do is one
thing, but even when CITs have skills and theoretical knowledge, they are unsure as to what will work with which client and when. Counselors rarely get direct feedback from their clients and without experience to guide them CITs are in the dark. “Is the work you’re doing with clients actually therapeutic and helpful” (Jesse) (not knowing what is therapeutic). They look to others for the right way to be a counselor (looking to others).

In my pre-prac class we would watch tapes of other people doing therapy and so you figure, oh, that must be the right way. So then you try to emulate that or figure that’s what I’m supposed to be doing, so you kind of use stuff like that instead of recognizing that it’s an individual way and there’s things you can take from it but that’s that person doing that person’s thing. At the time, you’re just thinking, that’s the thing. Trying to dissect what they’re doing so you can do it the same way because that must be the right way. (Cathy).

Using familiar skills, they bolster themselves with information (information overloading). Cathy’s strategy was “. . . get as much information as you can, read, get resources, get references, like writing a paper, you need to know what you’re talking about.” Not only do CITs load themselves up with information, but they are expected to take in a volume of theoretical and empirical information in their academic training. Beginning counselors rely on this theoretical knowledge and on the techniques they have learned (relying on techniques and theory), in some cases planning their sessions (see also Acting to Contain Anxiety and Uncertainty). Participants expressed feeling not authentic and at the same time not feeling ready to let go of control and trust themselves. Being evaluated contributes to the anxiety and uncertainty as well. “That coupled with the fact that I was going to be on tape, people are going to see this, need to look professional” (Cathy). The focus of their uncertainty may change as CITs gain experience, e.g. to being uncertain about the therapeutic process rather than being uncertain about how to seem competent, but it is always there (experience changing nature of uncertainty). “Over time as you develop, it becomes more about the process, not about technique. Still wonder if I can help the person” (Cathy). The complexity and ambiguity of
counseling itself challenges CITs in sorting out what is in their control (struggling with ambiguity of counseling). “There’s the uncertainty as to if the focus of therapy is what’s most helpful for that client. And who decides, and how do you know?” (Jesse). Being a beginning counselor creates a context of anxiety and uncertainty. By default CITs try to contain that anxiety and uncertainty, processes that will be explored further in the section on Acting to Contain Anxiety and Uncertainty. At the same time, being a beginning counselor does not make containing anxiety inevitable, as will be explored in the section on Awakening to Choices.

People who are in training to be counselors are also graduate students (being achievers). They have been accepted into graduate study programs by making use of what participants identified as their ability to think critically, to be organized, to gather and process information, and to fulfill the expectations of traditional education – to achieve. When they begin their work as counselors, they draw on the skills that have helped them succeed in their academic life such as gathering information and planning. The ground gets shaky under their feet when those skills do not guarantee success in counseling (needing to be different as counselor than as student).

Navigating Conflicting Paradigms

As CITs are exposed to the experience of being present they become aware of a paradigm that differs from the one that prevails in their academic and societal worlds. A paradigm is defined as “A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline” (The American Heritage Dictionary). CITs find themselves in a developmental process of putting together their world view and their way of being within that world view, while acknowledging the existence and complexity of multiple world views.

What participants called their “normal way,” the way of the prevailing sociocultural paradigm, is not being present (normal way not being present). Participants described their
normal way as being in automatic mode – unaware, distracted, disconnected from their feelings. In addition to not tuning in to their experience, their default is to be judging of themselves and of others, to be ruled by time, and over all to try to be in control. These ways of being are indeed automatic and mostly unconscious because they are the norm. The norm becomes unnoticeable, unproblematic, and thus expected, to all those who agree it is the norm. The normal way, as described, stands in sharp contrast to descriptions of being present (See section on Being Present). Being present is not something that is typically modeled or taught in the prevailing paradigm which informs family, academic, and social norms (being present not taught).

Participants noted that being present is not only absent from their training as counselors but in some ways contradictory to their training (absent from training; contradicting training).

It’s very at odds with what I’m, the messages I’m receiving from my academic, based on my academic training. . . . So it’s interesting that I said that that’s what, those things are what’s feeling present to me, and that’s, those are things that I, I feel like right now I’m not always able to get or not communicated as being a positive thing. (Teresa)

There are so many other things that we’re told that are important, that are not, that have nothing to do with connection and, to a certain extent, some limited thing to do with relationships, but like we don’t get reinforced for that stuff. (Cathy)

The notable exception is supervision. Participants credited significant supervisory relationships with introducing and encouraging being present. The incongruence between their academic training and this kind of input from their clinical supervisors presents CITs with additional complexity.

I can remember, you know, first starting out in my prac and I have all these, you know, things that I’ve heard professors say of you know “you have to be intentional with everything you say,” and “there has to be this, you know, plan,” “what is your goal here in each of these” and so I came in thinking that and then at the [practicum site] they’re saying, just, you know, the most important thing is to be, connect, and be genuine, and this and that and so I’m thinking “Aaah, what am I doing?” (Pam)
In this passage Pam gives one example of a conflict between the paradigm of being present and the prevailing sociocultural paradigm. As CITs become aware of conflicting paradigms they come to a crossroads. They are faced with examining their own beliefs and taking stock of the courage they have to act on them in the context of conflicting paradigms. This is a developmental crossroads as a beginning counselor and as a person. The choices they make at that intersection have ramifications for how the person will work in counseling and in how she will live her life.

**Academic Context**

Counselors train and study within a demanding academic environment. They are evaluated according to specific standards and expectations, which often amplifies their self-criticism (amplifying critical voice). “If you don’t know what you’re doing, you should try really hard to at least look like you know what you’re doing because you’re in a really competitive environment and people are watching” (Cathy) “And within the academic context, there’s definitely that. You have to seem professional, you have to be meeting certain standards, you have to be showing that we have certain skills” (Jill). In the academic context, work and life interconnect. Although students and faculty are free from the confines of the nine-to-five world, that freedom removes the boundaries between work time and personal time. “When your advisor sends you an e-mail at 3:00 in the morning, it’s kind of hard to kind of set up your boundaries and be like, you know, well I’m not going to do this” (Andrea). People are reinforced for working harder and longer (incongruence between personal and academic worlds).

In the academic context, problems seem to be made concrete so they can be predicted and solved (focusing on concrete problem solving). CITs learn to gather and use knowledge to
solve problems. “And even anxiety is looked at as a very concrete thing that can be managed, whether it’s through medication or through these cognitive or behavioral strategies” (Jesse).

CITs feel encouraged to **focus on future goals**, staying vigilant to ensure a desirable outcome. “It’s about future. It’s about future, and sometimes a little bit the past, it, but it’s about your future, and it’s like, goals, and what you need to be doing in the next five years” (Teresa). Inherent in valuing a particular future outcome is a fear of the unknown consequences of things not going as planned, which in turn spawns greater diligence to ensure that outcome. Every aspect of the student’s academic life is part of a formula for success – performance in knowledge acquisition, research production, and clinical practice. What happens if one deviates from that formula is not easy for CITs to test (**promoting containing anxiety not being present**).

**Drawing on Spiritual, Theoretical, and Family Support for Being Present**

Setting the stage for the choice to be present are the spiritual, theoretical, and family values and beliefs that CITs bring with them to their life and work. Although CITs participating in this study do not have identical beliefs and values, some aspect of their beliefs and values predisposes them to choose being present. What it takes to be more present fits with their notions of what kind of person they are or want to be or with their beliefs about how people change and about basic human nature (beliefs about change supporting being present). The participants in this study identified themselves as having a humanistic, interpersonal or relational/cultural theoretical orientation which they felt supported the importance of being present in counseling (**finding theoretical support for being present**).

Coming from a humanistic framework, I mean I think people can get through things, you know, I think people have resources and that they’re naturally, you know, life affirming, growth promoting organisms. I really think that it’s like genuine human to human contact that is healing, it’s like . . . the foundation of the, the change that happens in therapy. (Jill)
Pam “trust[s] that, that people, you know clients or whoever it is, that they have the capacity to, you know, figure things out on their own and I trust that that they can get through things with support.” (humanistic beliefs supporting being present).

Significant family members may pass on compatible values so that being present seems like the right thing to do (influenced by family values).

The first thing I’m thinking about is my father. I don’t know . . . like the other day I was sitting and having coffee with him and he was like “this is what is, what life is about for me, just being able to sit here and, and talk to you, you know, just being and being with my daughter”. . . . It’s not about what happened before, it’s just like that moment, that was precious for him and that’s great, you know, that’s why I think that I cherish that, that’s why I think I have that bias towards um being present (Teresa)

Or family values may provide contrast with where the CIT has come in her own development. In Andrea’s family “the value was, you know, education, the, the value was always education but through education fit in . . . and through that I’ve been able to influence my family as well . . . I would say kind of counteracting my family values” (Andrea). The contrast helps clarify the priority the CIT places on being present and therefore what she is willing to do to cultivate it.

Spirituality, however known, plays a part in being present – in the experience itself and in the motivation to choose to be more present (influenced by spiritual beliefs). CITs who experience being present and its importance in their work with clients probe beyond what they think is being a good student or good professional to their core beliefs. Again, their specific beliefs may differ but in some way their spiritual beliefs support and encourage these CITs to deeply connect with themselves and with their clients. The following statements from participants illustrate this. “I guess my spiritual background . . . like I have an understanding of the sacredness of all beings . . . I want to be present because I value the person.” (Irene)

I think just believing that we are spiritual beings, just that basic belief influences how I deal with people, because I’m not looking at them as like sacks of water, like I’m a sack of water and you’re a sack of water and we’re just talking to each other. I’m thinking I’m a spiritual being, you’re a spiritual being. (Cathy)
... but that ultimately what really matters is our life, our spiritual life after we leave this earth, and so you try to do the best you can and try to, with, given that we’re human, try to do the best you can here” (Teresa)

The more CITs understand their values to be supportive or at least compatible with being present, the easier it is to make the choice to be present. Sometimes, though, CITs may experience their values as conflicting. Perhaps they do not yet have an integrated value system or one that accommodates complexity or perhaps the conflict comes in the more concrete manifestations of those values rather than from the values themselves. Family or religious guidelines may seem at odds with the counselor’s theoretical orientation in terms of how people grow and change or what the goal is for that growth and change. Does one look inward for guidance or seek guidance from a higher power? Does one value continuous striving for change or does one yield to a natural growth process? Reconciling or choosing among different values form part of the context of choosing to be present. These value differences are also part of the conflicting paradigms that CITs navigate.

Counseling Context Influencing Being Present

On a more micro level, there are contextual factors in the counseling session itself and in the counseling relationship that facilitate or interfere with being present for the CIT. Clearly the client is a key factor as the co-participant in the counseling relationship (client’s way influencing counselor being present). Participants noted their ability or propensity to be more present was influenced by client openness to connection (Pam), client vulnerability and disclosure (Teresa), client interpersonal style (Irene), client expectations of the counselor (Andrea), and client similarity to counselor, “like their process of dealing with their own emotions was maybe kind of similar to mine” (Jill). The nature of the relationship between client and counselor reflects these factors as well and as a whole contributes to the counseling context. It appears that being present for the CIT is influenced by but not dependent on these client
factors. And the effect seems to become less pronounced as CITs gain more experience in being present.

The content of the counseling session emerges as part of the context for being present. Sessions with intense emotional content, such as the death of a family member or loss of custody of a child, heighten the counselor’s own emotional reactions. The intensity of the emotion sometimes helps awaken the counselor to their own present moment experience and at other times stimulates avoidance if the counselor feels overwhelmed by the story. In sessions with less emotional content counselors may be more susceptible to being distracted by unrelated thoughts and plans or such sessions may set counselor and client at ease creating a context in which being present comes more easily. There is no recipe for being present or not, particularly in terms of the content of the session, however the content is part of the ground in which being present grows or not.

Managing the counseling load involves such factors as the schedule of clients and kind of client interaction in previous sessions. Participants indicated that scheduling clients one right after another with little time in between gives counselors less time to prepare to be present and quickens their internal pace both of which can influence the counselor’s readiness to be present. It becomes harder, but not impossible, to keep from replaying earlier sessions and planning future ones. A sense of feeling hurried also translates into the process of the session. In addition, the counselor may be affected by previous sessions, be they cathartic, difficult, or mundane. The counselor’s attention may remain with the previous session and be less available to the next client. Again these factors are part of the complex context in which counselors may choose to be present and are not predictors of being present.
Acting to Contain Anxiety and Uncertainty

As participants reflected on their experience of being present, they expressed that it was often easier to describe in terms of when they were not present. They articulated what it was like for them to not be present and what they described were actions taken to contain their anxiety and uncertainty. To contain is to hold, restrain, and keep within boundaries. Anxiety is not used here as a diagnostic term for a disorder but as a common human experience of uneasiness from fear of unwanted outcomes. Uncertainty about these outcomes and about one’s ability to manage them is a companion of anxiety. Some of the conditions for anxiety and uncertainty in CITs are found in the contexts examined in the section on Contexts Facilitating or Inhibiting Being Present, in particular the academic context and being a beginning counselor. Other conditions arise when CITs become aware of difficult emotions or unacknowledged parts of themselves, are faced with clients’ pain, confront conflicts in values, or when their experience contradicts their training. CITs default to actions to contain their anxiety and uncertainty when seeking safety, even if unconsciously. Becoming aware of these automatic actions to contain anxiety and uncertainty is part of the awakening process that will be explored in Awakening to Choices.

Four actions involved in containing anxiety and uncertainty for CITs are defined as 1) avoiding, 2) distracting, 3) controlling, and 4) managing one’s image as a counselor. Each is detailed in this section.

Avoiding

Strong emotions bring up anxiety and uncertainty in CITs which they may attempt to ameliorate. At one point in her interview Teresa described her difficulty being present in terms of difference in theoretical orientation and then realized,

I think ultimately I’m probably scared because of what I’m feeling and my emotions . . . just being fearful of what I might be feeling. But I don’t think it’s, I was saying, “oh, it’s about the planning” but it’s not. It’s really more about me.
**Avoiding emotions** is an attempt to contain the anxiety that comes up. Avoiding involves finding ways to “navigate around whatever is uncomfortable” (Jill). Some CITs described keeping themselves **distant from their emotional reactions** as what they are used to (Teresa) and it is in contrast to when they are present.

If someone’s saying something upsetting or disturbing and I’m not being affected in some way, then, that could be an indicator that I’m not being present. Not meaning I’m crying. But I’m not connecting with the person or tuning in with what they’re saying if they’re telling me things that are very traumatic and they’re having no impact on me” (Jesse)

In daily life, avoiding and distracting can take many forms, which in their extreme form become addictive ways of containing anxiety, such as shopping, eating or working (**avoiding discomfort in outside life**). Describing what she saw as the hers and others’ normal approach, Jesse said, “I don’t like feeling uncomfortable so I’m going to do everything I can in my power to avoid feeling uncomfortable, whether it’s going shopping, or whatever it may be.”

If avoiding is part of a counselors’ repertoire in their outside lives, it also becomes part of their counseling sessions. Avoiding in the counseling session may take the form of changing the subject when it triggers anxiety or uncertainty in the counselor or the client, or of rescuing the client with reassurance, advice, or problem solving (**avoiding discomfort in session**).

In session, avoidance too. If it’s difficult for you as a therapist to talk about whatever your client’s talking about then you can pick up on something else they said and make that the focus of the session, and so that’s one way to avoid discomfort and anxiety in the session is to not talk about something that’s uncomfortable or anxiety provoking, because really, I mean, depending on what the therapist’s approach is to therapy, they can have a lot of say in where the session goes and what is focused on and what’s paid attention to. (Jesse)

**Distracting**

If CITs are successful in avoiding, they remain unaware that they are feeling at all. It is the normal way and remains unproblematic most of the time. If not successful in keeping anxiety out of awareness, then **distracting** oneself from the feeling helps contain the accompanying anxiety. Irene read from her journal where she wrote, “I realize how much I distract myself from
the present moment. I wonder why I’m so afraid of being myself in this moment and in this location with these feelings experiences and thoughts.” She was more present at that point from having realized that she was afraid and then distracted herself. In the moments of distracting, however, she had been unaware, and so successful in containing her anxiety and uncertainty.

Some ways of distracting are subtle but also effective such as keeping one’s mind occupied (Jill) and filling up one’s time even if it is reading the cereal box each time it sits on the table at breakfast (Andrea). Staying predominantly in one’s thoughts distracts from feeling (predominantly thinking). In predominantly thinking, thoughts become the experience rather than the emotion that is being avoided. At times the thoughts may stimulate more anxiety which then starts the cycle again, especially since CITs described a pervasive internal dialogue or narration that was often self critical. Another way to distract oneself from present moment feelings is to plan the future or replay the past. Again, these thoughts have the potential to stimulate more anxiety but they distract the person from the immediate experience.

I noticed that I am always, not always, most of the time in the future, which I told you earlier, and it felt like I was trying to brace myself against future experiences, so like get the most pleasure out of them or brace myself against anything that’s not enjoyable, that might be painful or might make things not turn out the way I want them to and so I was always like rehearsing the future before I was there. . . . I didn’t even know I was doing that, but I think that's what I do, did all the time, like I was trying to not feel things or not be affected by anything that happened. It was like almost strategically not being present to life. (Jill)

Closely related is the action of tuning out. The CIT may contain her anxiety and uncertainty by tuning out, and again remain unaware of her discomfort. Tuning out may involve not listening by drifting off or thinking of other things. In so doing, the CIT is unconsciously protecting herself (Jesse).
Controlling

Controlling is a central action in containing anxiety and uncertainty. Controlling encompasses controlling oneself and trying to control what is happening now as well as trying to control future outcomes.

Control is huge. Controlling, desiring control, trying to be in control, and I think a lot of the problems people face is because they’re holding on so tightly to trying to control things and have things go a certain way. (Jesse)

Planning is way of trying to be in control of one’s experience and it helps take away some uncertainty by making what will happen seem known.

. . . continuing to try to solve the problem or continuing to try to get ahead or continuing to try to plan everything out, whatever it is that I’m trying to do that’s causing the stress, it’s just becomes addicting, but it doesn’t actually make me feel any better. I always think it will, I mean, initially, I’m always like, once I get this figured out, then I’ll feel better. (Jill)

Of course there is no way to really know how or what the future will be but planning helps the CIT feel that things are no longer uncertain. Anxiety and uncertainty both stem from anticipated future events or feelings. CITs make plans to keep that future under some control, predictable, known, and therefore contain their anxiety and uncertainty. Open, unplanned space in time leaves the person uncertain which then brings up anxiety that prompts planning. Irene said “when I thought about the future I just want to fill up the time so that there won’t be any gaps, so I won’t have to worry about what am I going to do with just being there.” Being beginning counselors and feeling uncertain about one’s expertise is a particular kind of uncertainty. Here again, the default in dealing with that uncertainty is to control and plan.

I think at the beginning of counseling I always came in with an agenda, thinking “OK this person had said this during this session, OK let me look up these things, these are the, this is the list of things that we’re going to talk about” (Andrea).

There is a closing down on the counseling session, preventing unanticipated topics or issues from arising for which there is no plan (controlling content in session). The session becomes the
fulfillment of the counselor’s agenda. In a more subtle form of control, Jesse became aware that in her own discomfort with certain emotions she unconsciously manipulated the interaction in counseling so the client would not feel those emotions or would not trigger those emotions in her.

I was just thinking of avoidance of uncomfortable emotions, you know, I mean, it’s not, it’s almost like, for me it’s not avoiding crying, cause I can sit with that all the time anytime, but it would be more avoidance of probably angering the client or saying something that could potentially hurt the client’s feelings, or even just acknowledging what’s coming up for me because it’s un, you know, it’s almost like I’m trying to control the client’s reactions in some ways. It’s not something that I consciously am like trying to do.

Sometimes anxiety arises in sessions from worries about how the CIT will be seen on video tape or evaluated by supervisors. There is an almost constant internal narration of what is happening in the session knowing that the CIT will be reporting on the progress of the session to a supervisor. The counselor may then unconsciously try to guide the session toward a particular outcome that she will be happy to report (controlling for specific outcome). “I feel like when I narrate it in a way like I’m going to tell someone else about it, then you have a way you want it to end, too” (Jill). Controlling for a specific outcome may not be related to evaluation by a supervisor. It may be simply to reduce the counselor’s uncertainty. The CIT makes the future more predictable by controlling or planning for a certain outcome.

Managing Image as Counselors

Being in training as a counselor means being evaluated which contributes to feeling anxiety and uncertainty and the desire to control how one appears. “Some of what they’re looking for is very specific and so it seems like it’s something you should be controlling and making sure happens” (Jill). I defined this element of the acting to contain anxiety and uncertainty as managing image as a counselor. Here participants described putting on a counselor persona that creates the image CITs believe they should have or the image that will
make them feel most secure. Cathy remembered “trying to put on persona of what a therapist looks like, nodding head, looking serene. . . Not being present at all because I was playing with what I was supposed to look like . . .” **Self-monitoring** then makes sure the image is maintained. CITs monitor their posture, their language, their interventions, and their emotions. Andrea used the example of “. . . self-monitoring, because I think “oh what is the right word, what is the right statement to say” (Andrea). Some monitoring might be considered self-awareness but there is a point at which it takes over the consciousness and so blocks awareness in the attempt to contain anxiety and uncertainty.

**Wanting to appear competent**, CITs feel responsible to “to provide some sort of solution” (Jesse) or to hide personal background behind a professional image as Andrea expresses here: “I come from a, a low socioeconomic class background, and I didn’t, I kind of wanted to have that expert counselor role” (Andrea). Although acknowledged to be new to their work as counselors, CITs still worry that they should somehow know more than they do, as Irene said “Oh I should know all these DSM criteria, or I should know the answer to the question they just asked me.” The incompatibility of a CIT being a beginner and at the same time needing to have expert-level experience and knowledge as a counselor (they may have expertise in other realms) does not stop CITs from trying to manage their image so they appear to be an expert beginner. The job of managing such an image takes energy and attention and participants noted that they did not feel present when they were monitoring how they appeared to their clients or to their supervisors.

**Awakening to Choices**

Awakening to choices is significant in the theory put forth here because it proposes that being present does not only occur fortuitously but is chosen. At any moment, CITs may seek safety or open to connection and they do this unconsciously until they awaken to the agency they
have in the process. Awakening to choices to be more present happens both in an instant and over time. The instant a person becomes aware, she is more present. Even if what she becomes aware of is having been in an automatic mode, the moment she awakens to see that she was in it, she is no longer there. For example, if a CIT becomes aware in session that her thoughts have wandered to the previous client she then can make a conscious choose as to where to place her attention. Awakening over time, the cumulative effect of moments of awakening, deepens the understanding of the choice to be more present with all that goes into that choice. The factors or processes involved in choosing to be more present will be explored in the next section. This section details four conditions and actions of awakening to choices to be more present: 1) distinguishing being present, 2) experiential knowing, 3) coming to know oneself, and 4) recognizing having a choice.

**Distinguishing Being Present**

To awaken to the choice to be more present, CITs must distinguish when they are being present. The actions and attitudes that come together in what is defined as being present are examined in the section Being Present. Here, those actions and attitudes are defined as experienced along a continuum. **Being present has range and dimensions** and there is no end point on these continua. If one is at least physically there, one can be said to be present. At the same time, participants implied a threshold at which they considered themselves to be present while acknowledging that they could become more or less present from that point. Being physically present but distracted, tuned out, or going through the motions is labeled **automatic mode**. “If I’m preoccupied or feeling distracted, or just feeling like a spacey, ‘where am I? feeling,’ I’m not available, I’m not totally there, like part of me might be there” (Irene). In practice being in automatic mode is considered not being present. Being in automatic mode may be a predominant state of being in life or in counseling. Specifically in the counseling session, a
way of being that participants implied is less present is **applying technique without connection**. This means applying interventions, body posture or interpretations in a mechanical or in some cases purely cognitive mode, as if performing an “academic exercise” (Cathy). A CIT performing in this mode may be evaluated positively on observable skills. But participants viewed “skilled” counseling (Cathy) as different and less present than counseling “with heart” (Irene) or with connection. Another dimension of applying technique without connection is approaching counseling as a chore, trying to “get through it” (Jill) or as a job to be done (Pam). Being in automatic mode and applying technique without connection are at the less present end of the being present continuum and can be associated with the actions of containing anxiety and uncertainty.

At the other end of the continuum of being present, which again has no true end point, is **being fully present**. Being fully present requires the coming together of fertile conditions and the most expansive attitudes and actions of being present. The superlative experience of being present may be said to be at infinity on the continuum, a goal for CITs but not a reality most of the time.

You know, if I could be truthful, if I could be honest about what’s happening, if I could be open to the individual, if I could be connected to the individual, oh, hey, if I could be nonjudgmental of the individual, all of those things, and then also being aware of what was happening in our dynamic together and also what’s happening with the client, just being in, in, moving I guess in the moments, moment to moment with the client, going along with them, . . . seeing what’s happening, and being, you know, kind of cognizant of all the things that, that are going on at any given time. I mean if I could do all or most of that I’d be pretty psyched. I think all might be a little bit much, but a little high for me, a little high goal. (Cathy).

Clearly CITs are **present in degrees of frequency and duration**. How often and for how long they feel they are present varies, simply demonstrating these dimensions of being present. For CITs, being present is intermittent (Pam), uncommon (Jesse), fleeting (Jill), and fluctuating (Teresa). **Distinguishing the quality of being present** is part of awakening to choices to be
more present. This is meant in two meanings of the word, quality: first as an essential characteristic and second as the character or nature of the characteristic. For example, being present is distinguished qualitatively from being focused by Irene in these terms:

...the presence being a little more open and deeper and where I’m not having that sense of effort. It’s more like spon-, it’s happening and I’m participating in it but I didn’t have to like marshal all my forces to make it happen.

Cathy noted that when she is present with another person their encounter has a meaningful quality rather than being purely academic and Andrea said “not superficial.” Pam contrasted the quality of clarity in being present with not being as present when “...like I have a weight on my head or something ... It feels like there’s like a shade or something that is there.” Most participants described a particular quality to the energy of being present. In some cases this refers to the energy in the room and in others it is the counselor’s internal experience of energy (Jill, Pam). Articulating the distinguishing quality of being present tests the limitations of language.

Distinguishing being present – in its frequency, duration, range, and quality – is part of the awakening process. In their awakening participants expressed surprise that they were not present more given the importance they attached to being present (Jill, Pam, Jesse, Cathy, Irene).

**Experiential Knowing**

How do CITs know what they know about being present, especially given the difficulty of using language to articulate what they experience? What I am defining as **experiential knowing** is a kind of knowing that does not require language to be known. Every participant commented on it being hard to describe the experience of being present and at the same time each one of them expressed knowing the experience and valuing the experience. They use expressions like “knowing it was important” (Cathy), “knowing it was powerful” (Andrea), and “knowing the need for connection” (Teresa). They distinguish between their preconceived idea of being
present and their experience of being present (Pam, Teresa, Irene). Recognizing their knowing is part of awakening to choices to be more present. In that recognition is also validation of the experience and of their knowing of that experience. Experiential knowing increases the CIT’s confidence in their knowing. They then attach significance to their experience and make meaning of that experience. Experiential knowing may either confirm or challenge the CIT’s previous beliefs. For example, Jesse described how being present with her own experience confirmed her trust in her Humanistic belief that people have within them the potential to grow and care for themselves. For Teresa, her experiential knowing of being present brought her to a crossroads in challenging her previous interpretation of her spiritual beliefs. In both cases, these CITs awoke to their choice to be more present or not.

CITs describe being present as **experiencing** things as they are in the moment, feeling things as they are happening, not ignoring their own experience (Jesse, Pam, Jill, Teresa). As they talk about being present they consistently use words such as experiencing, feeling, and sensing, words that connote in-the-moment involvement. Teresa poetically portrayed her experiencing of emotion when she is present as “pure,” meaning no added judgment or evaluation. And in that pure emotion, she gains clarity.

One’s body is the vehicle for present moment experiencing. In being more present, CITs are **experiencing in the body**: noticing bodily sensations or in some cases the bodily sensations grabbing their attention and helping bring them into the present, as Jill expressed “when I can like feel my body, like from the inside.” Most participants used the descriptor being “in my body” contrasted with being “in my head” when they are present (Cathy, Jill, Teresa, Jesse). And in being in their bodies, they become aware of physical reactions as information –
information about their level of stress, tension, and anxiety in addition to how they are responding to their clients.

I think that what I may have known cognitively but not actually experienced was the fact that, you know, these uncomfortable and very intense emotions are not this permanent state that’s attached to me, that’s going to follow me around . . . once I have recognized that, which is something that is, that is newer for me, it helps me to realize that things aren’t as disastrous as they might seem and it makes me feel more able to handle anything that comes my way and so I think that that’s very valuable to instill in clients and I could have said that before, but, but now I know it, now I know it in a more physical way, because I’ve experienced it in my own body and mind. (Jesse)

**Coming to Know Oneself**

As CITs inhabit their bodies and experience they build their **self awareness**. They watch themselves distance themselves from their emotions (Teresa) or hurt themselves with self-criticism (Pam, Irene) or withdraw and disconnect (Cathy). In **experiencing their emotions** they become aware of how they avoid or tune out those emotions and this begins a process of **exploring the self**. Teresa referred to herself in this process as being a “scientist observer” learning about herself. Andrea noticed how her emotions are influenced by others’ judgments and some incongruities in her life. Jill recognized that when she is present she feels “OK” which highlighted how “not OK” she felt much of the time but also expanded the possibilities for feeling OK. Increasing self awareness and exploring the self, CITs recognize countertransference in sessions with clients. Once acknowledged, countertransference may be used for therapeutic benefit rather than interfering unconsciously. **Acknowledging the truth to oneself** is part of being present (Cathy, Andrea, Pam, Irene) in that it brings the whole person of the counselor into the present moment. Not doing so, as Pam noted, “it’s like denying a part of yourself or something, I mean it’s like not fully understanding yourself or fully understanding your experience” (3.162) and leads to not being present. Acknowledging the truth to oneself seems frightening but becomes a relief and not only opens the way to being present but feels
right. As Cathy said, “it’s actually made me stronger in some ways . . . I’m actually knowing
myself. This is cool. This is the way it is supposed to be for me.” All these processes of coming
to know oneself are part of awakening to choices to be more present.

**Recognizing Having a Choice**

One participant used the movie *The Matrix* (Silver, Wachowski, & Wachowski, 1999) as a
metaphor for her awakening to the paradigm of being present. *The Matrix* portrays dual worlds
where one is decidedly evil (androids enslaved human beings and imposed an artificial world on
them). The conflicting paradigms which CITs navigate may not be characterized in such a
dualistic and evaluative way. Neither is the “real” world, especially from a constructivist
perspective, but each is a way of seeing the world and being in it and in any one moment they are
incompatible.

> It’s exactly like the Matrix, like not everybody had this little view, or what I saw the last
> few weeks and so I have, and then what do I do now? Do I transform my life or, you
> know, do I transform what I, what I do, in a day by day, moment to moment, or do I just
> choose to go back and stay in the, the Matrix? You have to see that movie. You’ll know.
> It’s just like that” (Teresa).

As CITs come to know themselves and their direct experience of emotion, sensation, and
connection in the present moment, they come to a crossroads as Teresa describes above (*being at
a crossroads*). They are faced with a paradigm that may conflict with either previously held
values or with values that prevail in their environment. But once they are aware, they are already
more present and thus immersed in awakening to choices they now have (*awareness
distinguishing being present*). They **recognize their existential choice** to move either in the
direction of the prevailing sociocultural paradigm, seeking the safety of containing their anxiety,
or toward opening to connecting with themselves and their present moment experience. In the
awakening process, there is a period where CITs **question the agency** of being present,
wondering if what they experienced was random (Teresa) and unpredictable (Jesse, Irene), and if
they can really make it happen (Andrea). Once their ability to choose to be present is acknowledged, it opens the door to noticing how they have constructed their lives and relationships that either facilitates or inhibits being present. As Cathy noted, “I feel like when you start to go in this path of like mindfulness, connection, presence, I think sometimes you start to re-evaluate your relationships in some ways, ways of being in the world.” The evaluation can present CITs with difficult choices. Pam wondered, “What am I getting myself into? . . . Sometimes, do you really want to know?” but answered herself with “I’d rather be aware than unaware.” Choosing to be more present is a moment by moment decision and participants found the moment to moment choice less overwhelming than choosing a change in their whole approach to life. But they also acknowledged that the choices they make moment to moment add up to a personal change journey. Teresa understood the ramifications of choice when she said, “I know it’s moment to moment but it’s also those moments build up. There is a broader change in your being, and in your, and so for me, I definitely understand how that is a decision-making process.” Choosing to go toward being more present or toward acting to contain anxiety and uncertainty is part of a developmental process over time. The trajectory of the journey may feel more familiar and therefore more certain in one direction or the other depending on the person’s history, context, and values. For some CITs the movement toward being present represents a bigger step into the unknown than for others. But for all there is no escaping the choice that is theirs to make once they become aware of it.

Choosing to Be More Present

Once CITs awaken to the choice they have to move toward being more present they then can make that choice or not. Of course not choosing to be more present is still a choice, one that may become unconscious after a time but not in the moment of awakening and then choosing. Those CITs who choose to be more present are making a commitment that comes out of their
experiential knowing of what it is to be present and the meaning they make of being present, both as people and as counselors. Choosing to be present involves five processes: 1) taking a stand on being present, 2) risking, 3) weighing the costs and benefits of being present, 4) stepping out of the normal way, and 5) fostering and cultivating being present. Each of these will be examined next.

Taking a Stand on Being Present

In choosing to be present, CITs are taking a stand on the value of being present. They take that stand when being present fits with their counselor identity, their sense of the kind of counselor they are or are becoming. Andrea said, “If I’m going to be a professional, then I’m going to be, have to, if I’m going to be a professional, be a consultant, even, even counseling clients, like I’m going to have to be honest and direct and, and in the moment” (Andrea). When asked to describe being a good therapist, Jesse responded with, “Well, I’m being present” and went on to describe what that meant to her. Jill commented

For me, it’s really easy to shift into kind of an evaluative mode, when I’m not present when I’m just doing it as an exercise, you know, and I’m going to move on to the next thing. And that really doesn’t fit with my values as a therapist, you know, that’s really, that doesn’t feel good to me.

The sense that being present feels right or resonates with counselors’ identity encourages them to take the risks involved in choosing to be more present. They draw the confidence to take a stand on being present from that resonance. Not only are counselors taking a stand in each moment that they choose to be present but over time they are making a life-altering commitment. Each choice made in a moment contributes to the development of the CIT, although perhaps in small increments. Choosing to be present for even a moment, though, reflects a broader commitment to the value of the paradigm of being present. Valuing being present for its therapeutic worth adds weight to taking a stand on being present. Participants
expressed valuing being present in emphatic terms, i.e. “. . . if you aren’t able to be present then you aren’t able to help” (Jesse) as well as more generally saying it is significant to the therapeutic process (Jill, Pam, Cathy). Valuing being present comes from a passionate commitment to the client and to the therapeutic process.

I have an understanding of the sacredness of all beings. . . . I want to be present because I value the person. If they’ve come to me, I want to be able to offer something to them, with as much as I’m able to, with as much of myself as I’m able to bring to that moment. (Irene)

People who do not share such a passion may minimize the complexity and intensity in being present. This challenges CITs to stand on the value they place on being present and may mean they are misunderstood.

To be present with somebody, another human being, I mean, it requires you to be giving of yourself in a way, and being, I mean it takes energy. It takes commitment. . . . But to say that, to say “I go into therapy trying to connect with somebody, maintain that connection and use that connection to make change” sounds so basic that sometimes it like it’s frustrating to me because I’ll say that and, and depending on who I am talking to, I think they get it or they don’t get it. (Cathy)

CITs may not always find external support for choosing to be more present and so draw on their own values and sense of what it means to be a good therapist. Taking a stand becomes an important underpinning for choosing to be present given the risks.

**Risking**

Risking is part of choosing to be present. CITs take risks in the momentary choice to be present as well as in the developmental process of being present over time. If acting to contain anxiety and uncertainty is moving away from the direction of being present, then what happens to the anxiety and uncertainty when choosing to be more present? And if being present is inconsistent with the prevailing sociocultural paradigm, then what do CITs risk in choosing another path? In general, being present brings CITs into direct contact with the present moment experience of their lives, with its uncertainties and impermanence, and with their whole selves.
Choosing to be present means risking that contact. The risks of choosing to be more present are defined as being vulnerable, feeling difficult emotions, scary to let go control into moment, facing uncertainty, risking rejection, and setting oneself apart from majority.

Being present involves coming to know oneself and bringing one’s whole self to interaction with others and as such means **being vulnerable**.

It does feel risky to me to choose to be present because people will really see me, people will really know me, and what if I don’t, what if in being natural and letting go you do something that’s socially disapproved of or not what people want or you’re just seen more clearly, you can’t hide as much if you’re letting go of control of what happens. (Jill)

**Risking rejection** or making mistakes as the CIT’s true self feels more vulnerable than if adopting a persona or staying in role. Not only are CITs vulnerable in showing their authentic selves but they are vulnerable to feeling pain. Cathy said in remembering being present with a suicidal client that “to sit with that pain was not easy. To allow myself to be open with that and be vulnerable with him in that was not easy . . . ., because it hurts you know. So I’m allowing myself to be hurt.” **Feeling difficult emotions** can bring up anxiety that adds to the original emotion and both are being experienced in the quieting down and slowing down process of being present. Teresa put is quite directly: “I think ultimately I’m probably scared because of what I’m feeling and my emotions and not feeling like I can control myself or just, just being fearful of what I might be feeling.” Risking feeling difficult emotions is part of choosing to be more present. Participants expressed that it is **scary to let go of control into the moment**, not only with the potential to feel difficult emotions and being vulnerable but also fearing the essential feeling of being out of control and as such fearing the letting go (Jill, Teresa, Andrea). Letting the moment unfold in counseling leaves the CIT with no external confirmation or comparisons, and no validation of the direction the counseling session is taking (Andrea). With no “external props” (Irene) and “like when you just know something is happening and you’re kind of waiting
for it to unfold (Jill) and recognizing that “I don’t feel like I have all the answers” (Jesse) all put the CIT in the position of **facing uncertainty**. “I think that, that’s definitely a struggle to, to trust and let it kind of go where it needs to go, because there’s not as much security” (Pam).

Choosing to be present in any one moment is risky in being vulnerable, feeling difficult emotions, letting go of control, and facing uncertainty. As the CIT chooses to be present multiple moments over time, even with those choices being intermittent, is **risking transformation**. With all the uncertainty that comes with being present, comes the uncertainty of how a person changes over time as she lets go of control into the present moment. Personal change is often associated with some apprehension even when the path is felt to be more predictable. CITs, in choosing to be more present, risk transforming in ways they cannot control or predict. There are some ways in which CITs know that in the choosing to be more present they are **setting themselves apart from the majority**, from the prevailing sociocultural paradigm. This is risking not only on a philosophical level but for some this may be risking losing support from their extended family or their religious fellowship or risking setting themselves apart within their academic departments.

**Weighing the Costs and Benefits of Being Present**

Choosing to be more present, just as most decision-making, entails weighing the costs and benefits. While CITs may take a stand on the value of being present they are also aware of what they are risking in choosing to be present. As they experience the outcomes of both being present and acting to contain anxiety and uncertainty, weighing the costs and benefits changes but remains part of the ongoing process of choosing. Weighing the costs and benefits includes recognizing that choosing to be present is not easy and that there are conflicting emotions involved; balancing the need or desire for connection and protection; and ultimately choosing to be present with the attendant risks for the sake of connecting with self and others. The specific
costs and benefits are explored more fully in the sections Experiencing the Outcomes of Being Present and Experiencing the Outcomes of Containing Anxiety and Uncertainty.

In being present CITs trust and let go of control, make themselves vulnerable, and show their authentic selves and so have the potential to connect deeply with themselves and others. Participants described feeling heightened empathy for their clients (see Experiencing Outcomes of Being Present). In the process of choosing to be more present, CITs also attend to their own need to protect themselves from pain so that they can remain effective as counselors (balancing connection and protection). Jesse describes a “delicate balance, because you don’t want to be so connected that you can’t be a therapist. There’s also a self-protective piece. It is important for therapists to take care of themselves, to not be traumatized. I think you can be present in protecting yourself. And you can be not present in protecting yourself. The difference is awareness.” Here she brings up again that the point of awareness distinguishes being present.

Choosing to be present is not easy. Period. Participants repeatedly and in many different ways described the choice as not an easy one. CITs weigh their conflicting feelings in choosing to be more present, e.g. wanting connection and protection and feeling their client’s pain and feeling satisfaction in the value of the interaction. Cathy refers to the vulnerability to pain as one way in which it is not easy to choose to be present.

And, you know, that’s not my life, you know, but I chose to sit, you know, in a room with you and allow myself to be hurt and I mean pretty ultimate, that’s pretty, pretty big stuff, you know. And so, it’s a lot easier not to do it, it’s just so much easier not to do it. (Cathy)

Jill talked about her difficulty choosing to be present as she goes into her day. For her, setting the intention to be present with clients means putting aside the concerns of her outside life and she worried that she will lose control of all the things she is juggling in her life. The commitment to being present feels like putting being on top of the rest of life at risk.
As they weigh the costs and benefits, those CITs who choose to be more present, knowing at least to some extent what they are risking, do so for the sake of connecting to themselves and to their clients (choosing with the risk for the sake of connecting). In talking with Teresa, I heard some anguish in her recognition that being present was something she felt she had to choose to fulfill her commitment to connecting with people. It seemed a difficult choice for her to make personally. The choice seems to accentuate the CITs’ personal value system beyond even their work as counselors.

And it’s not to say that that doesn’t make your life hard . . . like we don’t get reinforced for that stuff. You know? So it’s kind of like I feel like when you connect with another person, truly connect with them, it’s a reminder of, of what’s important, it’s a reminder of, you know, like truth. . . . so I think it’s completely worth it because it’s like every time I do it I feel like I get that great reminder and then I feel like I’m closer to knowing myself. (Cathy)

Cathy’s comments again bring in the potential that context has to inhibit or discourage being present (See Contexts Facilitating or Inhibiting Being Present). CITs over and over seem to have to take a stand in risking and committing to being present. They weigh costs and benefits in the process of choosing to be more present.

**Stepping Out of the Normal Way**

The normal way is a way of being in the world that is automatic and mostly unconscious because it is the norm in the prevailing sociocultural paradigm (see also section on Contexts Facilitating or Inhibiting Being Present for more on the normal way). The normal way is one’s default. Choosing to be more present is stepping out of the normal way and this requires reprioritizing. Attitudes and actions given priority in being present generally contradict priorities of the prevailing sociocultural paradigm in academic and social contexts in which counselors and training live at this point in time (see also Navigating Conflicting Paradigms in the section on Contexts Facilitating or Inhibiting Being Present).
For CITs, **reprioritizing** seems most difficult and most necessary in choosing to be more present in the context of graduate school. Reprioritizing means placing greater value on having “an identity outside of school” and on what Irene described as “being a little more lenient on myself . . . like just being more real with myself about my energy level and kinder to myself.” It means not being as future oriented as in the normal way (Andrea) and taking the time to prepare to be present before picking up a client even if it means being a few minutes late (Jill). Choosing to be present means figuring out “how you implement it with graduate school and will you, we don’t have to live these lives where we stay up late all the time and don’t get enough sleep, and have to work hard all the time” (Andrea). Shifting priorities in any of these ways may not please others and by definition differs from the norm, bringing the process back around to the risking involved.

CITs typically approach counseling in ways consistent with the priorities of the normal way. Repeatedly participants noted as they remembered times when they felt they were being present that they **were stepping out of their normal approach.** Jesse said being present is “not my default” and Pam said that “when there are those moments that you feel just completely aware of what’s around you, that you really notice and it feels a lot different.” Andrea noted that when she was being present she intervened with clients in the moment which was not typical of her behavior in session. Stepping out of one’s normal approach requires courage and flexibility. And again it shows a commitment to clients’ welfare despite the personal challenges it presents.

... using myself at that moment to kind of be a part of that healing process for the client, so, and try to step out of my boundaries and even though it’s scary for me to do that, but being able to step out there, too, and in the long run that I know that, that it might help in, in the healing process for the client. (Teresa)
Stepping out of one’s normal approach to counseling, especially as a beginner, puts the CIT into unknown territory. Facing this uncertainty again is part of choosing to be more present.

Fostering, Cultivating

Choosing to be present involves commitment to fostering or cultivating the ability to be present. Philosophical, theoretical, or spiritual resonance with the value of being present is not enough to make it happen. While participants related being surprised to realize they were present at times, they could in most cases trace conditions or actions that prefaced being present. If CITs take a stand on the value of being present and are willing to step out of their normal way of being to be present with the attendant risks, then it follows that fostering and cultivating being present becomes part of the choosing process. CITs foster and cultivate being present to increase the frequency, duration, and depth of that experience.

The first part of fostering and cultivating being present is acknowledging that being present takes practice. Part of the process of Awakening to Choices (see above) is recognizing one’s agency in being present, that it is possible to influence one’s state of awareness. Once this is recognized it follows that there are actions that facilitate or foster being present and that it takes practice to make those actions more effective in fostering being present. The practice is moment by moment and ongoing. Just as with practicing anything, it is possible to get better at it. As Jesse said, “I think it takes practice, too, but the more often I’m able to be present in session and the client is there with me I think that it just kind of sets the stage for being able to.”

Actions that define fostering and cultivating being present include breathing, not predominantly thinking, slowing down, caring for self, coaching self to be present, stepping back, and preparing one’s attitude and emotion to be aligned with being present. Each action relates to the other actions and no one action stands alone to cultivate being present. **Breathing**
is a tool for bringing a person into the present moment and fosters relaxation, a state which fosters being present (Andrea, Irene, Jill, Jesse, Pam).

I might notice my own discomfort or my own anxiety and then engage in some sort of deep breathing just to help relax myself so that I can continue to be present. So I feel like maybe that’s kind of like a tool to get back on track. (Jesse)

Using breathing also brings CITs into their bodies, meaning they are aware of their bodily experience. Being in their bodies opens them to their feelings and then they are not predominantly thinking. Their minds are not active and thinking “falls away” (Cathy). Every participant emphasized “not being in my head” as important in fostering being present. Stepping back from thoughts helps CITs not go emotionally up and down with their thoughts (Cathy, Pam, Teresa) and allows them to stay centered (Andrea). Focusing on breathing or deep breathing also helps the person “slow down” and “take a few seconds” to “change frames of mind” (Pam).

CITs foster and cultivate being present by preparing their attitude and emotions. The preparation means reminding themselves to be present (Andrea, Cathy, Pam) and “setting an intention to be present” (Irene). It means calming themselves (Andrea, Irene, Jesse) and fostering curiosity and openness (Cathy, Jill). Slowing down allows the counselor to choose to be present. “I think that slowing down and having an awareness . . . also takes the focus off of the person’s ego . . . and once that happens there’s a shift and I think that people are able to be more present” (Jesse) Conversely, participants noted that it is hard to be present when their lives are busy (Andrea, Irene, Pam, Teresa). When their lives are full and moving at a fast pace, CITs’ minds seem to be moving at a similar pace which takes them out of the present moment. Multi-tasking, the hallmark of efficiency in the prevailing sociocultural paradigm, is another pull away from slowing down. Cultivating being present is not just slowing down in session, but slowing their lives down. Slowing life down makes room for caring for self. The ability to be present is influenced by the quality of daily life and one’s level of self care. If the CIT is depleted, being
present is more effortful and forced where if she cares for herself she is able to be more present for others. Being in their bodies, CITs attend to their needs sooner. For instance, Jill talked about noticing she was hungry or tired before she allowed herself to become ill. Participants mentioned numerous self-care activities but most important seemed to be connecting with family and friends.

I think what the connection with family and friends they remind me of different aspects of me, different roles, that, for some reason that helps keep me grounded, . . . And I think that frees me up in thinking, like if I was just like seeing myself as a therapist and what I need to do, my objectives in that setting or whatever, then I’ll just be thinking about treatment plans. I need to do this and I need to do that, and then I find that that takes away from being present and being in that moment. (Teresa)

Participants expressed surprise at realizing the importance of caring for themselves in the big picture of their lives in fostering their ability to be present. This speaks again to how being present involves the whole person of the CIT (see Being Present).

There are two additional activities that are powerful contributors to fostering and cultivating being present: supervision and mindfulness meditation. Participants told of supervision that influenced their being present, both in introducing them conceptually to being present and fostering their being present. Not all supervisory relationships qualify as fostering or cultivating being present. Those that do offer permission to CITs to go into their counseling sessions without a plan, and to face unacknowledged parts of themselves, and they validate CITs in being whole, being human.

. . . having supervision with B---, and in that point in my life I think I was ready for more than I was getting, or seeking, or seeing, or doing, whatever, and there was a whole part of me, that vulnerable part, whole parts of myself that I was not acknowledging . . . . I wanted more integrated sense of self and a more, a better understanding of who I am, and she challenged me and pushed me and worked with me to do that. (Cathy)

The supervision relationship has the potential to awaken CITs to the experience of being present and as such is a powerful influence in the process of choosing to be present. Supervision also
offers a place for CITs to explore what triggers disconnection in them and what opens up being present. Supervision appears to be one of the only aspects of counselors’ training that fosters and cultivates being present.

Participants in this study were trained in and practiced **mindfulness meditation** as a way of cultivating being present. Understandably mindfulness meditation showed up prominently in the data as a context for the attitudes and actions of being present, just as it was designed to do. Participants reported that in mindfulness practice they increased their awareness and acceptance of themselves and their emotional and bodily experience (Cathy, Jesse, Jill, Teresa), of what happens around them (Irene, Jesse, Jill, Pam, Teresa), of uncertainty (Andrea, Jill, Jesse), and the inevitability of change (Jesse, Pam). Mindfulness meditation is practicing being present so that one can then be more present outside of meditation. What participants reported of what they learned from practicing mindfulness meditation parallels processes of being present in counseling such as staying with anxiety, trusting self, not needing to be an expert, not needing to control the direction of counseling, attending in the moment, being genuine, being aware, accepting what is.

When I’m not being mindful, like I very much want there to be movement, and I want there to be a certain direction. I don’t always notice that I’m doing that, that I’m like trying to fill up the time or the space or whatever, but like having that space feels good to me now, which I think is somewhat from doing this, from being more patient, more open to whatever’s happening. (Jill)

. . . as far as sitting with uncomfortable emotion, I mean I know that that’s something that is hard for me to do sometimes, but through this training and practice I’ve really challenged myself to be better at it or to have more practice doing it, so I feel like the more that I’m able to do that, the easier it will make the counseling process for me, the more I’ll have to offer my clients. . . . (Jesse)

Participants described mindfulness meditation as not easy in much the same way that they did choosing to be present, and as offering some of the same benefits with practice over time as
being present. Mindfulness meditation is a microcosm of being present in the broader spectrum of life.

**Experiencing the Outcomes of Being Present and of Containing Anxiety and Uncertainty**

Both in the moment and over time CITs reap the fruit and the fallout of their choices to go in the direction of being present or of containing their anxiety and uncertainty (see sections Being Present and Acting to Contain Anxiety and Uncertainty for definition of each). The processes encompassed by both being present and acting to contain anxiety and uncertainty are complex and paradoxical. These processes are complex in that they comprise interconnected actions and outcomes and they are paradoxical in that those actions and outcomes are sometimes contradictory.

One of the motivations for and outcomes of acting to contain anxiety and uncertainty is feeling safe. Avoiding, controlling, distracting, and managing image – the actions of containing anxiety and uncertainty – are all efforts to not experience fear or discomfort in what is. Distancing from one’s experience accomplishes the goal of not feeling the discomfort but in the process the CIT is left feeling disconnected, not authentic, and dissatisfied. Another of the fruits of acting to contain anxiety and uncertainty is that it fits with the prevailing sociocultural paradigm and as such is socially acceptable. At the same time, in acting to contain anxiety and uncertainty, CITs miss therapeutic opportunities, jeopardizing their safety and acceptance in their profession.

In being present CITs go against their default impulses to seek safety and certainty. It feels risky and frightening to let go into an unpredictable present moment and be vulnerable as their authentic selves. They worry that they will be out of control and not competent when not working according to a plan. Paradoxically, once they are present, CITs feel safe and at peace and they find themselves skillful and connected in their work as counselors.
The outcomes of acting to contain anxiety and uncertainty and of being present will be explored in the next sections.

**Experiencing the Outcomes of Containing Anxiety and Uncertainty**

The complex and paradoxical processes of acting to contain anxiety and uncertainty lead to outcomes for the individual CIT and for their work with clients. Each of the five outcomes of containing anxiety and uncertainty will be examined next: 1) disconnecting, 2) not being authentic, 3) missing therapeutic opportunities, 4) feeling safe, and 5) socially acceptable.

**Disconnecting**

Acting to contain anxiety and uncertainty leads to disconnecting from oneself, from others, and from what is happening in the present. Disconnecting is by design as it fulfills the desire to create distance from discomfort. At the same time the disconnection often escapes awareness as it is part of an uncontested norm. “That’s more like the normal way. Almost turning off any connection with yourself and the larger space” (Jill). **Judging** oneself, others, and the world around is a more subtle form of disconnecting. Judging includes criticism, evaluation, self monitoring, and other ways in which experiences or people are not left to be what they are but compared to some predetermined standards. Graduate school and being a CIT are both contexts fraught with and encouraging of these forms of judging. CITs seem to come to their training as counselors with an internal self-critical voice that pushes them toward self improvement and also disconnects them from their present moment experience. This was mentioned as part of the requirements of being achievers to the extent that they are accepted into graduate programs. As Cathy and Jill express in the following passages judging themselves leads to judging others, disconnects counselors from clients, and the interaction becomes inauthentic.
So when bringing that back to my clients, I’m thinking, you know, if I can’t understand that process in myself, of being judgmental and wanting to be kind, one, how kind am I really, how kind am I really being genuinely with my clients? (Cathy)

When I’m not present, you know, sometimes it’s being nice because I feel like I should be nice, you know, but it’s not being nice because I’m really getting what the client is saying or really genuinely care about them and are honoring what’s happening in the room. I think there’s a difference there. (Jill)

Both of these participants identify a hollow or going through the motions quality to disconnecting. It seemed to surprise participants to discover this lack of genuineness.

Disconnecting means CITs are not available to others, most importantly their clients.

Irene said, “I’m not available. I’m not totally there, like part of me might be there, but, so there’s less of me to connect with or that’s attempting to make a connection.” There seems to be a proportional relationship between being unavailable and being disconnected.

**Not Being Authentic**

Disconnecting and not being authentic also interconnect. Jesse articulated the interconnection without identifying the nature of the relationship between the two when she said “being inauthentic as a result of not being present, then you’re not actually connecting and so for me part of that disconnection, so it’s, it’s disconnection and inauthenticity.” My interpretation is that disconnecting and inauthenticity are each the condition for and the consequence of the other and both are fallout of the actions of containing anxiety and uncertainty. If one is disconnected one cannot be authentic and if not authentic, then one is disconnected.

Managing image was included in the process of acting to contain anxiety and uncertainty (see section on Acting to Contain Anxiety and Uncertainty) so it follows that an outcome of that process would be staying in role. Adopting behaviors consistent with what they understand to be professional or counselor-like means not being authentic. In doing this, the CIT is protected from either making mistakes or feeling successful as her authentic self and does not bring her
whole self to the interaction with her clients. Irene found herself acting “very formal because I thought, OK I got to prove that I know something.” Cathy noted that she stayed in the role of counselor to avoid being vulnerable but that it got in the way of connecting, which she also acknowledged was not something she was aware of in the moment.

**Missing Therapeutic Opportunities**

The actions that contain anxiety and uncertainty for CITs – avoiding, controlling, distracting, and managing image – lead to missing therapeutic opportunities. On the most basic level these actions mean to some degree **not hearing, seeing, or understanding clients**. Pam described “not really seeing the whole picture, only seeing with blinders on.” which she went on to say has the potential for not only missing therapeutic opportunities but perhaps unconsciously hurting oneself or a client. Jill said, “I actually remember the clients less vividly, like I actually lose a lot of details of what they said.” Sometimes participants could only speculate on the comparison between being present because inherent in not being present is a lack of awareness. The speculation also reflects insight from looking back on times when they were not present from the perspective of having been present.

I think if I wasn’t present it would have been really easy to kind of go my own way with it or not hear where she was at with it, and maybe even like, you know, sometimes you just bulldoze over people when you’re not with them, you know, so yeah, I think if I wasn’t present I don’t know that she would have felt as heard and felt as understood. (Cathy)

Related to not hearing, seeing, and understanding clients is **missing healing opportunities**. CITs miss healing opportunities in not picking up on subtleties (Jesse) and details (Jill), by not sensing each other in the moment so new insight is not available (Teresa), and by preventing unexplored material from emerging by sticking to an agenda or plan (Andrea).

In containing their own anxiety and uncertainty, CITs fail to acknowledge anxiety and uncertainty as a normal part of life for their clients **not acknowledging anxiety and**
uncertainty). CITs may feel a lack of confidence as beginners but with their clients they have power. In containing and not acknowledging anxiety and uncertainty, counselors model that choice for their clients. They may direct counseling sessions to contain the client’s anxiety and uncertainty as well. In so doing CITs then perpetuate the prevailing sociocultural paradigm of acting to contain anxiety and uncertainty with their clients. This may be not only missing a therapeutic opportunity but doing some detriment.

I think that it’s a fine line to walk because being uncomfortable and having, and not knowing certain things is, is a part of life, and I feel like if we don’t acknowledge that and teach clients how to sit with that, then they continue to, to suffer, and they continue to not be present, and not benefit from being present. And so, if we’re constantly trying to take that away from them, then I think it could do them harm, in a sense. (Jesse)

If CITs do not understand their clients, see them with blinders on, keep new insights or material from emerging, and do not acknowledge anxiety and uncertainty, clearly they miss therapeutic opportunities. This brings up potential ethical considerations in that not being present has the potential for counselors to not provide adequate service or do harm to their clients.

Feeling Safe

An outcome of containing anxiety and uncertainty, along with the fallout of disconnecting, not being authentic, and missing therapeutic opportunities, is feeling safe – a powerful feeling and a powerful reinforcer. Seeking safety underlies all the actions of containing anxiety and uncertainty. It feels safe because it is staying with the familiar. “There’s a fear of the unknown. If your typical way is to avoid and that’s what you’ve done all your life, like it takes a lot to teach an old dog new tricks” (Jesse). It feels safe to take action to avoid, distract or control rather than sitting with the discomfort of anxiety and uncertainty. Acting to contain anxiety and uncertainty is experienced by CITs as protective (protecting as self care). As Cathy said, “it doesn’t require you to think, to question, to evaluate. . . . There are going to be aspects of yourself that you probably don’t have to look at. There is a vulnerability in that evaluation. . .
It’s a little safer.” Feeling safe is fundamental to the outcomes of containing anxiety and uncertainty because it is the feeling all the activities of the process are aimed at creating.

**Socially Acceptable**

Acting to contain anxiety and uncertainty is part of the prevailing sociocultural paradigm in which seeking safety is more common than seeking awareness and connection. It has become the standard mode of operating so to avoid is what is taught (**avoiding is what is taught**). Jesse described how advertisers embody cultural norms and promote feeling inadequate while implying that improvement is possible with the right products. She implied that advertising reflects the prevailing sociocultural paradigm and also perpetuates it. This overarching feeling of inadequacy generates anxiety which then must be contained to appear in control. Appearing to be certain and in control seems to be reinforced as the signal of professionalism and expertise. As the socially acceptable process, acting to contain anxiety and uncertainty has the benefit for CITs of increasing not only their sense of security but others’ as well. **Containing discomfort is understood by others.**

I think there’s an evaluative component like by other people where it’s more understood or accepted by other people to do that. So for me there’s a social benefit. People understand when I’m doing that. They approve when I’m doing that. You don’t rock the boat, don’t make anyone else change the way they’re behaving or their assumptions. So I think there’s a social component. (Jill)

As the socially acceptable process, acting to contain anxiety and uncertainty also has the benefit of allowing CITs to fly under the radar, not call attention to themselves. It is **easier to do or be what is expected**. They are not taking a stand or risking. Cathy also called attention to the power dynamics between dominant and minority perspectives. She described acting to contain anxiety and uncertainty as:

. . . easier because that’s already what most people understand. I don’t have to explain it. I do a lot of study with minority individuals and the idea that minority individuals have a better understanding of the dominant culture than sometimes the dominant culture does. I
could parallel that. There’s a dominant culture and as a person who feels sometimes outside of that, I have a pretty good understanding of what it’s about and I was pretty good at it. I get it. (Cathy)

Doing what is expected contributes to the feeling of safety. It allows everyone to relax into an agreed upon way without overtly addressing the emotions involved.

**Experiencing the Outcomes of Being Present**

Outcomes emerge from being present both for the counselor as an instrument of change and for the therapeutic process. The counselor as an instrument of change refers to the impact the counselor as a person has on the process of change for the client, and includes counselor’s way of being and qualities as well as the counselor’s contributions to the therapeutic relationship.

Seven outcomes of being present are defined here: 1) building tolerance for discomfort, 2) counselor feeling at peace, 3) sustaining counselor in work, 4) being a better instrument of the therapeutic process. 5) amplifying connection, 6) counseling in the present moment, and 7) facilitating the therapeutic process. As in other processes in this theory, each outcome is in some way both the condition for and a consequence of the others. For example, building tolerance for discomfort helps the CIT feel at peace which then makes it possible for the her to build tolerance for discomfort. Each process interconnects with the others. The essence of the outcomes of being present is amplifying connection – connection to self, connection to others, connection to one’s experience of the moment. It is moving toward connection that distinguishes being present from seeking safety in acting to contain anxiety and uncertainty.

**Building Tolerance for Discomfort**

Part of being present is staying with what is being felt and experienced in the moment rather than avoiding or distracting from it. The outcome is that CITs become more able to stay with what is being felt and experienced. This in turn allows them to stay present with themselves and with their clients. In being able to stay with their own and their client’s
experience, CITs are less likely to rescue clients from their discomfort. Therefore they do not rob clients of the opportunity to learn from that discomfort, to tolerate it, and experience the transmuting of that discomfort themselves. Jesse said,

[Being present] helps me to, to sit with whatever comes up in the counseling session for me or from the client. It also, you know, in some ways, reminds me that I don’t have to do anything, you know, I definitely sometimes get caught up in wanting to take that discomfort away from my clients in some way but to remind myself that this isn’t a permanent state for them either, and it will change, and shift and that that’s a natural process that’s going to happen, and I don’t have to make it happen.

In being present, CITs acknowledge the uncertainty of life and raise their ability to stay with that awareness and not try to control what cannot be controlled. It frees them to be present and to tune in to their clients, to learn more about present conditions that sometimes go unnoticed in focusing on outcomes.

Yeah, like I’m more comfortable with the uncertainty, rather than in my head thinking like “oh gosh, I hope they…” for example this was adolescent substance abuse, so “man, I hope they pass their drug screen and they don’t do this anymore and they don’t” you know like if I’m thinking about, rather than just being with them and learning about them, learning well what led them to use drugs in the first place or what’s the situation in the family and like just providing them with the space to explore themselves. (Irene)

The counseling process itself is full of uncertainty as well. CITs may attribute their feeling of uncertainty to being beginners and try to contain the feeling by gathering information, planning, or adopting a counselor persona. But being present, CITs become more comfortable with uncertainty itself and can let it be. In doing so they notice more what is happening in front of them.

CITs learn not only to stay with discomfort, they become more relaxed with discomfort, as Irene said “I feel a little more relaxed around it, like I have a little more space and awareness.” Being in one moment with uncertainty, rather than thinking of all that is fantasized to lie ahead, pares the uncertainty down to a more manageable size. The issues or problems may remain unclear or unsolved, but they are being acknowledged as such rather than jumping forward to
future scenarios. Jill said “sitting with that not knowing, it just makes the whole thing more OK. . . like facing that moment is manageable and I just feel calmer with that.”

**Counselor Feeling at Peace**

Participants named the emotions of being present as satisfied and happy within (Andrea), calm and centered (Irene), comfortable (Pam), feeling fine (Jill), relaxing (Cathy), feeling good (Cathy, Pam, Teresa), and **feeling at peace** (Andrea, Jesse). This feeling of peace is an outcome of being present. In awakening to the fact that that they have choice and then choosing to be more present, CITs have faced the fear of letting go, being out of control and vulnerable. Once they are present in the moment, they experience a different relationship to their anxiety and uncertainty and other discomforts. In the process leading up to being present, it seems like being present will be a scary proposition, but being present itself is not scary. Once present, worrying seems to have “kind of dropped away” (Irene) (**not worrying, not scary**). Jesse described a time when she was in session with a client who was upset about the uncertainty of her academic future. Jesse herself was sitting with the uncertainty of her grandmother’s imminent death.

But in that moment, we were able to be there together and acknowledge that, I mean there’s a lot of unknown in this world . . . we’re kind of just letting go into the present moment and, and the benefit of that is a sense of peace, and a feeling of release and a feeling of calm, that we had both not been experiencing prior to that moment.

While CITs may still be experiencing those discomforts, being present seems to create some space between those discomforts and what can be called their aware consciousness or the authentic self, which brings a feeling of peace. At times the discomforts dissipate or are transmuted into a feeling at peace. Given her initial apprehension, Jill seemed continually surprised with this process. She said that once present in the moment, “I think every time, you know, I just feel like, fine, and then I feel able to handle everything and . . . no, it does not feel scary in the actual experience.” Being present seems to feel **natural**, as if it is the natural state.
of being once CITs let go into the present. “It’s just more natural. It’s more of who you are” (Pam). How CITs know this, that being present feels natural, seems to come from the experience they have in their bodies and in their hearts, more than in their cognitive processing. However they know it, the counselor feeling at peace as an outcome of being present becomes a strong reinforcer of choosing to be present.

**Sustaining Counselor in Work**

Being present in counseling is sustaining for CITs in their work. For one thing, being present contributes to **making counseling enjoyable** which sustains the CIT in what can be difficult work. Clients come with problems and distress which can wear down the CIT. As the CIT enjoys the fruits of being present, the process becomes more enjoyable and thus more sustainable. In the next passage, Jill describes her enjoyment in terms of time. This refers back to the timeless quality of being present (See section Being Present) as well as the common notion that “time flies when you’re having fun!”

Well, for me, it’s more enjoyable. And for me the time actually goes faster which is weird, actually. I was thinking it is kind of paradoxical, like you might think it would go slower, like but a couple of times in the last few weeks I’ve looked at the clock and I’m like “oh, we need to end.” I think it’s because I’m actually like engaged with what they’re saying, like I really want to know more, I really am like, it’s fun for me. (Jill)

Not only does counseling become more enjoyable if being present, but CITs find it **energizing**. Being present both costs and generates energy. CITs expend energy in choosing to be present with all that goes into that, i.e. risking, weighing costs and benefits, and taking a stand. And when they become present, CITs gain energy. Thus it is a sustaining process, assuming there is a balance. “I notice the sessions when I was much more present and really engaged with them, I usually end up leaving and having more energy or being more excited about like, wow, look what happened” (Pam). Feeling energized by one’s engagement in the present moment is sustaining, not only in the counseling session but for the counselor as a
person. They seem to feel more alive and at peace in themselves. The benefits that CITs experience personally from being present contribute to their motivation to continue to choose to be present. Being authentic and being whole are elements of being present which then sustains the CITs as whole people so the process is self reinforcing and sustaining.

Along with the peacefulness of letting go into the present moment, the timelessness of the moment, and the increased comfort with uncertainty, being present amplifies the connection between people (see Amplifying Connection in this section). Connection seems to be at the heart of what makes being present sustaining in counseling, as Cathy articulates in this passage.

. . . feeling that true connection with another person I think is like really powerful and I think that’s a great, I don’t know, I think that’s a great reward for me. And with other people, too. When I actually sit with somebody, I’m like “Wow, we just had something that was true.” That’s like so sustaining. And so, I think that’s really big.

Being Better Instrument of Therapeutic Process

The CIT becomes a better instrument of the therapeutic process in being present. In the process of choosing to be present, CITs come to know themselves and shift into a different paradigm. Having that experience seems to yield insight into the process of change for other human beings, specifically for their clients. Personal change brings with it some uncertainty as people move into the unknown territory of the new. There becomes a parallel between CITs cultivating being present, with the changes that brings, and the change process for clients in counseling (parallel personal work with clients’ work). Their parallel process of change increases the counselor’s empathy for clients feeling resistant to or unsettled by change.

I guess I sympathize with the struggle that my client would have with bringing on new practices into their lives. I definitely at one point I was like, oh my gosh, this is what clients go through. Like I’m giving them a new intervention to do and it’s totally different, like for me, this is very different than how I grew up. (Teresa)

Coming to know themselves in being present, participants became aware of their own self-criticism. This heightens their ability to tune into the client’s self criticism. In working to accept
herself the CIT models self-acceptance for the client. For example, as part of her pattern of self-criticism Irene noted a tendency to blame herself when things that do not go well in session with a client. When she practices non-judgment and self-acceptance, she is more likely to tune into what is happening that may be of therapeutic use. In so doing, she models the practice for her clients.

In being present, CITs are aware of themselves and of what is happening around them as their attention flows between their inner and outer experience. CITs then use themselves as a tuning fork in a sense as they react to what is in the room with a client. They are using self as an instrument of counseling as Pam describes in this passage.

I think that in that, in that type of interaction, sometimes I do tend to tune way into that person, so experiencing things myself and I can kind of go off of what I’m, what I’m feeling. I think that, right, just tuning in with what, what’s going on with me.

Without being present, CITs miss what is going on inside them and the potential insight that offers for the therapeutic process. As CITs become more present as people, they become more present with clients. As they practice sitting with uncomfortable emotions, focusing in the here and now, accepting what is they can then translate their personal learning to their work as counselors and use themselves as instruments of the therapeutic process. Referring to the example mentioned earlier when Jesse sat with her client in uncertainty, she said “it didn’t make me uncomfortable because I had been practicing that in my own life as well.”

CITs are also better instruments of the therapeutic process because a feeling of genuine caring seems to naturally flow from them when they are present (caring emerging). In opening nonjudgmentally to themselves and to their clients in the present moment caring and compassion emerges without effort, again as if it were the natural state of being.

I don’t think I’ve ever been really present with someone without feeling that natural like interconnectedness, like we’re kind of the same, you know, like we’re all of the same stuff, and we all have related experiences. We’re all in this life together. And I think when I
feel that, I truly do care about the other person. Yeah, so it’s not just like I have a sense of responsibility to this person or I like this person, it’s like, like you really care. (Jill)

The feeling toward others that CITs feel when they are present was described as feeling warmth in the chest (Andrea), a feeling of tenderness (Jill), authentically or genuinely caring (Irene, Jesse, Jill). This caring seemed almost surprising in its purity and in its effortlessness. In that caring CITs connect with clients and create a safe context in which therapeutic change can happen.

In tuning themselves as instruments of counseling, CITs increase their readiness and ability to apply their skills and knowledge (enabling keen application of skills and knowledge). The openness, awareness, attention, authenticity and other aspects of being present support CITs in applying what they have learned and in astutely assessing the needs of clients. In their training, CITs are advised to be empathic, to notice client non-verbal communication, and to build a positive relationship with their clients. Participants noted that these qualities and skills come naturally with being present. Irene gave the example of assessing the client right from the beginning of a session “like when somebody walks in the door if I’m more focused and present I can kind of guess pretty fast how their day went, what they’re needing right now.” In being present, CITs draw on a deeper and broader level of awareness in an encompassing assessment of the client and of the relationship. These are considered basic skills of counseling but difficult to truly execute. And perhaps even more difficult to teach.

Amplifying Connection

Being present has the effect of amplifying connection with oneself, with others and with the world around. Connecting was defined by Random House Dictionary as joining or linking (1973) and these synonyms fit to some degree with this outcome of being present. But joining and linking seem more fixed and less fluid than connecting. A more recent definition of to
connect, not included in the 1973 Random House Dictionary and considered informal by Dictionary.com (2008) is “to relate to or be in harmony with another person, one's work, etc.” This definition seems more appropriate in meaning and because the definition has come to be accepted during the lifetime of all the participants in this study.

Like being present, there is a continuum of connection from less connected to more connected. However, unlike the continuum of being present, connecting has is a end point, a point where one is disconnected. Cathy noted that suicide is the ultimate act of disconnecting and feeling disconnected. Being present facilitates moving to the other end of the continuum, connecting at a spirit or energy level, beyond the confines of our constructed perception of the separation between people (amplifying connection). “If you can actually be with someone, like your whole person with another whole person, that reduces that isolation and maybe helps them get more in touch with the deeper, more spiritual part of them.” (Jill) “I almost have a visualization of opening myself up and I think the reason why is almost kind of opening up my body is because it’s kind of like let’s get past this part, and let’s get to the being part” (Cathy).

Being present seems to be a prerequisite for being connected and the degree or intensity of each influences the other. Connecting is an action and a outcome of being present and is not possible without the condition of being present. In other words, I cannot connect with you if I am not present and the degree of our connecting is influenced by the degree of my presence and the degree of yours. Once the self-perpetuating interaction between being present and connected is set in motion, it is difficult to separate the two processes and descriptions of them begin to resemble each other like two people who have lived together for a long time.

Connecting is palpable, felt in the body, as well as in intangible ways that are sensed emotionally, energetically, or spiritually. Andrea describes her sense of connection as “radiating
from my face and, and my chest and radiating between us. The way I could describe it I guess is wavelengths. I felt like we really, were really very much were matching wavelengths” (Andrea). Cathy describes connection below and she seems to struggle with the limitations of language in describing her experience.

The intensity of like that connection that was happening, and it was just, yeah, it was kind of like, it was, it was intense but neat that it was happening, because I, it was almost kind of like, like invisible kind of things, you know, kind of going on and and, and, you know, parts of me kind of going out and parts of him going out and us meeting somewhere.

Andrea and Cathy articulated a quality of meeting that conjures up the sound of harmonic counterpoint. Matching may not be as important as the harmonizing of energy at the point of meeting.

Connecting, especially moving along the continuum has the same paradoxical processes or feelings associated with it as being present. And perhaps that is partly because the processes have merged at that point. The paradox again is that connecting, like being present, is not easy, involves risking vulnerability and loss of control, and yet it also brings a sense of peace and well being that is sustaining.

In being present and connecting with the person in counseling, the counselor attunes to that person in a way that allows her to feel the client’s emotions in heightened empathy and offer more accurate reflections to the client. Jill talked about using being present in this way:

to be able to access any kind of intuition or like gut feeling I have with a client, but also to be able to be more accurately empathic and communicate that too, so I think just, at an earlier level it would be a way to help form a relationship it also helps me to hear, when I am present . . . helps me hear beyond what’s being said.

The counselor is able to hear beyond the person’s words, “not just the content but what are they communicating to me during the process, in their emotions, what are they communicating to me besides what the words they’re saying . . .” (Teresa). In the section on Awakening to Choices earlier in this chapter, I defined the CITs’ experiential knowing, or
knowing that comes from experiencing in the body and more inclusive than only cognitively understanding. This seems to relate to being able to hear beyond the person’s words and to heightening empathy. For the client, being heard on a deep level, seems to feel validating and to further build connection and the relationship. Andrea said that being present “produces that powerful connection, the feeling that the client says that ‘oh wow, finally the counselor gets me, really gets me’” (Andrea).

Connecting requires two parties; it is connecting with. Two parties create connection and also are influenced by that connection in counseling (reciprocal influencing). Cathy seemed to feel apologetic to some extent that she reaped the benefit of the connection when she said, “I’m robbing a little bit, because it’s not just a one way street, you know when you’re fully, you know, I’m getting something.” As such, it is impossible to talk about connection between people without also talking about their relationship. Connecting builds the relationship between people (building relationship) and by definition this involves both people. The relationship becomes part of what sustains the counselor as well as the client in the work to be done in counseling. “Sometimes I think that we both come out of the, well, most, many times I come out of a therapeutic relationship changed and, and the relationship stays with me” (Jesse). Being present seems to be a condition for connecting. Connecting is an action the consequence of which is the building of a therapeutic relationship. The relationship becomes a condition for being present and for connecting as well. Connecting is part of a system or process with being present.

Counseling in the Present Moment

When CITs are present they bring the counseling process into the present moment in the session: “right here, right now” (Andrea). Counseling in the present moment allows the unpredictable to surface, be noticed, and then exploited for the benefit of therapy. When containing their anxiety and uncertainty, CITs are more likely to miss what they have not primed
themselves to look for. Or they may stick to their agenda even when what materializes unexpectedly may have therapeutic value. Counseling in the present moment makes the work alive and fresh as the counselor and client are not talking about the past or the future but experiencing together at the moment. There is no hiding from or distancing from what is and so the experiences are powerfully felt. As such, there is risk involved and if the CIT remains present enough, she can attend to the client’s reactions to that power. Counseling in the present comes out of the counselor’s awareness, attention, beginner’s mind, trust – all the aspects of being present. The processes of counseling in the present moment include addressing what is in the moment, checking out assumptions in the moment and using counselor reactions and emotions in the moment.

**Addressing what is in the moment** means stopping the session, perhaps stopping the client in the middle of a story or even a sentence, so as to not miss something potentially significant. It takes presence of mind to notice and then courage to bring the client’s attention to what is happening in the moment. It is easier and safer to let the emotion or reaction pass by or to talk around it. Addressing what is in the moment heightens the client’s awareness and allows new material to emerge.

Like for example with the second client that I talked about there was an instance where he had referred to he had gotten angry and was at a party and had smashed a wall in, or had, no, had, had punched the wall and I said “oh, OK” and then I thought “OK, well then I’ll talk about like violent, violence, and violent backgrounds and what not later on but then I thought “No, no, no. Stick with this right now” and so I asked him like “Well that’s kind of strange. Was that normal behavior for you?” and that brought a whole other issue up. (Andrea)

In addition to addressing something significant in what the client is saying in the session, addressing what is in the moment also means having the courage to draw attention to the in the moment interaction and relationship between the counselor and the client. These dynamics are rich in therapeutic potential and often go unacknowledged. In the counseling literature this is
often termed immediacy and is used to address ruptures in the therapeutic relationship. In being present, CITs can without judgment observe their own contribution to the interaction with the client as well as what the client’s contribution might be. Jesse mentioned that there are times when counselors are bored in session and their boredom is often attributed to the client. She said, “I think that that certainly places all the blame on the client, which, you know, doesn’t acknowledge the fact that, you know, maybe the therapist wasn’t being present with, with the, what the client was saying.” Part of counseling in the present moment that helps get at these dynamics between client and counselor is **checking out assumptions in the moment**. Here again are rich possibilities in counseling because the dynamics are being experienced right then and can be more clearly known. Checking out assumptions in the moment also frees both CIT and the client from using energy in wondering or conjecturing, it shows that the counselor does not see herself as all knowing and it builds connection through greater understanding of one another. Checking out assumptions in the moment demonstrates the CIT’s respect for the client’s constructed meanings.

To be able to address what is in the moment and check assumptions, the CIT draws on her reactions and emotions in the moment (using counselor reactions/emotions in the moment). Jesse felt goose bumps as her client told of the death of his girlfriend and used her reaction to connect with and validate her client. Cathy told of using her emotional reaction to her client’s story and the cathartic effect it had for the client. The client described events in her relationship and Cathy disclosed her own strong gut feeling. The client’s reaction seemed to signal change.

All this emotion came out. Up to that point she’d been a fairly emotionally controlled person except moments of being pretty tearful but anger had never been something, and it just, it just, pretty restricted, so for her to like sit back and then have that look of shock and then just like boom all this stuff come out. I was sitting there going “whoa, this is pretty
crazy” but also like, you know, that was another one of those moments saying “OK, this is stuff that you can trust, you know.

To facilitate that catharsis for the client, Cathy had to be present. First she was aware of her emotional reaction and the image that emerged and then she had the courage to share with her client. She was being her authentic self as a counselor. And she accomplished all that in the moment.

**Facilitating Therapeutic Process**

The outcomes of being present facilitate the therapeutic process by expanding the therapeutic value of the encounter, by facilitating intensity, by clients benefitting from experiencing their counselors being present and from learning to be present themselves and by the healing properties of being present. Counseling can take many forms. CITs in the study indicated that counseling can take place with a counselor being less present and the client can still benefit. CITs who choose to be present and work in the present moment seem to deepen the therapeutic encounter and as such expand the therapeutic value of the encounter. The counseling has a different quality to it. Often the qualitative difference is indicated by whether the encounter is limited to interacting and problem solving on a cognitive level. As Jill said, “You know, rather than just being in a room and talking and figuring out your stuff and getting insight into yourself, which is important, but, this is more than that.” How being present is “more than that” is not articulated but participants seemed to feel sure that it is, not only from the CIT’s perspective but also from the client’s. Cathy said, “But I’m sure there’s a difference from their perspective when I’m really actually connected and kind of like in my body and connected with my feeling, I’m in my feeling space and when I’m being directed by my gut.” One way that counseling with a CIT who is present is different is in the intensity of the encounter (facilitating intensity). In describing times when they were present, participants used
descriptors such as “intense” (Cathy, Jesse) and “powerful” (Andrea, Pam). The emotions are being felt in their intensity in the moment and not avoided, even if they later dissipate or change. As discussed earlier in this section, the connection that is amplified in being present increases the intensity of the encounter.

I think there’s something respectful about being able to be present with your clients, you know that like there’s this respect there of like, you know, that I’ll be here with you unconditionally, give you my full attention, and that I think there’s a lot of power in that. (Pam)

All the benefits that come to CITs in being present in the moment and over time are also available to the client. Clients benefit directly when CITs use being present to expand the value of the therapeutic process, and clients benefit indirectly through CITs’ modeling of being present as people (client’s learning and benefitting from being present).

I think that by being really present with them, it helps them know themselves better, and helps them know their experience better, so that they can learn to trust that a little more, as opposed to kind of being on the outside and giving interpretations. (Jill)

In this passage, Jill implies that if the CIT is present with her experience of her interaction with the client and uses that to bring the counseling process into the present moment for clients, clients get closer to their experience as well and through that come to know themselves. Clients too build their awareness in the moment. Again this is a parallel process with CITs cultivating being present for themselves and coming to know themselves. Clients then awaken to their choice to be present in their lives or not. Feeling choice is empowering so recognizing that they can choose to be more present in their lives empowers clients, as well as their counselors.

Being present and connecting with clients has “healing properties” that facilitate the therapeutic process (Jesse). Healing takes place in the connection and in the relationship that builds from that connection.
And I would imagine like the feeling I have leaving the session, of like “wow, I’m real, and this experience is real” and all this, is made more possible for the client, too if I’m present. And there’s got to be something healing in that. (Jill)

These are strong claims to make which may explain some of the tentative language in the next passage. Having chosen to be more present, CITs have taken risks, weighed the costs and benefits, and taken a stand, and they draw on the meaning they have made from that process in believing that being present is healing. And how present CITs are, how often they are present, and over how long a period of time places them in different places along the continuum of being present. The strength of their conviction in the healing power of being present may correlate with where they are on that continuum at that moment.

I guess I feel like I strive to be present in sessions and that’s one of the greatest gifts I have to offer the people who come to see me. So I feel really happy and like “OK this is why I’m doing this” when I’m able to do that because I feel like I’m totally there with the person, and maybe they don’t get that that much in their life, hopefully they do but like if I can do that for them around possibly sensitive, difficult, painful subject then that may really help them heal, so I believe that it can, that like it would. (Irene)

**Interpretation of the Theory**

In this section, I offer interpretation of the theory of choosing to be present as a whole and will connect my interpretations back to relevant literature. The major elements (See Appendix J for Coding Trail) of the theory were described in detail in the previous sections of this chapter: being present, awakening to choices, choosing to be more present, acting to contain anxiety and uncertainty, contexts facilitating or inhibiting being present, and outcomes of being present and of containing anxiety and uncertainty. In this section the meaning of the major elements of the theory will be interpreted in a more holistic way, as part of the process as a whole outlined in the theory.

My interpretation of how the participants in this study described their experience of being present seems consistent with what has been written in the conceptual and empirical literature on
being present to date. The focused codes (See Appendix J) that label the processes and attitudes of being present in this study are: being aware, attending inwardly/outwardly, beginner’s mind, trusting/letting go, accepting, staying with what is, being right here in the moment, and being human/being authentic. Beginning with Freud’s recommendation of an “evenly hovering attention” (1912/1961), Reik’s “listening with the third ear” (1948), continuing with Buber’s (1970) I Thou encounter, the existentialists’ therapy as the meeting between authentic human beings (e.g. May, 1958; Bugental, 1987), Rogers’ necessary and sufficient conditions for therapeutic change (empathy, warmth, genuineness, contact), and Gestalt therapy’s authentic contact (Korb, Gorrell & Van De Riet, 2002; Yontef, 2007) being present with clients resembles what appears in the data from this study. Empirical studies of being present also show similarity with these findings. Pemberton’s (1977) labels for the forces enabling presence – focusing inward, extending outward, and receptivity, Fraelich’s (1989) thematic structures of presence – immersion in the moment, openness of being, and living on the cutting edge, Phelon’s (2001) qualities of awareness and the alliance, and Geller’s (2001) processes and experience of presence – receptivity, inwardly attending, extending, immersion, expansion, being with and for the client, along with the qualities of being present that come from explorations in nursing, yoga training, and naturopathic medicine, paint interconnected pictures of the phenomenon of being present.

These descriptions of being present demonstrate the limitations of language in expressing the complexity and the non-cognitive, non-linear, timeless nature of the experience of being present. There is commonality in the definitions of being present regarding open awareness of oneself and of the other which brings about connectedness. Pinning down an operational definition of being present does not fit within a constructivist epistemology but in the language used to describe the experience a socially constructed consensus seems to emerge.
The descriptions in existing literature, both conceptual (e.g., Buber, 1970; Bugental, 1987; May, 1958; Welwood, 2000) and empirical (e.g., Fraelich, 1989; Geller, 2001; Pemberton, 1976; Phelon, 2001) come from seasoned therapists. The similarity in the descriptions by CITs indicates that experience may not be the factor that determines a counselor’s ability to be present. At the same time, the participant CITs acknowledged that being present ranges on continua of frequency and duration and that all the actions and attitudes of being present also spread along continua. It may be that if counselors choose to be more present as they gain experience in their work they move toward being more fully present on the continuum. Here again the limitations of language appear, or perhaps it is language embodying the limitations of epistemology. If epistemology is the theory of knowledge which determines the kinds of knowledge that are possible (Crotty, 1998) and language structures that knowledge, then language can limit the meaning people construct of their experience. The experience of being present is probably different along the continuum of presence and yet it bears the same label. Being more present hardly describes the qualities that develop in the experience of being present along the continuum.

Participants were interviewed three times. At the first interview, every participant had experienced what they considered being present. Participants were interviewed again after seven and again after eight weeks of practicing mindfulness meditation as a way of cultivating presence. Their descriptions of the experience of being present did not change. What did change was their sense of agency in being present, their awareness of their choice to be present or not. They became aware of the power they had to treat themselves and approach the therapeutic encounter deliberately with openness, non judgment, letting go of control, in the present moment. In their initial interviews, the instances of being present that participants described
seemed profound, spiritual, or deeply significant in some way. And those times seemed unpredictable, surprising, and unusual. In the latter interviews, people seemed to talk about being present in more everyday terms. Being present seemed demystified in some way, and the profundity of it was expressed differently, more along the lines of choosing mindfulness in the everyday moments than as a result of a force or power outside of them making presence happen. There is a Zen saying, "Before Enlightenment chop wood carry water, after Enlightenment, chop wood carry water" that captures this idea. From the participants’ descriptions it seems clear that the experience of being present remains a significant one nonetheless.

Although descriptions of being present in the existing literature resemble those in this study, what has not been addressed before in the literature on presence is the process of choosing to be more present. The theory presented here offers one explanation of that process and what facilitates and inhibits the process. The participants described their experience of being present as a desirable way of being, both for themselves and for their work with clients. They also expressed some frustration with the incongruence between their valuing of being present and the amount of time they actually are present. Some of their inability to be present may come from being beginning counselors but experience in the profession does not guarantee being present. Being present is not a matter of confidence or years under one’s belt. The process of awakening, as described earlier in this chapter, is necessary for becoming present which is then followed by making a choice. And being present is not simply an intervention or activity but it is part of a paradigm shift.

As participants identified elements of the contexts that tend to either facilitate or inhibit being present they seemed to be articulating an experience of conflicting paradigms, what I have labeled the prevailing sociocultural paradigm and the paradigm of being present. In Table 4-1 I
have set the values of the prevailing sociocultural paradigm in counterpoint with the values of
the paradigm of being present highlighting the contrast between them. In music, lines of
counterpoint are composed to be combined with another melody to purposefully add depth to the
piece of music. In the conflicting paradigms presented here there is no purposeful effort to add
complexity but it is inherent in the situation in which CITs have placed themselves. These lines
of counterpoint are end points on continua with infinite degrees of expression in between.

Table 4-1. Comparison of Prevailing Sociocultural Paradigm and the Alternative Paradigm of
Being Present

<table>
<thead>
<tr>
<th>Prevailing sociocultural paradigm</th>
<th>Alternative Paradigm of Being Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others most important (serving, pleasing)</td>
<td>Self most important (enables serving better)</td>
</tr>
<tr>
<td>Keep doing, be productive</td>
<td>Stop, slow down, be</td>
</tr>
<tr>
<td>Focus on change, improvement</td>
<td>Accept what is</td>
</tr>
<tr>
<td>Have a plan</td>
<td>Let things unfold</td>
</tr>
<tr>
<td>Be an expert</td>
<td>Beginner’s Mind</td>
</tr>
<tr>
<td>Work comes before personal life</td>
<td>Person is instrument of work, take care of self</td>
</tr>
<tr>
<td>Focus on inadequacies, improvement</td>
<td>Kindness toward self</td>
</tr>
<tr>
<td>Stay in control</td>
<td>Let go of control</td>
</tr>
<tr>
<td>Striving</td>
<td>Non striving (letting go of drives)</td>
</tr>
<tr>
<td>Reduce client pain</td>
<td>Allowing client pain</td>
</tr>
</tbody>
</table>

Some participants seemed excited to embrace the shift in paradigms but for others it
presented more of a challenge. The former experienced less conflict with their previous beliefs
and values than the latter. Regardless of how difficult the shift in paradigms was for these CITs,
they described their experiences of being present similarly.

Awakening to choices CITs have to be more present is in part prompted and supported by
what I have labeled their experiential knowing. As graduate students, CITs have been expected
to put what they know into language. In this study, they reported knowing they were present and
knowing it was a valuable or therapeutic experience and yet the language they used to express
their knowing was often vague and they called on informal expressions such as “whatever”
where the listeners are left to create their own meaning. Stern defined “implicit knowing” as part

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of the present moment, a knowing that is “nonsymbolic, nonverbal, procedural, and unconscious in the sense of not being reflectively conscious” (p. 113) Primary knowing (Senge, Scharmer, Jaworski, & Flowers, 2005), implicit knowing (Stern, 2004) and embodied knowing (Lakoff & Johnson, 1999) are other ways of describing a more inclusive kind of knowing, one that draws on the senses, emotions, and spirit in the present moment, as well as on thoughts about that experience. Part of the participants’ experiential knowing was a feeling in the body, a knowing through bodily experience. Robert Marrone (1990) states that “. . . fundamentally, we are the body, we act through the body, and we perceive the world and each other through bodies. We are lived-body, and our experience of being-in-the-world is created and given form through our bodies” (p. xi). Morrone used historian P. A. Sorokin’s term “heart knowledge” for “knowledge grounded in the experience of lived-body” (1990, p. 3). CITs in this study drew on these holistic and phenomenological ways of knowing their experience of being present. Not only is experiential knowing part of awakening to being present it is also the source of new information unavailable if drawing only on cognitive knowing. Although trusting this kind of knowing is part of being present it is often difficult for CITs.

In the process of awakening in this theory, CITs become aware not only of their choice to be more present but they become aware of where they have been. They become aware of their internal voice that more often than not is judging them, reprimanding them, pushing them to do more. One participant described an almost constant internal narration of her experience as if preparing to report to some authority. In the micro context, CITs report to supervisors or professors, but in the broader context of their lives this voice may be seen as the internalized voice of the prevailing paradigm. Perhaps the sense of having to report one’s experience is a universal feeling of reporting to an archetypal parent or to god. There are at least two ways to
look at this reporting. In one way CITs may be reporting to an internalized critical authority in which case the constant inner dialogue may help CITs position themselves well with that authority but it gets in the way of being present. This may be a more universal phenomenon among counselors and not just particular to counselors during their training. In their study of university counseling center therapists, Dunkle and Friedlander (1996) found therapists’ level of self-directed hostility correlated negatively with the bond component of the therapeutic alliance. Another way to frame the sense of reporting is in the service of the developmental process of claiming a stance. In this case, rather than being critical self-monitoring it becomes self-awareness, which as defined as part of being present is a non judgmental awareness of self. These are aspects of being present occurring on two continua, one of awareness and one of judgment. How these two interact with one another remains to be explored.

For CITs to choose to be more present -- to trust themselves, to let go of controlling and planning the future, to accept what is rather than push for change, to slow down and pay attention, to be authentic whole people -- in contexts that reward the other ends of those continua is a quiet act of rebellion. When it comes to the process of choosing to be more present, CITs have had an awakening to the experience of being present with themselves and/or with their clients. Those who find value in being present are in a bind. As participants described in this study, they have an experience of something profound that they have a sense makes them better therapists and even gets more to the heart of what they have been trained is important in therapy, but it goes against the grain of what is expected of them in their actual training as well as in the broader cultural context. If they choose to go the direction of being more present, CITs take risks. As students, CITs are in a power down position. Any group who is in a power down position pays close attention to the dominant group and knows it is risky to be different, to
question, to value their own interpretation of their experience if it differs from the dominant interpretation.

There exist minority perspectives in which being present is encouraged. Fostering and cultivating being present has been a part of Buddhist practices (Fulton & Siegel, 2005) for centuries and in the psychotherapy field, existential (Bugental, 1987; Yalom, 2002) and Gestalt therapies (Gold & Zahm, 2008) in particular emphasize being present as a healing factor. These approaches offer CITs some guidance and encouragement in choosing to be more present and in taking advantage of the benefits of being present for themselves and for their clients. The encouragement is needed not only because of going against a prevailing paradigm in CIT’s external contexts but also given their own anxiety and uncertainty. All the participants in this study were reared in the prevailing paradigm to some extent and to some extent have internalized those values and beliefs. Some participants’ values and beliefs or their family or religious values and beliefs, were more solidly in line with the prevailing paradigm and so the act of rebellion felt even more personally risky. Some participants in addition to being in a power down position as trainees also came from what they described as a lower socioeconomic group which added to the feeling of risk involved. Also, all the participants in this study are female, another subdominant group, although none of them ever talked about their perspective as a female perspective. The acts of choosing to be present clearly do not take place in isolation but within various contexts. Charmaz (2005) suggests that focusing on both action and context deepens the analysis of the participants’ constructed meanings of their actions. The contexts that emerged from the data were the academic context, the context of the counseling session, the prevailing sociocultural paradigm, and, on a more personal level, the contexts of the CIT’s being beginner counselors and
their family and spiritual values. The act of choosing to be more present takes on different meaning in particular combinations and qualities of these contexts.

What emerged from the data in this study is that choosing to be present contrasts with what participants described as the normal way of handling anxiety and uncertainty which is to seek safety in controlling, distracting, avoiding, and managing their image. It is consistent with models of counselor development that beginning counselors feel anxious, tend toward black and white thinking and dependency (Hill, Charles, & Reed, 1981; Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, and Delworth, 1998). It is also consistent with the existential philosophy that anxiety is a natural part of being human given that we will die, that we are alone, that we are free and responsible for our lives, and that life is meaningful only as we create that meaning. From an existential standpoint, the choice to contain anxiety and uncertainty or to be more present is not one that only faces novice counselors but one that in different ways people face throughout their lives. Quantum physics and chaos and complexity theory moves the fundamental uncertainty in life from purely a philosophical notion to a scientific principle (Gelatt, 1995; Gleik, 1987; Zukav, 1979). It conflicts with the positivist scientific notion that predictability and control can be attained and is part of a revolution in scientific paradigms. That uncertainty is a fundamental principle of existence supports the interpretation of the experience of CITs described in the theory presented here. CITs are indeed faced with a choice of how to live with that uncertainty, to move toward awareness, acceptance, trust, and connection or toward avoidance, distraction, and safety. While the choice to contain anxiety and uncertainty feels like the safe choice, there is a basic paradox here. Safety from uncertainty is an illusion so acting to contain anxiety and uncertainty in the hope of feeling safe is ultimately disappointing and leads to renewed efforts to increase the containment. Participants also acknowledged that the
outcomes of containing anxiety and uncertainty – disconnecting, not being authentic, missing therapeutic opportunities – while feeling safe and socially acceptable also left them with a “sort of vague dissatisfied feeling, I’m like ‘oh I wasn’t even really there’ (Jill) and “it felt deadening” (Irene). Whereas in choosing to let go into the present with all its uncertainty for the sake of connection seems to bring a feeling of safety nonetheless. Buddhists refer to resting in the present moment to capture this feeling. Gelatt (1995) proposed that counselors adopt an approach he called “positive uncertainty” which resembles being present as it involves acceptance of chaos and uncertainty, remaining flexible and open, aware, and being “practical and magical.” And Welwood (2000) states that counselors “letting themselves not know what to do next invites a deeper quality of stillness and attentiveness into the work” (p. 142)

CITs are in a developmental process. They take in their experiences in context, moment by moment and day by day making choices in how to be. And in those choices, CITs construct a developmental path. If they choose the path of becoming more present they reap the benefits of being present. These benefits are identified in this study as amplifying connection, being a better instrument of the therapeutic process, facilitating the therapeutic process, building tolerance for discomfort, counseling in the present moment, the counselor feeling at peace, and sustaining counselors in their work. These outcomes also become the conditions that support being present in a reinforcing cycle. Choosing to be present is not a linear process. Although there are temporal and sequential aspects, these cannot be delineated in a generic form as with each moment the sequence might be slightly different. At the same time, general developmental trends can be identified. Just as in the Butterfly Effect of quantum physics (Gleik, 1987), from initial conditions it is impossible to precisely predict the developmental trajectory or end point and yet the process is not random. The potential for change in choosing to be present over time
adds to the uncertainty that CITs face. It sends them into unknown territory as it is not their normal way. Of course, there is no end to this process, no end to the becoming, as in a finished self, but those moments add up and the CIT becomes changed as a person. The decision becomes bigger than just a moment to moment decision. The CIT must decide that is the kind of person she wants to be or that is the direction in which she wants to grow. Or she can remain unaware of how she is changing over time by staying in the containing anxiety mode.

According to the participants in this study, learning to be present gives beginning counselors a way to fulfill their aims in counseling, to put their beliefs into practice. Each of them said they value trusting their clients and yet they realized they do not trust themselves. So cultivating being present allows them to start with themselves. It gives them experiential knowledge of what they believe intellectually and gives them confidence in trusting those beliefs. Cultivating being present is a path toward being the therapist these participants want to be. And the portrait of master therapists from the work of Jennings, Goh, Skovholt, Hanson, and Banerjee-Stevens (2003) and Skovholt, Jennings, and Mullenbach (2004) validates those desires. Master therapists are portrayed in the above studies as congruent, open, curious, reflective, self-aware, deeply accepting of self, embracing complex ambiguity, and able to intensively engage others. In their analysis of growth versus stagnation through therapists’ developmental process, Ronnestad and Skovholt (1993, 2003) suggest that therapists who grow are adaptive and remain open even in the face of uncertainty. While the outcomes of being present do reinforce the CIT in being present, there is no straight line path to becoming more present. CITs constantly weigh their need for self protection against their desire to directly experience their emotions, their sensory experiences, and their relationships. In a general sense they are weighing their need for
safety with their need to grow toward greater connection with themselves and others as they move back and forth between the experience loops depicted in the theory diagram (Figure 4-1).

Through much of the analysis of the data for this study being a beginning counselor has been portrayed as an inhibitor in choosing to be present as illustrated by codes such as not ready to let go and trust, planning sessions, relying on techniques and theory, and struggling with ambiguity. These characterizations seem interconnected with acting to contain anxiety and uncertainty. But being a beginner also holds the possibility of beginner’s mind which is associated with being present. Not knowing and not being an expert, may be turned into the advantage of beginner’s mind if CITs cultivate their ability to be present. It requires all the aspects of being present for this to happen – awareness, trusting and letting go, acceptance, etc.

The theory presented in this study proposes that an outcome of being present is a feeling of peace. I interpreted what the participants described to mean that when the aware consciousness or the authentic self is present, discomfort dissipates or disappears leaving the CIT feeling at peace. This raises the idea that being at peace is the natural state once one is present. Some participants even used the word natural to describe the way being present felt to them (Pam, Jill). Evidence for this possibility at this point comes from spiritual practices that teach that inner peace is available to everyone.

Chapter Summary

The data collected for this study were analyzed using the methods of grounded theory from a constructivist theoretical perspective. The theory presented is grounded in the data as interpreted by the researcher. In three coding processes, initial, focused, and selective, meaning was constructed that produced a grounded theory of choosing to be more present as CITs. The theory proposes that there is a dynamic process in which CITs may choose to move toward safety by containing their anxiety and uncertainty or toward awareness and connection by being
more present and that the choosing takes place in multiple contexts that may facilitate or inhibit being present. The theory proposes that the choosing process takes place over and over again in momentary choices as well as in whole life choices. The outcomes of those choices contribute to the development of the CIT over time. The descriptions of being present by CITs are consistent with those of seasoned counselors however there are most likely qualitative differences in the experience of being present depending on the locations on the multiple continua of presence. Also different from existing literature on being present is the definition of the processes of awakening to choices to be present and choosing to be present. In those processes CITs come to know themselves better and move toward deeper connection with themselves and with others as they contend with the fundamental uncertainties of living. Implications of these findings for practice and future research are explored in the next chapter.
CHAPTER 5
CONCLUSION, IMPLICATIONS, AND FUTURE RESEARCH RECOMMENDATIONS

Summary

The purpose of this study was to examine how CITs describe their experience of being present and the meaning they make of that experience. It focused on the counselors’ way of being as distinguished from their application of technique. The therapeutic relationship has been found to be a significant contributor to therapeutic outcome (Hubble, Duncan & Miller, 1999; Horvath, 2005; Lambert, 1992; Martin, Garske, & Davis, 2000; Norcross, 2002; Stevens, Muran, Safran, Gorman, & Winston, 2007; Watson & Geller, 2005; Zuroff & Blatt, 2006). How counselors connect with clients in a way that fosters the therapeutic relationship has been minimally explored. While being present as counselors fits intuitively in the realm of the therapeutic relationship it is absent from the models of the relationship used predominantly in the conceptual and empirical literature (Bordin, 1979; Gelso & Carter, 1994). Aside from its potential role in the therapeutic relationship, little systematic exploration of therapist presence in its own right has been attempted although therapists have written passionately about the importance of being present in their work (Buber, 1970; Bugental, 1987; May, 1958; Reik, 1948; Rogers, 1961; Perls, 1978/1992; Yontef, 2007). Positivist experimental research, the dominant research paradigm until the last several decades, may have limited the exploration of complex and holistic experience such as being present. The research that has been conducted on therapist presence draws on the experience of seasoned therapists (Fraelich, 1989; Geller, 2001; Pemberton, 1977; Phelon, 2001). The perspective of counselors in the training phase of development had yet to be explored.

In this study seven CITs were interviewed about their experience of being present and the meaning they made of being present in counseling. During the data collection period, the CITs
participated in an eight-week mindfulness meditation training group as a way of cultivating being present and as a context in which they constructed the meaning of being present. All participants were interviewed three times, before, during and after the meditation group. A fourth interview was conducted with five participants. Since this interview took place five months after the completion of the meditation group two of the participants were no longer available. The participant CITs provided rich descriptions of their experience and their constructed meaning of being present. The transcriptions of their interviews form the data of this investigation. I analyzed the data using grounded theory methods including four levels of coding, constant comparison, memoing, diagramming, and theoretical sampling.

From the analysis of the data I have proposed a theoretical model of the process of choosing to be present. In Chapter 4, I described and interpreted the theory as a whole and the seven elements of that process: 1) Acting to Contain Anxiety and Uncertainty, 2) Awakening to Choices, 3) Choosing to be More Present, 4) Being Present, 5) Contexts Facilitating or Inhibiting Being Present, 6) Experiencing the Outcomes of Containing Anxiety and Uncertainty, and 7) Experiencing the Outcomes of Being Present. The theory portrays a dynamic process in which CITs may at any one time move toward being more present or toward acting to contain their anxiety and uncertainty, characterized as seeking connection or seeking safety. To choose, CITs first awaken to the experience of being present and thus the fact that there is an alternative to acting to contain anxiety and uncertainty. They may then actively choose to become more present or they may go toward safety again and act to contain their anxiety and uncertainty. The choices CITs make in this regard take place in and are influenced by context. Being present and acting to contain anxiety and uncertainty both yield outcomes that contribute to the CITs’ development and their work as counselors. CITs negotiate the complexity of choice in a moment
by moment process and cumulatively influence their personal development by the choices they make. The theory offers new perspectives on being present in counseling, suggests a potential role for being present in the therapeutic relationship, and adds an unexplored dimension to the process of counselor development. The implications of the theory for counselor preparation and practice, theory, and policy, limitations of the study, and future research recommendations will be explored in the following sections.

Implications for Counselor Preparation and Practice

Choosing to be present has implications for counselor preparation and practice in a number of ways, including these that will be discussed in this section: helping CITs be responsive in a postmodern world of situated and constructed meaning; humanizing and enhancing counselor competence and the therapeutic relationship; experiencing the paradigm of being present as an alternative to the prevailing sociocultural paradigm (see Table 4-1), and, finally, offering a path for connecting to oneself and to others that softens anxiety and uncertainty. The use of the term counselor preparation rather than the more commonly used training in this exploration of implications seems consistent with a constructivist perspective. Counselor preparation implies a less instructor-centered teaching (McAuliffe & Erikson, 2000) and is meant to include multiple learning styles and methods of teaching (Fong, 1998) and to be less “mechanistic and impersonal” than what is connoted by training (Norcross, 2005, p. 840).

Counselor preparation reflects the theoretical perspective of the profession. Neimeyer (1993) refers to a “long tradition of realism in the mental health field” (p. 222) which expects a direct correspondence between one’s beliefs and observed reality. This perspective “looks to experts to provide concrete direction and is externally located in conventional descriptions of phenomena” (McAuliffe, 2002, p. 212). The belief in verification of reality leading to prediction and control has fostered the emphasis on empirically-based treatments.
From a constructivist perspective, on the other hand, reality is constructed by people in context, and is therefore relative and varied. Constructivism allows for complexity and paradox in understanding human experience. This view is consistent with advances in science in the areas of chaos and complexity theories where “universal Truth has been replaced with multiple and local truths” (Hoskins, 2002, p. 227). From a constructivist perspective then, given the variety of individually constructed realities rather than a solid ground of absolute truth, counselors can benefit from being ready for whatever comes as they encounter their clients. In his “open letter to a new generation of therapists” Yalom (2002) advises them to “create a new therapy for each patient” (p. 33).

The theory presented in this study implies that in choosing to be present CITs enable themselves to tolerate uncertainty and remain open to what is happening in the moment, which is consistent with a constructivist perspective of counselor preparation. In being present CITs describe being aware and attending to themselves and to what is happening around them with an open and non-judgmental attitude. As such they are open to phenomena or experiences that may not fit into previously held beliefs or concepts. One of the outcomes of being present is defined in the analysis as “counseling in the present moment” which means “addressing what is in the moment,” “checking out assumptions in the moment,” and “using counselor reactions/emotions in the moment.” Each of these actions and abilities keeps the counseling interaction alive and responsive. There is further implication in the data that the capacity to be present can be purposefully cultivated and practiced. If counselor educators help CITs learn to be present it would appear to facilitate their effectiveness in attending to the multiple truths of their clients.

Attending to each client’s truth has implications for multicultural counseling competency as well. Awareness is one of the three domains of multicultural competency identified by Sue,
Arredondo and McDavis (1992) and revised by Arredondo, Toporek, Brown, Jones, Locke, Sanchez and Stadler (1996). And awareness is a fundamental element of being present in this theory. In being present, CITs are aware of their internal dialogue and therefore their biases and assumptions and in taking a beginner’s mind (Suzuki, 1973) approach they acknowledge not knowing and open to multiple culturally-constructed ways of being.

Participants in this study pointed to the influence of the academic context on their choice to be present. They noted that being present is not only absent from their preparation as counselors but in some ways contradictory to it. They described the academic context as amplifying their critical internal voice, focusing on concrete problem solving and future goals, and promoting the containing of anxiety and uncertainty in a demanding environment. It seems that the way participants interpret their academic context makes it difficult for them to contradict the socially accepted way of seeking safety by meeting the standards for performance, even if incongruent with their experiential knowing of the value of being present.

The juxtaposition of the prevailing sociocultural paradigm and the alternative paradigm of being present seen in Table 4-1 sheds light on the complexity of what CITs navigate. Counselor preparation contexts might shift toward an environment more conducive to being present or toward more overt acknowledgment of both paradigms. From a positivist standpoint, shifting toward the paradigm of being present may create concern that the quality of preparation or of client progress may be compromised but it fits well with a constructionist/constructivist view. Participants described some supervisory relationships and some approaches by their professors that were exceptions to the prevailing paradigm in their academic programs. These exceptions introduced CITs to the concept and in some cases the experience of being present which became part of their process of awakening to choices to be present. This suggests that the relationships
between CITs and their supervisors and their professors are powerful in their potential to either
be part of that awakening process or part of perpetuating the prevailing paradigm that encourages
CITs to seek safety. For example, some participants described professors who did not provide
structure and predictability in their classes to rescue students from sitting with uncertainty. Other
participants told of their supervisors who acknowledged them as full human beings in
supervision and encouraged them to be so with their clients. The impact of these relationships
has implications for supervisors and professors to themselves cultivate their ability to be present.
Supervisors and professors also work in the academic context that supports the prevailing
sociocultural paradigm which in turn influences their choices to be present themselves and to
encourage their students to be present.

Being present humanizes counselor competencies. Establishing competencies is part of the
gate keeping role of counselor preparation programs and is especially valued by the movement
toward empirically-supported treatments. Norcross (2005) warns that holding tightly to
operationalized competencies has its costs.

The pursuit of technical competency has much to recommend it, but it may inadvertently
subordinate the value of the personal formation and maturation of the psychologist. The
ongoing march toward EST's and EBPs tends to neglect the human dimension of the
psychologist and the psychotherapy. It has created an environment where, as Thoreau
(1854) complained in Walden, “men have become the tools of their tools” (p. 25).
Professional training that addresses only or primarily the techniques of psychotherapy
quickly becomes arid, disembodied, and decontextualized. (Norcross, 2005, p. 840)

Choosing to be present has implications for skills training for CITs. Among the skills on which
counseling programs evaluate CITs are: establishing a working alliance, assessing clients,
implementing targeted interventions, attending to issues of diversity, and managing their own
reactivity. Micro skills associated with the above macro level skills include monitoring self and
client, noticing nonverbal communication, congruence, accurate empathy, feedback, and
immediacy. The theory proposed in this study indicates that CITs’ competence in these areas is
Participants expressed that in being present they are aware, empathic, accepting, and able to intervene in the moment. But more importantly in light of Norcross’ comments above, being present adds the dimension of connection to the more technical performance of counseling skills.

Sexton, Littauer, Sexton, and Tommeras (2005) found that connection predicted the strength of the working alliance. The authors stated that therapists developed connection by (a) active focused listening, (b) keeping the topic largely centered on the client, (c) providing a relaxed warmth to the session, (d) allowing the client to become emotionally moved, (e) avoiding the provision of too much information or advice, and (f) not using a purely cognitive verbal style, a style that the client might perceive as indicating that the therapist was overly detached. (p. 114). Parallels can be drawn between this definition of connection and the outcomes of being present. For instance, one of the outcomes identified in the theory presented in this study is building tolerance for discomfort. In building their tolerance for discomfort, CITs allow their clients to reap the benefits of experiencing emotion in the present because the CITs are not directing clients away from that emotion out of the CITs own discomfort. Other defined outcomes of being present are the counselor feeling at peace and caring emerging from being present which seem likely to contribute to “providing a relaxed warmth to the session” (Sexton et al., 2005). Beginner’s mind (Suzuki, 1973) and acceptance, both elements of being present, keep CITs from offering too much advice. Amplifying connection is a central code in my interpretation of the outcomes of being present and choosing to be more being present is seen as choosing connection rather than seeking safety (see Figure 1). If in being present CITs amplify their connection with themselves and their clients and if connection predicts a stronger alliance (Sexton et al., 2005) which in turn correlates with positive therapeutic outcome (Stevens, Muran,
Safran, Gorman & Winston, 2007), then cultivating being present seems fundamentally important for CITs.

Therapist qualities have been associated with positive therapeutic alliances. In a recent meta-analysis Hilsenroth and Cromer (2007) note the following therapist qualities and attitudes significantly relate to positive alliances: empathy, support, exploration, activity, confident collaboration, appreciation, trust, warmth, attunement, potency, competence, respect, attentive, engaged listening, and appearing to understand the client without being judgmental. Skovholt, Hanson, Jennings, and Grier (2004) named the following as part of their portrait of the master therapist: tolerance for ambiguity, anxiety, disorder, conflict, ambivalence, and paradox, being congruent or fully oneself, and the ability to form relationships. Are these qualities available only to those who are naturally favored with them or only come with experience? Or, can such qualities be developed deliberately? The findings of this study suggest that they can. Being present seems to allow counselors to be attuned to their clients, potent, caring, empathic, non-judgmental, and engaged, all consistent with the qualities and attitudes related to positive therapeutic relationships (Hilsenroth & Cromer, 2007) as well as being open, increasing connection and tolerance for discomfort, consistent with qualities of master therapists (Skovholt, et al, 2004). There are practices such as mindfulness meditation that have been used in spiritual traditions for centuries (Welwood, 2000) and more recently as interventions in psychotherapy (Baer, 2003) through which people cultivate being present (Morgan & Morgan, 2005). There is no one path to becoming more present but helping awaken CITs to their choice to be more present and encouraging the cultivation of being present may promote the development of valuable counselor qualities.
Models of counselor development characterize CITs as moving through varying levels of anxiety and uncertainty which are demonstrated by their level of dependency, technique focus and flexibility, self-awareness, and cognitive complexity (Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 1998). In the midst of their anxiety and uncertainty, novice counselors tend “to latch on to one simplistic solution, theory, or frame of reference with which to view clients in order to avoid being cognitively or emotionally overwhelmed” in what Skovholt and colleagues called “premature foreclosure” (Skovholt, Hanson, Jennings, & Grier, 2004, p. 20). Based on these models, supervisors are encouraged to provide structure for the anxious beginning counselor and to shift toward less structure and more collaboration as the CIT develops and presumably their anxiety and uncertainty lessen. Skovholt and Jennings (2005), drawing on their study of therapist/counselor development versus stagnation, address the CITs anxiety and uncertainty and offer this caution:

The beginner, faced with the heat of the ambiguous complexity of human life, needs help in doing counseling. However, our results strongly suggest that narrow skill training, although a part of becoming an expert practitioner, is not the essence. Being offered a ready-to-wear method may relieve anxiety. This can be a good way to get into the harbor during the storm approach if it is only temporary. (Skovholt & Jennings, 2005, p. 15)

In being present, CITs stay with their anxiety and uncertainty, accept what is without judgment and in the process their anxiety and uncertainty shifts or dissipates. Being present is a way for CITs to ride the waves of uncertainty and anxiety rather than trying to contain them. As such being present offers a helpful companion to whatever structure may be provided to beginning counselors. Learning and choosing to be present may help keep CITs from prematurely foreclosing on possibilities and available information in their sessions with clients.

The theory that emerged in this study proposes that CITs develop through active choices they make in how they respond to their anxiety and uncertainty rather than it being purely a function of experience and training. Studies have found that counselor experience is not a
predictor of outcome (Beutler, Machado, & Neufeldt, 1994; Dunkle & Friedlander, 1996) which further supports the idea that development of effective therapists is not only a matter of experience and training. The implications of this acknowledgement of choice are significant for counselor education and supervision. Counselor educators hold the possibility of directing CIT's attention to being present, to facilitate their awakening to their present moment experience and their choice to be more present, to validate the paradigm of being present in their approach to education and supervision. Counselor educators would also then be in the position to make their own choice to be more present with the risks involved for them in navigating conflicting paradigms.

All of the above points have implications for practice as well. Enhancing the counselors’ ability to connect with clients, to attend to themselves and to their clients with open, non-judgmental awareness, to intervene in the moment, to tolerate their own and their clients’ discomfort, all contribute to authentic human encounters and empower clients to ride the waves of their own anxiety and uncertainty. Another implication of this study for practice is that CITs in this study found being present sustaining to them in their work. Participants described a different kind of energy available to them when they were present and said that leaving sessions in which they were present they felt energized and satisfied. In contrast, when not present, when containing their anxiety and uncertainty by managing their image, distracting, avoiding, and trying to be in control, they described feeling deadened, disconnected, and dissatisfied.

Counseling is a taxing profession as evidenced by the attention paid in the literature to burn out and compassion fatigue along with suggestions to avoid them (Marcus & Dubi, 2006, Rothschild, 2006; Skovholt, 2001).
How being present sustains counselors is yet to be explored. Being present was described as both using energy and energizing. This process may allow counselors to be sustained in their work as opposed to feeling only drained of energy. Another component of how being present is sustaining is the inherent satisfaction in direct experience of the present moment and in authentic communion with another human being. These experiences are seen as healing in the context of Buddhism and existential, person centered and Gestalt therapies and it makes sense that the counselor benefits as well as the client. If in choosing and cultivating being present counselors can sustain themselves in their work and enhance their competency as counselors, then these choices and actions deserve further attention in the profession.

Implications for Theory

In this section I explore the implications of this study for two domains of theory, counselor development and the therapeutic relationship. I examine the dominant models of counselor development and the therapeutic relationship in the Literature Review (See Chapter 2). When referring to existing counselor development models in this chapter, I am referring to models put forth by Hogan (1964), Hill, Charles, and Reed (1981), Loganbill, Hardy, and Delworth (1982), and Stoltenberg, McNeill, and Delworth (1998).

The theory proposed in this study of choosing to be present adds what seems to be an important dimension to the profession’s understanding of the counselor development. Participants’ descriptions in this study of being beginning counselors generally correspond with descriptions of beginning level CITs in existing models of counselor development, highlighting self consciousness, uncertainty, relying on technique and planning, struggling with the ambiguity of counseling and looking to others. However, according the my interpretation of the data in this study, as CITs become aware of their choice to be present and experience being present and the outcomes of being present, they become more trusting of themselves, more able to tolerate
uncertainty and ambiguity, they judge themselves less and so move from self consciousness to self awareness and awareness of others. These may be seen as developmental shifts consistent with transitioning through the stages of counselor development proposed by existing models of counselor development. In another way they may be seen, as they are in the theory presented here, as resulting from deliberate action and commitment by CITs to be present in individual moments and over time.

The role of agency or choice on the part of CITs in their developmental process is not addressed in existing models nor is how CITs transition from one stage to another. Rather, the implication seems to be that time, experience, and supervision tailored to the CITs’ stage of development facilitates growth. The theory proposed here describes a growth process that acknowledges the active role of the CIT. This process may be seen as facilitating CITs’ development through the stages outlined by existing models or it may be seen as a model of counselor development in its own right.

Existing counselor development models are decontextualized. The theorists do not claim the specific contexts in which the models were created, in terms of the researchers’ theoretical perspective, the academic contexts in which the CITs were observed, or the prevailing sociocultural paradigm in which those CITs came of age. If CITs were trained in a context that embraced the paradigm of being present (See Table 4-1) a model of their development might look different. The participants in this study, once awakened to the experience of being present, seem to be faced with conflicting paradigms, as illustrated in Table 4-1. The paradigm of being present and the prevailing sociocultural paradigm are at any one moment incompatible. Take for instance the opposing values of having a plan and letting things unfold or focusing on change as opposed to accepting what is. The data in this study suggests that the CITs’ choices are
influenced not only by their personal experience and values but by the values of the paradigm within which they live and train. A counselor development model based on the theory presented here, would show qualitative differences in the development of CITs depending on how much of the time they choose to contain their anxiety and uncertainty compared with choosing to be present. And such a model would include the influence of context.

In the participants’ description of being a beginning counselor it appears that they are navigating the transition from student to counselor, not only related to their level of experience in counseling but in the different requirements of the two occupations. What allows CITs to enter and succeed in graduate school, i.e. being an achiever, gathering information, critical thinking, is not apparently what allows authentic connection in the counseling encounter. Theories of counselor development have not addressed this transition from scholar to counselor. Although counselors may maintain their scholar identity in the scientist-practitioner model, there appear to be very different ways of being that predict success in these different realms. This study suggests processes by which CITs move toward connection and engagement in the counseling process. Existing counselor development models include differences in how counselors conceptualize their work and apply interventions they have learned in their training. But other aspects of being a student also have an impact on how CITs develop through graduate school. At the same time that they are beginning clinical practice, they are also reading professional literature and writing scholarly papers. Identifying the differences in the ways of being as a scholar and as a counselor and how those ways of being may affect CITs’ development would add to existing counselor development models.

The theory presented in this study highlights the choice to move toward connection or toward safety acknowledging the inevitability of uncertainty and anxiety. Anxiety has been
acknowledged to be part of the novice counselor’s experience and is expected to lessen with experience. Part of why anxiety lessens seems to be that uncertainty lessens as CITs gain confidence that they know more. In the context of being present, expertise actually limits possibilities. The concept of beginner’s mind (Suzuki, 1973), one of the elements of being present, states, “In the beginner’s mind there are many possibilities, in the expert’s there are few.” If I think I know, I see what I expect to see, and I am less open to possibilities that do not fit with what I know. In not knowing, new possibilities can emerge. The lessening of CITs anxiety may come from a growing feeling of certainty and control that is different than sitting with the anxiety and uncertainty, with not knowing. Loganbill, Hardy, and Delworth (1982) posit stagnation as one cycle of counselor development and Ronnestad and Skovholt (2003) propose that there are processes in the development of counselors that facilitate growth or stagnation, e.g., “Openness to learning and an ability and willingness to recognize the complexities of professional work is crucial for growth” (p.13). The theory of choosing to be more present demonstrates choices CITs make toward the openness that facilitates growth. As CITs become more present, cultivating beginner’s mind, awareness, attention, acceptance of things as they are, and the other features of being present, they begin to tolerate anxiety and uncertainty and to be able to stay open and grow as counselors.

Contending with anxiety and uncertainty may also be relevant for counselors in their careers beyond their training. For experienced counselors, the novice’s anxiety is likely replaced with more subtle or profound anxieties, as a sense of certainty in some areas gives way to new uncertainties. Experienced counselors too may have the choice to move toward being present or toward containing their anxiety and uncertainty. Developmental models have looked at development over the years of training and shortly thereafter (Hill, Charles, & Reed, 1981;
Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 1998) given that their purpose was in part to guide supervision. The exception is the work of Skovholt, Jennings, Ronnestad and colleagues which examined development over the life span of the therapist (Jennings, Goh, Skovholt, Hanson & Banerjee-Stevens, 2003; Ronnestad & Skovholt, 2003; Skovholt & Jennings, 2004; Skovholt & Ronnestand, 1992). The master therapists in their studies were people well into their careers if not toward the end, while the master therapist level in earlier models were counselors post training but early in their careers (Hogan, 1964; Stoltenberg, 1981). Master therapists in the work of Skovholt and colleagues showed a tolerance for ambiguity that indicates they did not allow anxiety and uncertainty to keep them from being open to the unpredictable, to being vulnerable, and to authentic connection. Experience as a counselor may not be the determining factor in decreasing anxiety. Experience can encourage a sense of certainty and control which is perhaps only a more subtle way of acting to contain anxiety and uncertainty. On the other hand, if seasoned counselors have awakened to the experience of being present and to their choice to be present they may develop a different relationship to anxiety. In the passage below, Carl Rogers as an experienced therapist demonstrates his experience of deeply opening to the present moment connection. The vulnerability involved in being present seems just as frightening for him as for CITs.

And now as I live these feelings in the hours with him, I feel terribly shaky, as though my world is falling apart. It used to be sure and firm. Now it is loose, permeable and vulnerable. It isn’t pleasant to feel things I’ve always been frightened of before. It’s his fault. . . . I don’t know who I am any more, but sometimes when I feel things I seem solid and real for a moment. (Rogers, 1961, p. 68)

Does the process of choosing to be more present for CITs and for experienced counselors look different on the outside to the observer of counselor development? What is the difference in the subjective experience of the counselor? These are questions to be explored in future investigations that may add to theories of counselor development throughout the lifespan.
I turn now to implications of this study for the therapeutic relationship. Those who have studied presence propose conceptually that developing therapists’ skill in being present enhances their capacity to build a more therapeutic relationship (Geller, 2001; Pemberton, 1977; Phelon, 2001). Fulton (2005) maintains that mindfulness, a way to cultivate being present, “cultivates numerous qualities that are highly suited to establishing a strong therapeutic alliance” (Fulton, 2005, p. 58). The findings in this study suggest that being present may be a factor in the development of positive therapeutic relationships.

Just as with being present, there is no universal definition or model of the therapeutic relationship but the counseling profession seems to have primarily settled on Bordin’s (1979) model of the working alliance as the standard. Bordin’s model of the alliance has three components: goal, bond, and task. Gelso and Carter (1985, 1994) advanced a model that includes not only the working alliance but a components called transference and the “real relationship” (genuine and realistic relating between therapist and client). Rogers (1957) outlined conditions for therapeutic change that center on the therapist’s being in relationship with the client. These conditions are that two people are in contact with one another, that the therapist is congruent, and that the therapist experiences unconditional positive regard and empathic understanding and communicates them to the client (Rogers, 1957).

Being present may be the fertile ground for Rogers’ conditions to come into being, for successful bonding between counselor and client and agreement on the goals and tasks of the alliance, per Bordin’s (1979) model, and for the awareness and authenticity necessary in Gelso and Carter’s (1985/1994) model. For CITs in this study being present means being aware, attending inwardly/outwardly, adopting beginner’s mind, trusting/letting go, accepting self and other, staying with what is, being right here in the moment, and being authentic. In being aware
and attending inwardly/outwardly, counselors can notice the processes of transference and countertransference and use them for therapeutic benefit. Accepting self and other, staying with what is, being in the moment, openness and authenticity seem to facilitate the bond or affective aspect of the relationship. Amplifying connection with oneself and others emerges as one of the outcomes of being present and Sexton, Littauer, Sexton, and Tommeras (2005) found connection to predict a strong alliance in counseling. Another outcome of being present in this study is being a better instrument of the therapeutic process through the caring that emerges and from keen application of counseling skills and knowledge, which would seem to facilitate the bond and support the goals and tasks in the therapeutic alliance. Models of the therapeutic relationship may be made more comprehensive by showing the processes that facilitate the relationship. The findings in this study indicate being present may be one of those processes.

**Implications for Policy**

In this section I suggest implications for policy generated by this study. I focus primarily on the effect of choices available to the counseling profession, specifically in the preparation of counselors, which to some extent mirror the theory of choosing to be present. I offer a brief look at the effect of epistemological differences on counselor preparation and suggest that being present for CITs calls for holistic education, or education of the whole self. Lastly I caution that movement toward predictability or toward efficiency and convenience in the profession are in conflict with a commitment to facilitating counselor presence in counselor education programs.

Policies are based on what is considered legitimate knowledge, reflecting the science that created the knowledge and the epistemology embedded therein. An objectivist epistemology and a positivist orientation to science, with its emphasis on objectivity and predictability, has generated much of what is considered scientific knowledge in the counseling profession. Although fourteen years old, Scanlon and Baillie’s (1994) statement below about counselor...
education in this light seems as true today. They built on Schon’s (1983) contention that the greater the proximity to science the higher the professional status and stated:

If Schon's propositions are correct the increasing location of counselling courses into Departments of Higher Education may mean that, as a condition of their “professional” acceptance, there would be considerable pressure for them to adopt curriculum models based on the “technical-rational” paradigm. (Scanlon, 1994)

The technical-rational paradigm comes from a positivist perspective. As post modern epistemologies have emerged to challenge objectivism, they have opened up new avenues of knowledge that create the need for policies to change as well. As counselor educators become aware of multiple ways of knowing they are faced with a choice similar to the one highlighted in the theory presented in this study. They can choose to deal with uncertainty by seeking the predictability and control promised by a positivist paradigm or they can choose to open to the complexity of multiple realities in a constructionist paradigm. The latter is consistent with the advances in science brought by chaos and complexity theory. Chaos and complexity theory suggests that objectivity is impossible and that outcomes cannot be predicted (Gleik, 1987). Each set of conditions in the present is a set of possibilities for the future with no guaranteed outcomes. The pressure for accountability in the counseling profession that has spawned the movement toward empirically based practice comes from the choice to seek safety and certainty. It means educational policies that call for training counselors as technicians and implies a predictability that does not exist according to chaos and complexity theory. From the standpoint of complexity theory, standardization of treatment cannot accommodate the endless possibilities of human behavior. Counselors may identify common patterns when certain conditions come together in a particular way but there is no possibility of accurate prediction of human behavior or relationships. So no matter how well counselors are trained in human behavior patterns and armed with theories and techniques to intervene when things are problematic, they need more
than that to be successful from a post positivist perspective. If counselor educators choose to set policy from the perspective of chaos and complexity theory and constructionism, then policies would call for CITs to know how to adapt to what they encounter, to be open and receptive enough to notice the unpredictable, and to tolerate the anxiety that arises in uncertainty. The analysis of data in this study suggests that cultivating being present addresses this need for CITs. Participants’ descriptions of those professors and supervisors who helped awaken them to their choice to be present provide support for this contention and also highlight that these practices and values are not the norm. Table 4-1 highlights the differences between the prevailing sociocultural paradigm and the paradigm of being present and provides something of a map for how policies might need to change if a paradigm shift is to occur.

In describing their experience of being present, CITs emphasized that it involved the whole, authentic self, not just a professional self. This suggests that the policies that govern counselor education support holistic education. It also raises questions about policy in establishing ethical boundaries in the relationships between CITs and their teachers and supervisors, as well as with their clients. Setting limits on professional relationships and focusing on content areas and technique provide a shield against the complexity of human to human contact but at a price. CITs, especially if they have been introduced to the experience of being present, may . . . vaguely sense that something far greater than objective knowledge and scientific distance is required. No method can teach the therapist how to be a person who can embody the relational qualities necessary for a genuine existential healing to occur. Therefore, the therapist is often “condemned” by his training to grope and wrestle with this in a personal existential darkness, sensing the need for the infusion of his self, yet not certain as to how to accomplish this in a professional manner. (Hycner, 1991, p. 25)

Setting policies for counselor preparation that promote the cultivation of being present creates a place for the person of the counselor in the therapeutic relationship. Kraus, Lutz, and
Saunders (2007) maintain that although randomized controlled trials attempt to isolate the effectiveness of treatments, “it is therapists not treatment forms that actually treat patients” (p. 347). Skovholt, Jennings, and Mullenbach (2004) in their “portrait of the master therapist” stated: “Expertise is not about narrow skill development. It is becoming, over a long time, fully human” (p. 140). They went on to say “Perhaps this is the most striking finding about the portrait” (p. 140). Although Skovholt, Jennings, and Mullenbach note the contribution of time in this development process, they also point to the need for counselor preparation to promote optimal human development if eventual expertise is the goal. With these ideas in mind, counselor preparation policies would reflect an interest in developing the whole person of the counselor along with content, ethics, and skills. Being present offers a way of being that seems to sharpen the counselor as an instrument of therapy, to bring their whole persons to the therapeutic relationship, and to assess appropriate boundaries in those relationships by attending closely to themselves and to clients. Facilitating this kind of development means infusing the attitudes and actions of being present in coursework and clinical training for CITs, introducing and validating this way of being. Then CITs can make conscious choices as to how they will develop as counselors.

Along with the pressure for accountability to a positivist standard of evidence based practice, there are other challenges to making the cultivation of being present a priority in counselor education. The advancing of computer-based technologies in the training of counselors is one. Consider the following scenario.

A trainee e-mails an electronic portfolio with case notes, questions, and prepared segments of videotaped sessions to the supervisor. The supervisor replies to the portfolio by comments and suggestions to share the trainees’ experience with the whole supervision group. The group meets in the cyberspace using an Internet videoconferencing system. This kind of supervision, recently called cybersupervision (Coursal & Lewis, 2000) allows
the supervisors and trainees to talk to each other from the convenience of their desktop. (Berger, 2004, p. 303)

A scenario such as this one offers financial, convenience, and efficiency benefits that make it attractive and yet makes learning to be more present less of a priority or at the very least, more difficult. If the counseling profession is to choose to go in the direction of promoting being present and connection in preparing counselors, the pull toward such convenience will have to be evaluated carefully.

Considering the paradigm of being present raises a number of policy related questions. In addressing these questions, counselor educators make choices that will guide the development of CITs. What epistemology drives the policies of training? Is there flexibility in the academy to encompass the personal? Can the curriculum expand to incorporate exposure to and cultivation of being present? Making policy decisions with these questions in mind has implications for what kind of practice CITs are being prepared for and what kind of counselors CITs are being trained to be. This has implications for how CITs are assessed and on what competencies.

**Limitations**

From a constructivist perspective, people assign meaning to their experience through language. The research questions for this study asked how CITs describe their experience of being present and what meaning they make of that experience in counseling. Participants were challenged to articulate in language an experience they indicated is a nonverbal or not a cognitive one such that it tests the ability of language to capture. Articulation of the meaning they make of their experience is created through language and so also limited by language. The kind of knowing that is described in the findings, experiential knowing, is difficult to translate into language, although still constructed by the individual. The task of constructing meaning is further complicated by the act of interpretation. As a researcher coming from a constructivist
perspective, I am interpreting the meaning participants create from their experience of being present in my own knowledge construction process and through my own filters (see Subjectivity Statement in Chapter 3).

This study was originally designed to use narrative analysis but as the data were collected it became clear that grounded theory methods would enable better understanding of the participants’ constructed meanings. The first three interviews with all seven of the participants had been completed at that point. A fourth interview was then added for the purpose of theoretical sampling and member checking/collaboration consistent with grounded theory methodology. As the fourth interview took place five months after the third interview, five of the seven participants were available for this interview. Limited access to participants for additional interviewing curtailed additional theoretical sampling. However the categories included in the formation of the theory were considered saturated by Charmaz’s (2006) definition that “categories are ‘saturated’ when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (p. 113).

A limitation of the interview as a data collection method in this study is that the participants and the researcher were colleagues in the field of counseling at the same university. Coar and Sim (2006) investigated methodological issues in interviewing medical professionals. They note that in interviewing colleagues, the researcher needs to be aware that the interviewees may feel the need to preserve or create an image in the interview (Coar & Sim, 2006). This may have been the case for the respondents in this study as well. I included a statement at the beginning of interview to the effect that I was interested in their experience and meaning and that there was no standard to which their answers were being held other than to be as true to their own experience and beliefs as they could.
All the participants in the study are female. Having all female participants was not a purposeful selection criterion. There was one male accepted into the study but he withdrew prior to the first interview due to scheduling conflicts. The findings are limited by having no data from male participants. At the same time, females make up a larger percentage of the student populations than males in the two counseling programs from which participants were recruited. Future research involving male participants can enlarge and enhance understanding of being present from the point of view of CITs. Participants all came from the same university which limits the heterogeneity of the sample and affects the transferability of the resulting theory. However having participants from both counseling psychology and counselor education, different programs and disciplines of counseling, offered multiple perspectives. The sample did include socioeconomic, cultural, and racial diversity which strengthened the theory.

While contexts were identified in the findings as facilitating or inhibiting choosing to be present, context was not the focus of the inquiry. Contexts appeared in the data to the extent that they needed to be included in the theory but the processes involved in their influencing CITs in choosing to be present were not thoroughly explored. Choosing to be present is minimally situated in context in this study and deserves more examination.

Participants in the study were required to make a time commitment that may have discouraged some students from participating. In addition, people who agreed to be in the study knew they would be learning mindfulness meditation as a way of cultivating being present which also may have attracted a particular segment of the CIT population. It seems evident in the data that the participants in the study had a positive association with the experience of being present and an interest in mindfulness meditation which makes them biased. However, their experience
of being present was necessary for the study in order for them to describe and make meaning of the experience.

The criteria for participation in the study included the requirement that students had either completed or were currently in their clinical practicum or internship so that they would have had experience working with clients. Most participants were not seeing clients during the time that the study was conducted and in describing being present with clients had to rely on their memories. Although not seeing clients during the time of the study had the potential to influence their meaning making, participants had other experiences of being present that were current and at times the participants drew on the immediate moment in the interview.

In constructivist grounded theory the subjectivity of the researcher is overtly acknowledged rather than being masked as it is in objectivist research. In my subjectivity statement I outlined values, experiences, and contexts that informed my interest in the topic of the study and form the lenses through which I viewed the data. As I transcribed the first couple of interviews, I noticed points when I might have been leading the interviewee or communicating a desired response. I recorded these times and processed them in memos. One comment I made in a memo indicated I was somewhat anxious about having good quality data and in a parallel process to the theoretical proposition in this study, I had tried to control the interview in subtle ways. In the memoing process I increased my awareness of this dynamic and was then able to be more present with my interviewees. I took pains in coding the data to stop myself from assuming the meaning of statements by the participants. Much of what they had to say sounded like what I had experienced myself or had read about in the literature on presence and on mindfulness meditation practice. I frequently used in vivo codes because using participants’ language kept me from imposing preconceived meanings. My prolonged engagement in the context and with
participants is part of what makes the study trustworthy. At the same time it has the potential
to blind me as the researcher to taken-for-granted aspects of the topic and context. Lincoln and
Guba (1985) address this concern by saying “there are no techniques that will provide a
guarantee against such influence either unconsciously or consciously; awareness is, however, a
great step toward prevention” (p. 304). Awareness of the potential impact of my positions
allowed me to be deliberate in how they affected my interpretations. In grounded theory it is
important for the researcher to have what is called theoretical sensitivity to their topic, meaning
the researcher must be knowledgeable enough to interpret the data in a way that is relevant and
useful to the field. My subjectivity is also my theoretical sensitivity. The extent of my
awareness made the difference between bias and sensitivity.

**Future Research Recommendations**

A small number of studies have been conducted exploring therapeutic presence (Fraelich,
1989; Geller, 2001; Pemberton, 1977; Phelon, 2001) and a larger number of experienced
therapists have written of their experience of being present (i.e., Bugental, 1987; May, 1958;
Korb, 1988; Rogers, 1961). These sources provide the perspective of seasoned therapists on
their experience of being present. This is the first known study on the experience and meaning
of being present for CITs. Consequently there is significant room for further investigation. The
following recommendations represent a few of the possible directions for future research. These
include looking at the meaning of being present in counseling made by CITs in different contexts
and with different demographics; exploring further the connection between being present and the
therapeutic relationship; investigating how presence may be cultivated, and analyzing the effects
of mindfulness meditation training on counselor development and effectiveness.

While the participants in this study represented some diversity they all were studying in the
same southeastern university. From a constructivist perspective, the experience and meaning
making of CITs from different parts of the country or the world would add complexity and depth to what is presented here. Specifically such exploration would shed further light on the effect of context as the findings presented here include only a general look at contexts that facilitate or inhibit being present for these CITs. It seems important to examine more closely the interaction between context and CITs’ choices to be present. From a Gestalt perspective, growth of the self occurs in the interaction between self and environment at the boundary between them. In addition, understanding the meaning made by CITs living and working in different contexts would help policy makers in creating counselor preparation programs that more thoroughly address factors facilitating being present. CITs in this study drew on spiritual, theoretical and family support for being present. It would also seem important to study how different spiritual, theoretical, and family beliefs influence the meaning CITs make of being present as counselors, particularly the process of choosing to be present.

The theory presented here is based on meaning made by CITs of being present over eight months. As such in the proposition related to counselor development, the dimension of time is represented to a limited extent. This is a single investigation and as such provides a snapshot of development from which I theorized a developmental process.

It has been my argument for the significance of this study that being present fits intuitively in the realm of the therapeutic relationship whether as a common factor of or as a condition for the development of the relationship. The qualities of therapists that correlate with positive alliances (Hilsenroth & Cromer, 2007) show similarity to descriptions of being present. Establishing connection has also been tied to strong therapeutic relationships (Sexton, Littauer, Sexton, & Tommeras, 2005) and amplifying connection was found to be one of the outcomes of being present in this study. Being present is implied in this study as an essential way of being for
relationships to form that promote healing and change. Purposeful examination of the interaction between being present and establishing therapeutic relationships is needed.

Another next step in research would be further exploration of the cultivation of being present. In this study, participants were introduced to the practice of mindfulness meditation as a way of being present. Mindfulness meditation was not explored as an intervention itself but as a context for being present. Investigating mindfulness practice as part of clinical training for counselors is a promising area for future research. Grepmair, Mitterlehner, Loew, and Nickel (2007) conducted a study to examine the influence of promoting mindfulness in psychotherapists in training on treatment outcomes for patients in a 200-bed-psychosomatic hospital and licensed training institution in Europe. The group of 46 patients treated by the psychotherapists in training who practiced mindfulness meditation showed significantly higher assessment of individual therapy on three self-report scales and showed significantly greater rate of change than the control group on five Symptom Checklist Scales. The study has several limitations, including its historical control group design. However it is the first empirical study of how mindfulness meditation training might benefit CITs and promote positive therapeutic outcomes, although other studies have examined mindfulness meditation as a clinical intervention and shown benefits for clients (Baer, 2003). Kurash and Schaul (2005) implemented an optional mindfulness meditation component to training psychology pre-doctoral interns at a university counseling center and argued the benefits of such a practice.

A meditation component means initiating nothing less than structured time for concentrated work on one’s own being. A set time for meditation establishes a space just to be, to see, to be seen, to pause, to self-sense. It balances, even if just a little, the extraordinary amount of doing that is required during the training year. This correction in balance not only provides stress reduction but it also highlights, in action, the value of the “being” mode—a state of openness, non-doing, in-the-moment experience. (Kurash & Schaul, 2005, p. 63)
Examination of a program of mindfulness meditation for CITs could elaborate on the Grempair et al (2007) study in looking at counselor effectiveness from the perspective of clients in both qualitative and quantitative designs. In addition, counselor competencies and counselor development during and after mindfulness training could be considered. Existing counselor development models were created from observations of CITs in traditional academic programs, but the contexts were not identified at potentially having an impact on the way counselors develop. Would counselor development look different, in light of the outcomes of being present in the theory presented in this study, in CITs who cultivate their ability to be mindful and present? In addition, the instrument that Geller (2001) created to measure therapist presence, TPI, could be used in a quantitative analysis of the effects of mindfulness training for CITs. The TPI offers both client and therapist forms for rating therapist presence. Such a study could expand our understanding of the effect of mindfulness meditation on the cultivation of being present.

**Conclusion**

Using grounded theory methodology from a constructivist theoretical perspective, I analyzed the descriptions and meaning of being present in counseling for CITs. The grounded theory presented in this study highlights the process of choosing to seek connection by being more present or choosing to seek safety by acting to contain anxiety and uncertainty. The theory also proposes outcomes of each of these choices that contribute to the development of the CIT and to their work as counselors. Being present is defined in the theory as being aware, attending inwardly-outwardly, beginner’s mind, trusting and letting go, accepting, staying with what is, being right here in the moment, and being authentically human. Being present seems to reflect a paradigm that conflicts with the prevailing sociocultural paradigm in ways outlined in Table 4-1. These findings have implications for theory, counselor preparation, and practice, and policy,
summarized as follows. For counselor preparation and practice the findings have implications related to preparing counselors for a post modern world of uncertainty, enhancing and humanizing counselor competencies, and for building positive therapeutic relationships. For theory the findings have implications related to counselor development and the therapeutic relationship. For policy the findings have implications related to post modern, holistic, connection-focused counselor education. And finally, future research might explore the meaning made of being present in counseling by CITs in different contexts and with different demographics; the connection between being present and the therapeutic relationship; how CITs can cultivate being present, and the effects of mindfulness meditation training on counselor development and competency.
APPENDIX A
ALACHUA COUNTY CRISIS CENTER CLINICAL EXPERIENCE

Applicants who possess the necessary initial qualifications (see below) commit to a six-week training program. The training program is designed to provide each person with adequate skills to perform effectively on the phone. Two four-hour observation shifts are also required. Here, trainees have the opportunity to experience the realities of telephone counseling. It is a time for learning about community resources, of actual phone room activities, and for observation and listening. Additionally, three supervised shifts follow, which allow trainees to perform the duties of the Phone Counselor with the support and coaching of experienced Volunteers. Once training is completed, Volunteer Telephone Counselors make a commitment to working regular hours (one four-hour shift per week) for at least 6 months (24 shifts). During this time, they are also encouraged to attend in-service training sessions. An annual event combines training, recreation, fellowship and reward. The Counselor is expected to respond with confidence in an empathetic, caring manner. Secondly, the Counselor is expected to be sufficiently knowledgeable of the referral information and references utilized by the Center. By the time a Volunteer becomes a Phone Counselor, (s)he has been deemed capable of performing these duties with minimal assistance from the Staff. This is not to say, however, a Counselor should feel hesitant in consulting with others (Staff or CARE Team). In fact, there are circumstances (such as when there are duty-to-warn considerations) under which the Counselor should consult the person on-call (Staff or CARE Team) as a matter of course.

Volunteer Pre-Requisites

Prior to training, a potential trainee must fall within the following guidelines:

- Minimum age 20 preferred
- Within six months prior to beginning the training process, preferred that trainee not have made a suicide attempt, had a major crisis in his/her life or been a client of the Crisis Center
- Must have a genuine desire and willingness to help people who are in need;
- Does not require a high school diploma or special training.

Immediately following training, the potential volunteers will be:

Required to have successfully completed the Alachua County Crisis Center Phone Training, including Observation and Supervised shifts

- Sign the Confidentiality Agreement
- Commit to 24 regularly scheduled volunteer phone counselor shifts (usually over a period of approximately six months),
- Attend three In-Service sessions per 12 months;
• Must follow Code of Ethics adopted by the Alachua County Crisis Center;
• Must put effort into following all Phone Room and Scheduling procedures.
APPENDIX B
PRACTICUM AND INTERNSHIP FIELD EXPERIENCES IN COUNSELOR EDUCATION

Site and Direct Service Hour Requirements

Practicum and Internship experiences require students complete minimum number of hour requirements. Hour requirements include hours in which the student is required to be onsite and hours in which the student provides direct client contact. Students may be asked to complete additional hours as part of their negotiation with clinical site hosts. Students are required to maintain an Activity Log, tracking their hours, and submit a signed copy to the Clinical Coordinator on the last day of classes. Listed below are hour requirements for each program specialization.

Students are expected to begin work on the first day of class and are required to be onsite until the last day of class. Students are demonstrating professional misconduct when leaving a clinical site prior to the end of term and are subject to department disciplinary action, which may include receiving an Unsatisfactory (U) for the clinical experience requiring the student to register again for the clinical experience.

Mental Health and Marriage and Family Counseling Programs

**Practicum**
Onsite Hours - 400 Hours (27 hours per week during Fall & Spring semesters; 34 hours per week during Summer C semester)
Direct Client Service Hours - 100 Hours

**Internship**
Onsite Hours - 600 Hours (40 hours per week during full-time, one-semester internship; 20 hours per week during split, two-semester internship)
Direct Client Service Hours - 250 Hours (Students seeking Marriage and Family licensure must demonstrate, within their practicum and internship clinical experiences, they have completed 180 hours of direct service with couples and families.)

School Counseling and Guidance Program

**Practicum**
Onsite Hours - 225 Hours (15 hours per week; approximately 3 school days per week)
Direct Client Service Hours - 65 Hours

**Internship**
Onsite Hours - 600 Hours (40 hours per week)
Direct Client Service Hours - 180 Hours

**Course Pre- and Corequisite Requirements**
Prerequisite courses must be completed prior to registration for clinical experiences. Corequisite courses may be completed either prior to or during the same semester as registered for clinical experience. The following sections detail the specific pre- and corequisite requirements for each program specialization.
Mental Health and Marriage and Family Counseling Programs

Prerequisite Courses for Practicum
MHS 5005 - Introduction to Counseling (3 cr.)
MHS 6401 - Counseling Theories & Applications (4 cr.)
MHS 6720 - Professional Identity & Ethics (3 cr.)
MHS 6200 - Assessment in Counseling & Development (3 cr.)
MHS 6500 - Group Counseling: Theory & Practice (3 cr.)

Corequisite Courses for Practicum
MHS 6071 - Diagnosis & Treatment of Mental Disorders (3 cr.)
MHS 6430 - Introduction to Family Counseling (3 cr.)
MHS 6420 - Multicultural Counseling (3 cr.)

Prerequisite Courses for Internship
MHS 6020 - Counseling in Community Settings (3 cr.)
MHS 6450 - Substance Abuse Counseling (3 cr.)

School Counseling and Guidance Program

Corequisite Courses for Practicum
MHS 5005 - Introduction to Counseling (3 cr.)
MHS 6401 - Counseling Theories & Applications (4 cr.)
MHS 6720 - Professional Identity & Ethics (3 cr.)
MHS 6421 Play Counseling and Play Process with Children (3 cr.)
SDS 6411 Counseling with Children (3 cr.)
SDS 6413 Counseling Adolescents (3 cr.)
Required Practica/Internship Training [7 hours required]
(1) PCO 7944 Practicum in Counseling Psychology at the University Counseling Center
(1) PCO 7944 Practicum in Counseling Psychology at the University Counseling Center
(1) PCO 7945 Advanced Practicum in Counseling Psychology at a student-selected, Program-approved site
(1) PCO 7945 Advanced Practicum in Counseling Psychology at a student-selected, Program-approved site
(1) PCO 7949 Internship in Counseling Psychology – Part I
(1) PCO 7949 Internship in Counseling Psychology – Part II
(1) PCO 7949 Internship in Counseling Psychology – Part III

Practicum Structure

Pre-practicum
All first year students are enrolled in a professional training sequence. During the Spring semester of the first year students enroll in the pre-practicum (entitled Ethics and Skills, PCO 7217) in which they establish carefully monitored contact with clients through the University Counseling Center. Group supervision is provided for pre-practicum students by the Counseling Center psychologists, and the core Counseling Psychology Program faculty provide individual supervision for this experience. The objective of the prepracticum is to develop proficiency in basic communication and interview skills, including the ability to establish therapeutic rapport, regulate therapeutic interaction, and terminate the counseling process.

Overview of Practicum and Advanced Practicum Training
Practicum training is required to develop broad-based counseling competencies that are tailored to the student’s subspecialization interests (e.g., vocational, family, assessment). This training involves a sequence of graduated practica experiences. During the Fall and Spring semesters of students’ second year, following the successful completion of the Pre-practicum experience (PCO 7217), students enroll for a two semester Practicum (PCO 7944) at the University Counseling Center. Practicum students are provided midpoint and final evaluations during each of the two semesters to maximize feedback regarding their progress and professional development. The successful completion of this two-semester practicum sequence qualifies students to enroll for an Advanced Practicum (currently listed as PCO 7945) in their third year. Successful completion of two Advanced Practica is required with enrollment in the second contingent upon successful completion of the first. Successful completion of the second Advanced Practicum must occur prior to the internship experience. The program requirements for the practicum sequence are designed to insure that each student accumulates in excess of 900 pre-doctoral, pre-internship practicum hours. Supervision should be conducted by licensed or license-eligible psychologists in individual or group supervision contexts, or by other licensed mental health professional subject to review and approval by the Director of Training. In addition to the supervision provided during the pre-practicum, each student receives two hours of normally scheduled supervision per week as part of the two semesters of Practicum and as a part of the two semesters of Advanced Practicum, resulting in a total of approximately 120 hours of
formally scheduled supervision across these four semesters of practica experiences, excluding the Pre-Practicum experiences that precedes them.

**Counseling Center Practicum Requirements**

During the two-semester practicum at the Counseling Center, students are expected to see an average of 4 to 5 clients per week. There is a minimum expectation of 40 client contact hours for the Fall semester, and a minimum of 55 hours during the Spring semester. Other criteria for obtaining a satisfactory course grade include adherence to the Counseling Center administrative policies and recommendations for professional behavior, attendance and participation at group and individual supervision meetings, and completion of all assigned work within the supervision settings. The practicum requires an average of 11 hours per week of on-site time. The typical distribution of time is as follows: 4 to 5 hours of client contact, 1 to 3 hours of case management, consultation and preparation of supervision, 2.5 hours for group supervision, 1 hour of individual supervision, and 1.5 hours of participation in clinical team meetings.

**Advanced Practicum Requirements**

Each student will spend between 12 and 15 hours per week at their required two semester Advanced Practica. Allowing for time spent getting started during the first week of each semester, students will log approximately 225 on-site hours (15 weeks x 15 hours) per semester of each of their two required Advanced Practica. Consequently, each student should accumulate approximately 450 hours of Advanced Practica. Students are expected to maintain a minimum service load of approximately 5 client contacts per week (including contacts with individuals, families, and groups), resulting in 75 client contact hours per semester, minimally (15 weeks x 5 clients). Over the course of the required two semester Advanced Practicum, no fewer than 150 client contacts will be logged. The two semesters of Advanced Practicum may be completed at one or more of the approved practicum agencies (see the Manual Appendices Section) or at an alternative Advanced Practicum site for which approval is requested by a student and then approved by the core program faculty, the student’s advisor and the Director of Training.
Hello,

Are you curious about mindfulness and the experience of being present as a counselor? Do you want to learn how to meditate?

Therapist presence has been associated with positive therapeutic relationships and with the qualities of master therapists. Mindfulness meditation has been said to be the foundation presence and has been shown to have benefits in reducing stress and anxiety as well as pain, headaches, and other physical problems.

I am conducting a qualitative study for my dissertation with the purpose of increasing understanding of how counselors in training describe their experience of being present and what that means to them in the context of counseling.

Participants in the study will learn mindfulness meditation in an 8-week training group as a way to cultivate being present. The mindfulness meditation training will be lead by Dr. Michael Murphy, clinical Associate Professor at the UF Counseling Center and experienced meditator and therapist, and will take place at the Counseling Center. I will interview participants about their experience and application of being present. The study will begin in the spring semester of 2008 and is IRB approved.

Participants must be students enrolled in Counselor Education or Counseling Psychology and must have experience working with clients, either in current or completed practicum or internship or through volunteering at the Alachua County Crisis Center.

If you are interested in participating in the study or just want more information, please contact me at ttannen@ufl.edu at your earliest convenience. I will be excited to talk with you about the project.

Thanks for your attention and interest,
Tina

Tina Tannen, Ed.S.
Doctoral Candidate, Counselor Education
UF Counseling Center Associate
FL State Registered Intern, Mental Health Counseling
APPENDIX E
INTERVIEW GUIDES

Interview #1 Guide

Demographic Information (to be filled out by the participant)

1. Number of years of counselor training (in what year are you now?) _____________

2. Clinical Experience: Crisis Center Training, Practicum, Internship, Doctoral Internship
   (Please specify which you have completed and where you are currently working.) ________

3. Racial/ethnic/cultural background or identification ________________________________

4. Theoretical orientation ______________________________________________________

Interview Questions

1. During this part of the interview, I would like you to immerse yourself as much as you
can in your subjective experience of being present. Being present has been described as
being all there (body, mind, emotions, spirit) and aware in the present moment. I am
going to ask you to remember a time when you were present, preferably in a counseling
session. I am going to ask you to describe this experience as thoroughly and as richly as
you can. I may prompt you to consider the experience from various perspectives but I
mostly want to hear your personal description. I want to know what being present is like
for you. By experience, I mean your subjective awareness of thoughts, feelings, body
sensations or possibly things that do not fit into any of those categories but are part of
your experience – how you know you are present. So I am going to allow a few minutes
of silence now so you can bring an experience of being present in counseling to your
awareness. (Allow silence).
   Please describe your experience.

2. How did you prepare yourself to be present, before and during the session?

3. What else would you add to give the most complete description of what being present
   was like for you?

4. Now I want to move from description of your experience to exploring how you make
   sense of that experience. What does your experience of being present in counseling mean
to you?

5. How do you connect your experience of being present with your training?
   • beliefs or values
   • theoretical orientation
   • sense of yourself as a therapist?
6. How did you use or apply being present in the counseling process or encounter?

7. What else could you add to help me understand what being present in counseling means to you?

8. Do you have anything more you want to bring up or ask about, before we finish the interview?

Interview #2 Guide

Questions

I would like you to read over your journals from the last seven weeks to immerse yourself as much as you can in your subjective experience of mindfulness practice and being present in counseling.

1. As you look over it now, what stands out to you as significant or meaningful in what you wrote?

2. What changes do you notice in you as a counselor?

3. What changes do you notice in how you practice counseling?

Interview #3 Guide

Questions

1. During this part of the interview, I would like you to immerse yourself as much as you can in your subjective experience of being present. Being present has been described as being all there (body, mind, emotions, spirit) and aware in the present moment. I am going to ask you to remember a time when you were present, preferably in a counseling session. I am going to ask you to describe this experience as thoroughly and as richly as you can. I may prompt you to consider the experience from various perspectives but I mostly want to hear your personal description. I want to know what being present is like for you. By experience, I mean your subjective awareness of thoughts, feelings, body sensations or possibly things that do not fit into any of those categories but are part of your experience – how you know you are present. So I am going to allow a few minutes of silence now so you can bring an experience of being present in counseling to your awareness. (Allow silence). Please describe your experience of being present.

2. How did you prepare yourself to be present, before and during the session?

3. What else would you add to give the most complete description of what being present was like for you?
4. Now I want to move from description of your experience to exploring how you make sense of that experience. What does your experience of being present in counseling mean to you?

5. How do you connect your experience of being present with your training?
   -- beliefs or values
   -- theoretical orientation
   -- sense of yourself as a therapist?

6. How did you use or apply being present in the counseling process or encounter?

7. What else could you add to help me understand what being present in counseling means to you?

8. Do you have anything more you want to bring up before we finish the interview?
Protocol Title: A narrative analysis of the meaning counselors in training make of their experience of being present in counseling

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

The purpose of the study is to increase understanding of how counselors in training describe their experience of being present and the meaning they make of being present in the context of counseling. Therapist presence has been correlated with the therapeutic relationship, a significant contributor to therapeutic outcome, and with qualities of the master therapist.

What you will be asked to do in the study:

You will be asked to participate in an 8-week mindfulness meditation training group as a way to cultivate being present. This training involves daily practice (5-20 minutes) during the 8 weeks and writing brief (1-2 paragraphs) journal entries each week. In addition, you will be asked to participate in three interviews, answering open-ended questions regarding your experience of being present and the meaning you make of that experience in the context of counseling. The interviews will be conducted by the principle investigator and will be audio taped and transcribed. If you consent to participate in this study, you will be asked to fill out a brief Client Information Form which is required of anyone receiving services at the UF Counseling Center. Then you will meet with the trainer, Dr. Murphy, for a group screening.

Where the mindfulness meditation training will take place:

The mindfulness meditation training will take place at the University of Florida Counseling Center.

The mindfulness meditation trainer:

Michael Murphy, Ph.D. will be the mindfulness meditation trainer. He has conducted this 8 week training at the University of Florida Counseling Center for the past 5 years and has been a meditator himself for the past twenty years. Dr. Murphy is also a licensed psychologist.

Time required:

Three interviews up to 1 ½ hours each, eight 1 ½ hour mindfulness meditation training sessions, daily 5-20 minute practice of meditation and weekly journal entries during the 8 weeks of the mindfulness meditation training.
Risks and Benefits:

There is no more than minimal risk anticipated in participating in this study. The benefit of the study will be its contribution to scientific knowledge regarding therapist presence. Participants may benefit from learning mindfulness meditation which has been shown to help reduce stress and anxiety.

Compensation:

No compensation is offered for participation. Participants will be offered a brief written analysis, from the perspective of the principle investigator, of the participant’s cultivation of presence.

Confidentiality:

Identifying information will be removed from the transcript of your interview. Your identity will be kept confidential to the extent provided by law. Your name will not be used in any report. The audiotape of the interview will be destroyed following analysis. Although the meditation group is a psychoeducational group and not a therapy group, you will be a client of the Counseling Center and accorded the same confidentiality protection.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating. You may choose not to answer any question in the interview without consequence. You may choose not to participate in any aspect of the mindfulness meditation training without consequence.

Right to withdraw from the study:

You have the right to withdraw from the study at anytime without consequence.

What will be done with the results of the study:

The results of the study will be analyzed as part of the doctoral dissertation of the principle investigator and may also be submitted for publication. Participants may request a copy of the results.

Who to contact if you have questions about the study:

Christina Tannen, Ed.S. Doctoral Student, Department of Counselor Education, College of Education, University of Florida. 371-9719. ttannen@ufl.edu

Harry Daniels, PhD, Department of Counselor Education, College of Education, University of Florida, 392-0731.
Who to contact if you have questions related to Counseling Center clinical services:

Rafael Harris, Psy.D., Clinical Services Director, Counseling Center, University of Florida. 392-0575.

Who to contact about your rights as a research participant in the study:

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _______________________________ Date: _________________

Principal Investigator: ___________________________ Date: _________________

Addendum to Informed Consent

Protocol Title: Being present in counseling as counselors in training: A grounded theory

Please read this consent document carefully before you decide to participate in this part of the study.

Purpose of the research study:

The purpose of the study is to increase understanding of how counselors in training experience being present and the meaning they make of being present in the context of counseling. Therapist presence has been correlated with the therapeutic relationship, a significant contributor to therapeutic outcome, and with qualities of the master therapist.

What you will be asked to do in the study:

You will be asked to review a draft of the provisional theory generated from data analysis and provide feedback to the primary investigator. Reviewing the written materials will be followed by one interview of up to one hour with the primary investigator either by telephone or in person. The interview may be audio recorded.

Time required:

Up to one and a half hours may be required to review the written material and participate in the interview.
Risks and Benefits:
There is no more than minimal risk anticipated in participating in this part of the study. The benefit of the study will be its contribution to scientific knowledge regarding counselor presence.

Compensation:
No compensation is offered for participation.

Confidentiality:
Your identity will be kept confidential to the extent provided by law. Your name will not be used in any report.

Voluntary participation:
Your participation in this part of the study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:
You have the right to withdraw from the study at anytime without consequence.

What will be done with the results of the study:
The results of the study will be analyzed as part of the doctoral dissertation of the principle investigator. Participants may request a copy of the results.

Who to contact if you have questions about the study:
Christina Tannen, Ed.S. Doctoral Student, Department of Counselor Education, College of Education, University of Florida. 371-9719. ttannen@ufl.edu

Harry Daniels, PhD, Department of Counselor Education, College of Education, University of Florida, 392-0731.

Who to contact about your rights as a research participant in the study:
UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

Agreement:
I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: ____________________________________ Date: ________________

Principal Investigator: _____________________________ Date: ________________
## APPENDIX G
### DATA COLLECTION TIMELINE

Table G-1. Data Collection Timeline

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Activity</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>Nov-Dec 2007</td>
<td>Recruit participants, Group screens, Schedule interview #1</td>
<td>Informed Consent, Preparation for study</td>
</tr>
<tr>
<td>1</td>
<td>Jan 6-13 2008</td>
<td>Pre-Interview (#1)</td>
<td>Interview protocol</td>
</tr>
<tr>
<td>2</td>
<td>Jan 14-20</td>
<td>Session #1 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>3</td>
<td>Jan 21-27</td>
<td>Session #2 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>4</td>
<td>Jan 28-Feb 3</td>
<td>Session #3 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>5</td>
<td>Feb 4-10</td>
<td>Session #4 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>6</td>
<td>Feb 11-17</td>
<td>Session #5 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>7</td>
<td>Feb 18-24</td>
<td>Session #6 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>8</td>
<td>Feb 25-Mar 2</td>
<td>Session #7 MM Training &amp; Interview #2</td>
<td>Training &amp; journaling, Journal Processing</td>
</tr>
<tr>
<td>9</td>
<td>Mar 3-9</td>
<td>Session #8 MM Training</td>
<td>Training &amp; journaling</td>
</tr>
<tr>
<td>10</td>
<td>Mar 10-16</td>
<td>Spring Break</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Mar 17-28</td>
<td>Post MM Training Interview (#3)</td>
<td>Member checking Repeat interview protocol</td>
</tr>
<tr>
<td></td>
<td>August</td>
<td>Member checking Interview (#4)</td>
<td>Member checking and feedback on theory</td>
</tr>
</tbody>
</table>
Table H-1. Mindfulness Meditation Group Session 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome. Review contract and</td>
<td>Participation in research is voluntary however participants encouraged to</td>
<td>To clarify the expectations of participants.</td>
</tr>
<tr>
<td>guidelines for participation.</td>
<td>commit to attending all training sessions and to daily practice to get full</td>
<td></td>
</tr>
<tr>
<td></td>
<td>benefit of the group. Group members are asked to keep what is shared in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the sessions confidential. This training group is not a therapy group but a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>skill acquisition group.</td>
<td></td>
</tr>
<tr>
<td>Introductions</td>
<td>Trainer will introduce himself including his qualifications to lead the</td>
<td>To begin to build a safe atmosphere in the group and engender confidence in group leader.</td>
</tr>
<tr>
<td></td>
<td>group. Participants will be asked to share name, department, what brought</td>
<td></td>
</tr>
<tr>
<td></td>
<td>them to the group.</td>
<td></td>
</tr>
<tr>
<td>Raisin-eating exercise</td>
<td>Participants are given a raisin and asked to:</td>
<td>Low risk activity designed for participants to focus awareness and attention on the experience of eating a raisin. Used as a metaphor for mindfulness meditation.</td>
</tr>
<tr>
<td></td>
<td>• Close eyes and feel raisin on fingers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Touch the raisin to lips</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Observe at each step of putting raisin in mouth, chewing, and swallowing.</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Purpose</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Overview of mindfulness and description of the mindfulness meditation training program</td>
<td>• Based on Mindfulness Based Stress Reduction Program (MBSR) (Kabat-Zinn, 1990)</td>
<td>To provide overview of mindfulness. To explain the mindfulness meditation training program. To review possible benefits as reported in research literature. To warn of possible difficulties participants may encounter. To provide information counseling services on campus and in the community.</td>
</tr>
<tr>
<td></td>
<td>• Overview of mindfulness: Moment to moment non-judgmental awareness, being awake instead of on autopilot; not a technique, but a way of being; not trying to improve yourself; simple but not easy, takes practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Benefits may include emotional/psychological (calmer, less anxiety, less stress, improved concentration), physical (reduced headaches, blood pressure, insomnia, fatigue).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Risks are minimal but sometimes sad or traumatic memories surface in meditation. Over time, with practice, meditation can also be therapeutic in these areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 8 week program, 1.5 hours each week of group sessions and up to 25 minutes per day of home meditation practice, reading, and journaling.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Difficult to learn and maintain practice alone. Coming to group helps support practice and reinforce learning.</td>
<td></td>
</tr>
<tr>
<td>Mindfulness meditation practice: Sitting meditation</td>
<td>Referring back to raisin-eating exercise, participants are directed this time to observe their breath in the same way. Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (10 minutes)</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Homework Assignments</td>
<td>• 5-minute daily mindfulness meditation practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Daily reading (see manual)</td>
<td>To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding.</td>
</tr>
<tr>
<td></td>
<td>• Daily meditation log (see manual)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weekly journal entry on reactions to meditation practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Eat one meal mindfully.</td>
<td></td>
</tr>
</tbody>
</table>
Table H-2. Mindfulness Meditation Group Session 2

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (10 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them</td>
</tr>
<tr>
<td>Didactic</td>
<td>• Importance of breath as anchor line to the present moment. It is always there, and it connects the body and the mind. No need to control it.</td>
<td>To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
<tr>
<td></td>
<td>• Learning to do one thing at a time. Helps in stilling the mind.</td>
<td>To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation.</td>
</tr>
<tr>
<td>Check in on home practice and reading</td>
<td>Participants may volunteer to share their impressions and experiences of their home practice of meditation and of the readings. Use participants’ experience in practice to reinforce principles of mindfulness meditation.</td>
<td>To introduce an alternative way to do mindfulness meditation. Participants can experiment to find a form of mindfulness meditation that appeals to them.</td>
</tr>
<tr>
<td>Body Scan</td>
<td>Participants are instructed to lie down on the floor on their backs in a comfortable position. (They may stay in their chairs if they wish.) Participants are asked to direct their attention first to the breath as in sitting meditation, and then to each part of their body, starting with the feet, moving to calves, thighs, etc. up to the head, paying attention in moment-to-moment awareness to the sensations in each part of the body, coming back to the to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness.</td>
<td>To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding.</td>
</tr>
<tr>
<td>Homework Assignment</td>
<td>• 5-minute daily mindfulness meditation practice and 60-second mindfulness breaks during the day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Daily reading (see manual)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Daily meditation log (see manual)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weekly journal entry on reactions to meditation practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Do one small routine activity this week mindfully (e.g. brush teeth, tie shoe, do dishes).</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Purpose</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (10 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them. To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
</tbody>
</table>
| Didactic                 | • “Witness Mind,” meaning the part that can observe your thinking or acting.  
• Slowing or stopping incessant thinking brings calm and focus.  
• Do one thing at a time.  
• See emotions and thoughts as “like the weather,” sometimes sunny sometimes gray and always temporary. | To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation.                                                                 |
| Check in on home practice and reading | Participants may volunteer to share their impressions and experiences of their home practice of meditation and of the readings. Use participants’ experience in practice to reinforce principles of mindfulness meditation. |                                                                                                                                                                                                             |
| Sitting meditation       | Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (10 minutes) Process the experience of the sitting meditation. | A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them. |
| Homework Assignment      | • 10-minute daily mindfulness meditation practice and 60-second mindfulness breaks during the day.  
• Daily reading (see manual)  
• Daily meditation log (see manual)  
• Weekly journal entry on reactions to meditation practice.  
• Do a driving meditation. Drive/ride from one place to another with total mindfulness | To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding. To bring mindfulness into daily living. |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (10 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Check in on home practice and reading</td>
<td>Participants may volunteer to share their success and problems in their home practice of meditation and reactions to the readings. Use participants’ experience in practice to reinforce principles of mindfulness meditation.</td>
<td>To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation. To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
</tbody>
</table>
| Didactic                       | • Importance of the present moment, befriending the present moment, being in the present moment.  
• Working on “being” instead of “doing.” Can you tell the difference? | To introduce an alternative way to do mindfulness meditation in addition to following the breath and the body scan. |
| Walking meditation             | Participants are instructed to walk slowly and mindfully across the room, paying attention to the shifting of the weight from one foot to another and to the breath, with eyes gazing a few feet ahead but not focused on anything. As with other forms of meditation, the idea is to observe what is in each moment without judgment. (10 minutes) Process the experience of the walking meditation. | To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding. To bring mindfulness into daily living. |
| Homework Assignment            | • 10-minute daily mindfulness meditation practice and 60-second mindfulness breaks during the day.  
• Try walking meditation either instead of or in addition to sitting meditation.  
• Daily reading (see manual)  
• Daily meditation log (see manual)  
• Weekly journal entry on reactions to meditation practice.  
• One time this week, walk from one class to another mindfully. |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (20 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Check in on home practice and reading</td>
<td>Participants may volunteer to share their success and problems in their home practice of meditation and reactions to the readings. Use participants’ experience in practice to reinforce principles of mindfulness meditation.</td>
<td>To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation.</td>
</tr>
<tr>
<td>Didactic</td>
<td>Judgment. Makes us feel superior and reinforces a solid self, and creates suffering. What is it like not to judge. Generosity. The opposite of judgment and self centeredness.</td>
<td>To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
<tr>
<td>Outside exercise</td>
<td>Participants are instructed to go outside, to walk mindfully in silence to a busy area and observe (“just be”). Observe without judgment; let the “scene” unfold on its own, with no preference. Come back to the breath or body if mind gets “caught up” or judges.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them. To expand the practice of meditation.</td>
</tr>
<tr>
<td>Homework Assignment</td>
<td>20-minute daily mindfulness meditation practice (can alternate sitting and walking or outside). 60-second mindfulness breaks during the day. Daily reading (see manual) Daily meditation log (see manual) Weekly journal entry on reactions to meditation practice. Do one act of generosity each day (keep it small). Set aside one period of the day when you don’t judge.</td>
<td>To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding. To bring mindfulness into daily living.</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Purpose</td>
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<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (20 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Check in on home practice and reading</td>
<td>Participants may volunteer to share their success and problems in their home practice of meditation and reactions to the readings. Use participants’ experience in practice to reinforce principles of mindfulness meditation.</td>
<td>To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation. To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
<tr>
<td>Didactic</td>
<td>• Practice is not getting carried away with out thoughts and emotions. Don’t create a “story” out of a thought or feeling, just let it be.  &lt;br&gt; • New way to relate to thoughts and emotions, observing them, not grabbing on to them, and they melt away.</td>
<td>To help participants build compassion and open-heartedness, both for oneself and for others; to focus outside oneself on the connectedness with others.</td>
</tr>
<tr>
<td>Loving Kindness Meditation</td>
<td>Participants are instructed to extend to each of a series of people four sayings by repeating them silently.  &lt;br&gt; May you be safe (free from danger)  &lt;br&gt; May you be happy (free from mental suffering)  &lt;br&gt; May you be healthy (free from physical suffering)  &lt;br&gt; May you live in peace.  &lt;br&gt;To be said to: a mentor, a friend, a neutral person, a person mildly disliked, an enemy, self, people in the room, people in the community or in the world.</td>
<td>To help participants build compassion and open-heartedness, both for oneself and for others; to focus outside oneself on the connectedness with others.</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Purpose</td>
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</tbody>
</table>
| Homework         | • 20-minute daily mindfulness meditation practice (can alternate sitting and walking or outside).  
                    • 60-second mindfulness breaks during the day.  
                    • Daily reading (see manual)  
                    • Daily meditation log (see manual)  
                    • Weekly journal entry on reactions to meditation practice.  
                    • One time this week when something arises that you don’t like, watch what your mind does (non-attachment to “getting what we want.”) | To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding. To bring mindfulness into daily living. |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (20 minutes) Process the experience of the sitting meditation.</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Benefits of Mindfulness Meditation</td>
<td>Review main points of chapter included in manual called “Introducing Medical Meditation” (Khalsa, 2001). Ask participants what has changed in their lives.</td>
<td>To inspire participants to continue practicing. To reinforce learning of principles of mindfulness meditation. To expand participants’ understanding of the principles of mindfulness and mindfulness meditation.</td>
</tr>
</tbody>
</table>
| Sending/Receiving Practice (Tonglen)  | • Receiving (Breathing in): A new attitude toward unwanted (painful) experience. Rather than try to escape it or make it go away, “hold your seat and move closer to that pain. . . willing not just to endure it but also to let it awaken your heart and soften you.” (Chodron, 1994, p. 7)  
• Sending (Breathing out): A new attitude toward pleasurable experience. Rather than try to hold onto it, think of other people and wish for them to feel that. “Be generous with your joy.” (Chodron, 1994, p. 7)  
• Both pleasure and pain are opportunities to be aware.  
• Can be used as part of daily meditation.                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| Outside Meditation Exercise           | Participants are instructed to go outside and do a walking meditation in which they are like two year olds, seeing things with fresh eyes and having no destination. Addition instruction is to open your heart to each person you meet, look them in the eye, see them with the spirit of loving kindness (compassion, non-judgmental, open, connected). (15 minutes) Process the exercise. | A low risk activity designed to build awareness in the present moment, to build open-heartedness, and to expand the practice of meditation. |

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
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</table>
| Homework Assignment | • 20-minute daily mindfulness meditation practice (can alternate sitting and walking or outside).  
• 60-second mindfulness breaks during the day.  
• Daily reading (see manual)  
• See if you can notice your first thought in the morning.  
• Final journal: What has changed in your life; how do you plan to continue practicing and the principles of mindfulness meditation (address obstacles to practice). | To reinforce the learning in the group session, to practice meditation skills, to reflect on meditation practice for increased understanding. To bring mindfulness into daily living. To support participants in planning for future practice of mindfulness meditation. |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting meditation</td>
<td>Participants are instructed to sit comfortably upright in their chairs and notice the feeling of the abdomen rising and falling as they inhale and exhale, paying attention in moment-to-moment awareness, coming back to the breath and to the present moment whenever they notice their minds wandering, maintaining a non-judgmental awareness. (15 minutes)</td>
<td>A low risk activity designed to build awareness in the present moment and to learn to observe thoughts and feelings as they pass through awareness without judging or controlling them.</td>
</tr>
<tr>
<td>Check in on home practice and final writing assignment.</td>
<td>Process the experience of the sitting meditation. Participants may volunteer to share regarding their home practice, reactions to the readings, and from the final writing assignment. Use participants’ experience in practice to reinforce principles of mindfulness meditation. Discuss obstacles to continued practice.</td>
<td>To offer validation and support to participants regarding their meditation practice. To reinforce learning of principles of mindfulness meditation. To reinforce the learning in the group session and to support participants in planning for future practice of mindfulness meditation.</td>
</tr>
<tr>
<td>Review and resources</td>
<td>Review principles of mindfulness meditation, techniques, and potential benefits. Provide handout with opportunities and resources related to mindfulness meditation.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I
MINDFULNESS MEDITATION TRAINER VITA

MICHAEL C. MURPHY

EDUCATION

Ph.D. Counseling Psychology, 1984
University of Texas at Austin (APA-approved)

M.A. Counseling Psychology, 1982
University of Texas at Austin (APA-approved)

B.A. Cum Laude, Major in Political Science, 1976
Knox College, Galesburg, Illinois.

LICENSURE

Approved by the State of Florida to practice psychology, License #PY0003594.

PROFESSIONAL EXPERIENCE

August 1984 to Present  Clinical Associate Professor and Staff Psychologist
Gainesville, Florida  Counseling Center, University of Florida
Full-time position with the following duties:
  Counseling/Psychotherapy
  Training and Supervision
  Group Counseling and Psychotherapy
  Consultation and Outreach
  Crisis Intervention
  Coordinator of Practicum and Specialist Internship Training (2005-present)
  Director of Clinical Services (1984-1987)
  Faculty Appointment
  Coordinator, Couples Clinic (1993- Present)
  Coordinator, Staff Development Series (1997-present)
  Committee and Administrative Assignments

August 1983 to August 1984  Psychology Intern, APA-Approved Internship
Psychology Intern, APA-Approved Internship
Counseling and Psychological Services Center
University of Texas at Austin

1976-1979  Director of Student Activities and International Student Advisor
Knox College; Galesburg, Illinois

TEACHING EXPERIENCE

250
Contemplative Psychology/Psychotherapy: Counseling Psychology Program; fall 2006.
Practicum class: Counseling Psychology Program, University of Florida (2005-present)
Spiritual Issues in the Health Sciences: team taught class; University of Florida Honors Program; Spring 2000.
Couples Therapy: Taught to Predoctoral Psychology Interns at the U.F. Counseling Center, 1993 - Present.
Intern Special Topics Seminar: Taught Predoctoral Psychology Interns on variety of topics - Professional Identity Development; Working with sexual identity issues in counseling; Dream Interpretation; Gender Issues; Pornography addiction; etc.

OUTREACH AND PRESENTATIONS

Death and Dying. Workshop presented to the UF Center for Spirituality and Health; May 2003.
Dream Interpretation. Class presentation to transpersonal psychology class; January 2003.
Pornography Addiction: Etiology and Treatment Considerations. Presented to Psychology Interns, University of Florida Counseling Center; Spring 2002; Summer 2003.


Meditation and Mindful Movement. Weekly group offered to University of Florida students; Fall 2001 and Spring 2002.

E-mail in Clinical Practice: Professional and Ethical Issues and Duty to Warn Requirements in the University Setting. Continuing Education Workshop presented to University of Florida Counseling Center, Student Mental Health and Private Practice Psychologists. December 7, 2001.


Dream Interpretation Training. Professional staff at Peaceful Paths (domestic abuse shelter); spring 2002.

Dream Interpretation. 6-8 workshops per semester presented to residence living units, Counseling Center Peer Counselors, and other campus groups (1992-present).


Male Sex Role Changes and Stresses. Script developed for Counselnet; University of Florida Counseling Center self-help tape series; August 1999.

Coping With Anxiety. Script developed for Counselnet; University of Florida Counseling Center self-help web page; June 2000.

The Academic Success Group: Helping UF Students Succeed In The Classroom. Article written for the Student Affairs Update; Fall 1999.


Professional Identity Issues. Presented to psychology interns, University of Florida Counseling Center. (1985-Present)

Time Management. In-service training workshop for Alachua County Supervisor Development Training Program. (June 1990)

Fighting Multiple Oppressions. Presented to the Lesbian, Gay, and Bisexual Student Union. (October 1993)

Sex and Power in Therapy. Presented to psychology interns, U.F. Counseling Center. (every year since 1993)


Consultation and Outreach in a University Counseling Center. Presented to Counseling Psychology class. (April 1994)

Cultural Diversity Training. Presented in College of Education. (October 1993)

Cultural Awareness Training. Presentation to Athletic Training class, University of Florida. (Fall 1992)
Crisis Intervention and Counseling. Presentation to practicum class, University of Florida Counseling Psychology Program. (Spring 1992)


Gay and Lesbian Counseling Issues. Presentation to psychology interns, University of Florida Counseling Center. (June 1992)

Men's Issues. Presentation to psychology interns, University of Florida Counseling Center. (September 1992)

Clinical Assessment and Note-Taking. Presentation to graduate-level class in Counselor Education, University of Florida. (Fall 1992)


Male Gender Role Issues. Presentation to the United Church of Gainesville; Gainesville, Florida. (1987)

Crisis Intervention and Referral. Presentation to the University of Florida Peer Counselors. (1987)

Ethics in Professional Psychology. Presentation to the University of Florida graduate psychology students. (1986)

Male Gender Role Confusion. Presentation to University of Florida Campus Organized Against Rape (COAR). (1986)

Sexual Harassment Workshop Group Leader. Presentation to University of Florida administration and faculty (1986).

Short-Term Group Psychotherapy. In-service staff development, University of Florida Counseling Center (1985).


Have also developed and/or presented programs on the following topics:

Assertive Living
The Wellness Workshop
Time Management
Relaxation Training
Self Hypnosis
Sexual Decision-Making
Career Exploration and Planning
Stress Management
Adjustment to College
Gender Role Issues
Imagery Training
The Male Experience

Pathways to Health
CONSULTATION PROJECTS

University of Florida Athletic Department (1993 - Present).
University of Florida Residence Life Liaison Program (2001-present).
University of Florida School of Nursing (1990-1992).
University of Florida Division of Residence Life (1986-1987).

PROFESSIONAL DEVELOPMENT

EMDR Training. Three day, Level One training. Austin, Texas; August 2005.
Hypnosis Training: Spring workshop of the Florida Society of Clinical Hypnosis; Topics: smoking cessation and irritable bowel syndrome; Captiva Island; April 2004.
Advanced Hypnosis Training in Ego State Therapy. Florida Society of Clinical Hypnosis; Melbourne, Florida; May 2000 (10 hours of CE credit).
Spirituality and Health. Harvard Medical School 3-day workshop; Orlando, FL; May 2000.
Meditation and Psychotherapy: Institute for Meditation and Psychotherapy; Santa Fe, New Mexico; Fall 1999 (five day conference/training workshop).
Hypnotic Regression: Brian Weiss; Chicago, Illinois; Fall 1998 (5 five training workshop).
Bioenergetic Therapy Training Program: 5 4-day training sessions; 1996 - 1997; Institute for Bioenergetic Analysis; Alachua, FL.
Spirituality and Psychotherapy: 2nd annual conference/workshop; Kripalu Center; Lenox, MA. (April 15-22, 1995)
Brief Therapy Conference, Milton Erickson Foundation; Orlando, FL. (December 8-12, 1993)
Meyers-Briggs Type Indicator - Three-day intensive workshop on the MBTI; Center for the Application of Personality Type, Gainesville, Florida. (November 19-22, 1992)
Issues in Clinical Supervision - Training workshop by Dr. Helen Roehlke; University of Florida. (May 1993)
Understanding Black Families - Training workshop by Dr. Nancy Boyd-Franklin; Gainesville, Florida. (May 18, 1990)
Updating Skills in Sexual Abuse Treatment - University of Florida. (April 24-26, 1987)
Training in Clinical Hypnosis - Training workshop by Dr. James Morgan; University of Florida, 12 hours. (Fall 1986)
Gestalt Therapy Training - Training workshop by Dr. Pat Korb, Gestalt Center of Gainesville. (Spring 1986)
Marathon Group Therapy Training - Led by Dr. Earl Koile; University of Texas, Austin, Texas. (April 1981)
Massage Therapy Training - Austin Wellness Center, Austin, Texas; 24 hours of training. (Fall 1982)

GRANTS
"Male Gender Role Confusion." Grant received from the University of Florida Committee on Sexual Exploitation. Awarded twice, 1986 and 1987.

PROFESSIONAL AFFILIATIONS
American Psychological Association (APA): Division 29 (Psychotherapy); Division 32 (Humanistic) (1984-present)
   Commission VII (Counseling Centers)
      - Directorate Body Member 1990-1992)
      - Program Reviewer for national conference (1991, 1992)
Standing Committee for Men
Florida Society of Clinical Hypnosis (FSCH) (1994-present)
Association for Humanistic Psychology (1995-present)

HONORS
Recipient of the University of Florida Superior Accomplishment Award (Student Affairs Faculty Service), 1996.

PRIVATE PRACTICE
1985 to Present Engaged in private practice, providing individual and couples psychotherapy to broad-based clientele.

CONFERENCE PRESENTATIONS


Murphy, M. C., and Jensen, R. J. (1988). *Gender Role Flexibility among Male College Students*. Presentation at the American College Personnel Association Annual Conference, Miami, Florida.


Association for Counseling and Development Annual Convention, New York City, New York.


RESEARCH AND PUBLICATIONS

Murphy, M.C. The intimacy rating scale: A therapy instrument for helping clients evaluate relationship health. Submitted for publication

Murphy, M.C. Taming the Anxious Mind: An eight week meditation group. Submitted for publication.

Murphy, M.C. Taming the anxious mind: A mindfulness meditation group at a university counseling center. Journal of College Student Psychotherapy, Fall 2006, Vol. 21, No. 2.


Murphy, M.C. (2004). My barn having burned to the ground, I can now see the moon. In G. Howard and E.A. Delgado-Romero (Eds.). When things begin to go bad (pp. 93-98). Lanham, Maryland:Hamilton Books.


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Stress, Anxiety, and Depression in Males. (July 1992). University of Florida Counseling Center Self-Help Brochure.

The Counseling Center After Dark. (Fall 1991). University of Florida Student Affairs Quarterly.


## APPENDIX J
### CODING TRAIL

<table>
<thead>
<tr>
<th>Initial Codes</th>
<th>Focused Codes</th>
<th>Selective Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awakening</td>
<td>Being aware</td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heightening awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending Inwardly-Outwardly</td>
<td>Attending Inwardly-Outwardly</td>
<td></td>
</tr>
<tr>
<td>Focusing</td>
<td></td>
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<tr>
<td>Heightened memory</td>
<td></td>
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<tr>
<td>Approaching as if new</td>
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<tr>
<td>Approaching with open mind</td>
<td>Beginner's Mind</td>
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<tr>
<td>Curious</td>
<td></td>
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<tr>
<td>Not being expert</td>
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<tr>
<td>Allowing vulnerability</td>
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<tr>
<td>Drawing on intuition</td>
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<tr>
<td>In the flow</td>
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<tr>
<td>Not controlling, letting go</td>
<td>Trusting self and process/Letting go</td>
<td>Being present</td>
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<tr>
<td>Not planning</td>
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<td></td>
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<tr>
<td>Trusting (self, process)</td>
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<tr>
<td>Accepting (self, other, what is)</td>
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<td></td>
</tr>
<tr>
<td>Being kind to self</td>
<td>Accepting (self, other, what is)</td>
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<tr>
<td>Non-judging</td>
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<td></td>
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<tr>
<td>Validating</td>
<td>Staying with what is</td>
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<tr>
<td>Sitting with</td>
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<tr>
<td>Staying with</td>
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<tr>
<td>Being right here in the moment</td>
<td>Being right here in the moment</td>
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<tr>
<td>Being, not doing</td>
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<td></td>
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<tr>
<td>Time becoming irrelevant</td>
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<tr>
<td>Being human</td>
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<tr>
<td>Not in counselor role</td>
<td>Being human/Being Authentic</td>
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<tr>
<td>Whole person</td>
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<tr>
<td>Initial Codes</td>
<td>Focused Codes</td>
<td>Selective Codes</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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<td>-----------------</td>
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<tr>
<td>Being an achiever</td>
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<tr>
<td>Being evaluated</td>
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<tr>
<td>Experience changing nature of uncertainty</td>
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<tr>
<td>Feeling not authentic</td>
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<tr>
<td>Information overloading</td>
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<tr>
<td>Lacking confidence</td>
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<tr>
<td>Looking to others</td>
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<tr>
<td>Needing to be different as counselor than as student</td>
<td>Being Beginning Counselor</td>
<td></td>
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<tr>
<td>Not knowing what's therapeutic</td>
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<tr>
<td>Not ready to let go and trust</td>
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<tr>
<td>Planning sessions</td>
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<tr>
<td>Relying on techniques &amp; theory</td>
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<tr>
<td>Struggling with ambiguity of counseling</td>
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<tr>
<td>Amplifying critical voice</td>
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<tr>
<td>Demanding environment</td>
<td></td>
<td></td>
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<tr>
<td>Focusing on concrete problem solving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focusing on future goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incongruence between personal and academic worlds</td>
<td>Academic Context Influencing Being Present</td>
<td></td>
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<tr>
<td>Promoting containing anxiety not being present</td>
<td></td>
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<tr>
<td>Beliefs about change supporting being present</td>
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<tr>
<td>Finding theoretical support for being present</td>
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<tr>
<td>Humanistic beliefs supporting being present</td>
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<tr>
<td>Influenced by family values</td>
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<td>Influenced by spiritual beliefs</td>
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<td></td>
<td>Contexts Facilitating or Inhibiting Being Present</td>
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<td>Selective Codes</td>
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<td>---------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Client's way influencing counselor being present</td>
<td>Counseling context influencing being present</td>
<td></td>
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<tr>
<td>Content of session influencing being present</td>
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<tr>
<td>Managing counseling load</td>
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<td>Predominantly thinking Strategically not present</td>
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**Contexts Facilitating or Inhibiting Being Present** cont.

**Avoiding**

**Acting to Contain Anxiety and Uncertainty**

**Distracting**
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<td>Awareness distinguishes being present</td>
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<td>Not predominantly thinking</td>
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<td>Counselor feeling at peace</td>
<td>Experiencing the Outcomes of Being Present, cont.</td>
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<td>Sustaining</td>
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7/4/2008. Levels of Presence; Being present has range and dimensions; See also “Properties and processes”

I am beginning to construct multiple dimensions of being present from the data. The dimensions go horizontally and vertically. For instance the dimension of frequency, referring to frequency of being fully present could be a vertical dimension that intersects with the dimension of being present itself that spans from physically present (applying technique without connection) to fully present, which seems to be a horizontal dimension. Another vertical dimension is the layers of properties or aspects of present that come together in different ways to impact the character of that moment of being present. These layers might include awareness of countertransference, deep breathing, connecting to client’s emotions, etc. Anxiety is on a dimension as well. Too much anxiety can’t be present. However, anxiety/tension is part of the picture when there is danger involved, like an adrenalin-laced presence. Calm and peaceful at the other end.

- Frequency
- Automatic mode to fully present
- Anxious to calm
- Quality of therapy

7/18/2008

Searching for the best word for this category
Range:
“the extent to which or the limits between which variation is possible the extent or scope of the operation or action of something”
An area within which something or someone exists, acts, or has influence or power
Synonyms: ambit, compass, extension, extent, orbit, purview, reach, realm, scope, sphere, sweep, swing.
Dimension:
“a property of space; extension in a given direction”
Level:
“an extent, measure, or degree of intensity, achievement, etc”

Range seems the best fit for this code or category. Being present has a range on a number of dimensions: duration, frequency, intensity/???
Frequency: rate of occurrence
Duration: the length of time something continues or exists
Aspect: nature; quality; character; a way in which a thing may be viewed or regarded; interpretation

7/19/2008

First point is that there is a range of being present, as we are always present to some extent (P-1). Being on automatic mode may be one end of the continuum (C-1, JJ-2). Applying technique in without connecting to the client (see Connecting) is closer to the automatic mode end of the continuum of presence. Being fully present is seen as a somewhat unattainable goal and requires all aspects of presence to come together at once. What people generally describe as being present is somewhere on the continuum between these two extremes. While not saying exactly where they fall on the continuum, participants could identify some periods in which they were present. The extent of being present that qualifies in that way is not constant. The frequency and duration of those periods fluctuates. Most participants agreed that being present to the extent that they would name the experience as such is a rare occurrence.

7/17/08 Theoretical Memo

Connecting means joining or linking to some degree with oneself, with other people, and with the world around. Although used as synonyms for connecting, joining and linking do not fit as well in describing the experience. Joining and linking seem more fixed and less fluid than connecting. Like being present, there is a continuum of connection from less connected to more connected. However, unlike the continuum of being present, where there is no zero point unless
you are dead, and some might argue not even then, with connecting there is a zero point, a point where one is disconnected. One person noted that suicide is the ultimate act of disconnecting and feeling disconnected. The other end of the continuum is connecting at a spirit or energy level, beyond the confines of our constructed perception of the separation between people.

“I almost have a visualization of opening myself up and I think the reason why is almost kind of opening up my body is cause it’s kind of like let’s get past this part, and let’s get to the being part” (C-1, 238).

“If you can actually be with someone, like your whole person with another whole person, um, that reduces that isolation and maybe helps them get more in touch with the deeper, more spiritual part of them” (JS-1, 173).

Definition:

to join, link, or fasten together; unite or bind
5. to associate mentally or emotionally.

Random House. Did not include the informal definition. Since the Random House dictionary of 1973 did not include the informal definition, this meaning has come to be in the last thirty years, the lifetime of all of the participants. This is a notion that they have grown up understanding.

Being present seems to be a prerequisite for being connected and the degree/level/intensity of each influences the other. Being present is a condition, an action and a consequence of connecting. Connecting is an action and a consequence of being present but is not possible without the condition of being present. In other words, I cannot connect with you if I am not present and the degree of our connecting is influenced by the degree/level of my
presence and the degree/level of yours. Once the self-perpetuating interaction between being present and connected is set in motion, it is difficult to separate the two processes and descriptions of them begin to resemble each other like two people who have lived together for a long time.

Connecting is palpable, felt in the body, as well as in intangible ways that are sensed emotionally, energetically, or spiritually.

I would just say just radiating from, um, from my face and, and my chest and radiating between us. The way I could describe it I guess is wavelengths. . . . I felt like we really, were really very much were matching wavelengths. (A-1, 36)

The intensity of like that connection that was happening, and it was just, yeah, it was kind of like, it was, it was intense but neat that it was happening, cause I, it was almost kind of like, um, like invisible kind of things, you know, kind of going on and, and, you know, parts of me kind of going out and parts of him going out and us meeting somewhere. (C-1, 88)

Connecting increases/deepens when people come together as whole people, as human beings, less so when people stay confined to their roles as counselor or client. Paradoxically, as connecting increases/deepens the individual person becomes less important.

I’m genuinely being me, and I don’t think I’ve ever been really present with someone without feeling that natural like interconnectedness, like we’re kind of the same, you know, like we’re all of the same stuff. (JS-3, 187)

When you’re connected on that level sometimes all those differences is not as relevant, or, I know it’s there, you know [Mhmm] still there, but it’s not as relevant, its just being human at that moment, two human beings exchanging um . . . a moment uh or an emotion or something that can connect us in some way. (T-1, 379)

Not self conscious, like that’s not where my thoughts are. And so much of the rest of the time they are. So it’s like minimizing the importance of self, seems to be part of the present. (JS-3, 208)

As connection increases/deepens/intensifies (moves along the continuum) in counseling, people seem to feel a sense of belonging and safety that facilitates disclosure, self-acceptance, and the facing of difficulties personal experiences. Connecting in counseling gives people and
experience on which to draw in making connections in the rest of their lives. “. . . and then with, having that connection and they realize that they can have that with others, well hopefully they realize they could have that with others.” (A-1, 383)

At the same time that being connected eases the confronting of personal difficulties, it also provides some distance from those difficulties in fulfilling basic human need that then reorganizes the priority of those difficulties. “So it’s kind of like I feel like when you connect with another person, truly connect with them, it’s a reminder of, of what’s important, it’s a reminder of, you know, like truth.” (C-3, 137)

Connecting, especially as you move along the continuum has the same paradoxical process or feelings associated with it as being present. And perhaps that is partly because the processes have merged at that point. The paradox is that it is not easy, it involves risking vulnerability and loss of control, and yet it also brings a sense of peace and well being that is sustaining and not scary at all.

Connecting requires two parties; it is connecting with. Connecting with some people in counseling is easier than connecting with others. Come emotions seem to facilitate connection. Both client and counselor vulnerability are conditions for connecting. Two parties create connection and also are influenced by that connection in counseling.

It just feels, I mean, it’s almost kind of for me I feel a little bit like, you know, I’m robbin’ a little bit, cause it’s not just a one way street, you know when you’re fully, you know, I’m getting something, and, you know, sometimes it’s hard with, but just feeling that true connection with another person I think is like really powerful and I think that’s a great, um, I don’t know, I think that’s a great reward for me. And with other people, too. When I actually sit with somebody, I’m like “Wow, we just had something that was true.” That’s like so sustaining. And so, I think that’s really big. (C-3, 130)

In being present and connecting with the person in counseling, the counselor attunes to that person in a way that allows her to feel the client’s emotions in heightened empathy and offer more accurate reflections to the client. The counselor is able to hear beyond the person’s words
as well as communicate even in silence. The client feels validated and understood further building connection and the relationship. “it produces that powerful connection, the feeling that the client says that ‘oh wow, finally the counselor gets me, really gets me’” (A-1, 377). “The client feels very understood by you, um, and feels comfortable in order to be much more honest with you then and um, yeah, to use I guess clinical knowledge, establishes rapport” (A-1, 382).

It is impossible to talk about connection between people without also talking about their relationship.

“sometimes I think that we both come out of the, the, well, most, many times I come out of a therapeutic relationship changed and, and the relationship stays with me” (JJ-1, 235).

the more that I can encourage the client to be present and the more I’m able to be present and the more that we’re able to connect with one another, um, (3) the more beneficial I think that is for the therapeutic relationship. (JJ-1, 156)

Being present may be seen as a condition (following having been an action), connecting is a action the consequence of which is the building of a therapeutic relationship. The relationship becomes a condition for being present and connecting as well. This makes connecting part of another self-perpetuating process. The phenomenon of entrainment may help in describing the interplay among being present, connecting, and the relationship. Entrainment is a principle in physics and is defined as “the synchronization of two or more rhythmic cycles.”

(https://www.transparentcorp.com/products/np/entrainment.php. Accessed 1/28/08) When in each other’s presence, pendulums come to synchronize with each other. There is some support for the idea that over time people synchronize with each other, with nature, with musical vibrations, and so on.
LIST OF REFERENCES


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BIOGRAPHICAL SKETCH

Christina “Tina” Anne Tannen grew up in Miami, Florida. She spent her first year of college at Oberlin College in Ohio. The cold winter sent her back to Florida where she graduated from Eckerd College with a Bachelor of Arts degree in psychology in 1974. Following her variety of curiosities and responding to unpredictable life events led Tina to several careers over her adult life. In 1980, Tina received a Master of Arts in community arts management from the University of Illinois at Springfield. She then became the Managing Director of the Hippodrome State Theater in Gainesville, Florida. From 1984-2005 Tina co-directed a summer camp for adolescents in Plymouth, Vermont, which allowed her to spend the summers outdoors in the mountains with her family and 100 other adventurous and creative people of all ages. During those 22 years, Tina’s other career was raising her three children. Tina’s first child was diagnosed with autism which also launched Tina on a self-directed study of the autism spectrum disorder. She worked for a short time as a parent advocate and support person for the Center for Autism and Related Disabilities at the University of Florida. Tina’s second child was born prematurely which led to Tina’s work as Parent Support Coordinator for the neonatal intensive care unit at Shands Hospital in Gainesville, Florida. Finally, Tina chose counseling as the career to take her through the last chapter in her professional life, in honor of her lifelong fascination with how people grow and change. She earned a masters/specialist degree in mental health counseling from the Department of Counselor Education at the University of Florida in 2005. In addition to the requirements of her academic program, Tina pursued additional clinical training and completed professional training in Gestalt therapy at the Gestalt Center of Gainesville. She is a National Certified Counselor and a Registered Mental Health Counseling Intern working toward licensure in the State of Florida. Her special interests
include training and development of counselors, Gestalt therapy approaches to change, and mindfulness meditation as clinical training as well as clinical intervention.