

Mindfulness Meditation for Intimate Partner Violence

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ABSTRACT

This study examined meditative practices among group participants and therapists, participating in the Domestic Violence Focused Couples Treatment (DVFCT) group using the phenomenology and systems frameworks. Specifically, this inquiry explored whether or not group participants and therapists experienced intrapersonal effects as well as relational effects from meditating, both within and outside of session. Little research examines the relational impact of meditating, or the use of meditation as a strategy for helping couples who experienced intimate partner violence. Systems theory and existing research regarding mindfulness meditation contributed to the development of interview questions. Five group participants and four therapists who facilitated the *Domestic Violence Focused Couples Treatment* group within the last two years were interviewed. The main theme that had emerged from the study were the differences between meditating during session versus out of session for all study participants. In the study, it was noticed that group participants also experienced more relational effects than were noticed by the therapists. While the experience for the therapists and group participants varied, some similarities were found consistently through their interviews. Also included are a discussion of the connections between these themes and the existing literature, the strengths and limitations of this study, and the implications for future research.

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CHAPTER I: INTRODUCTION

“It’s like if you take a shower in the evening and it... washes away the debris of the day and I think that energetically that’s what meditation does. It washes away the debris that has accumulated during the day.” (Client B)

Problem and its Setting

Mindfulness meditation is a Buddhist philosophy that is a “way of being” in which one pays complete attention to the present experience on a moment-to-moment basis, while also paying attention in a purposeful and nonjudgmental way (Baer, 2003; Kabat-Zinn, 2003; Leigh, Bowen, & Marlatt, 2005; Salmon et al., 2004). According to Kabat-Zinn (2003), mindfulness meditation is not unique to Buddhism. In fact, various forms of meditation can be found in every major religion and in most cultures (Goleman, 1988). Kabat-Zinn (2003) explains that as humans we are all mindful in one way or another, it just happens that Buddhist traditions emphasize ways in which we can cultivate and refine this idea and carry it into various aspects of our lives.

Studies continue to emerge regarding the effectiveness of mindfulness meditation to ameliorate suffering and improve various medical and psychological conditions among clinical and non-clinical populations. While studies suggest the use of mindfulness meditation can have significant effects on various disorders and conditions, it has also been suggested to have a multitude of long-term positive effects for non-clinical populations as well (Baer, 2003). In results from one study, there was an association between participation in mindfulness meditation and a decrease in the use of substances three months after being released from incarceration (Bowen et al., 2006). Mindfulness has shown to improve various other factors, such as decreasing psychological symptoms and depression relapse, while also increasing self-control (Teasdale et al., 2000), improving sleep quality (Carlson & Garland, 2005), improving parenting satisfaction and style (Singh et al., 2006), and helping therapy groups to engage more quickly (Astin, 1997). Mindfulness meditation has also been shown to enhance nondistressed couples’ relationship satisfaction (Carson, Carson, Gil, & Baucom, 2004). Mindfulness meditation as a treatment strategy can help individuals gain control of themselves and their surrounding situations. The simple exposure to mindfulness helps individuals to experience sensations and behaviors (for example, pain, sleeplessness, anxiety, and binge eating) without having excessive emotional reactions. The self-observation acquired from mindfulness may promote the use of a wide range of coping skills that can be useful throughout life experiences.

A common experience when practicing mindfulness is relaxation; however, the primary reason to engage in mindfulness is to become more centered within oneself and focused on the present moment. Through this aspect of practice, the individual attains insight into the impermanent nature of all phenomena (Guaratana, 2002). As with most types of contemplative practice, individuals follow a general structure.

In mindfulness, the individual begins the meditation with a period of focused awareness, typically using the breath as an anchor. As the meditation continues, awareness is focused on the physical sensations of breathing and the meditator is encouraged to notice when awareness is drawn away from the breath to thoughts or other stimuli, and then to gently bring awareness back to the sensations of breathing. As concentration deepens (either within a session or over the course of

weeks or months of practice), the meditator releases awareness from the specific anchor and instead attends to whatever internal phenomena arise; simply letting them come and go as they will. (Pruitt, 2007, p. 2)

There has yet to be any research conducted evaluating the effects of mindfulness on intimate partner violence (IPV). This study aims to address the gap in research and examine the impact of mindfulness meditation on intimate partner violence. For the purpose of this study, IPV refers to any physical, sexual, psychological, and/or emotional abuse within a romantic relationship. Intimate partner violence is a serious social and economic problem for the United States as a whole, but it is most problematic for the individuals and families. According to the U.S. Department of Justice, in 2001 there were over 690,000 nonfatal incidents of violence committed by the victims' current or former spouse, boyfriend, or girlfriend. Recent estimates suggest that between 25% and 54% of individuals are abused by their intimate partner in their lifetime (Bonomi et al., 2006; Linder & Collins, 2005; Salazar & Cook, 2006; Thompson et al., 2006). It is speculated that the wide variation in lifetime prevalence rates is due to the ambiguous definitions for IPV. The ambiguous definitions make it difficult for authorities and communities to define IPV and determine when appropriate action should be taken.

Treatment for IPV also varies greatly. One useful approach is couples treatment (Stith, Rosen, & McCollum, 2003). In the current program at Virginia Polytechnic Institute & State University, mindfulness meditation is being introduced into the *Domestic Violence Focused Couples Treatment Group* (DVFCT). Stith, McCollum, and Rosen (2007) realized the couples treatment group needed a component that could improve the couples' ability to become more aware of their own reactions when they engage in an argument. Mindfulness meditation asks clients to step out of "automatic pilot" mode and learn to observe rather than act on impulses and thoughts (Segal, Williams, & Teasdale, 2002). By teaching the couples to recognize that feelings and thoughts are just feelings and thoughts, and not literal truths, they can recognize that acting on them is optional rather than automatic.

Various other studies find that mindfulness meditation may decrease criminal behavior (drug use, problems associated with drug use, and psychiatric symptoms) and increase internal locus of control among participants (Bowen et al., 2006). While it is suspected that implementing mindfulness into the DVFCT could be beneficial in addressing a variety of mental health issues that may be related to IPV, questions arise as to clients' practice of mindfulness, whether therapists can teach it effectively, and effects each group might report.

Significance

Intimate partner violence is an issue throughout the United States, affecting communities at many levels. It becomes important to focus on the treatment strategies that can help not only communities and individuals but also the unit of family and couple. No one treatment has been proven to be most effective; therefore, new innovative solutions are continually needed to expand the treatment strategies (McCollum & Stith, 2007).

There have been no studies examining the use of mindfulness meditation among couples that have experienced mild to moderate levels of violence. Given that IPV is a serious problem for families and communities, not examining this deadly problem would be an injustice to current and future clients. This study focused on the couples' use of mindfulness among couples with domestic violence, examining the effects on couples' romantic relationships as well as on

their therapeutic relationships. This study also sought to expand the literature on the experience of therapists who teach meditation to clients.

Rationale

This study addresses the research questions using qualitative and phenomenological methodology. This framework provided an appropriate structure because it allowed for an in-depth investigation of the participants' experience (Strauss & Corbin, 1990). The in-depth analysis provided an opportunity for rich description of the effects of mindfulness meditation that a quantitative study could not provide.

In the current body of literature, little to no research exists regarding the use of mindfulness in addressing IPV. The in-depth interview of the participants will provide valuable information about the way each participant experiences the use of mindfulness. As a qualitative study, the researcher was able to gather more information about the participants' current practice of mindfulness. The current study seeks to provide more understanding of the ways mindfulness is used.

This study also seeks to expand the current literature regarding how therapists implement mindfulness into a session. Dimidjian and Linehan (2003) suggest that if therapists use mindfulness with their clients, it would be helpful not only to be practicing, but also to create and maintain ongoing relationships with spiritual teachers to discuss their own mindfulness practices. In the current study, the therapists were not formally trained nor did they maintain an ongoing relationship with spiritual teachers; regardless, the study sought to examine the therapists' experience of implementing the practice of mindfulness in their professional work.

Finally, a qualitative approach may offset many of the administrative challenges and difficulties in defining appropriate control groups and conditions that could be encountered in quantitative studies of these topics. For all of these reasons, a qualitative and phenomenological approach was used.

Theoretical Framework

This study utilized phenomenology and systems theory as the theoretical frameworks to help guide the collection and analysis of data. The phenomenological lens used in this study allowed participants to provide an in-depth description of their own experiences. The use of systems theory helped to provide a framework for understanding and examining the way in which a change in one member of a system could influence the rest of the system.

Phenomenology

One of the main objectives of the phenomenological approach is to describe and understand the experience of the participants through exploration of the meaning behind relationships and everyday life events (Dahl & Boss, 2005). This framework enabled the study to fill the gap in the research in understanding how meditation influences and supports ending IPV among couples, and how it helps therapists to manage heightened emotions and behaviors among participants.

This particular framework is shaped by many philosophical assumptions. One of the key assumptions for this framework is that researchers are not separate from the phenomena they

study. Phenomenology suggests that objectivity is unattainable and truth is only relative; therefore, the beliefs and value system of the researcher will influence the questions the researcher asks. As someone who has experience with meditation and as a couples therapist, it was important for this writer to attempt to maintain objectivity throughout the study, through continual reflection of personal experiences or processes.

Phenomenology suggests that participants are the experts of their own experience (Patton, 2001). The questions of the study allowed the participants the freedom to define phenomena as they experienced it, rather than applying the researcher's own meaning.

Systems Theory

Within systems theory it is believed that the whole is greater than the sum of its parts. Nichols and Schwartz (2005) state, when a researcher only considers individual and isolated parts of the system, important relational data about the system itself is lost. This particular perspective informed the study's focus on the relational effects of meditation, rather than limiting the focus to the personal effects of meditating.

Bertalanffy developed the metaphor of a family or social group as an organism that is an open system, which continuously interacts with the environment. When an environmental factor enters a family or social group, it affects both individuals and the system, and the family or group learns to respond in a different way (Nichols & Schwartz, 2005). In this study, meditation can be viewed as an environmental factor that enters into a family or group through one or more of its members. Just as other environmental factors would cause a change in the system, it is assumed that meditation would have an effect not only on the individual who practices meditation, but also on the other family members and group members through the network of relationships that exists, and on the therapist-client system.

Purpose of the Study

This study sought to fill a gap in the current mindfulness research by collecting and analyzing qualitative data about the experience and effects of using the practice of mindfulness on couple and therapeutic relationships, as experienced by couples encountering IPV and by their therapists. The group members will be asked questions regarding their experience of meditating in and out of group therapy, and effects it may have had on their romantic relationships as well as their therapeutic relationships. (Note: Throughout the paper men will be categorized as the aggressor in the relationship. However, it is important to recognize that women can be aggressive too.) Group therapists will also be interviewed regarding their experience of meditating in and out of the group, teaching and implementing mindfulness in a group, and effects it may or may not have had on their therapeutic relationships with the group members.

The following are the broad questions that guided the study:

- What were the clients' experiences of learning meditation in DVFACT?
- What effects did the clients notice from practicing mindfulness? How did it help, if at all?
- What were the therapists' experiences delivering/implementing meditation?
- What effects did the therapists notice from practicing mindfulness? How did it help, if at all?
- What impact did meditating have on the clients' personal relationships as well as the relationships between the clients and the therapists?

CHAPTER II: LITERATURE REVIEW

The study will examine the way in which group participants' meditation experiences influenced their close interpersonal relationships and their relationships with other group members and therapists, as well as the therapists' experiences of teaching mindfulness meditation. The following sections provide a review of the published literature for issues related to the experience of mindfulness among therapists and group participants of a domestic violence therapy group. Particular attention will focus on the *Domestic Violence Focused Couples Treatment* group (DVFCT), use of mindfulness meditation among non-clinical and clinical populations, professionals who use mindfulness meditation, and the impact of mindfulness meditation on relational effects.

Treatment Strategy for Domestic Violence: DVFCT

Stith, McCollum, and Rosen (2007) recognize that there is no one effective treatment strategy for treating domestic violence. However, one alternative to treatment is utilizing couples therapy to help improve intimate partner violence. The DVFCT is an 18-week program designed to help couples that are experiencing mild to moderate levels of intimate partner violence. The program begins with a six-week psychoeducational component. The last 12 weeks are primarily process oriented and focus on the immediate needs of the couples within a multi-couple format.

During the first six weeks, the males and females are separated into two groups. The gender separation allows each group to further explore and learn about domestic violence. During the first week, each individual completes a pre-test, no-violence contract, counseling/research consent forms, and release of information (if needed). During the first week, little discussion occurs; however, the information provides therapists with key data to help assess the level of appropriateness for the group. After the first session, it is important for all co-therapists to consider if the couples are appropriate for the group and will work well together. If a couple is appropriate for the group, a co-therapist will call the couple to inform them that they can continue with the group. The co-therapist can then answer any questions the couple may have at that time. If it is decided that a couple is not a good fit for the group, a co-therapist will call the couple, inform them, and provide them with referral sources.

Once the group is established, the members meet within the gender groups to learn and discuss what makes a healthy relationship. In the gender group, it is important to review the results from the pre-tests, especially the answers that were common among most of the group members. Each of the members has a chance to tell his/her story to help the group join. If co-therapists recognize that two or more individuals have shared the same experience, they promote joining by showing that members have experienced similar incidents. It is also be important to help the group consider the characteristics of a healthy relationship, such as physical intimacy, emotional, spiritual, and financial.

After the group has constructed a firm idea of a healthy relationship, co-therapists begin to educate the group on domestic violence. During the third session, they teach the group about the cycle of violence along with the different types of abuse, to provide a foundation for further work. It is at this stage that the group members can begin to examine their role in the relationship. As a co-therapist, it can be helpful to facilitate open discussion around these topics.

In the fourth session, the co-therapists begin to teach the individuals new ways of helping themselves and their relationship. This includes teaching the group members how to meditate as well as formulate safety plans.

Mindfulness meditation is important within this group because it provides each individual the opportunity to learn how to focus on the present moment and become more aware of themselves. Research indicates that meditation affects the physical and emotional effects of stress, leading to better emotional balance and better physical health (Stith, McCollum, Rosen, Locke, & Goldberg, 2005). All members of the group are encouraged to meditate daily at home to improve self-awareness.

After learning how to meditate, each individual begins to formulate a safety plan. The process of formulating safety plans differs depending on the gender group. For the men, the group will focus on ways they can keep themselves calm and in control to help prevent violence from occurring. The women's group will create confidential plans for themselves and their children they can implement in case of the threat of violence. It is extremely important that the co-therapists help the female members to be clear and concise about their plan. It is vital that these plans stay confidential from the male group members to ensure the safety of the women.

Now that the group members have been taught how to meditate they will do so at the beginning of every session until the group is completed. For the fifth and sixth session, the gender groups individually discuss escalation signals and substance abuse, helping participants' awareness of their own actions within the relationship. The two gender groups then join to provide the couples the opportunity of working together to formulate appropriate time-out strategies. The couple is instructed to help one another formulate healthy ways of requesting time apart during an emotional conversation/argument. The time-out procedure allows the individual to retreat, then return to the conversation with a calmer presence. The sixth session concludes the psychoeducational component of the group.

At each of these sessions, there is a 15-minute pre check-in, during which members separate into gender groups. During the check-in, the co-therapists assess for violence throughout the past week and any successes members notice. At the beginning of the pre-session check-in, the group meditates; co-therapists help the group members by guiding them through the practice. After the check in, the gender groups rejoin and begin processing an issue. With 15 minutes left in the session, the group will once again split into gender groups. During the post-session check-in, the co-therapists will make sure that all individuals feel comfortable and safe to return home with their partner. After the psychoeducational component, the group continues for twelve sessions doing more process oriented work around immediate issues for the couple.

Mindfulness Use Among Non-clinical and Clinical Populations

Clinical Populations

Mindfulness-based interventions hold considerable promise, both alone and when combined with other interventions. While mindfulness meditation exercises have helped those battling depression relapse and substance use, there is research to suggest that mindfulness meditation can also help individuals battling health related disorders such as psoriasis (Kabat-Zinn et al., 1998) and cancer (Bowen et al., 2006).

In a study involving psoriasis patients, Kabat-Zinn et al. (1998) evaluated the therapeutic effect of adding a psychological stress reduction exercise (mindfulness) in conjunction with

ultraviolet phototherapy (UVB) or photochemotherapy (PUVA). Thirty-seven patients who presented either moderate or severe psoriasis, and were about to undergo UVB or PUVA, participated in the study and each were randomly assigned to one of two conditions: an audiotaped mindfulness intervention during light treatments or a control group (receiving only the light treatment). The study targeted patients with a moderate or severe case of psoriasis because it justified treatment with UVB or PUVA. The researchers hypothesized that stress reduction methods based on mindfulness meditation could positively influence the rate at which psoriasis clears in patients undergoing light treatment (UVB or PUVA). Researchers also hypothesized that through the exercise, patients would enhance their relaxation and their sense of participatory agency in their treatment, reducing (or reversing) any stress-related emotional or cognitive issues that may intensify their condition (Kabat-Zinn et al., 1998).

Kabat-Zinn et al. (1998) found a difference between the groups with and without the guided mindfulness tape. The study verified that patients who listened to the audio tape reached the halfway clearing point and the clearing point significantly more quickly than those who did not listen to the audio tape (Kabat-Zinn et al., 1998; Kabat-Zinn et al., 2003).

In the 1998 study, Kabat-Zinn et al. noted that the component of social support was thought to have an attenuating effect on the progression of psoriasis. While this component is not examined in the study, it warrants future research. Further research could help examine how social factors or individuals effect the progression of psoriasis and other skin related diseases. With evidence suggesting that social factors may influence the progression of psoriasis it becomes apparent that there is a need to incorporate not only the individual undergoing the light treatment but the family and social network as well. Once again, as mindfulness may help the patient, it may further help the patient if the family is also actively using mindfulness. Conducted in isolation, the light treatment cuts the patients off from their family and social network. Engaging in mindfulness as a system may help the patient realize that their family and social network supports them and is coping with the disease as well. Mindfulness may also open communication, helping the family feel closer to the individual who is otherwise isolated by treatment. Once again, further research is needed to assess the impact of mindfulness on the family and the patient as a system.

In the Teasdale et al. (2000) study the recurrence of depression, the authors examined mindfulness-based cognitive therapy (MBCT), when offered in addition to treatment as usual (TAU), would reduce rates of relapse and recurrence compared to TAU alone. The study focused on 147 patients who were currently in remission or recovery from major depression. It was unlikely to be effective in the treatment of acute depression, where factors such as negative thinking may prevent the gaining of attention control that is central to the program (Teasdale et al., 2000). As this study was a novel experiment, the researchers hypothesized that combined treatment would prove to be more beneficial than TAU alone. The initial experiment examined and evaluated MBCT's benefit in reducing recurrence; succeeding research could compare other psychological interventions with MBCT (Teasdale et al., 2000). The researchers used three separate sites to gather patients, and within each of those sites, the treatment group as a whole learned MBCT, which contains aspects of mindfulness based stress reduction (MBSR) and cognitive behavioral therapy for depression (Teasdale et al., 2000).

The study found that patients who experienced three or more recurrent episodes were able to decrease their recurrence by half over the follow-up period compared to the patients in only TAU. However, in patients who only had two or fewer episodes this was not the case. The researchers stated that these results were due to the program's link to a state of dysphoria, and

dysphoric thinking increases with each depressive episode (Teasdale et al., 2000). This study found that group-based psychological interventions could significantly reduce the risk of future relapse/recurrence in patients with recurrent major depression (Teasdale et al., 2000).

Mindfulness appeared to aid the clearing of psoriasis; however, in cancer patients, while mindfulness may not help to cure the disease, it has improved sleep patterns and stress among these individuals. Carlson and Garland (2005), examined the relationship between (MBSR) and sleep quality in cancer patients. The study utilized a heterogeneous sample of 63 cancer patients; there was no restriction placed on the type, stage, or prognosis of the cancer. The researchers proposed three hypotheses: (a) those who participated in the MBSR would result in positive changes in their sleep patterns, stress symptoms, mood, and fatigue postintervention; (b) absolute levels of stress would be related to sleep quality both pre- and postintervention; (c) and changes in their sleep would be correlated with simultaneous changes in stress, mood, and fatigue pre- and postintervention.

Carlson and Garland (2005) were able to suggest that patients who participated in MBSR significantly improved their sleep quality after participation. The results of the study also helped to verify that the reduction in sleep disturbance was significantly correlated with reductions in symptoms of stress (Carlson & Garland, 2005). While the study demonstrated significant post-test results, it lacked a control group, which could have helped to determine if the improvements were due to MBSR or if they were due to extraneous factors.

An alternative to examining the extraneous factors without a control group would be to incorporate spouses and families within the MBSR training. When a family member is diagnosed with a disease such as cancer, the entire family is grieving and trying to cope with the news. Cancer patients may be having a difficult time sleeping due to family members who are also having a difficult time sleeping. It may be helpful to examine the effects MBSR has on family members who may be exhibiting sleep problems. There is a high possibility that MBSR will be helpful to the whole family, their sleep quality, and within their relationships to one another. It is therefore important to examine the effects mindfulness may have for the non-clinical population too.

Non-Clinical Populations

There have been numerous studies examining the effects of mindfulness has on stress related problems. However, most of them lack the use of comparison control groups (Astin, 1997). To rectify this, Astin utilized 28 non-clinical undergraduate students to compare the treatment group (those taught MBSR) with a control group. He believed that MBSR would reduce the overall psychological symptoms of the participants (both somatic and psychological), positively affect the individuals' sense and form of control, and increase their spiritual experiences/feelings (Astin, 1997).

Astin (1997) found that the treatment group, compared to the control group, reduced their overall psychological symptoms, increased sense of control, increased positive yielding and accepting mode of control, contributed to increased sense of self as the source of control, and increased spirituality. Overall, the study was able to conclude that mindfulness meditation is effective in reducing levels of psychological distress in a non-clinical population. While the study did demonstrate positive effects within a non-clinical population, it did not control for placebo effects and it did not examine the long-term benefits that may contribute to the outcome.

To further the research regarding the effects on families, Singh et al. (2006) explored the effects of MBSR on parents with autistic children. This study was classified as a non-clinical population because those being trained in mindfulness were not presenting with a clinical diagnosis. The three mothers in this study were trying to manage their autistic child's aggression, noncompliance, and self-injury. In particular, the researchers wanted to know how mindfulness training and practice by mothers of children with autism affected the children's behavior and the mother's satisfaction with her parenting skills and interactions with her child.

The study examined three mother-child dyads, each of whom had attended other training programs such as teaching language to their children, behavior management, sensory integration, and medication management. Researchers found that the children's maladaptive behaviors decreased and each mother's satisfaction with her parenting skills and her interactions with her child increased (Singh et al., 2006).

The research supports previous findings that suggest staff can help change the life quality of their patients in interacting mindfully with them on a regular basis. Previous research suggests that mental health services for children and adolescents are not family friendly (Singh et al., 2006). However, Singh and colleagues suggest that the practice of mindfulness meditation increases positive feelings due to more effective communication through increased awareness of their clients' thoughts and feelings. A meta-analysis by Grossman, Niemann, Schmidt, and Walach (2004), conclude that from the 64 empirical studies examined, mindfulness training may "enhance general features of coping with distress and disability in everyday life, as well as under more extraordinary conditions of serious disorders or stress" (p. 39). From the current research, it becomes apparent that mindfulness meditation could be useful among a variety of problems and situations in a therapeutic setting and with non-clinical populations. If the presenting problem "can be seen, felt, and known nonconceptually, directly apprehended through the five senses and throughout the mind" it can be effected by mindfulness meditation (Kabat-Zinn, 2003, p. 150).

Mindfulness and Relational Effects

While the study of mindfulness has focused mainly on individuals, existing research also attempts to illustrate the impact of mindfulness meditation on building and maintaining relationships. Segalla (2003) informally examined two of her own psychotherapy groups (N=13; Group 1=6, Group 2=7), into which incorporated meditation. Segalla found that the meditation fostered a transitional moment that allowed members of the group to become present to themselves and one another. From her experience, the groups that used meditation at the beginning of each session engaged with one another more quickly than previous groups. She also noticed meditation helped to decrease defensiveness and foster empathy and compassion within the group members. She believed that the 10-minute meditation exercise at the beginning of each session helped the groups to focus more comfortably on their effective experience.

In the previous studies, mindfulness meditation examined the effects on individuals who were distressed. Carson et al. (2004) were interested in examining the effects of mindfulness meditation on a nonclinical population of intimate partners. Their study revolved around 44 nondistressed heterosexual couples, recruited through an employee newsletter and common gathering places. The authors hypothesized that those in the intervention group would demonstrate an increase in relationship satisfaction, autonomy, relatedness, closeness, acceptance of partner, daily relationship happiness, daily relationship stress, and on levels of

individual well being (optimism, spirituality, individual relaxation, psychological distress, daily coping efficacy and daily overall stress) (Carson et al., 2004).

Compared to the control group, the treatment group enhanced their stress coping skills, relational functioning, improved their individual relaxation, acceptance of partner, confidence in ability to cope, and overall functioning across a range of domains (Carson et al., 2004). The study suggested that, for couples not in a crisis, the use of mindfulness greatly enhanced their relationship with each other. It becomes apparent that even though the individuals in the study did not present any clinical diagnosis, mindfulness helped not only their individual functioning but their interpersonal relationships as well. The couples' use of nonjudgmental awareness helped them to accept not only their own thoughts, feelings, and actions but their partner's thoughts, feelings, and actions as well.

The use of mindfulness helps couples focus on the present moment. If only one partner were to practice mindfulness, the couple may or may not have the same outcome as if both were to practice. It is suggested that when working with couples it may be more beneficial to use mindfulness together as a couple rather than separately. As stated earlier, the use of group meditation helped to decrease defensiveness and allowed the group to open up quickly and more in depth (Segalla, 2003). It is presumed that this may have occurred amongst the couples as well. Further research could examine the impact of couples training on parenting, as well as the effectiveness of intensive practices versus those that are less intensive and the effects of group versus individual treatment.

More recently, Barnes, Brown, Krusemark, Campbell, & Rogge (2007) examined the role of mindfulness in relationship satisfaction and in responses to relationship stress. Their research encompassed two separate studies, both examining the same variables. For the first study, the authors hypothesized that mindfulness would be positively related to general romantic relationship satisfaction and to indicators of adaptive and relationship-enhancement response to relationship stress. In the second study, they hoped to replicate their previous findings and to more closely examine the role of mindfulness in response to relationship stress. Overall, they hypothesized that higher levels of mindfulness would be related to less negative emotional experience, less anxiety and anger/hostility. They also predicted that the couple would have a positive change in perception of their partner and relationship following the conflict discussion and a more benign pattern of communication during the discussion (Barnes et al., 2007).

The first study used a short-term longitudinal design, in which all the measures were collected twice from 89 participants, 10 weeks apart (Barnes et al., 2007). Researchers found that mindfulness was positively related to relationship satisfaction, self-control, and accommodation at both Time 1 and Time 2. In addition, Study 1 Time 1 mindfulness predicted both measures of relationship satisfaction and self-control at Time 2.

The second study used 114 college students (57 couples) who had been dating for a minimum of three months (Barnes et al., 2007). These individuals were videotaped and asked to refrain from speaking to one another six hours prior to their study interview. When the couple came to the interview, they sat down and talked about their day and eventually talked about an issue that typically elicits conflict. Periodically an instructor would enter the room and direct them in terms of what they were to do next (i.e. talk about daily events, assessment of mood or comparing problematic issues). Study 2 indicated that partners with a higher score in dispositional mindfulness reported a less severe emotional stress response to relationship conflict. The researchers suggested that people who entered the conflict discussion with lower anxiety and anger/hostility were those who were more mindful.

Barnes et al. (2007) noted study limitations: First, the population of their sample (college students) makes it difficult to generalize to older or married couples; they also noted that many of the couples who began the study were already satisfied with their relationship and further research should examine the effects on unsatisfied couples.

Pruitt (2007) explored personal traits developed through meditation and how they influence personal relationships. Seven advanced meditators were interviewed about their experiences and how they have noticed meditative traits affect their relationships. Pruitt (2007) defined advanced meditator as one who practiced for a minimum of ten years and identified meditation as an important aspect of their life. Throughout the interviews, four similar meditative traits were revealed: awareness, disidentification, acceptance and compassion.

During the process of coding, Pruitt (2007) recognized that the meditators experienced relational effects from the meditative traits. She found that the meditators experienced less reactivity in their relationships, greater freedom and safety for themselves and their partners, a new understanding of the connection between people and a deepened experience of intimacy and independence within their relationships. While the study examined meditative traits, personal and relational, it would be important for future research to include data from both individuals within the relationship, to ensure rich data.

Professionals who use Mindfulness

Limited research exists regarding the effects of mindfulness meditation on the therapist-client relationship. From previous research regarding interpersonal relationships it is likely that the effects may be duplicated within a therapist-client relationship, thus affecting the possible client outcome in therapy. It was found in one study that the therapist's use of mindfulness could directly enhance the therapeutic relationship (Stanley et al., 2006). In fact, it may be indirectly helpful to the therapeutic process by helping to maintain the therapist's well-being and mental health (Stanley et al., 2006). Health care professionals who are in training tend to be nervous, distracted, and stressed (Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Mindfulness meditation may help to ease these feelings, and at the same time facilitate a rapport between trainees and their patients (Astin, 1997; Jain et al., 2007). It is said that practitioners who practice mindfulness meditation outside of work bring with them a certain type of mindful presence; they are practitioners who come into the room and have the ability to "observe the observed while observing the observer" (Epstein, 1999, p. 835). More importantly, the therapist's mindful presence allows for less emotional reactivity to the difficulties in the treatment process, and essentially become more flexible and capable of going where the client goes (Gehart & McCollum, 2007).

Mindfulness can be taught in various ways. It is still unclear which form of delivery is optimal (Roemer & Orsillo, 2003). From the following studies, therapists who use or are exposed to some form of mindfulness exhibit positive effects that are important and useful when working in the health care field.

Teaching mindfulness to health care professionals in training can be intimidating for current professionals because it forces the spectrum to change. Teachers who teach from the Buddhist perspective teach their students to have compassion before wisdom and more emphasis is placed on the self of the therapist rather than the theoretical work and the client (Gehart & McCollum, 2007).

Medical Professionals in Training

Shapiro, Schwartz, and Bonner (1998) conducted one of the first studies examining the effects on patient outcome while the medical professional practices mindfulness on an ongoing basis. This study explored whether this intervention would help students adopt a more balanced and humanistic approach to both their own lives and their patients' lives. More specifically, the researchers wanted to know if the practice of mindfulness would decrease the overall negative psychological symptoms (anxiety/depression), enhance the doctor-patient relationship (through empathy), and foster spiritual growth and understanding. The researchers handed out flyers to recruit premedical and medical students to participate in the study, a total of 78 participants met the criteria and completed the study. Shapiro et al. (1998) expanded upon previous research by examining the potential benefits of mindfulness, specifically fostering empathy in the therapist-client relationship. They focused on providing an intervention that would help the students find a skillful way to deal with the everyday stressors inherent in the medical profession.

From previous research, Shapiro et al. (1998) recognized that stress may have harmful effects on one's physical and psychological well-being. It is assumed that the physical and psychological well-being of the physician would influence the doctor-patient relationship, and therefore would influence the general well-being of the patient. The researchers reached several conclusions: First, the study reported that the mindfulness intervention was able to reduce self-report of psychological distress (including depression) and trait anxiety. The intervention also helped to increase the students' scores of empathy and spiritual experiences, as assessed at the end of the intervention. The higher levels of empathy allow for more meaningful and successful interpersonal functioning (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007). The study had been replicated with new participants and new investigators, finding the same results, suggesting its reliability. From earlier findings, it was apparent that mindfulness meditation use among physicians elicited positive effects on patient well-being and outcome. However, while the study provided significant results, one should err on the side of caution because this study only has implications for health care if the effects of the "intervention are enduring" (Shapiro et al., 1998).

Mental Health Professionals in Training

Grepmaier et al. (2007) conducted a study to examine whether, and to what extent, promoting mindfulness to psychotherapists-in-training would have an effect on their patients' therapeutic results. The nine psychotherapists in training were recruited from a licensed training institution in Germany for depth-psychology-based psychotherapy. The 196 patients of the psychotherapists in training were treated in accordance with an inpatient integrative psychiatric-psychotherapeutic plan. All patients took part in the same plan: two individual sessions, five group therapy sessions, two group sessions of Gestalt therapy, five sessions of group body psychotherapy, two sessions of progressive muscle relaxation, and sports/gymnastic groups. Since the treatment for all the patients was the same, the researchers were better able to suggest reasons for the various patient outcomes.

Compared to the control group, the researchers found patients in the intervention group showed reduced rates of somatization, insecurity in social contact, obsessiveness, anxiety, anger/hostility, phobic anxiety, and psychoticism. It is interesting to note that while there was a reduction in a multitude of symptoms, there was no difference between groups in their

perception of distrust and the feeling of being used (paranoid thinking). Further research would be needed to examine the effects of mindfulness on paranoid thinking. Patients in the intervention group scored significantly higher on their assessment of individual therapy than those seen by the control group. More specifically, the intervention group better understood their own psychodynamics, the structure, phenomenology, and characteristics of their difficulties, and the possibilities and goals of their development. These patients also made better meaning of their subjective progress in overcoming their difficulties and symptoms, their development of new behaviors, and implementation in their daily life (Grepmaier et al., 2007).

It is important for all health care professionals to have a strategy for taking care of themselves both physically and mentally. Shapiro et al. (2007) examined the effects of MBSR on 54 master's level therapists in training as an approach to self-care. All therapists in training were students in a counseling psychology program in a small private university. Mental health professionals can experience an array of negative consequences due to stress. They investigated the influence of MBSR and specifically the impact of self-care skills training offered to trainees. The participants for this study were master's level students in a counseling psychology program in a small private university.

This study focused on testing the usefulness of MBSR in enhancing the mental health of trainees. Researchers predicted that the participants of the program would show improvements in mental health and their overall well-being. Researchers also sought to examine the process by which MBSR achieves its beneficial effects, predicting that the participants' levels of mindfulness would increase throughout the program and these increases would be related to positive changes in mental health. The researchers did not predict what they would find "due to the lack of clear, supportive evidence for the role of mindfulness practice on MBSR outcomes" (Shapiro et al., 2007, p. 107).

The research found that participants in the MBSR program reported significant decreases in their perceived stress, negative affect, state and trait anxiety, rumination, as well as significant increases in positive affect and self-compassion. The study also supported their second hypothesis of increased levels of mindfulness among those who participated in the program. Finally, they found partial support suggesting that mindfulness is a central feature of MBSR that is related to the positive outcome of the program. It should be noted that this study did have limitations, which should be considered when examining the finding: the findings did not demonstrate significant differences between the MBSR group and the control, and sample sizes were small.

Stanley et al. (2006) sought to examine the relationships between therapists' inherent mindfulness and client treatment outcome in a manualized, empirically supported treatment. For this particular study, the researchers utilized 23 doctoral student trainees from Florida State University's Psychology Clinic. This particular study utilized the Mindfulness Attention Awareness Scale (MAAS) to determine the therapists' level of mindfulness. The clients were composed of 144 adults who received services at the clinic. While the clinic is affiliated with the university, it primarily serves nonstudents who would typically be seen in a community mental health clinic. According to Stanley and colleagues (2006), the FSU Clinic operates on a sliding fee scale and therefore serves a lower socioeconomic status that can be more difficult to treat than higher SES populations.

The researchers found that clients overall experienced a higher global assessment of functioning and a reduction in symptoms by termination. Those who had a therapist practicing mindfulness did not improve any more or less than those who had a non-practicing therapist.

The MASS is unable to assess the level of mindfulness in a therapeutic setting versus a personal setting. For future research, it may be best to utilize a qualitative approach rather than a quantitative approach, due to the lack of research that currently exists about this topic and with this population.

Mental Health Professionals

Shapiro et al. (2005) sought to examine the effects of MBSR on current health care professionals. The study hypothesized that MBSR would decrease overall psychological distress, stress, job burnout, and increase overall life satisfaction and self-compassion. This study included a wide range of 38 health care professionals, including physicians, nurses, social workers, physical therapists and psychologists, providing a more expansive view of the effects on health care professionals and increasing generalizability.

This study concluded that those who participated in the MBSR intervention significantly decreased their perceived stress and had greater self-compassion when compared to the control group. While not statistically significant, the study also reported that the participants in the intervention group decreased their psychological distress and job burnout. It should be noted that this study had a high dropout rate of 44%, compared to the typical rate of 20% (Shapiro et al., 2005). It was suggested that future research that involves the participation of current professionals should consider ways of offering these interventions without adding additional time-commitment and strain.

The effect of mindfulness meditation on various conditions and problems has been widely researched. However, the literature is limited when examining the effects it may have on intimate partner violence. From the previous research, mindfulness meditation has helped to improve various medical conditions, interpersonal relationships, and professional wellbeing. The present study examines the impact, if any, of mindfulness meditation on group participants and therapists within the DVFACT group, specifically examining the experience of meditation and any relational effects experienced and noticed.

CHAPTER III: METHODS

Design of Study

To understand the impact of using mindfulness within the *Domestic Violence Focused Couples Treatment (DVFCT)* the researcher used qualitative methodology to understand the participants' experiences and their impact. For the current study, the researcher worked with the directors and co-creators of the DVFCT to incorporate a semi-structured personal interview of the group participants and therapists. A 15-20 minute in-depth interview regarding mindfulness was digitally recorded four weeks after the participants had completed the program. The following sections describe in more detail the participants, procedures, and analyses.

Study Participants

The researcher obtained participants through purposive sampling. Those who participated in the DVFCT at Virginia Polytechnic Institute & State University at the Northern Virginia Center were selected as the participants for this study, along with the therapists who facilitated the most recent group and past groups. Five therapists and five group participants were interviewed for the study.

The DVFCT group has criteria for the eligibility and exclusion of couples from the group (Stith et al., 2007). To have participated, each partner had to be at least 18 years of age and have voluntarily decided to attend the group, with a goal of ending violence within their relationships. A violence assessment of each partner was conducted to determine if the multi-couple group was an appropriate fit for them both. If either partner had used severe violence (threatening partner with a weapon, serious injury to the partner, unpredictable violence, or recent severe violence) against the other, or if either had been violent outside the home against family, friends or strangers in the past year, the couple was referred to other community services. In addition, both partners had to be willing to address any current alcohol or drug problems and be willing to remove any weapons that were currently in the home. Lastly, both partners had to sign a no-violence contract. If either partner did not fulfill the requirements, the couple was referred to other services in the community that could provide the safety and type of services needed. Six couples had been interviewed for the group; four couples started the group. Of the two couples that did not begin, one couple had decided that they were no longer interested in participating and did not feel this would be a good group for them. The second couple had conflicting schedules and could not attend on a regular basis. Within the first three weeks, one of the four couples had decided that the group was not right for them and dropped out. Three couples continued; half way through the group, one couple was asked to leave because they were unable to make the weekly commitment. The remaining two couples successfully completed the group.

The therapists chosen for this study had to have facilitated the group at least one entire 18 week group. Therapists either were in the process or had already completed their Master's degree or Post-Master's certificate in the Marriage and Family Therapy (MFT) program at Virginia Tech. The DVFCT group therapists consisted of at least one alumnus from the MFT program along with two or three current advanced students.

Procedures

The 2008 DVFACT group was part of an on-going research project; therefore group members had already completed the post-test, a booster session and follow-up assessments. The post-test was taken at the last group session and the follow-up was taken three months later. As part of the four-week booster session, the researcher set up individual interviews with each member to discuss their mindfulness experiences. Since the mindfulness interviews were not part of the original Institutional Review Board (IRB) approval for this project, the researcher submitted an amendment to the original IRB to include the mindfulness interview and prepared a new IRB proposal for the mindfulness interview with the current and former group therapists. No data were collected before approval of the project by the IRB. The following will provide greater detail for the procedures with the group members, therapists, and data management.

Group Members

During the 2008 group's four-week booster session, the researcher asked all group members to participate in a brief, audiotaped interview about their experience with mindfulness. None of the participants were able to complete the interview at that time. Phone interviews were scheduled for the three participants who had attended group. Attempts were made to contact the fourth participant via telephone but all attempts were unsuccessful. Only two of the scheduled interviews were completed. Despite numerous attempts, the researcher was unable to contact the third participant for the scheduled interview.

The couple who had been asked to leave half way through the program was invited to participate in the study. It was decided that they had been through a majority of the program and their insight and views could be beneficial. The researcher contacted the partners via telephone and scheduled individual interviews with them. The husband completed the interview face-to-face, while his wife completed the interview over the telephone.

Using previous counseling records, the researcher contacted six participants from the 2007 DVFACT group. A personalized letter from one of their previous group therapists was initially sent to each participant informing them that they would be receiving a call from the researcher to inquire about their participation in the current study (Appendix A). Two letters were returned to the researcher because the participants no longer lived at their recorded address. Using the telephone numbers from the counseling records, the researcher left messages on four out of the six telephone numbers; two of the numbers had been disconnected. The researcher called each number twice a week for two weeks. One participant returned the call and scheduled an interview that was later completed via the telephone.

Group Therapists

The researcher contacted current and past therapists who had conducted the 2007 or 2008 DVFACT groups, asking them to participate in a brief, digitally recorded interview about their experience using mindfulness and teaching mindfulness to group members (Appendix B). Those who agreed to participate scheduled either a face-to-face or a telephone interview. Five therapists were interviewed. Three of the therapists were interviewed face-to-face, while the other two were interviewed over the telephone. When the semi-structured interview was completed, the therapists were given a chance to ask questions and clarify anything they may

have said during the interview. The researcher answered all questions and concluded the interview

Data Management

All digital recordings were stored on a password-protected computer at the researcher's home. The researcher herself transcribed all interviews. The researcher destroyed all audiotapes once the research project was completed, deleting them from the current hard drive. Transcribed interviews did not contain any identifying information and were only identifiable by numeric code. Only the researcher had access to the list that linked the codes to the names of the participants. The list identifying the transcripts was destroyed once the project was completed. The transcripts – after being stripped of any identifying information – were kept on the researcher's personal password-protected computer.

Once the interviews were completed, the researcher wrote any field notes and comments that came to mind, both during and after the interview (Braun & Clarke, 2006). No notes were made regarding structural changes that needed to be corrected within the interview. Once the first interview was completed, the researcher created initial definitions of emerging concepts that were seen (Braun & Clarke, 2006). A constant comparison of indicators and concepts helped to distinguish emerging themes throughout the interviewing process (Strauss & Corbin, 1990).

Instruments

Interview Outline for Group Participants (Note: The researcher used the term meditation instead of mindfulness because the participants used the term meditation throughout the treatment group.)

Group Participant Question Outline:

1. Can you describe to me the meditation exercises at the beginning of sessions – the process where you said a word or phrase to yourself to focus?
2. What were your thoughts and experience with meditating at the beginning of sessions?
3. How did it seem to fit in the overall program?
4. How did it affect your relationship with your partner during the group sessions?
5. How did it affect your relationship with the other group members?
6. How did it affect your relationship with the group leaders?
7. What in general did/didn't you like or find helpful about meditating?
8. What is your experience of practicing meditation outside the sessions? How? (formal practice or do they just use portions)

USE MEDITATION:

- 8a. Ideally, when would it be most helpful for you to meditate? When would it help you the most?
- 8b. What are the immediate effects of meditating for you?

DON'T USE MEDITATION:

- 8a. What gets in the way of you using meditation?

7. What effect did meditating in each session have on you, as the therapist?
8. Have you continued to use mindfulness?

CONTINUED:

8a. When do you find it to be the most helpful for you?

8b. What are the immediate effects?

9. Have you begun to implement it into your work with other clients?

HAS IMPLEMENTED:

9a. When do you find it to be the most helpful? What leads you to decide to teach it to your clients?

NOT CONTINUED:

8a. What has prevented you from continuing?

HAS NOT IMPLEMENTED:

9a. Why do you not want to use it with your clients?

9b. What gets in your way of teaching it to clients?

10. What in general, did/didn't you like or find helpful about meditating?

Following the interview, the researcher thanked the participant for taking part in the research study and answered any questions s/he had. All participants agreed to be contacted in case of further questions or clarification, to ensure interpretation was correct.

In order to ensure trustworthiness the researcher reviewed and cross coded the data with her committee chair (Echevarria-Doan & Tubbs, 2005). The researcher listened to the digital files and read the transcripts multiple times to ensure the trustworthiness of transcription and interpretation of data. The use of multiple coders was pivotal in accounting for any error in interpretation and examination of the data.

Data Analyses

The researcher transcribed all the interviews to become more familiar with the data and to begin the process of coding and taking notes on ideas (Braun & Clarke, 2006). She kept a journal with all thoughts and emerging themes throughout the process. The interviews were transcribed and coded as they took place. The patterns and themes that emerged from each interview informed the direction of the next interview (and so on). The transcripts were open coded to bring out any initial concepts and patterns within the data (Braun & Clarke, 2006; Echevarria-Dolan & Tubbs, 2005). Through the analysis process, the researcher included some extracts in more than one code. It was also necessary to combine some of the codes to help formulate complete themes (Braun & Clarke, 2006). The researcher decided on the number of indicators per concept to ensure each was balanced. The interviews were then compared among one another to determine if the questions and answers from the interview elicited similar responses. Constant comparison of the data was also used to explore, the different participants, analyze data from the same individual at different points in time, and similar incidents among the participants (Strauss & Corbin, 1990).

Once the initial comparison was completed, the interviews were axial coded (Strauss & Corbin, 1990). At this point in the analysis, the researcher began to look for any causes, contexts, contingencies, covariances, and conditions that may have affected the indicators or

concepts. This helped the researcher reconstruct the participants' descriptions and interpretations in a systematic form (Joandies, Mayhew, & Mamalakis, 2002). After axial coding, the research began selective coding to examine which variable had the most connection to the other variables (Strauss & Corbin, 1990). This type of coding helped to determine which concepts accounted for the most data, which lead the researcher to categorize them more precisely. After completion of the coding, the researcher cross coded with her committee chair to ensure that each indicator and concept fit, worked, and was relevant, durable, and modifiable to ensure the quality of the data.

CHAPTER IV: RESULTS

Introduction

A total of 10 participants were interviewed for this study; five were therapists, while the other five were group participants from the DVFACT group. All participants for the study were interviewed in the period between October 2008 and January 2009. Four of the interviews were conducted face-to-face while the remaining six interviews were completed over the telephone (Table 4.1). Once all interviews were completed, the researcher noticed one of the therapist's interviews had been accidentally recorded over. The results are based on the nine remaining interviews, which include 63 pages of single-spaced data. Of the four therapist interviews included in the study, two were female and two were male. Of the five group participants, three were female and two were male, four of these were couples. The total length of each interview varied from 10 to 40 minutes, depending on the role of the participant. In general, interviews with the clients lasted about 15 minutes; interviews with the therapists lasted an average of approximately 25 minutes.

Table 4.1 – Interview Format Data

<u>Respondent</u>	<u>Gender</u>	<u>Method</u>	<u>Date</u>	<u>Length of Interview</u>
1. Client A*	female	telephone	1/08/09	19 minutes
2. Client B	female	telephone	12/23/08	23 minutes
3. Client C**	female	telephone	10/08/08	16 minutes
4. Client D**	male	telephone	10/10/08	25 minutes
5. Client E*	male	in person	12/23/08	11 minutes
6. Therapist A	female	in person	12/09/08	22 minutes
7. Therapist B	male	in person	12/04/08	21 minutes
8. Therapist C	male	in person	12/18/08	25 minutes
9. Therapist D	female	telephone	1/13/09	35 minutes
10. Therapist E	female	telephone	1/05/09	unknown – deleted

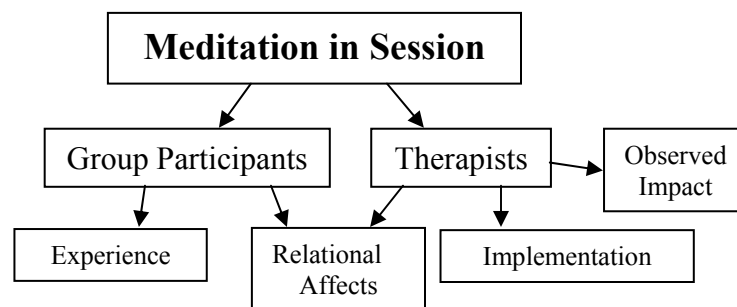
* Couple

** Couple

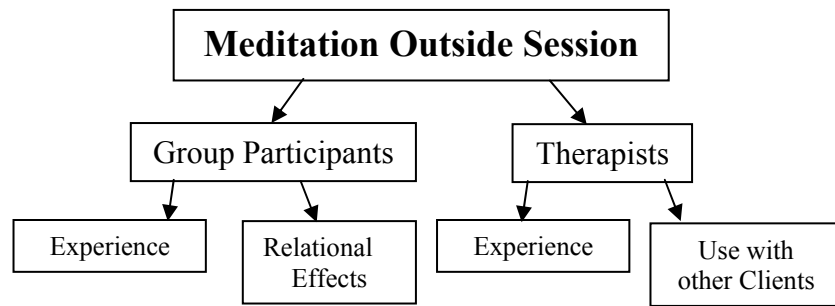
Data analyses were conducted using the constant comparative method (Strauss & Corbin, 1990). To begin the process, open coding of the transcript was conducted and core categories or themes emerged. Through transcription and rereading the transcripts, two major themes emerged from the data. Both therapists and group participants acknowledged and specified varying differences between meditating within the group sessions versus meditating outside of sessions.

Diagram 4.2 – Thematic Map

Theme 1: Meditation in Session



Theme 2: Meditation outside Session



Meditation Within Session

Group participants' and therapists' experiences of meditating at the beginning of each weekly session were reportedly different from the meditative practice done outside of sessions. During the sessions, the group participants and therapists were guided through mindfulness meditation by one of the co-therapists. The guided meditation was structured according to the DVFACT Multi-Couple Treatment Manual.

Clients' Experiences: Calmness and Focus

All the DVFACT group participants were asked about their own personal experience and impression of practicing mindfulness meditation at the beginning of each weekly session. All the participants reported feeling a sense of calmness or focus after meditating. For the participants, calmness refers to a slowing down of the mind and re-centering of their thoughts. They described their calmness as resulting not only from their attention to thoughts but also from their experience of their body and physical sensations.

Each participant recognized their sense of calmness was cultivated by their ability to focus on their current thoughts of their experience in the present moment, allowing them to become more open in participating and learning for that evening. The ability to be focused on one's own experience allowed the clients to express themselves more clearly in the session.

It was very relaxing because it gave me the time to just calm down and think for a few minutes before you even start the therapy... I think it just gave me a more learning... it got me more into that learning state of mind. You know, it gave me a chance to get myself together before I express my thoughts, so they come across a little bit clearer. (CA, p1)

Being centered in the present moment with one's own experiences and thoughts helped to provide the participant with the space and opportunity to contemplate their own mind-set.

I found it to be quite relaxing actually. You get to soothe kind of your head and your mind and it's good to just not think about anything for a while and just kind of reflect on yourself. It feels good and it's very relaxing. (CE, p1)

The meditative practice presented the space for participants to re-center and focus inward. For others, while it provided the same space to focus, the experience extended through to their physical body, creating a different sense of calm. Some participants recognized the meditation within the group created an awareness of the physical sensations and reactions within the body, helping to remain focused throughout the group.

Now you get to focus on the meeting without having to carry things from the outside into the rest of the session. It cleanses your daily grind. Actually, as a matter a fact, it gives you more rest because a lot of times when you have evening courses and what not, you're a little tired. It was sort of like an energy boost. (CD, p2)

Not only did meditating help participants focus on their current experience and thoughts but also it helped to quiet and calm the external stressors within their daily lives. This experience of calming external stressors made it tolerable for participants to focus attention on themselves instead of other relationships and responsibilities.

I think [meditating] helped to calm me down. And it helped to refocus my thoughts.

First to a neutral place and letting go of the challenges of the day or the relationship, or whatever was happening up until the point that I got into the room. And then it also helped to focus me for the group that evening. (CB, p1)

Other participants echoed this sentiment.

I thought [meditating] was good because... I think for [my husband] and I in particular. Because we had to rush around so much to pick up [our son] and get him settled and get to the session. It was a very nice way to get grounded in the situation. Because otherwise, your mind is still racing ninety miles a minute, and I just think, it was a nice transition to calm down and be able to think about the things that you need to talk about. (CC, p1)

All of the participants described experiencing some type of calmness within the meditation during the group sessions. They felt that slowing down allowed them to think clearly before speaking or reacting and provided them the ability to focus their attention on the present moment within the group. Increased calmness helped participants broach topics of discussion within the group that typically are not discussed within their relationships. The sense of calmness was attained through attention to thoughts and appeared to influence their physical sensations.

Therapists' Experiences: Varied

Therapists who participated in this study were also asked about their personal experiences of meditating within the group each session. The therapists described a range of experiences, which varied from session to session. Consistent with the group participants, the therapists occasionally experienced calmness and re-centering after meditation. Overall, the therapists recognized within themselves a difficulty participating in the meditation on a regular basis. Two of the therapists, one female and one male, reported a struggle of guiding the meditation while also being mindful of timing, which limited their practice; at times, they did not participate in the exercise with the rest of the group.

When asked about the experience and practice of meditation within the group as a therapist, one participant responded:

I didn't [participate] only because, honestly [my co-therapist] did most of the meditation and I was more of the timer. Of the times that I did it by myself, I was more concerned with the time, and when do we end. So I don't think I got the full benefit of doing it in the group. I had other things on my mind, 'what are we doing after the meditation?'... planning in my head. (TA, p5)

Fully participating in the guided meditation was difficult for therapists when an agenda was to be followed. Being the designated timekeeper for the exercise elicited some pressure and

stress to keep the group on time according to the schedule. However, being the meditation leader also had its struggles. Guiding the meditation, one had to be cognizant of the time to appropriately guide the meditation and provide a well-rounded experience.

Even as you're training couples to do the mindfulness, in the back of your mind you're saying, "Okay, I have 3 maybe 2 minutes." Even for the co-therapist, or whoever is keeping track of the time you really can't be into it. That's why I am always impressed when [my professor] would do it and keep track of the time. I'm like "How could he do it?" Maybe it requires more training as a facilitator... so they could balance it all. (TC, p7)

Regardless of being a timekeeper or leader, each role presented struggles. Not only being in the role of the therapist within the session, but also the therapist's personal stance on the meditative practice influenced their experience within the group. The following therapist experienced inner thoughts that made it difficult for her to focus on the experience.

...at that point I still didn't realize that it was an active process. So, I was kind of like, "I have all this stuff going on and I'm supposed to be relaxed?" So it didn't always mesh with me sometimes. But I think that was part of me not being so in my process that I couldn't observe it. (TD, p5)

In other cases, some therapists were able to engage fully with the group members in the exercise. Those that were able to participate in the exercise found the experience to be similar to that of the group participants' experience, calming and a chance to re-center.

It just gave me a time to stop before we started, to not have to think about anything or have my thoughts on anything. Just to take that time and be present when a lot of time... especially after a busy day. And it's like "Okay, I'm going to try not to gather any thoughts or anything. I'm just going to be with whatever is going on right now. (TD p5)

According to one therapist, not guiding or keeping time lent room to reap similar gains as the group participants.

I wasn't the person [guiding] the mindfulness exercise so I was able to participate most of the time and that really helped me kind of... I don't know... bring me into the moment and... yeah I am not sure. We have a lot of things going on ourselves that that was good to re-center and hit the reset button and it was a good way to start the group for us too. (TB, p4)

Similar to the experience of the clients, some therapists interpreted the effects of meditation as a physical experience as well.

It is kind of like, and I said this earlier, it's kind of, like when you run a marathon... well I can't run a marathon, but when you run any considerable distance and at the end, you're trying to catch your breath, catch your breath. Then you get to that last breath, and you take that last breath and then you're back to... you're kind of settled back into place. It's kind of like that experience for me. That last breath. (TC, p4)

The therapists' experiences of meditating were influenced by their role during the exercise as well as their own personal practice. Some therapists experienced a difficult time engaging during some sessions, and had an easier time during others. Unlike the experience of the group participants, the therapists' experiences of meditating during sessions varied between therapists and from session to session.

Implementation

Training and preparation needed as a therapist. Therapists were asked about their training and what training they felt was needed to implement this practice effectively within the DVFACT group. While the level of training needed differed from therapist to therapist, all agreed that some personal experience was needed. Given the chance to personally practice meditation can provide insight to the experience not found in literature or manuals. For some, personal experience may be all the knowledge needed.

I don't think there requires too much training to do the general meditation. Again, I really think it's about understanding the benefits and what it entails and doing it yourself and experience that. So I don't think that you need too much training to be able to offer it as something useful for clients. (TA, p6)

A novice in meditation may not have enough practice to provide sufficient experiential information to the group members. While having a deeper understanding of the practice provides more experiential data, some therapists believe that having an ongoing relationship with a more advanced meditator may be helpful in receiving more instruction, thereby influencing the group participants.

I think all of the leaders in the group this time were exposed to mindfulness, which I think is a good idea for anybody doing the group. The only thing I would say would be helpful for them to have more practice with it. For each of the therapists to make sure they are each comfortable doing it and having the supervisor or whoever is in lead of the group kind of talk to the therapists to make sure they are comfortable administrating that before the group even begins. (TB, p5)

Practicing the meditation on a personal level and receiving supervision from a more advanced meditator may still not be enough for therapists to feel comfortable instructing group participants. According to one therapist, further practice of implementing it with group participants may be beneficial as well.

I felt prepared when I needed to do it. By having had the experience myself, by having the class where the professor kind of... we did mindfulness each week and I kind of had the chance being the person on the opposite end of it, being the person receiving the mindfulness. That helped kind of prepare me in terms of what it entailed. I didn't feel prepared because I hadn't been kind of forced to administer it to any of my clients prior to that. So this is my first experience and like any first experience, it's going to be a little bit awkward until you find your footing. (TB, p1)

Not only is it important to be practicing but to have some interest in the practice and its therapeutic effects.

I definitely think that the person, whoever is trying to implement it into a group or a clientele setting, needs to have some sort of interest or invest... not investment but interest in it themselves. I just don't think... I guess this is where it could be detrimental to the group. If you have therapists or co-therapists who don't believe in it or who don't buy into the mindfulness then even a manual won't help them... you know what I mean. You have got to have some sort of investment as a facilitator yourself in order to get more people excited about it or even interested in trying it. (TC, p4)

One therapist thought more intensive training should be offered to provide more instruction and guidance on the meditative practice and implementation.

Definitely, some type of training, two parts... well, there could be several things they could do. I think some of the retreat type trainings might be too intense for someone trying to implement it into their practice, but maybe a day or two training of an experiential piece as well as the psychoeducation piece or research piece of what mindfulness can do in a clinical setting. Definitely at least that. (TC, p5)

All therapists agreed that those who plan to implement mindfulness meditation with clients need to have some personal experience and interest within the training. Some felt it to be even more important to have an ongoing relationship with a supervisor with more advanced experience to provide instruction and guidance.

Instruction to the group. Practicing meditation by yourself is a different experience than teaching others how to do it. Learning how to instruct others presents new challenges to overcome. As one therapist speculated of his own experience, he recognized his own knowledge of the practice was a hindrance to teaching others.

Being more knowledgeable of it sometimes, you would leave out things that people who haven't been exposed to as much training or information as you have. You know, it's like if you tried to tell someone how to tie their shoe, it would take effort on your part because you just do it naturally. (TC, p2)

Therapists' responses suggested that their knowledge of the practice is essential in order to instruct clients properly. Getting a sense of the client's knowledge and attitudes about meditation could be helpful in guiding the therapist in knowing the most helpful way to teach.

...maybe just talking generally about meditation and seeing what people have heard about meditation. Cause I know I have had clients say, "Well I think meditation is kind of weird. And it's for people who..." I don't know exactly what they said. But just to get an understanding of what people think about meditation. What do they know about it? What are the negatives they've heard about it? What are the positives they've heard about it? And then see if anybody in the room has done meditation before and to hear what their experience was like. And then I think for the therapists to share their experience with meditation. (TA, p6)

Creating an open forum for the clients and therapist to discuss their knowledge and experience may help provide a foundation for the group to grow in their own experience.

I think that would be helpful just so people have more background about it. Because most times people have heard about it in different media outlets or through some books but they don't know the benefits of it or what it really means. (TD, p6)

One therapist in particular thought it would be beneficial for the group members and therapists to be given the freedom to practice meditation in their own way. She believed it would mean more and be used more regularly. She stated, "I think what is helpful is finding your own thing, and being encouraged to do that" (TD, p7).

Therapists found it to be important to provide the group participants with background knowledge of the practice. Presenting background knowledge could help provide therapists and group participants with more thorough information, giving them a better chance of embracing the practice and learning more about meditation and themselves.

How often and when to implement meditation. Knowing when to implement the practice is important because it depends on the group participants' willingness to learn and be open with each other and themselves. Therapists were asked to provide their thoughts on how best to

implement meditation in the session and when it would be most beneficial. Currently the practice is only conducted at the beginning of each weekly session. However, most therapists have a different idea of how to incorporate the practice to make it the most beneficial for the group participants. All but one therapist thought similar to the following:

To do it at the beginning and at the end. Because a lot of times we're talking about a lot of difficult issues and we are trying to wrap it up the best we can and we send them out, and they're still agitated or at an anxious state. If I think about it this last time, in this last go around, when those situations would happen where people were still on edge as they left, we would end up sitting with those people longer. So I wonder if we implemented the mindfulness piece at the end would that have decreased the time that they would need to gather themselves? (TC, p6)

Not only were the therapists trying to think of how to incorporate it for more therapeutic value, but also how to provide more of a learning experience.

What if they did it two times a night? Check in half way and then took a chance to be more mindful and come back and see does that help people a little bit. Just checking in with themselves, and checking in with the other person, and their environment, and internal environment. And then another check in at the end might be interesting.

Especially if they don't know what it means it's a little bit... there's more teaching potential after something has happened and in the process. (TD, p4)

Therapists all believed there could be more learning potential for the group participants if the exercise was incorporated multiple times throughout each session. Three of the four therapists believed implementing the exercise at the beginning and at the end of the session would be suited best. The fourth therapist sensed that implementing the practice in the middle and at the end may provide more learning potential.

Implementing mindfulness meditation encompasses various aspects such as training of therapists, instructions given by therapists, and how often to offer the exercise. Some therapists had stronger beliefs than others did regarding how extensive the training should be, but all were consistent in believing that the therapist implementing the exercise should also be practicing. Having some personal knowledge about the exercise was thought to be beneficial in helping to teach the group participants of the experience. Providing more knowledge and experience for the group participants may help engage them sooner and encourage them to practice more regularly. Lastly, it was unanimous that all therapists felt the practice could be implemented more often and at various times throughout the session to help provide more learning potential for the participants. Increasing the implementation of mindfulness meditation within the group session could lead to more impact on the group participants and their personal relationships.

Therapists' Observed Impact on Clients

Therapists within the group were asked to reflect upon any noticeable effects they observed from the group participants' meditation within the session. The therapists had varying observations and at times their own observations varied from session to session and client to client. Three therapists did not believe the meditation in session had any impact on the clients; however, reading further into two of the therapists' interviews, each of them observed some instances where they later noticed an effect on the clients.

One therapist shared her belief that the participants were not influenced or affected by the meditation because she did not see an overall change in their thoughts, behaviors, or attitudes.

I didn't feel like they go it. But maybe that was me? Their reaction to... I think the fact that some people didn't really change much. To me that's a sign that they aren't being mindful of their actions and how they affect others, about how others affect them, and being comfortable with what's going on for them, and figuring out what they may need to do differently. I think that was part of it. (TD, p3)

Two therapists observed the group participants' ability to express their experience at home but not within the group. Therefore, the therapists believed that the group participants did not experience an impact during group sessions.

To be honest I don't think I ever noticed anything. I mean we would go in and do the meditation but I don't remember sensing that the 5-10 minutes of meditation really had an effect at that moment. I really just think that the meditation that I remember them talking about was at home and not necessarily in the group. (TA, p4)

Another therapist echoed this sentiment and expanded on what he observed throughout the group. From the therapist's observations, it was perceived that meditation within the group for women had more of an impact.

I am not sure they got the mindfulness aspect of things as well as they should have or as well as we would have liked. I should say one person who stands out in my mind would make comments about... like how we would inquire about [how] they had done that week with the mindfulness he would refer to it as "Yeah, I dosed off for a few minutes." So I don't think he fully got what mindfulness was all about and that it's not taking a nap or dozing off for a few minutes. But then at the same time, there were people who did say they benefited from it and used it a few times. And I feel as though the women in the group... it sounded like they got more out of it than the men. I am not sure I could think of any immediate effects for the men. The women I think they really did say it helped them calm down and feel able to hit the reset button on some things. (TB, p3)

Later in the interview, this particular therapist began to reflect on his observations of the group after meditating and began to recall how the meditation influenced the group, contradicting some of his previous statements.

I think that in the group it was really helpful in that whatever is going on for the couple that week, if they come in really charged and emotional, hopefully and what I felt like... you know really what helped in the group sometimes was doing the meditation and mindfulness because it took away the emotions sometimes. Not taking away the emotions but kind of bringing them to a neutral stance, which I thought, was kind of helpful when you're in an environment when you want to hear someone else and you want to be heard without a lot of... I guess anger in your voice. (TB, p6)

Other therapists noticed a calming effect similar to how participants experienced it.

It had a calming effect. I mean if people came in really anxious about issues that were going on in the home, and you could see that in their posture and body language, and maybe even in their speech. Then after the meditation it was more of a relaxed feel and you know like taking a deep breath sort of. (TC, p2)

Similar to the calming effect, it was also noticed by a therapist that the meditation allowed the participants to slow down both mind and body, setting the tone for the night.

It made them come in and stop. Whether they knew what they were stopping for or not, maybe it did help them know that they weren't going to have that chance to go right into things, even though they did a few minutes later once someone else started going.

Maybe that was helpful for them to come in and say, "We're going to have these few

minutes to check in.” Sometimes I think they just wanted to get right into it and it was like, “Okay, we’ve got to sit here for a couple of minutes till I can say what I want to say.” (TD, p4)

As the therapists reflected on their observations of the group participants, their views and perceptions differed from one another. Similar to the reports of group participants, therapists noticed a calming and slowing down effect that enabled the participants to engage with one another and their feelings in a neutral way.

Relational Effects

In this study, relational effects were categorized as events and personal experiences in which the maintenance or building of the relationship were influenced. Therapists and group participants were asked about their perception and experiences of relational effects from meditating. For this code in particular, the therapists’ and the group participants’ transcripts were coded together because the relational effects impact them both. While analyzing for relational effects, the researcher continuously compared therapists’ and group participants’ transcripts. Analyzing all transcripts together helped the researcher provide a better understanding of relational impacts of meditating during session. Therapists and group participants alike felt the meditation had more of an impact within a couple relationship than it did on relationships between other group members or therapists. While the group participants reflected on their personal experience of the meditation, the therapists provided more insight about the effects they had observed within the group. All the group participants felt that the meditation within the group positively influenced their relationship with their partner during session. Only two group participants believed the meditation influenced their interaction with other group participants or therapists.

Effects within the couple. The group participants found that being calmer and more centered contributed to their interaction with their partner. These characteristics experienced from meditation influenced not only their view of their partner but also how they dealt with their relationship and problems they were facing within them.

Well obviously, it was a stage to take the edge off the possibility of people displaying anger when you got back to meeting with your partner or the group. But it always makes me feel more relaxed and waiting to find out how the rest of the session would proceed. (CD, p2)

Setting the stage in the group helped to provide couples with a place to discuss their disagreements in a calm and constructive atmosphere. One participant said, “I think [meditating] did help a lot, especially since we would argue before going to the meeting. It gave us each some time to calm down before we proceeded” (CA p1). The overall personal impact gained from meditating, calmness and re-centering, influenced the relational impact for the couples within the group.

Well I think anytime that we both come from a calmer more centered place then the relationship benefits. If I am able to not react to something that triggers me that he says then I think it... that things are less likely to escalate. (CB, p1)

Another group participant echoed this sentiment.

Oh well [meditating] probably [effected our relationship] because I think it makes you feel calmer. I don't remember specifically but I do have a general sense of... you know being in a better place mentally to hear conflict I guess, without reacting to it. (CC, p1)

One participant initially believed that meditating only affected him and not his relationship. As he began to discuss his individual experience, the participant began to recognize that his individual experience might have resulted in creating relational changes. When asked what impact, if any, meditating had on his relationship, the participant responded:

Honestly, not too much. I guess it feels good to relax one's self. I don't know how it really helped our relationship in that sense. Actually, I didn't think about my relationship much while I was doing it. I kind of cleared my head. And even afterward it feels good and you feel inner peace, I guess that helps you with your partner. You know, you're not that upset; you take life a little easier. You're just not so uptight and you're more relaxed. (CE, p1)

After noticing the impact of meditation on the clients, therapists provided more insight about their observations and what they believed led to influencing the couples' relationships.

Well I think... It seemed that the mindfulness piece helped to make the group... either the individual couples, which were a part of the group, to be able to focus on one another more. To be, I might be glamorizing a bit too much but to be more attentive to one another in their own ways. Part of that could be... mindfulness could be part of the variable and another part could be just the process itself and the therapists' roles. It just seemed that as the group evolved, kind of got more comfortable with the whole mindfulness piece with the whole process, that it allowed individuals to be more attentive to one another in their own way in their relationships. (TC, p3)

This therapist continued to explain how the individual characteristics gained led to affect the relationship of the couple, which gradually led to influence the relationship among members of the group as well.

I think in any group initially when it starts off there is some awkwardness. People are trying to feel their way and identify their roles as it pertains to the group. And I just saw that transcend more and become more comfortable and become more in tune with one another and other members of the group as we moved on. So I would have to attribute part of that to the mindfulness. I don't necessarily think it was all of it though. (TC, p3)

The relational effects of meditating were noticed throughout all of the group participants in one way or another. All found that their relationships were impacted due to the personal growth they experienced from meditating. One therapist noticed throughout the group that meditating not only influenced the individuals but the couples' relationships and the overall group dynamic for all group participants.

Effects between group members and therapists. Other than the example provided previously, therapists were did not identify any relational impact from the meditation between group members and therapists. However, the group members were better able to reflect upon their experience and the effects they noticed for themselves. Some believed that since the meditation helped them to become calmer and centered, these characteristics transcended into their interactions with the other group members and therapists within the group.

I think when you're coming from a calmer more centered place then any kind of input you're getting from anyone else, or even your own thoughts, tend to be taken in a more

neutral and less triggered way. I think that it didn't trigger... I don't think that you're as triggered as much when you're calm and centered. (CB, p1)

Coming from a more centered and calm place within one's self helps one become more attentive to others without allowing the emotions from the day to influence reactions/thoughts.

I think it makes you more aware of... or more attentive to what the others are saying because you've suppressed your daily strife or whatever else has gone on during your day, to prepare you for the rest of the session. Now you get to focus on the meeting without having to carry things from the outside into the rest of the session. (CD, p2)

The participant who initially did not believe the meditation influenced his couple relationship also believed that the meditation did not affect his relationships with other group members or therapists. When asked if he felt that his personal experience of meditating might have influenced his relationships with other members of the group, the participant responded:

No, I wouldn't say that. I didn't really come in with an amount of anger anyways, so. Maybe if I did, it would have helped. But I thought it was nice, it didn't affect my interaction with the group though. (CE, p1)

Overall, therapists and group participants recognized that their individual experiences of meditation effected the way they not only interacted with their spouse but with other group members and therapists. While one group participant did not experience any relational effects among the group members or therapists, he noticed a difference in his relationship with his wife which he attributed to meditating.

The relational effects of meditating were experienced similarly among most of the group participants. One therapist helped to provide further insight into his observations of the group, which coincided with the group participants' experience. The therapist explained that the individual experience and growth from meditating might have influenced how the individual viewed and interacted with their partner, group participants, and therapists in the group. Group participants supported this idea by explaining how they are more capable of coming to a more centered and calm place after meditation, allowing them to interact more fully with their partner and the rest of the group for that night in session.

Meditation Outside Session

In the DVFCT group, participants were asked to continue practicing meditation at home by themselves on a daily basis if possible. While the participants were guided through this practice within the group, at home they adapted the practice to fit their own lifestyle. Some sought out various guided methods, while others modified what they had learned. Due to the study's interest in understanding the relational effects of mindfulness, therapists were also asked about their own personal experience of practicing meditation and implementing the practice with their clients outside of the DVFCT group.

Therapists' Meditation

Experience

All therapists were asked about their personal experience of practicing meditation outside of the DVFCT group. The therapists' experience of practicing meditation varied. Some therapists used it sporadically while others had a more regimented experience. One therapist

stated that she did not use it often but that she had modified it to fit her lifestyle; however, even with the modification she believed that she did not utilize it appropriately, creating a sense of guilt.

I don't really use it. It's something that I know I should use and don't. If I do use it it's maybe 10 seconds and it's basically just me closing my eyes wherever I may be and just taking a break from what's going on around me. But that to me is not the definition of mindfulness anyway. But that's the extent of what I do these days... to me the real act of doing mindfulness is sitting in a room that's quiet and really concentrating on the things that are going on around you, and I don't ever do that. I know I should though. (TA, p1)

Other group therapists explained that they used meditation quite often throughout their week and even incorporated it with their clients on a regular basis, displaying confidence in the practice and understanding of its plausible outcome.

I would say I use it personally three times a week. And there are... I have one or two clients that I see on a weekly basis and I will do mindfulness exercises with them at least once every other session. (TB, p1)

This particular therapist further explained how he utilized meditation on a regular basis.

I prefer to listen to a CD [of a guided meditation]. However, it's not always... a CD is not always available or you know there's no CD player available. I do kind of follow a procedure of always trying to focus on my breath. Trying to acknowledge thoughts that come in and then trying to gently ease them out of my mind and try to clear my head, probably 10-15 minutes. (TB, p1)

One therapist explained that her personal practice of meditation differed from her practice when leading the group. When she first led the DVFCT group, her experience of meditating was difficult and at times hard for her to understand and follow.

This is where it gets interesting for me because I really didn't get it until after the CCG. So my understanding of mindfulness didn't click with me until... probably a year later. I understood it I guess... let me think. You know, I liked reading about it but I didn't get what it was supposed to do for you. It just didn't... I didn't quite... and this is where some of my answers will come from in how I felt about using it or whatever in the CCG. But that it was more for... and I think this might happen for a lot of people, that you think it's for relaxing you, but it's for becoming more aware of yourself. (TD, p1)

The therapist continued to explain how her views and experience of mindfulness had since changed and that now she finds it to be more beneficial than ever before, "I use it all the time now. It was like once that light bulb went off it was like a whole new world was open to me" (TD, p6). She was asked to describe the "whole new world" that was now open to her, to which she responded:

I think just being able to stop and take inventory of myself is really helpful in certain situations in what's going on for me. But I also think just... it's not about going internal but it's about using your senses and noticing when you're looking at something that's really beautiful, stopping and thinking "Oh, wow!" Noticing that you're thinking it's beautiful and taking in the experience more. You know when things... different stuff come up that you want to push away, being able to let it sit and move through it. It's been really helpful. When I say it's opened a whole new world, I just feel like it helps you experience life more fully; the really beautiful and amazing things that you want to see, feel and do. And feel even that much more alive. And the tough stuff is there, too,

and that's all part of it. You're experiencing life more fully, both the wanted and the unwanted stuff. (TD, p6)

She believed that this "whole new world" had opened to her once she was able to modify the practice to fit her and her lifestyle. Allowing yourself the creative opportunity to make meditation what you want might provide a richer experience.

I think that what is helpful is finding your own thing, and being encouraged to do that.

Like running is my thing that I find I really try to be mindful during that process. A lot of times, I feel mindfulness is one of those ways your mind can be more creative when you allow yourself to be in that process. You know there are these things going through your mind but then you might come up with a really creative solution all of a sudden. (TD, p8)

All the therapists found that they used meditation in one form or another. Some continued formal guided meditation while others incorporated it into their lives the best way they knew how. Modifying the practice gave the therapists the freedom and ability to get a more positive experience, while for one therapist, modifying the practice made her believe that she was not doing it properly.

Use with Other Clients

From interviewing all four therapists, three expressed using meditation with other clients outside of the DVFACT group. The one individual who had not used meditation with his clients expressed that he did not believe his clients fully embraced it yet. However, he thought it was worth exploring. The therapists who implemented meditation with clients did so for various reasons: personal belief about therapeutic change, presumed effectiveness for the presenting problem and personal comfort in guiding the meditation. The understanding and knowledge acquired about the practice led to one belief that self-awareness is the primary objective in therapy, that individuals seek therapy to further self-understanding.

Over time, it became a part of what I do with clients. So maybe I didn't use it a lot at first but once I started to understand it more I began to use it more. And once... I felt it was just part of it... I think becoming more self-aware is part of the goal of the whole process of therapy too. And being able to use that as a tool, to help people, you know, live life more fully. (TD, p7)

Another therapist believed it is more helpful using meditation with clients who are more anxious, rather than with all clients. From her experience, clients are not always willing to take part in the meditation for various reasons.

I usually bring it up if there's anxiety going on or stress in their daily lives. I have found that, for clients who are willing to do it, that there has been a huge... not huge, but it has helped them. They have seen changes in their daily lives, but a lot of people don't feel comfortable doing it in the room with me. And unfortunately, they don't end up taking it into their daily lives. (TA, p1)

The comfort and confidence of the therapist who is guiding the meditation influences how often it is used and administered with clients.

I am a lot more comfortable, even with the one or two times that I did it, I gained enough confidence to try it out with my own clients. I slowly gained enough confidence to start using it... start doing the mindfulness myself. It has actually worked out well and the clients are actually really receptive and I feel confident where I can go in and do a mindfulness exercise with them without giving it a second thought. (TB, p2)

Regardless of comfort or beliefs about the usefulness of meditating, if clients have not fully accepted the effectiveness of the practice, implementation is difficult and essentially non-existent.

No, I'm not using it at all with any of the clients that I see. I guess it's partly because the clients that I see in this setting... it hasn't been bought in by the culture of the entire agency. So I don't know. I could probably offer it. I know there have been clients that other people have been seeing that they've asked me to talk to, to tell them about mindfulness. So they could practice in their own personal lives. But as far as formally implementing it with any of my clients... no I have not. But it's something I could look into. (TC, p7)

Overall, all therapists believed that meditating could help clients within various arenas. The comfort level of both the therapist and the client(s) affects the ability for the meditation to be implemented.

In summary, therapists' experiences and use of implementing meditation varied. All the therapists believed it would be beneficial to meditate on a continuous basis. However, it was not completely clear as to how often they felt it would be necessary. Therapists differed on how to define meditating. Some believed it important to adapt it to one's own lifestyle, while others believed meditation involved a more formal practice, using guided meditation. Regardless of use, all but one therapist has implemented meditation with clients outside of the DVFCT group. Then again, prior to guiding the DVFCT group only half of the therapists had conducted it with other clients.

Group Participants' Meditation

All the participants interviewed demonstrated meaning about their own experience and impact of meditating outside of session. The group participants clearly identified the insight and effects they gained from meditating as well as their process for implementing into their lives. All the participants found that the meditation outside of the session affected their relationship with their partner for the better.

Experience

Personal insight and effects gained from meditating. Each of the participants reported meditating outside of the group. While the experiences of meditating out of group are similar to those within the group, the participants were able to provide more details of their experiences and the effects it had on them and their attitude at the time.

I just feel like I can breathe again. Sometimes when I am really stressed, my breath becomes very shallow and when I meditate, it feels like I can breathe again. A lot of times when I start meditating my head starts hurting 'cause it's too tense and then my head stops hurting and then in my neck I don't feel it. (CA, p3)

The following participant did not practice meditating once the group ended. But while in the group, she practiced it outside of the sessions and now has a better sense of the experience and better accessibility to the practice.

I have found more of a balance. Now that I have done it before it just feels like something that is very accessible. Whereas before I didn't, before therapy I just

thought... I didn't think anything of it. After therapy, it's kind of, like it gave me one more tool to use when I need it. (CA, p3)

Similar to the experiences from practicing the meditation within the session, participants noticed a calming effect within their mind and body.

It clears my mind and gets the static out, so I don't feel panicked or "Uhh." It just helps me focus on taking action. I just feel calmer. You know if I am having one of those days where I feel the need to take a moment like that, I often can feel my clenched stomach and feel tension in my back and shoulders and that kind of goes away. I just kind of feel a total relaxation. (CC, p3)

The participants recognized more personal experiences with meditation in their everyday lives. One participant became more aware of his own temper and reactions and became better able to control his anger. "But with me I just realized that I don't have to get temperamental to describe things that bother me" (CD, p8). As this participant became more aware of his own experiences, he began to accept his wife's experiences without reacting. "The meditation has made it easier for me to accept some of [my wife's] reactions and some of our day-to-day situations" (CD, p5). Other participants echoed similar experiences of less reactivity and more awareness.

I think I am probably not as impulsive with my reaction. I might, you know, bite my tongue instead of responding to a harsh remark, or an insult or whatever. And then I will think about it and use a more appropriate time and a space and reaction. (CB, p3)

The following participant has not continued to practice the meditation; however, while in the group he did participate and try practicing at home a few times. He briefly explained that his experience was like a different world and provided insight about what he thought it would be like if he would have continued practicing.

It feels good, and it's almost like a totally different world. I guess to truly explore you would have to do it more and more and that would take a lot of time out of your personal schedule. Is it worth the trip? Yeah I think so, maybe not for everybody but... it's like exploring a whole new world. You could probably spend hours meditating and doing that and you'd probably discover things about yourself that you never knew. I do realize that. (CE, p2)

The participants all recognized that meditating at home offered the space needed to become more aware of their own thoughts and feelings, providing them with the opportunity to react differently. The meditation also influenced some of the participants through greater acceptance of their partner and his/her thoughts and decisions.

Personal process of meditating. None of the clients reported meditating as they were taught within the group. Each one of them adapted the meditation in their own way to accommodate their own style and life. The group directed the participants to focus on a calming word or phrase, to help focus their attention while sitting in a non-restrictive posture. The following participant used the calming phrase, but maintained a posture that she found more relaxing and accommodating for meditations.

I just close my eyes and sit on my bed and just kind of put the palm of my hands up and just get into that relaxed state and just close my eyes and start breathing. The first breath is usually deeper and then the rest are still a little deep but not as deep as the first. It's very relaxing and it's... then I just start repeating a phrase and it kind of just blocks out all the other things that you're thinking of. (CA, p2)

Discussing their own personal practice of meditation, group participants recognized times where they found meditating most helpful. Some felt the greatest benefit in meditating during certain parts of the day:

I think that in the morning, it is a nice way to start your day and in the evening, it's a nice way to start your evening... a transitioning from nighttime into the daytime and looking forward to the day and to have a nice calm centered attitude. And then in the evening letting go of whatever had happened in the daytime at work and being able to push reset, so to speak, at home. (CB, p2)

While others reaffirmed the same opinion, one participant recognized physical sensations occurring that signaled her to meditate.

I kind of always start my day with a quiet moment like that. I tend to end my day with a quiet moment like that. And any other time, just when it pops into my head. I tend to feel a need for it. I am aware that I am tense and I am aware that I am feeling just a little bit overwhelmed and I, you know, feel like, don't breath shallow, take a deep breath and relax. (CC, p3)

While none of the participants practiced the meditation as they were taught in the group, each of them took components that worked for them and incorporated meditation into their lives as best they could. The participants clearly stated how their way of meditating benefited them. Some of the participants experienced more awareness of themselves and a greater acceptance not just for their own thoughts and feelings but for their partner as well.

Relational Effects

Group participants were each asked about the impact, if any, meditating had on their relationship outside of sessions. All the group members noticed some form of change within their relationship. Some of the noticeable changes included calmness between partners feeling re-centered, awareness of each other and themselves, and acceptance of the partner's process. One participant attributed her calmness to her partner's ability to be calm as well. She recognized that her ability to stay calm while her partner was upset helped to deescalate arguments, allowing effective communication between them.

Yeah, I think he realized... he didn't need to be as aggressive in making his point. He was able to make his point and we could discuss things without me getting irritated. I think that's the biggest thing. Sometimes people fight and you're... both people can't be defensive because then things get bad, you know. Just because I was calm it kind of calmed him down, too... he wasn't completely calm but he couldn't be as aggressive or as loud because I was being calm. He didn't have aggressiveness to respond to. (CA, p4)

Another participant noticed that the meditation had similar effects on her and her partner and both were able to centered and calm during discussions.

I think it had similar effects on him as it did on me. So when there are two people who are less impulsive in a relationship or two people who are kind of in a more calm and centered place it is obviously better than if you only have one person feeling that way or no people feeling that way. (CB, p4)

The following responses are from one couple who noticed differences within themselves and their partner, influencing their relationship. The wife noticed a change within herself that helped improve her relationship with her husband and how she addresses issues with him.

Because I think, the patient thing is a big thing that I need with [my husband]. Because as we talked about many times in the session, that he often doesn't hear what I say. I have to say it three or four times before he actually hears me. And if I am feeling really uptight and tense and pressed for time, it's really hard to take that. So just being more patient and understanding that he isn't necessarily trying to be a jerk, he just really hasn't processed the information yet. Then that helps us avoid... it helps me avoid being snippy. (CC, p4)

She noted the change within her husband and how he had become more aware of his need to relax. "He (her husband) is definitely aware... well I should say that he is definitely more aware then he used to be of when he needs to relax" (CC, p5). Her husband took the time during meditation to contemplate his relationship with her and accepted the fact that he was not able to change the way she reacts or the way he feels about situations; however, he could change his reactions.

Well during the meditation I had a lot of thought process about my partner, [wife], and why we were sometimes like two pieces of sandpaper rubbing each other. That helped me actually on two things, maybe to find a solution but maybe to accept the fact that I can't change the way she reacts and how it affects me but I can manage it better. (CD, p5)

He further explained his ability to accept his wife's reactions and become more aware of his own need to stay centered and calm.

The meditation has made it easier for me to accept some of [my wife]'s reactions and some of our day-to-day situations... I don't see that the meditation is actually going to bring a solution outside the fact that it actually has a calming effect... But I do think that if you meditate on a regular basis that you're more prepared to handle things that you might disagree with in a calmer manner. (CD, p5)

The husband noticed that his wife had become willing to engage with him and communicate.

Our communications among one another are more easily discussed than before. So I think the meditation has a positive effect all around in our household. [My wife] feels that she has a better access to me. And is probably more confident that when she says something to me... that in the past might have gotten my angst, that when she says something to me that I just look at her and listen and I'll respond in a normal fashion.

In summary, the participants recognized how meditating influenced their relationship with their spouse. Many of the effects experienced outside of session were similar to previous experiences in session; however, the participants were able to provide more details about the effects. The overall effects described within the couples' relationships were calmness, centeredness, awareness and acceptance of one another. At times, the partner's changes influenced the other partner to feel or respond similarly during arguments. Group participants reported their belief that meditating helped them remain calm and centered, decreasing levels of aggression during arguments.

CHAPTER V: DISCUSSION

This qualitative study sought to fill the current gap in research literature regarding the therapeutic use of mindfulness meditation. More specifically, this investigation explored the experiences of using mindfulness meditation from both group participants and therapists within the DVFACT group. Nine individuals were included in the study; five were participants of the group while the other four were therapists who had co-facilitated the group. This chapter begins with a summary of the findings and, wherever applicable, an exploration of how the findings fit with previous research. Subsequent discussion includes clinical relevance, strengths of the study, limitations of the study, implications for future research and personal reflections.

Summary of Findings

The participants for this study were asked to describe various aspects of their meditative experiences. During the semi-structured interviews, group participants and therapists answered open-ended questions about their experience. Specifically, the group participants were asked about the experience of learning and practicing meditation while the therapists were asked to explore the experience of practicing and implementing the meditation. Initially two major themes emerged: Group participants and therapists described a difference meditating in the session compared to out of session. Before exploring each of these themes, it is important to note that the therapists' and group participants' transcripts were coded together when it pertained to the relational impact experienced within the session (See Diagram 4.2). During the coding process, group participants and therapists were coded separately as two different entities. However, when exploring the relational impact between therapists and group members, the transcripts were continuously compared with one another, combining all transcripts.

Experiences

The DVFACT group participants all found meditating in session helped to create a sense of calmness within themselves. The therapists in the DVFACT group experienced the meditation differently. Throughout the group, all therapists experienced difficulty meditating during sessions. On the other hand, there were times that the therapists experienced similar feelings as the group participants, in that their experiences of meditating in the sessions were reportedly different when compared to meditating outside the session.

The group participants experienced in-group meditation as a chance to calm themselves. It provided them the opportunity to focus on the session and on their relationship, giving them the chance to address issues that were typically difficult. Similar to findings by Segalla (2003), the participants in the current study experienced the meditation as a transitional moment that allowed them to become present within themselves and to one another, especially their partner. Many of the participants mentioned that the meditation helped them and their partner become more relaxed and centered in session. Segalla (2003) observed that in the groups where she administered meditation, the members engaged more quickly with each other. She had noticed that the meditation may have helped to decrease the any defensiveness experienced by the group members. Segalla's (2003) results suggest that group members in the present study may have been more willing to engage because they were able to have more compassion and empathy toward their partners.

Therapists in the DVFACT group varied in their experiences. Only one out of four therapists experienced a response similar to the group participants, of calmness and re-centering. The other three co-facilitators struggled to stay present and allow themselves to meditate. They also struggled to understand how to guide and track the timing of the meditation while also participating. Without practicing the meditation, the therapists never felt positive responses, instead concentrating on the group, worrying about proper timing, which created more stress. Therapists discussed their experience of implementing the practice in the DVFACT group as well as with other clients. Overall, therapists reported that they often felt anxious and stressed, wanting to ensure they administered it properly. At some point during implementation, one therapist felt agitated with herself and her inability to execute the exercise properly. Administering meditation took therapists out of the state of mindfulness. Regardless of therapists' role in the session (guiding or keeping time), they found it equally difficult to participate.

Though therapists struggled to feel mindful or present during group process, the participants were still able to engage fully in their own mindfulness. However, it is unclear as to how the group participants experienced the therapists while in the room. Previous research suggests if therapists were to practice regularly and become invested in the process, the therapeutic relationship would be enhanced (Stanley et al., 2006). While the meditation training and practice appeared to benefit the group participants and their ability to cope with the distress of everyday life (Grossman et al., 2004), it appeared to cultivate more stress and worry for the therapists.

DVFACT clients and therapists reported clear differences in their experiences of out-of-session meditation. During the interviews, clients were more clear and concise about their outside practices. It appeared they were better able to verbalize their experience. The way in which group participants utilized meditation was noticeable different as well. Not one participant practiced the meditation as it was formally taught. Each one of them adapted the meditation to fit their lifestyle. Many adjusted the length of time and how they focused throughout meditating. On this note, the group participants were more reflective of their experiences from meditating outside the session than they were during sessions. This brings to question the need for formal teachings and the effectiveness of formal practices. Therapists might not have to be as regimented in how they implement meditation nor as rigid about the frequency of use.

Group participants were not only more insightful about how the meditation affected their physical and mental sense of calmness, but also it noticed further awareness and acceptance of their partner and their relationship. Barnes et al. (2007) made a similar finding in their study regarding the role of mindfulness in relationship satisfaction. He suggests that couples who practice mindfulness meditation will experience higher relationship satisfaction, self-control, and accommodation. Participants in the current study found similar effects; they noticed themselves being less reactive to their partner and more willing to adjust their interactions with, thoughts and beliefs about their partner

The therapists also found themselves utilizing the meditation differently than taught. In the interview, one participant felt that it would be important to encourage clients and other therapists to find "their own thing." Three of the four therapists adapted the practice for themselves and teach their clients to do the same. The fourth participant, adapted the formal practice to fit her life, but believed that she was not doing the "real act of mindfulness." Viewing

meditation as a practice that is adaptive to individual need might also encourage more regular use.

Only one of the therapists reported using meditation at least three times per week during group, on a regular basis. The others rarely used it and reported negative feelings about not doing so, creating a sense of guilt and shame for not following through. This suggests a cycle that can be difficult to escape: avoiding meditation because it does not fit one's lifestyle, feeling guilty, reattempting the formal practice, reconfirming it does not fit, and continuing to avoid meditating.

Relational Effects

Limited research exists examining the effects meditation has on relationships. A focus of the study was to examine the relational effects on the couple as well as the therapeutic relationship. Previous research has suggested that more research needs to be conducted evaluating social support as it pertains to meditation (Kabat-Zinn et al., 1998). Kabat-Zinn et al. (1998) examined the effects of mindfulness meditation on helping patients to clear psoriasis. They found that those who participated in mindfulness meditation along with regular treatment reached the clearing point in half the time compared to those with treatment as usual. However, questions arose regarding the impact of the individuals' social support network and its impact on helping clear psoriasis. The current study sought to examine not only the individual's experience but also the perceived impact meditating might have had on building and maintaining relationships.

Similar to findings in Carson et al. (2004), couples in the current study reported improvement in relationship functioning, acceptance of their partner, and confidence in the ability to cope. However, the couples in the research literature were reported as non-distressed couples prior to the intervention. Regardless of what type of stress, couples are encountering, the current study suggests that the findings are similar and effectively impact distressed couples in the same manner. Again, the researcher noticed a difference in the group participants' ability to reflect on relational effects noticed in group versus outside.

Similar to the experiences, individuals were able to provide more detail regarding the relational effects at home than in their in-session experiences. However, the consensus from the group participants was that the meditation in the group helped them feel calmer when they were interacting with their partner and essentially less reactive while in group. From interviewing advanced meditators, Pruitt (2007), found that they experienced their relationship differently due to their meditative practices. Her participants found that they were less reactive, and that meditating helped to deepen their experiences of intimacy and independence within their relationship (Pruitt, 2007). While similar experiences were felt by participants from the DVFACT group, they did not report any changes regarding their depth of intimacy and their independence in their relationship. Therapists did not report any noticed relational effects; however, the participants noticed effects for themselves. Similar to the impact noted between the couples, individual participants noticed similar effects toward other members of the group; further explanation was not given to clearly identify their meaning.

When the participants had the opportunity to discuss the noticeable changes within their relationship at home, they were clearer and provided more examples to illustrate their point. Even though they noticed similar effects as they had while in the group, they appeared to have a better understanding of the impact. Participants' adjustment in their meditative practices might

have generated the hypervigilance. However, it is not clear what, if any, other components may be factored in to the changes they noticed. For instance, some of the individuals obtained new jobs while others experienced a change in their social support network of friends. Each of these components may have been a factor in the participants' ability to notice changes. The researcher had asked the group participants to reflect back to the time during group, as well as their relationship post-group; the time passed from the end of group to the interview was substantially longer than reflecting on present changes, the passing of time may have affected group participants' ability to recall their feelings.

Participants have noticed that as they have changed, they are slowly seeing changes in their partner. One participant noticed that as she stays calmer, her partner appears to be better able to do the same. As suggested in systems theory, this particular participant noticed how changes in her actions influenced changes in her relationship (Nicholas & Schwartz, 2005). Similarly, a male participant noticed that he had become more accepting of his wife and her reactions; as a result, she had begun to communicate with him more openly. As represented in Singh et al. (2006), individuals who become more mindful of themselves and their family members not only influence change within the family, but the individual's self-satisfaction also increases. It was not clear from the current study if participants were more self-satisfied but from the manner in which they spoke about the current situations at home, there is a high possibility.

Overall, the relational effects experienced within the group among group participants and therapists were limited in the reports. However, many relational effects were experienced among members outside of the group. Per systems theory, the changes among the individuals indirectly impacted each of their relationships, affecting how each participant views themselves, their partner, and their relationship.

Implementation

Mindfulness meditation is a unique intervention: if a therapist is going to teach it to a client, then the therapist must also be practicing. Dimidjian and Linehan (2003) discussed the implications of separating mindfulness from its spiritual and cultural components; more specifically they discussed the effects on therapist training and competence. The teachings of mindfulness have been evolving for centuries, as a process in which students learn from teachers about the spiritual traditions. The teacher has practiced and is well versed in mindfulness, and it is the teacher's discretion to determine when a student is competent to teach others (Dimidjian & Linehan, 2003). Therapists in the study were specifically asked about their thoughts of how best to implement mindfulness meditation into a therapeutic setting. All the therapists believed that those wanting to incorporate meditation with clients needed to have some personal experience with the practice prior to implementation.

When inquired about their own personal experience, all therapists expressed that at the time of implementation, their personal practices were limited to non-existent. In addition to personal practice, one therapist felt that an ongoing relationship with an advanced meditator might help provide instruction and guidance through the process. It is suggested by Dimidjian and Linehan (2003) that if a therapist uses mindfulness with clients, it is helpful create and maintain ongoing relationships with spiritual teachers to discuss their own mindfulness practices. The ongoing relationship will allow the therapist to ask questions and discuss the components of mindfulness as they are using it and teaching it to clients.

Finally, the multiple roles held by the researcher are of great importance to note. The researcher was: co-facilitator of the group, individual therapist to some participants, and primary researcher for the current study. Many efforts were made by the researcher to ensure boundaries were in place. However, struggles were experienced throughout the process. The researcher made sure to notice experiences while interviewing, coding, and writing to ensure no biases were influencing the study. At times it was necessary to consult the advisor for this project to provide a well rounded picture. While every effort was made by the researcher to ensure the study was not influenced by her views, it is probable that the self of the researcher influenced the process.

Clinical Relevance

Intimate partner violence is an issue throughout the United States, affecting communities at many levels. It has become important to focus on the treatment strategies that can help not only communities and individuals but also the unit of family and couple. While no one treatment for intimate partner violence seems to work all that well, exploring multi-couple groups and implementing various treatment techniques have been under investigation (McCollum & Stith, 2007). The findings in this study are important in clinical practice for several reasons. They provide the context of meditative practices for relational problems in romantic relationships, and build a therapeutic presence within clients. It also provides important experiential data around implementing the practice with clients. As well as, provide further research examining innovative solutions in addressing intimate partner violence.

While hesitancy exists in addressing intimate partner violence within couples therapy, the implementation of meditation provided a buffer used to address difficult issues. Mindfulness meditation provided the time and space to allow couples to refocus and center on the night's content of the session, providing the couples more opportunity to address topics and issues that have typically provoked arguments. As the meditation provided an opening for couples to discuss issues, it also helped individuals gather thoughts to present in a more clear and concise manner. The clearer the individual is about his/her own thoughts, the easier it would be for him/her to express them to his/ her partner. As with any relational interaction, communication is also influenced by the receiver's willingness to hear and accept what the other has to offer. The awareness and acceptance experienced by participants, suggests that partners who are listening to their partner may be more receptive and open to hearing their partner's message, permitting effective communication.

Findings from this study suggest that the way in which clients practice meditation may have an influence over their experience. The group participants from this study had a noticeably different experience meditating when they modified it at home to fit their lifestyle. Making the client more aware of the process and collaborating with them to help make the most of the experience might provide the most beneficial experience and results for both the client and the therapist. The results from the current study bring to question the difference and effectiveness between formal practices of meditation versus a modified or eclectic version.

Strengths of the Study

A key strength of this study was the qualitative methodology. The in-depth interviews provided the participants with the freedom to explore their experience in rich detail. The questions asked of the participants remained the same through the entire process. Throughout

the interview process, the researcher adapted the questioning to look further at emerging themes, changes between meditating during session versus outside.

The participants for this study were a strength as well. Two couples and one individual made up the five group participants for the study. Each individual was interviewed separately, providing in-depth data about their relationship and the effects meditating may or may not have had. Interviewing two complete couples provided clear data to inform the researcher of any relational effects. The length of participation among the group participants also differed, providing more in-depth data regarding the length of exposure to meditation. From the last DVFACT group one couple completed the program in its entirety and one couple has been asked to leave half way through the program due to their lack of attendance. The individual group participants had completed the program a year earlier with her husband. The qualitative methodology provided openness for all participants to describe their experiences and the noticed impacts with rich narratives and descriptions. Because few studies have examined meditation with this particular population, the use of quantitative methodology could have been more restrictive and limiting.

Finally, another strength of the study was the researcher had been a co-facilitator in the last DVFACT group. Both couples interviewed for this study participated in the same group. The researcher later became the therapist for the couple who had been asked to leave the group early, creating a working therapeutic relationship. The researcher has also had a long-standing relationship with all the therapists interviewed for this study, three of whom she co-facilitated the group with. The researcher's involvement with many of the participants in this study may have created more of willingness for the therapists and the group participants to take time to be interviewed for the study and to have shared their personal experiences.

Limitations of the Study

The researcher's participation within the group may have also created some bias regarding the interview process. While the researcher did her best to safe guard against any biased views, it cannot be overlooked that some biases may still exist. It is also recognized that the researcher's participation in the group may have had some influence on the study participants' involvement in the study and influence over the answers provided from the interview. A possibility exists that the participants may have been reporting what the researcher wanted to hear, as they knew what the researcher was intending to observe, the overall influence meditation has on an individual and their relationships.

The study had originally intended to interview all the group participants from the previous DVFACT group. However, only four out of the six participants had responded to the request. It is unknown as to why the missing couple did not participate; however, it was reported that the missing couple had split up at the end of group and moved away. Being sure not to overlook other possible reasons for not participating, the missing pair may have had other thoughts regarding participation that are unknown to the researcher. In an effort to increase the number of group participants for the study, the researcher made every effort to contact previous participants from past groups using previous contact information. Three couples from previous groups were sent letters informing them of the upcoming research project. Two letters were sent back informing the researcher that the participant no longer lived at that residence. Efforts were made to contact all three couples using their previous phone numbers. Of the six individuals contacted, the researcher was only able to leave messages for three of the participants, at which

time only one of the previous participants agreed to participate. Again, it is unknown as to why the other two previous participants contacted did not wish to participate.

The study was intending to get a varying range of participants who practiced meditation. All the group participants for this study had reported that they practiced meditating outside of group on more than one occasion. There might have been some self-selection bias on the part of the participants; therefore, those participants who did not practice meditation may not have been inclined to participate.

Future Research

The themes discovered through this study suggest several implications for further research. The differences experienced among participants who meditated inside session versus outside session warrants further research to provide further explanation of this phenomenon. Participants within this particular study were better able to describe their experiences outside of session and the effects within themselves and their relationship as it pertained to meditation. The same cannot be said for meditating within the session.

Future research may also want to consider providing a base line in regards to the participants' practice of meditation prior to group. Providing more a base line could help researchers further evaluate the progress made by the participants through the DVFACT group meditation. On the same token, additional researcher regarding the participants' experience of meditation as a transitional piece both within group and in personal practices would help fulfill existing research gaps. It would also be important to investigate participants with a range of meditation experience as this study only included practicing meditators.

Finally, upcoming research might focus on further understanding therapists' views of implementing meditation within the therapeutic process. Similar to what previous research suggests, therapists interviewed within this study suggested other therapists to practice meditation should they decide to implement it with clients. However, therapists within this study explained that their personal practice of mediating has limited and at times non-existent. Examining these phenomena might help provide more instruction on implementation as well as more data recording the effectiveness of meditative practices.

Personal Reflections

The strength and commitment of the group participants was remarkable. Regardless of whether the couple/individual was mandated to attend or voluntarily attended the DVFACT group, all eventually had a genuine curiosity and desire to understand themselves, their partner and their relationship. At times, the topics within the group were uncomfortable and emotional; however, the participants did their very best at broaching the topics. Within the interview, each of the participants displayed a willingness to delve into difficult topics about their relationship and themselves. They truly gave of themselves, allowing personal questions to be asked and an openness to disclose. There was always a sense of care by the researcher, to ensure that the participant felt comfortable to continue. Immense gratitude is felt for those willing and able to talk openly about their experiences and where their relationship currently stands.

It must not be forgotten to remark on the therapists' commitment and courage to help address domestic violence within a multi-couple setting, as this is certainly not an easy topic. Three out of the four individuals interviewed were therapist interns at the time they had co-

facilitated the group. Their confidence and willingness to work with couples at this stage is noteworthy. The other therapist interviewed is certainly notable for his faith and support not only with the group participants but also with those with whom he co-facilitated with. It certainly is not easy to find a therapist willing to co-facilitate a multi-couple domestic violence group with three therapist interns; his commitment to the couples and to the therapist interns was remarkable. Through triumphs and disappointments, the therapists' honesty about their personal experience on a professional and personal level was encouraging. The researcher has the utmost appreciation for the therapists' journeys within the group and during this interview process.

Finally, the researcher had the amazing opportunity to co-facilitate the multi-couple group herself. There was knowledge that came, not from books or articles, but from experience. The opportunity to watch each week as participants struggled to understand themselves and their partner, while also being able to witness their successes throughout the group, was something that could not be read about or discussed, but only observed through direct experience. Working hand-in-hand with the other co-facilitators, the researcher was able to join and fully comprehend the therapists during the interview. The multiple roles the researcher held throughout the study were continually challenged and brought to light to ensure every effort was made that the interview questions were led by the participant, coding was interpreted with little bias; however, there is no doubt that the self of the researcher had an impact on the process.

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Appendix A

Client Invitation Letter



[Date]

[Participant Name]

[Address]

[City, ST Zip]

Dear [Name of participant]:

I've thought of you often since the end of our Couples Conflict Group more than a year ago and hope things are going well. We are continuing to develop the program and I'd like to ask your help in doing so. As you recall, we practiced meditation during most of the group sessions. We're trying to find out if the meditation practice helped group participants and ways we can make it more effective. One of my students, Susan Claus, is contacting past participants in the group to get their opinions about the mindfulness meditation part of the group. She would like to conduct a brief (20 minute maximum) audio-recorded telephone interview about your experience. Your responses are completely confidential – no names will be associated with any interview. Within the next week, Susan will be contacting you via phone to see if you would be willing to participate. While we really value your input, you are under no obligation at all to do the interview. Susan will be able to answer any questions you might have when she speaks with you. If you would rather contact Susan directly, you can reach her at 703-538-8393.

Sincerely,

Eric E. McCollum, Ph.D.
Professor & Program Director
Marriage and Family Therapy Program

Appendix B

Therapist Invitation (sent via email)

[Date]

Dear [Name of therapist],

My name is Susan Claus, I am conducting a study at Virginia Tech about therapists' experience of implementing mindfulness meditation into the Virginia Tech Couples Conflict Treatment Program. This information will contribute to our knowledge about how to implement the meditation into a therapeutic setting and the reported impact for both the therapist and client/couple. Because you have some experience with the program, you are being invited to participate. The study involves a brief (30-minute maximum) audio-recorded interview about your experience. Your responses are completely confidential – no names will be associated with any interview. If you wish to participate in the study, please contact Susan Claus at (703)538-8393 or sclaus82@vt.edu to set a time. Thank you for your time, and I look forward to speaking with you.

Sincerely,

Susan Claus
Co-Investigator
Virginia Tech
(703)538-8393
sclaus82@vt.edu

Appendix C

IRB Approval Letters

IRB Approval Letter for Previous Participants

IRB Approval Letter for Current Participants

IRB Approval Letter for Therapists



Office of Research Compliance
 Institutional Review Board
 2000 Kraft Drive, Suite 2000 (0497)
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 540/231-4991 Fax 540/231-0959
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FWA00000572(expires 1/20/2010)
 IRB # is IRB00000667

DATE: November 14, 2008

MEMORANDUM

TO: Eric E. McCollum
 Karen H. Rosen

FROM: David M. Moore 

Approval date: 9/19/2008
 Continuing Review Due Date:9/4/2009
 Expiration Date: 9/18/2009

SUBJECT: **IRB Amendment 1 Approval:** "Systemic Treatment of Batterers in Intact Relationships", IRB # 05-453

This memo is regarding the above referenced protocol which was previously granted approval by the IRB on September 19, 2008. You subsequently requested permission to amend your IRB application. Since the requested amendment is nonsubstantive in nature, I, as Chair of the Virginia Tech Institutional Review Board, have granted approval for requested protocol amendment, effective as of November 14, 2008. The anniversary date will remain the same as the original approval date.

As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

cc: File




Office of Research Compliance
Institutional Review Board
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FWA00000572(expires 1/20/2010)
IRB # is IRB00000667

DATE: September 15, 2008

MEMORANDUM

TO: Eric E. McCollum
Karen H. Rosen

FROM: David M. Moore 

Approval date: 9/19/2008
Continuing Review Due Date:9/4/2009
Expiration Date: 9/18/2009

SUBJECT: **IRB Expedited Continuation 6:** "Systemic Treatment of Batterers in Intact Relationships", IRB # 05-453

This memo is regarding the above referenced protocol which was previously granted expedited approval by the IRB. The proposed research is eligible for expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110. Pursuant to your request, as Chair of the Virginia Tech Institutional Review Board, I have granted approval for extension of the study for a period of 12 months, effective as of September 19, 2008.

Approval of your research by the IRB provides the appropriate review as required by federal and state laws regarding human subject research. As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

cc: File



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FWA00000572(expires 1/20/2010)
IRB # is IRB00000667

DATE: August 26, 2008

MEMORANDUM

TO: Eric E. McCollum
Susan Claus

Approval date: 8/26/2008
Continuing Review Due Date:8/11/2009
Expiration Date: 8/25/2009

FROM: David M. Moore 

SUBJECT: **IRB Expedited Approval:** "Therapists' Experience of Implementing Mindfulness into the Virginia tech Couples Conflict Treatment Program" , IRB # 08-481

This memo is regarding the above-mentioned protocol. The proposed research is eligible for expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110. As Chair of the Virginia Tech Institutional Review Board, I have granted approval to the study for a period of 12 months, effective August 26, 2008.

As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

Important:

If you are conducting **federally funded non-exempt research**, please send the applicable OSP/grant proposal to the IRB office, once available. OSP funds may not be released until the IRB has compared and found consistent the proposal and related IRB applicaton.

cc: File
Department Reviewer:Angela J. Huebner

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