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Sophie Davis-Cohen
Recollective Awareness Meditation:
A Self-Care Process for
Meditating Therapists

ABSTRACT

Research substantiates the common phenomenon of therapist burnout, which poses serious challenges to mental health clinicians. Effective practices of self-care are necessary to ensure therapist well-being and allow professionals to provide their clients with the highest quality of care. This qualitative study examines how Recollective Awareness Meditation (RAM) functions as a self-care process for meditating therapists. RAM is unique in its receptive and unstructured style, and its focus on the importance of recollection after meditation. This investigation is based on the perspectives of twelve therapists, who discussed their personal experiences with RAM. Ellen Baker's (2002) framework of self-care (as consisting of self-awareness, self-regulation, and balance) was used to guide interviews and organize findings.

This study's major findings show RAM offered therapists in the study a powerful process of self-care with many significant benefits. Central findings reported by therapists included: increased self-awareness (including various positive effects on therapy practice and increased awareness of burnout symptoms); increased self-regulation; increased balance; reduced self-criticism and judgment, increased self-compassion and validation; increased connection to values, increased gratitude; and a heightened awareness of conditionality. Findings also speak to how RAM compares to and interacts with other forms of self-care, and the limitations of RAM. RAM encourages a meditator to know and tolerate one's inner world; this study suggests it is highly protective for therapists, whose jobs entail effectively working with others' pain, thoughts, and emotions.

**RECOLLECTIVE AWARENESS MEDITATION:
A SELF-CARE PROCESS FOR MEDITATING THERAPISTS**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2015

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CHAPTER I

Introduction

“In Silence there is eloquence. Stop weaving and see how the pattern improves.”

— *Rumi, poet*

A psychotherapist’s job often entails intimately connecting with people in psychological distress. Working with those in pain exacts a cost from the caregiver; this cost is described as *burnout*. Burnout, a widely studied phenomenon, poses serious risk to mental health professionals. Though the particular felt experience of burnout varies, the literature points to “moderate depression, mild anxiety, emotional exhaustion, and disrupted relationships as the common residue” of the difficult work of therapy (Norcross, 2000, p. 710). Self-care processes are a therapist’s much-needed defense against burnout. Self-care may take many different physical, mental, and emotional forms, but at its core seeks to correct or prevent burnout. Meditation is a potent process of self-care for therapists; research confirms the different benefits offered by various styles.

Purpose of Study

Motivated by the need for effective and relevant self-care options for therapists, this study explores how Recollective Awareness Meditation (RAM) functions as a self-care process for meditating therapists. RAM, developed by Jason Siff, is an unstructured and open form of

meditation wherein the complex breadth of one's inner experience is welcomed into one's meditation sitting. While subjective accounts affirm RAM's value as a self-care process for mental health clinicians, a closer study is called for to deepen our understanding.

RAM offers therapists a unique process of self-care. Permission, gentleness and curiosity are crucial qualities allowing for, and developed in, this innovative style of meditation. A meditator is encouraged to allow his or her inner world to unfold, allowing different thoughts, states of mind, emotions, and physical experiences to be present in meditation. According to Siff's model, change and healing are results of gaining greater awareness of how one's inner world operates in meditation. Awareness is developed around one's actual experience rather than a set of instructions, a meditator is instructed to journal about her meditation after the sitting. Reflecting back on one's meditation sitting leads to an increased awareness of how one's inner world operates, including one's habitual patterns. RAM encourages a meditator to know and tolerate one's inner world; it has the potential to be very helpful to therapists whose jobs entail effectively sitting with others' pain, thoughts, and emotions. No study has yet explored how RAM functions as a process of self-care for therapists. The intent of the present study is to focus on this phenomenon specifically, thereby expanding the knowledge base of RAM as a self-care tool for therapists.

“Whatever ultimate interpretation one puts on traditional Buddhist cosmology, it remains a flexible framework within which to make sense of a rich spectrum of experience” (Gethin, 1998, p. 127). Whether or not one takes meditation up in a religious or spiritual manner, it too is a practice that may take many different forms. Different styles of meditation can benefit a meditator in various ways, depending on one's preferences, needs, and interests. Therapists in the Western world have increasingly utilized meditation since the 1950s and 1960s, when therapists began to more commonly use meditation with clients and also for their own self-care

(Safran & Reading, 2008). Currently, mindfulness meditation is widely popular, often with specific assumptions and instructions that are different from those of RAM. RAM's open and allowing stance offers a meditator the opportunity to go beyond focusing on the breath or a specific mantra, and to be receptive to what is present (including thoughts about the future or past, emotions, memories, and many other inner experiences). Some of the differences between many styles of mindfulness meditation and RAM will be explored in the literature review that follows. Crucially, RAM offers therapists, who may be especially interested in the variety of one's inner experiences, a different way of meditating and connecting to oneself and others. The present study is called for to deepen our understanding of how this particular style of meditation affects therapists' experiences of self-care.

An inductive, exploratory study follows, utilizing data derived from interviews with twelve therapists who practice RAM. Therapists were questioned in depth about their use of RAM as a form of self-care, and what the benefits and drawbacks are from their experience. Strong and effective practices of self-care are needed to protect therapist well-being, and a descriptive examination of how RAM operates for meditating therapists is valuable to begin to launch our understanding of this innovative approach to meditation. Attaining a nuanced understanding of the effects of RAM on meditating therapists may be highly valuable to the field of therapy. This study will provide practitioners and institutions with information about this emerging and potentially clinically relevant form of self-care.

CHAPTER II

Literature Review

In order to develop the reader's understanding of crucial topics within this study, the following areas are reviewed. Therapist burnout, a harsh reality motivating the present study, is strongly substantiated in the literature. The literature explores how burnout affects therapists' well-being and professional lives, and the factors that contribute to the experience of burnout. Then, literature reviewed describes a spectrum of self-care practices and an exploration of literature regarding meditation as a self-care tool is presented. Finally, RAM in specific is defined and described. In order to understand this study's findings, it is crucial for the reader to learn about RAM in depth and gain a sense of the process' unique qualities.

Therapist Burnout: A Call for Self-Care

Therapists enter the field of mental health for a variety of reasons, and many are highly gratified by the work they do. Clinical work can provide a therapist an engaging and meaningful professional life. However, to promote a work force of resilient therapists who are able to thrive in their work and lives, we must take a sober look at the phenomenon of clinician burnout. Freud himself wrote that no one who wrestles with another's inner demons "can expect to come through the struggle unscathed" (as cited in Norcross, 2000, p. 710). One of the most well known traumatologists, Viktor Frankl, also gave voice to the reality of burnout: "That which is to give light must endure burning" (as cited in Gentry, 1995, para. 3).

Burnout explained. The literature on burnout has spanned nearly 40 years. Herbert Freudenberger first described burnout as having the experiences of feeling like a failure, feeling worn out, and becoming exhausted (as cited in Papia, 2014). Another widely acknowledged contributor to the study of burnout, Maslach, defined it as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind” (National Association of Social Workers, 2008, p. 268).

Burnout is associated with poor job performance, absenteeism, and high turnover rates within the mental health profession (Kahill as cited in Lee, Lim & Min Lee, 2011). Clinicians experiencing burnout are more likely to experience mental and physical health problems such as depression, insomnia, and gastrointestinal disturbances (Burke & Deszca in Lee et al., 2011). Burnout at its extreme can lead to paranoia, self-medication with legal or illegal substances, and even being fired or forced to resign (Smullens, 2012). Farber and Heifetz added to our understanding of the more subtle, yet highly destructive, consequences of burnout: “Burned out professionals may become cynical to their clients, blaming them for creating their own difficulties... To maintain a safe emotional distance from an unsettling client, professionals may increasingly resort to technical jargon and refer to clients in diagnostic terms” (1982, p. 293).

Much research has substantiated the painful reality of burnout (Carroll, Gilroy & Murra, 2003; Gilroy, Murra & Carroll, 2002; Pope & Tabachnick, 1994; Rupert & Morgan, 2005; Thoreson, Miller & Krauskopf, 1989; Rzeszutek & Schier, 2004; and Sherman & Thelen, 1998). In a study by Gilroy et al. on 425 clinicians, 62% of participants reported that they suffered from depression (2002). Interestingly, the authors noted that therapist respondents felt their own emotional difficulties heightened their empathy for clients, but also increased their sense of loneliness and lowered their energy and concentration in clinical work. Another study by Pope and Tabachnick showed that over 60% of therapists reported having been seriously depressed at

some point during their career. These therapists had experienced significant relationship difficulties, inadequate self-esteem, anxiety, and other career concerns (Pope & Tabachnick, 1994).

Vicarious traumatization, compassion fatigue, secondary traumatic stress, and countertransference. The experience of burnout may intermingle with, result from, and influence other experiences that affect a therapist. For this reason, Smullens expanded the definition of burnout to include an array of “attendant syndromes,” including vicarious traumatization, compassion fatigue, and secondary traumatic stress (Gentry, 1995; Pfifferling & Gilley, 2000; Smullens, 2012). A therapist may endure these specific conditions as a result of their therapeutic efforts (Smullens, 2012). Gentry described dangers posed to a clinician’s mental health from countertransference, “the therapist’s conscious and unconscious reactions to the patient in the therapeutic situation” (1995, para. 6). Gentry drew attention to Jung’s assertion (1907) that countertransference, though inherent in effective clinical work, deeply affects the practitioner. Much literature has affirmed the unintended negative effects of psychotherapy on the therapist, particularly with regard to experiencing and dealing with countertransference reactions (Gentry, 1995).

Causes of burnout. While a single cause of burnout proves elusive, a variety of factors have been found to influence the degree to which burnout is experienced by therapists. In one study, Farber and Heifetz found the majority of therapists interviewed attributed burnout to “the non-reciprocated attentiveness, giving, and responsibility demanded by the therapeutic relationship” (1982, p. 295). Additionally, most therapists felt that a lack of therapeutic success was their highest stressor at work, contributing to burnout (Farber & Heifetz, 1982, p. 297). The authors noted that, taken together, these two findings “suggest that therapists expect their work to be difficult and even stressful, but they also expect their effort to ‘pay off.’ Constant giving

without the compensation of success apparently produces burnout” (Farber & Heifetz, 1982, p. 298).

Various life events and work factors appear to affect levels of burnout. Sherman and Thelen found a very high correlation between clinician distress and distressing issues in the clinician’s life. Problems in close relationships, major personal illness or injury, malpractice claims, changed work situation, and inadequate time for obligations most strongly contributed to the stress of psychologists (1998).

A lack of balance is often implied in the experience of burnout. In one meta-analysis examining the antecedents of burnout, over-involvement in work was most strongly correlated with emotional exhaustion, and a lack of a sense of control was correlated with depersonalization and a lowered sense of personal accomplishment (Lee et al., 2011).

Baker noted that “causes of burnout may be systemic, intrapsychic, or some interaction of the two” (2002, p. 22). Rupert and Morgan studied how work setting affected burnout in 571 doctoral psychologists. The authors noted that the one consistent finding from previous studies was lower burnout experienced by clinicians working in private practice, as compared to agency-employed therapists. The authors sought to study this area further, with an up to date sample that better represented current demands of agency work. The study affirmed previous studies’ findings that workplace influences burnout; practitioners in private practice experienced significantly less emotional exhaustion, and a greater sense of personal accomplishment (Rupert & Morgan, 2005). Various conditions play a part in how work setting may affect therapist burnout. These include the size and type of a therapist’s caseload, type of work setting, workplace dynamics, and a therapist’s personal preferences and characteristics.

Contradicting findings. At times, studies disconfirm or shift our general assumptions about the severity of professional burnout. For example, Mahoney conducted a study on 155

therapists, which produced results that were more positive than, and thus incongruent with, many other studies. Surprisingly, he found that less than half of participants had experienced emotional exhaustion and fatigue. About one third had experienced depression in the past year (1997). However, this study had intrinsic limitations, including its lack of an objective instrument, and a self-selected participant pool.

Cross-cultural relevance. Maslach noted that the majority of studies on burnout had been conducted in English-speaking countries, especially in the United States and Canada (2001). There is little racial diversity within the majority of studies reviewed above; the academic community is in need of global, cross-cultural and racially inclusive research that adds to our understanding of burnout.

Finding a way out: A need for self-care. We have seen that though clinical mental health work can be immensely rewarding, it can also be mentally and physically taxing. The human relationship, including the therapist herself, is the most potent tool influencing positive outcomes in therapy. A professional's sense of burnout affects her ability to provide the highest level of care for her clients. Self-care, a therapist's defense against burnout, will now be explored.

Therapist Self-Care

Self-care is made up of the necessary proactive processes or activities that therapists implement in their personal and professional lives. The National Association of Social Workers (NASW) recognized that self-care ought not only be used to reactively cope with work stressors; the NASW Policy Statement on Professional Self Care stated that self-care should be a “core essential component” to social workers’ ongoing professional practice (NASW, 2008). Self-care, nurtured by a therapist outside of the therapy room, will inevitably spill over into one’s clinical work. “Because therapists draw on their personal emotional resources in attempting to

understand clients, being emotionally available in clinical work may be predicated on being more alive generally” (Zeddies as cited in Dlugos & Friedlander, 2001, p. 298). The goal of self-care is not only an absence of burnout but in fact greater well-being, which Jaffee and Scott described as “a feeling of vitality, of energy, of ability to do” (1984, p.152).

Baker’s definition of self-care. For the purposes of this study, I use a definition of self-care put forth by Ellen Baker, Ph.D., in her book, *Caring for Ourselves: A Therapist’s Guide to Personal and Professional Well-being* (2002). Baker described that self-care consists of three main processes: self-awareness, self-regulation, and balance. This framework of self-care helps orient clinicians to the many ways one might care for oneself, and these three tenets frame the self-care portion of this literature review.

Self-awareness. Baker defined self-awareness as “a core element in the responsible, mature management and regulation of one’s self as a person and as a professional... (It) involves benign self-observation of our own physical and psychological experience to the degree possible without distortion or avoidance” (2002, p. 14). And while self-awareness does facilitate more action-oriented self-care, it also has its own rewards. “Each person contains a vast inner world of thoughts, feelings, values, aspirations, potentials, and needs that he or she is capable of knowing and exploring. Distress, ill health, and burnout can result from neglecting this inner world“ (Jaffee & Scott, 1984, p. 129-130). Time spent in solitude may allow a person sufficient time and energy to cultivating self-awareness. Hudson described solitude as “positive aloneness... a quiet, deep, inner experience... The capacity to be alone thus becomes linked with self-discovering and self-realization, with becoming aware of one’s deepest needs, feelings, and impulses” (as cited in Baker, 2002, p. 62). Baker encouraged: “We must remind ourselves, just as we do with our clients, that we need to stay attuned to our inner life. We benefit

immeasurably in observing, without judging, our interior experience, our feelings, thoughts, dreams, and fantasies” (2002, p. 59).

Studies have shown self-awareness to be a key aspect of effective self-care programs. In their study of 345 experienced psychologists, Coster and Schwebel found that self-awareness was a central condition that contributed to therapists’ ability to function well. “Awareness is a prelude to regulating our way of life, modifying behavior as needed” (1997, p. 11). Norcross wrote that his numerous studies on the topic have affirmed the wisdom in self-monitoring (2000).

Attending personal therapy has been found to facilitate greater self-awareness for therapists (Baker, 2002; Coster & Schwebel, 1997; Macran, Smith & Stiles, 1999; Norcross, 2000; Strozier & Stacey, 2001). In one study, 90% of therapists who sought personal therapy rated the outcomes positively (Norcross, 2000, p. 712). Many therapists feel their personal therapy both prepares them for the role of therapist and also acts as a buffer to burnout. However, in the U.S., therapy for the practitioner is generally not required to become a therapist, or at any point throughout one’s professional life. Geller et al. noted that in most European countries, therapists are required to attend personal therapy in order to become licensed. Only a few graduate programs and analytic training institutes in the U.S. require therapy as a part of a professional’s training (1995). Interestingly, in Strozier and Stacey’s study on the relevance of personal therapy in the education of MSW students, students themselves were more likely than faculty to feel personal therapy is essential to social work education (2001). Students in this large and statistically significant study expressed an enthusiastic willingness to participate in personal therapy. While Freud and his followers felt personal therapy was essential to the experience of being a therapist, this is no longer a widely held assumption reflected in training program requirements within the U.S. (Strozier & Stacey, 2001, p. 181).

Professional supervision, which involves increasing one's level of psychological awareness through work with a more skilled and experienced therapist, is a crucial source of professional and personal support for clinicians (Baker, 2002; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Norcross, 2000).

Self-regulation. Self-regulation involves the “management of physical and emotional impulses, drives, and anxieties. Regulatory processes... help us maintain and restore our physiological and psychological equilibrium” (Baker, 2002, p. 15). Self-regulation can take physical, mental, emotional, and social forms.

Tending to one's physical self is a fundamental component of self-care. A therapist caring for herself will likely strive to eat right, exercise in a way she enjoys, and get sufficient rest (Baker, 2002; Coster & Schwebel, 1997; DeAngelis, 2002; Norcross, 2000). Baker noted the importance of these necessities, along with sufficient medical care and a healthy and satisfying sexual life, whatever this may mean to the individual (2002, p. 93). “We occasionally become so intent and focused on sophisticated self-care methods that we overlook the basics” (Guy & Norcross as cited in Baker, 2002, p. 89).

Self-regulation may be achieved through use of coping mechanisms: “acquired, conscious means of managing impulses and anxieties” (Baker, 2002, p. 68). Norcross' studies showed therapists ought to employ stimulus control and counterconditioning when possible, including relaxation, assertion, cognitive restructuring, exercise, and diversion (2000, p. 711).

Healthy relationships offer the therapist an invaluable source of well-being and care, facilitating self-regulation. Intimate relationships have been found to be highly protective for therapists (Baker, 2002; Coster & Schwebel, 1997; Norcross, 2000). “Our best relationships are those in which we can be as close to our true self as possible... as we express our thoughts, feelings, and concerns beyond the role of being a therapist or good listener” (Baker, 2002, p.

127). Healthy relationships with loved ones provide the therapist a “safe haven... a place to be less than perfect... and not a special persona with omniscient and omnipotent qualities” (Goldberg as cited in Baker, 2002, p. 128).

Therapists are supported by various kinds of relationships. Honest, supportive coworker relationships in one’s professional life are protective. “Open sharing among peers concerning the limitations of the profession, personal mistakes and shortcomings, and common problems confronted in practice can greatly reduce the stress and dissatisfaction experienced by many therapists” (Guy as cited in Baker, 2002, p. 137). As noted in the above section on self-awareness, both therapy and supervision are important social avenues of self-care. Therapists may also find a powerful means of self-care in connection to greater society, as many also benefit personally from commitment to social justice, human rights, and political causes (Baker, 2002, p. 139).

A therapist’s mindset, characteristics, and expectations affect her ability to self-regulate. The “passionately committed therapists” whom Dlugos and Friedlander studied cited these specific personal characteristics, which enhanced their satisfaction and passion: adaptiveness; openness; ability to view obstacles as challenges; humility; and intentional continual learning (2001, p. 301).

Self-regulation entails giving thought to how a therapist manages emotional boundaries in relationship with her clients. “(This) capacity to feel with people... I’ve needed to have some boundaries around that or some permission to not take it all on or see it as all of me, to learn better ways to buffer or screen a bit, so that I can feel in a way that’s useful, but not be so overwhelmed by it” (Hornyak as cited in Baker, 2002, p. 142).

Finally, knowing our limits allows us to self-regulate; often the best thing to do is nothing at all. However, this can be especially difficult for therapists, as Baker explained:

“Consciousness of our limits in ability, time, energy, knowledge, and financial resources can be painful when we confront the deep suffering and compelling needs of others with whom we have contact” (2002, p. 143). However, the ability to say no is protective.

Balance. The concept of balance is both a means for achieving, and central component of, self-care. “Balance is essential in enabling us to tend our core needs and concerns, including those of the body, mind and spirit; of the self in relation to others; and in our personal and professional lives” (Baker, 2002, p. 16). Balance entails the ability to “balance dualisms... action and rest; doing and being; past and present; self-awareness (uncovering) and self-regulation (coping); routine and variety; spontaneity and structure; primal desires and civilization; work and play; form and function; and openness and protectiveness, to mention a few” (Baker, 2002, p. 16).

Time away from work, by means of a vacation or break, is an often-cited method that promotes balance for therapists (Baker, 2002; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Norcross, 2000). “A hiatus or respite from the demands of clinical work is an immense gift to one’s self” (Baker, 2002, p. 77). Dlugos and Friedlander noted that the ability to maintain boundaries between one’s professional and personal lives sustains therapist wellness and passion (2001).

Seeking diversity within work activities is another effective means of working towards greater balance. In their study, Dlugos and Friedlander found that fulfilled therapists found diversity by taking on new cases, and maintaining a mixed caseload (2001). Norcross also encouraged therapists to practice multiple forms of therapy, and take on different roles at work, such as that of supervisor, teacher, consultant, or researcher (2000, p. 712).

Attaining balance hinges on remaining connected to the rewards of therapy for the therapist, just as one is mindful of the dangers of burnout. One study found that despite the

dangers of clinical work, clinical practitioners, as compared to researchers, were more satisfied with their lives and more likely to feel their work had positively influenced them. Participants reported the impact of their work had made them wiser and more aware, accelerated their psychological development, and increased their capacity to enjoy life (Radeke & Mahoney, 2000). Dlugos and Friendlander found that the passionately committed therapists they interviewed experience “joy, love, and passion in their work that enhance rather than detract from their passion for other important life commitments” (2001, p. 298).

Normalizing and educating. Acknowledging the reality of the stressors that are part of the profession normalizes clinicians’ experiences of burnout. “Confidentiality, isolation, shame, and a host of additional considerations lead us to over-personalize our own sources of stress, when in reality they are part and parcel of the common world of psychological work” (Norcross, 2000, p. 710). Understanding the difficulties inherent in being a therapist decreases therapist self-blame, which may interfere with one’s self-care efforts.

Greater programmatic emphasis on the importance of self-care, especially aimed at beginning therapists who are particularly vulnerable to burnout, is a positive motivator for therapist self-care efforts (Howes, 2008; Sherman & Thelen, 1998). In a study examining the relationships between programmatic emphasis on self-care, self-care utilization, and quality of life among a sample of 262 clinical psychology doctoral students, researchers found programmatic self-care emphasis was positively correlated with greater self-care utilization and higher quality of life (Goncher, Sherman, Barnett & Haskins, 2013). The study called for systemic change to promote a thriving culture of self-care, perhaps including the implementation of practical competencies in graduate programs. Coster and Schwebel also wrote of the importance of encouraging graduate students to establish patterns of self-care early in their careers (1997, p. 11). Greater internal awareness of the risks within the therapist profession,

coupled with external resources and emphasis on self-care, support therapists in committing to long-lasting and effective self-care efforts.

Self-care conclusions. Therapists are often highly oriented to the needs of others, and actively partaking in self-care may not come naturally to those in the profession (Baker, 2002; DeAngelis, 2002; Howes, 2008). “Although as therapists we are well informed about the mechanics, the how-tos, of self-care, the process remains a challenge for many of us” (Baker, 2002, p. 18). Mahoney, expert on burnout and self-care, stated, “I am amazed... when I give a workshop on therapist self-care, that people are so appreciative that somebody’s saying it... we have a right as human beings, just as our clients do, to as much self-awareness, self-acceptance, and self-celebration” (as cited in Baker, 2002, p. 13). Ultimately, self-care is up to the therapist. Tuning in to what works for oneself is fundamental, and it’s important to explore the options available. “To take adequate care of ourselves, we must continue learning throughout life about what facilitates, deepens, and strengthens our sense of personal well-being and peace of mind” (Baker, 2002, p. 59).

Meditation as a Self-Care Tool

Studies have repeatedly shown that different forms of meditation can offer therapists and therapists-in-training a variety of self-care benefits (Aggs & Bambling, 2010; Boellinghaus, Jones & Hutton, 2012; Brito, 2014; Davis & Hayes, 2011; Bruce, Manber, Shapiro & Constantino, 2010; Christopher & Maris, 2010; Dorian & Killebrew, 2014; Fritz & Mierzwa, 1983; Maris, 2009; Nanda, 2005; Raab, 2014; Richards, Campenni & Muse-Burke, 2010; Safran & Reading, 2008; Shapiro, Biegel & Brown). Meditation has been increasingly utilized in therapy in the Western world since the 1950’s and 1960’s, when therapists more commonly began using it both personally and with their clients (Safran, 2008, p. 122). Most of the available literature on therapists’ own meditation practices focuses on how meditation affects the

client/therapist relationship, or how the therapist is affected in ways primarily pertaining to her role as therapist. For the purposes of this study, I will primarily focus on how meditation affects therapist self-care and wellness.

Meditation defined. There are many styles of meditation with a vast array of potential benefits and drawbacks. Each kind of meditation may have its own definition of what meditation is. And one therapist may be drawn to one style of meditation, while a different style may resonate with another therapist.

The term *mindfulness* derives from the Pali word ‘sati’, defined as ‘having awareness, attention, and remembering’ (Bodhi as cited in Davis & Hayes, 2011, p. 198). “Mindfulness, as described in Buddhist technical treatises dating as far back as the third century B.C.E., can be conceptualized as the process of locating and directing one’s awareness to the present moment as it unfolds” (Safran & Reading, 2008, p. 122). Though attaining one certain definition of ‘mindfulness’ is difficult, as it was only relatively recently introduced into the Western world (Richards et al., 2010, p. 251). The terms ‘meditation’ and ‘mindfulness’ are at times used interchangeably in Western scholarly literature. Articles in this literature review may examine mindfulness, but only if meditation is involved in the study, rather than solely certain mind-body mindfulness exercises (for example, yoga or tai chi).

Mindfulness meditation. Today’s popular mindfulness meditation styles have been the focus of the majority of recent writing and empirical research on meditation. Mindfulness meditation is typically associated with Vipassana meditation, derived from Theravada Buddhism. Vipassana is a Pali word for ‘insight’ or ‘clear awareness,’ and Vipassana meditation practice is designed to gradually develop awareness or mindfulness (Gunaratana as cited in Davis & Hayes, 2011, p. 199). Common Vipassana meditation instructions may be to focus on one’s breath as it moves in and out of the nostrils, or on one’s abdomen when breathing in and out. “As thoughts

come up, one returns to focusing on the object of meditation, such as the breathing. One passively notices one's mind has wandered, but in an accepting, non-judgmental way” (Mindfulness meditation, n.d., para. 3).

Mindfulness-based stress reduction. The recent surge in the popularity of meditation within the therapeutic sphere is largely due to the advent of Mindfulness-Based Stress Reduction (MBSR), along with the central role of mindfulness in Dialectical Behavioral Therapy and Acceptance and Commitment Therapy (Davis & Hayes, 2011, p. 198). Therefore, the majority of available research on therapist meditation as a self-care process involves MBSR. MBSR is a “mindfulness-based program designed initially to assist people with pain and a range of conditions and life issues that were difficult to treat in a hospital setting developed by Jon Kabat-Zinn” (Mindfulness-based stress reduction, n.d., para. 1). The MBSR program consists of “an eight-week workshop taught by certified trainers that entails weekly group meetings, homework, and instruction in three formal techniques: mindfulness meditation, body scanning and simple yoga postures” (Mindfulness-based stress reduction, n.d., para. 2).

Studies: MBSR as a self-care tool. Much has been written on the use of MBSR as a program that buffers students and therapists-in-training against symptoms of burnout. Overall, studies show MBSR training brings students of therapy many benefits, including: increased tolerance of physical and emotional pain; higher levels of energy; feelings of centeredness; relaxation, renewal and mental clarity; increased positive affect; and greater self-compassion (Christopher & Maris, 2010; Davis & Hayes, 2011; Maris, 2009; Raab, 2014; Shapiro et al., 2007). In a small study of five women and two men, Birnbaum found the MBSR program created a beneficial “accompanying place” for stressed social work interns. Students were able to acquire new self-knowledge, experience autonomy in learning self-containment and emotional regulation, and gain insights regarding their professional self-concept. One student’s

recollections add nuance to these findings: “I thought I was familiar with my inner strengths... all of a sudden they were not there, what I observed was different, it made me wonder if I’m really as connected to myself as I thought I was” (Birnbaum, 2008, p. 846). Though racial diversity was not specified, this was an Israeli study, adding somewhat to our limited understanding of these issues in culturally diverse populations. Christopher and Maris reviewed research projects conducted over the past nine years, and also found that MBSR training enhanced the physical and psychological well-being of trainees. “Students described a number of changes in terms of their attitudes, worldview, or cognitive style. In terms of cognitive process they reported increased mental clarity, concentration, focus, and attention. They found themselves better able to be present with themselves and others, spending less time dwelling on the past or anticipating the future” (Christopher & Maris, 2010, p. 121). These findings were supported by a study, by Shapiro et al., on the effects of MBSR on 54 therapists in training. The authors noted the program “enhances the capacity to be mindful- that is, to attend to the present moment experience in a receptive manner- (which), over time, reduce(s) the identification with self-focused thoughts and emotions that can lead to poorer mental health” (2007, p. 106). The racial makeup of this study’s sample was: 76.9% Caucasian, 5.8% Asian, 3.8% Filipino, 1.9% African American, Portuguese and Persian (each 1.9%), and unspecified (3.8%). The above authors concluded that MBSR training provides students with a process of self-care that helps to prevent burnout, compassion fatigue, and vicarious traumatization. Stated benefits focused upon reduction of thinking, a focus on the present moment as defined by an absence of dwelling on the past or future, an associated increase in psychological well-being, and a positive change in personal worldview or perception.

Relationship between self-awareness, mindfulness, and self-care. While most of the research has focused upon MBSR, additional studies on meditation used by therapists speak to

the myriad ways that meditation might affect therapist self-care. One finding that has emerged is an understanding of the significant interplay between self-awareness, mindfulness, and self-care. Richards et al. surveyed 148 mental health professionals, rating their levels of self-care, self-awareness, well-being, and mindfulness (using The Mindful Attention Awareness Scale). Self-awareness and mindfulness were significantly positively correlated for these clinicians. Increased mindfulness was found to increase clinicians' sense that self-care is important, as well as clinicians' perceived well-being (2010, p. 258). This study, consistent with others, was mostly White; participants were 94.2% White, 2.1% Asian American, 2.1% Latino/a, 0.7% African American, 0.7% Native American. Boellinghaus et al. added nuance to these findings, in their study on the role of loving-kindness meditation in particular. These authors found that, while therapist self-compassion was increased by loving-kindness meditation, other-concern was not (2012).

Studies: a broader definition of meditation. Though the majority of available literature focused on how the therapist's clinical practice is affected by her meditation, important information about meditation's effect on the therapist's own well-being may be gleaned from it. For example, Fritz and Mierzwa's literature review explored how the therapist's practice was altered by therapist meditation, and showed that inherent in these changes to therapy practice was an increase in the therapist's own psychological health. The authors defined meditation broadly as: "The systematic and continued focusing of attention on a single target percept or persistently holding a specific attentional set toward all percepts as they spontaneously arise in the field of awareness" (Galeman & Schwartz as cited in Fritz & Mierzwa, 1983, p. 78). Carrington and Ephron (1975) also explored how meditation supported therapists in session. The authors found meditation allowed the therapist: "increased receptivity to (their) own spontaneous perception of unconscious conflicts; increased ability to handle dreams and other primary

process material spontaneously, easily, and with greater insight; increased ‘staying power’ when patient hours follow one another in succession, with less tendency toward drowsiness; less sense of threat when confronted with patient’s negative transference reactions...” (as cited in Fritz & Mierzwa, 1983, p. 79). Keefe (1975) found that meditation enhanced therapists’ awareness of their own feelings, increased their ability to hold complex cognitive processes, and enhanced their capacity to maintain a focus of attention on present events (as cited in Fritz & Mierzwa, 1983, p. 79).

Nanda also studied the impact of the therapist’s meditation practice on her therapeutic practice, and reflected upon the relational benefits of meditation for both client and therapist. The author defined meditation as “being with what is” (2005, p. 322), and as providing a place to accept and stay with difficult emotions. Specifically, the authors noted the value of going deeper into one’s own disturbances in a nonjudgmental manner (Tartung as cited in Nanda, 2005, p. 323). Unlike the MBSR studies noted above, this study focused on the importance of exploring one’s pain, rather than re-focusing on the object of concentration. And with meditation practice, the therapist meditators in Nanda’s study experienced positive changes. Participants felt more: accepting and non-judgmental about inner thoughts, feelings, and body sensations; open to allowing inner processes to emerge; relaxed around personal agendas and expectations of what something should be; and present and aware of whatever was emerging (2005, p. 322). The above studies speak to the intricately tied phenomena of self-care (through practice of meditation), clinical effectiveness, and therapist well-being. They also show that a broader definition of meditation, along with instructions that include mindfulness of whatever is experienced, lead to positive self-care results.

Recollective Awareness Meditation (RAM)

We have established the reality of therapist burnout, our need for truly effective self-care,

and the emergence of meditation as a self-care process for therapists. Now we may turn our attention to RAM, a unique approach to meditation that has grown in recognition.

A therapist's work involves facilitating greater awareness in her client, and creating positive changes through relationship with the client. This hinges on a therapist's ability to look into her own reactions, feelings, and thoughts for many reasons, including: to make sense of her countertransference reactions; to more deeply know and experience her client; and to connect to herself outside of session in order to maintain her well-being and ability to provide support in this way. RAM, an unstructured form of meditation, does not primarily seek to enhance therapist self-regulation by (for example) following one's breath, but in fact encourages a therapist to explore and know her own inner landscape, a process which simultaneously transforms that landscape.

Since RAM encourages a meditator to be with the complex breadth of her inner experience in meditation, awareness is developed around her actual experience while meditating, rather than a set of instructions. Jason Siff, head teacher and developer of RAM, defines meditation as "whatever happens when you intend to meditate... You are allowing your inner world to reveal itself to you as it is" (Siff, 2014a, p. 10). RAM is a receptive and unstructured process that also offers a unique opportunity for the meditator to reflect upon her experience afterwards by writing about her meditation sitting in a journal. In his first book on RAM, *Unlearning Meditation: What To Do When The Instructions Get In The Way*, Siff explains, "Recollective Awareness Meditation gets its name from this feature of recalling and journaling sittings. The purpose of the recollection is to become familiar with your experiences in meditation" (Siff, 2010, p. 14-16).

A brief history. Jason Siff began meditating in his youth. In 1986, he attended a Goenka Vipassana retreat, and developed a daily meditation practice. And after attending retreats in

India and Nepal, he went to Sri Lanka in 1987 to learn the Mahasi meditation method. There, he became a Buddhist monk (Skillful Meditation Project, n.d., para. 1). From practicing the Goenka method, Siff found that focusing solely on bodily sensations does not account for all of one's inner experience in meditation, and it is important to also become aware of one's thoughts, intentions, memories, emotions, and the entire range of one's inner experience (Siff, 2014b). Siff also studied forms of meditation that allowed for thoughts and feelings, but found that these forms promoted the use of noting and labeling, rather than exploring and getting to know, one's inner world. During this time, Siff studied Pali, the language of the early discourses of the Buddha. He came to understand the word *sati*, found in many of the Buddhist texts, as 'memory,' though the word is often understood as having mindfulness of the present moment. Siff began to sense that recalling one's meditation experience after sitting is important, in order to gain perspective on it. RAM started to take shape, as Siff began to teach a new style of meditation (Siff, 2014b).

In 1990, Siff left the Buddhist order and moved to Los Angeles. From 1990 to 1995, he taught meditation and also gave talks at the Community Meditation Center in Los Angeles. (Skillful Meditation Project, n.d., para. 1). From working with meditation students, Siff found that people had shared much of their pain with him. To be better equipped to work with the inner suffering of others, he completed a Master's Degree program in Counseling Psychology (Siff, 2014b). Siff decided to devote his life to teaching meditation rather than therapy, and co-founded the Skillful Meditation Project with Gordon Smith in 1996 (Skillful Meditation Project, n.d., para. 1).

Skillful meditation project. The Skillful Meditation Project is a not-for-profit organization that aims to promote the study, instruction, and practice of meditation through RAM. Siff began to train his early teachers, and in 2003 came up with his current meditative

process. He feels that interpersonal relations are at the core of this meditation style. In Siff's newest book, he wrote, "Meditation practice, especially these days, is not about going off to the forest and meditating in total isolation... Your meditation practice can be supported by a community of like-minded meditators and teachers whose main role is to aid you in your development in meditation" (Siff, 2014a, p. 192). The Skillful Meditation Project Teaching Sangha is made up of teachers Jason Siff, Jacquelin Siff, Linda Modaro, Mary Webster, and Nelly Kaufer.

Nelly's work: Meditation training for therapists. RAM teacher Nelly Kaufer has practiced psychotherapy since 1989, and has a strong interest and dedication to providing mental health providers with effective meditation training. Having previously trained therapists in Vipassana meditation for many years, Kaufer began training therapists on the use of RAM one decade ago. She continues to teach workshops that have been approved for continuing education credit by various sponsors, including the National Board for Certified Counselors. Kaufer has found that many therapists suffer from "meditator's guilt," or a feeling that they cannot meditate correctly. This guilt may be heightened if a therapist is teaching meditation to her own clients in therapy, passing on instructions such as "follow the breath" that even she cannot follow. In the RAM training workshops Kaufer leads, she seeks to create an environment of trust, wherein meditating therapists can have an honest conversation about meditation.

Mark Epstein, popular psychiatrist and author of many books on Buddhism and psychotherapy, speaks to the work Kaufer has been doing: "I always feel that the most important way Buddhism can impact psychotherapy is by helping the therapist... What Buddhism teaches very practically is a psychotherapeutic attitude: how to deploy psychotherapeutic attention both intrapsychically within the self as well as interpersonally. When you are training as a psychotherapist you don't necessarily get specific help in how to deploy that kind of attention,

but Buddhism is all about that. So I try to turn it back: ‘Here, this is for *you*.’ If you get something from it, maybe you will be able to make it come alive for your patients” (Bullard, 2010, “Buddhist and Psychotherapy Teachers” para. 7).

Sangha. Nelly Kaufer also founded the Pine Street Sangha, in Portland, OR, the only physical Sangha building of the RAM community. This is important to know, as some of this study’s interviewees speak of “the Sangha.” Pine Street Sangha became a non-profit organization in 2015.

Distinguishing features. RAM is fundamentally different from generative meditation styles, wherein a meditator may be instructed to focus upon an object such as one’s breath, or cultivate a certain emotion such as loving-kindness. Since awareness is developed around one’s experience in RAM, thoughts, emotions and other inner phenomena are welcomed into one’s sitting. A belief inherent in RAM is that gaining more awareness around thoughts and feelings by going into and experiencing them, even the difficult ones, is a positive and worthy development. Some may feel this is a fairly radical or unusual belief, especially in the context of today’s popular focus on mindfulness as defined by staying in the present moment (as it is popularly defined). While RAM defines the present moment as including all of one’s experiences in the present, including thoughts, memories, and feelings about the past and future, this belief is not widely assumed.

A critical look at mainstream mindfulness. Articles that critique many common mindfulness instructions add to our understanding of some of the ways RAM diverges from these styles. While mindfulness meditation offers many a variety of benefits, the instructions may be used in a way that is very different from the focus of RAM. Author Karnaze wrote that mainstream mindfulness is “supposed to promote acceptance of all experience” (Karnaze, n.d., para. 5). Oftentimes, however, mindfulness instructions lead to a distancing from one’s less

pleasant inner experiences by means of various techniques: “‘Observing’ them; avoiding actually experiencing them so you can continue to ‘observe’ them; telling yourself that they aren’t real; telling yourself that they aren’t necessarily accurate; telling yourself that they aren’t you; detaching from them as a result of telling yourself that they aren’t to be experienced, but rather ‘observed’” (Karnaze, n.d., para. 8). In his article, author Rubin also spoke to the common and currently popular tendency to attempt to quiet a mind without knowing it intimately, and calls for something more: “Meditators often try to quiet their minds so as to transcend or get rid of upsetting thoughts and feelings, rather than learn what they might teach us... We need to investigate the content and meaning of what we become aware of in meditation instead of attempting to transcend it or reduce it to what we already believe...” (Rubin, 2015 paras. 13 & 19).

Benefits of allowing mind-wandering. Available literature supports the idea that allowing your mind to wander may offer many benefits. Dan Hurley wrote of its positive effects thusly: “One of the most surprising findings of recent mindfulness studies is that it could have unwanted side effects. Raising roadblocks to the mind’s peregrinations could, after all, prevent the very sort of mental vacations that lead to epiphanies... there is a time for using mindfulness... and a time to let go of mindfulness so that the mind may wander the universe” (Hurley, 2014, paras. 10 & 15). Murphy added that “you can’t solve or let go of problems if you don’t allow yourself time to think about them. It’s an imperative ignored by our culture, which values doing more than thinking and believes answers are in the palm of your hand rather than in your own head” (2014, para. 11). Allowing one’s mind to wander may also improve our relational skills: “Studies further suggest that not giving yourself time to reflect impairs your ability to empathize with others. ‘The more in touch with my own feelings and experiences, the richer and more accurate are my guesses of what passes through another person’s mind,’ said

Giancarlo Dimaggio, a psychiatrist... who studies the interplay of self-reflection and empathy.” (Murphy, 2014, para. 14). Finally, creativity may be nourished when given space to percolate: “Researchers have also found that an idle mind is a crucible of creativity. A number of studies have shown that people tend to come up with more novel uses for objects if they are first given an easy task that allows their minds to wander, rather than a more demanding one” (Murphy, 2014, para. 15). These apparent benefits- of finding our own answers, improved ability to empathize, and increased creativity- are important for us to take note of as meditators and as therapists, though they only hint at the possible complex benefits of RAM.

Confusion and doubt. RAM welcomes a meditator’s confusion and conflict, and doubt is also allowed into one’s sittings and interviews. “So (RAM) is a meditation practice for those who doubt too much and with too great a frequency, and it lines up with a meditation practice for those who think too much and have strong emotions in meditation. Here is a practice where confusion is a sign of progress, not failure. You just have to be willing to sit with your confusion” (Siff, 2014a, p. 153). Rather than certainty or strict adherence to external rules, Siff speaks of permission, gentleness and curiosity as crucial qualities allowing for, and developed in, this approach.

Conditionality (dependent arising) and the four noble truths. RAM is not necessarily taken up as a religious practice. However, two important Buddhist concepts must be explained for this study’s findings to be understood: the central teachings of Conditionality, and the Four Noble Truths.

Author Rupert Gethin shares a succinct formula to describe Conditionality: “this existing, that exists; this arising, that arises; this not existing, that does not exist; this ceasing, that ceases.” (1998, p. 141). Conditionality is also referred to as ‘Dependent Arising,’ and it describes that all phenomena and experiences do not arise in isolation, but rather are dependent

upon other phenomena and experiences. Human suffering marks an absence of a total understanding of Conditionality. “And we are told in the ancient texts that he who sees dependent arising- this pattern of conditioning- sees the Dharma itself.” (Gethin, 1998, p. 141).

The Four Noble Truths are central within Buddhism, as the Buddha taught about human suffering and the path to its end. The Four Noble Truths are: “the truth of the nature of suffering, the truth of the nature of its cause, the truth of the nature of its cessation, and the truth of the nature of the path leading to its cessation.” (Gethin, 1998, p. 58).

Summary. RAM is a unique form of meditation that has been used by therapists as a practice of self-care, and a study is called for to explore its possible benefits and drawbacks. We know that therapist burnout is a real phenomenon with dire consequences; effective practices of self-care are needed to ensure therapist well-being and allow therapists to provide the highest quality care for their clients. RAM is unique in its focus on integration and exploration. This study will explore the myriad ways that RAM affects meditating therapists’ self-care, without making assumptions about how this may be so. Siff writes, “Researchers... are skeptics. They are not out to prove people’s statements but to explore the nagging unanswered questions, the mysteries that defy superficial explanations” (Siff, 2014a, p. 202). The present study will explore how RAM functions as a self-care tool for therapists, from the perspectives of meditating therapists themselves.

CHAPTER III

Methodology

This study explores how Recollective Awareness Meditation (RAM) functions as a process of self-care for meditating therapists. A qualitative, exploratory study was conducted in which I interviewed twelve therapists who practice RAM. This design allowed me to question practitioners in depth about their use of RAM as a form of self-care. Open-ended questions allowed each participant's voice to come through in the interview, each contributing to our complex understanding.

Sample

For this study, inclusion criteria required participants to be English-speaking psychotherapists who had practiced therapy continuously for at least 5 years, with at least one year of experience practicing RAM. The sample of twelve psychotherapists meeting these criteria included nine female and three males, ranging in age from 31-76 years. I recruited participants with sufficient clinical experience to ensure they had a nuanced perspective on their work, were able to critically examine how RAM affected their self-care, and were capable of comparing RAM as a self-care technique to other self-care tools used. It was not necessary for participants to currently be practicing therapy; retired therapists were able to reflect upon their many years of experience. It was crucial that participants had a developed practice of RAM, which allowed them to reflect upon their experience with it. Especially since RAM is different

from many concentration-based forms of meditation, it was important that therapists had sufficient experience and familiarity with it.

Recruitment. RAM teacher Nelly Kaufer was highly instrumental in facilitating this study. She has developed continuing RAM meditation groups for therapists, and was willing to send my recruitment email to these therapists (see Appendix C: Recruitment Letter). RAM teacher Mary Webster was also willing to distribute my recruitment email and supplied me with the remainder of my study's respondents. This study was nonrandom, as I had access to therapists who I knew were involved in RAM and thus fit my participant profile.

Interested study participants then contacted me directly. Participants were assured that their participation in my study was confidential. Additionally, to ensure that participants' relationships with any RAM teacher or group did not affect their responses, I made it clear I was interested in participants' actual experiences, whether or not it makes RAM appear favorable, and both the positive and negative aspects of RAM as a self-care tool for them.

Ethics

Certain possible ethical issues were at play in this study. A small minority of the participant pool was familiar with me or knew me well, through meditation retreats and the RAM community, or in our personal lives. To address this, I chose to use appropriate and non-invasive interview questions; I allowed participants to decide on the level of disclosure they were comfortable with. On multiple occasions, and specifically articulated in the study informed consent form, I assured confidentiality to all participants. My participant pool included no federally defined vulnerable populations.

Personal bias. It was important for me, throughout this study, to acknowledge to myself my passion about RAM and personal belief that the process yields many benefits. However, I knew very little about how the practice affected experienced therapists with regard to their self-

care; this was the focus of the present study, rather than the relevance or benefits of RAM overall. I ensured participants on different occasions that I was interested in their experience with RAM, including both the pro's and con's of it as a self-care mechanism.

Safeguards. All research materials of this study, including recordings, transcriptions, analyses and consent/assent documents, are and will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

Confidentiality. Confidentiality was assured in this study. Names and identifying information were stored in a separate protected file and will be kept confidential for three years, per federal regulations. Participants were de-identified; I assigned each participant a number in order to identify participants while protecting their privacy. Data was also presented in aggregate format. Once interviews were transcribed, electronic data was stored securely in a locked folder on my individual password protected computer.

Risks and benefits. Though this was a low risk study, I was aware of the possibility individuals may have felt uncomfortable sharing negative experiences, or concerned that RAM teachers may be able to identify them. I therefor took all possible steps to ensure protection of participants' confidentiality, and made myself available if participants wished to discuss this further with me.

This study benefited me, as it allowed me to complete my Master's in Social Work, as the thesis is a requirement for Smith College School for Social Work. I also benefited from having the opportunity to study this form of meditation that I am passionate about. The benefits to participants included the opportunity to explore their use of RAM as a self-care tool, and to talk about this subject that may be important to them. Attaining a nuanced understanding of the

effects of this form of meditation on meditating therapists, by means of this study, may be highly valuable to the field of therapy. It provides practitioners with information about this emerging and potentially clinically relevant form of self-care.

Data Collection

Interested participants were emailed a copy of the informed consent form (see Appendix A: Informed Consent Form). I asked participants to look the form over and let me know if they had questions. I then mailed each participant a self-addressed and stamped envelope containing the informed consent form, explaining that I was required to receive a hard copy of the form with signatures before the interview took place. Each participant and I then arranged an interview at a time convenient to the participant. This allowed the interviewee to find a quiet and isolated location for our interview, to ensure confidentiality and an open dialogue. I interviewed participants over the phone, since the majority of participants were not located in my current city, using a digital voice recorder to record phone conversations. Audio equipment was tested prior to each interview to ensure collection of the raw data and an accurate representation of the interviewee's words, respecting the time and effort of the interviewee.

Reliability and validity concerns were addressed; a pilot interview was conducted to assess the quality and clarity of interview questions. Reliability was also assured by the use of an interview guide, including a script and written questions; the same information and direction was provided to each participant (see Appendix B: Interview Guide). Because my inclusion criteria necessitated that each participant be a seasoned therapist and sufficiently involved with RAM, I was confident that participants would understand the language used in my questions, including professional jargon (such as "self-care") and references to meditation.

Interviews began with a set of demographic questions, used to identify and describe the sample. Participants were asked to identify their age, gender identity, racial/ethnic identity,

religious/spiritual influence(s), highest level of education received, recipient status of state financial assistance, number of years of practice as a therapist, type of therapy or clinical work conducted, number of months or years of RAM practice, and number of months or years of any variety of meditation practice.

Data was then collected within the twelve interviews, guided by seven open-ended interview questions. I was careful to keep responses focused upon interview questions, in order to keep from derailing interviews. I sought to maintain the focus on the interviewer, avoiding positively or negatively reinforcing what was said, and I refrained from sharing my personal experiences that may have distorted the interview. However, I did ask clarifying questions and probed interviewees to expand upon their answers. My goal was to listen with an open mind and stay aware of my own biases in order to truly hear and capture each participant's experience. I noted my reactions to each interview in a personal journal, to record observations and to gain awareness of my own biases. This subjective journal was later used in the analysis portion of the study. My thesis advisor and I discussed my personal reactions when they showed up throughout the process of my study, to be sure that my personal passion about the subject and my bias did not color my findings.

Finally, I informed respondents that I was available to speak with them if they had further questions or concerns. The raw data, in the form of audio recordings, was transferred onto my password-protected computer, and I fully transcribed each interview.

I made two protocol changes throughout the course of this study (see Appendix E: Research Project Change of Protocol Forms). First, I chose to offer participants the option of an initial phone call with me, rather than making this a requirement, before our interviews together. The purpose of this was to make the process less complicated and labor-intensive for participants. Additionally, I chose to use seven interview questions instead of eight, and ten

demographic questions instead of nine. These small changes allowed me to gather the information necessary for the completion of this study. The Human Subjects Review Committee approved each of these changes (see Appendix F: Protocol Change Approvals).

Data Analysis

Interviews were coded using thematic analysis; data was analyzed using words and phrases found in respondents' interviews as the basic units of measurement. Analysis resulted in themes that emerged across the interviews, which produced Chapter Four's study findings. The ultimate goal of data analysis was to provide a basis for a theoretical understanding of how RAM operates for therapists as a self-care approach, based on the collective perspectives of meditating therapists. Chapter Five's discussion includes a review of study findings in relation to previous literature reviewed. New ideas that emerged in this study are identified, and divergent points of view that emerged are presented. The findings of this study will be presented in the following chapter.

CHAPTER IV

Findings

This chapter's study findings are based on the interviews that were conducted with twelve individuals who answered all demographic and open-ended interview questions. This exploratory study focused primarily on the central question: How does RAM function as a self-care process for therapists? Findings presented here mirror the structure of interviews. First, demographics of interviewees are presented. Next, findings presented will reflect introductory interview questions, which explored: how therapists came to practice RAM, the training they received, and how their involvement with RAM has changed over time. Then, findings are presented for the central research question, exploring how RAM functions for therapists as a self-care process, with specific attention paid to its effects upon self-awareness, self-regulation, and balance (the three tenets of self-care as defined by Baker, 2002). Next, findings presented will speak to how RAM compares to and interacts with other methods of self-care. Then, participants' responses regarding limitations or drawbacks of RAM are explored.

Demographic Questions

The majority of participants identified as female (75%), and the minority identified as male (25%). The mean participant age was 50 years, and the range of ages was 31-76 years.

Interviewees were experienced therapists; the average amount of therapy practice

experience was 24 years, with a range of 6-42 years. Eleven participants held a Master's degree, and one had a PhD. Eleven participants were practicing therapists, while one was a retired therapist (this participant will be referred to as though she currently practices for the sake of flow). While participants had clinical experience in a wide variety of settings and modalities, all practiced individual psychotherapy. The majority (N=9) had a private practice or provided therapy in a small agency.

Participants had practiced RAM for an average of 6 years, with a range of 2-14 years of practice. The vast majority (N=11) of participants had practiced at least one other form of meditation. The average number of years of practice in other meditation styles was 16 years, with a range of 2-40 years. These interviewees had experience in one or more of the following styles: Vipassana/ Insight, Zen, Tibetan, Theravada, Transcendental, meditation in the yogic tradition, and meditation focused on loving-kindness, compassion, or a chosen object such as the breath/ candle/ chanting.

Participants' spiritual or religious influences (past and/or present) included: Buddhism (N=9), Catholicism (N=3), Judaism (N=2), Christianity (N=2), Episcopal Church (N=1), Lutheranism (N=1), Daoism (N=1), Eastern thought/ yoga (N=1), a general sense of "Spirituality" (N=1), "New Age Spirituality" (N=1), and "1970s Spirituality" (N=1).

All participants in the study identified as Caucasian. The majority of participants (N=10) lived in the United States, while the minority (N=2) lived in another country (Canada or Australia). None of the participants received state financial assistance such as SNAP, TANF, or subsidized childcare. All participants were assigned nominal identities ("Participant 1-12"), which are used throughout this paper to protect confidentiality.

Introductory Questions

Interviews began with introductory questions, which yielded interesting data regarding:

how therapists came to practice RAM, the training they received, how their involvement with RAM changed over time, and what factors were supportive in their continuation of the practice.

Introduction to RAM. The majority of participants (N=8) became involved with RAM after coming into contact with a RAM teacher. Some met their teacher(s) at a Buddhism and Psychotherapy conference, or on a retreat, while others read about head teacher Jason Siff and the approach. One participant followed teacher Nelly Kaufer into RAM. Other participants (N=4) came to practice RAM because a friend or spouse was involved. “Participant 3” spoke of his initial experience with RAM.

I was getting daily or weekly Tricycle excerpts of people’s writings. And one from Jason came, and I read it and I thought, ‘Who the hell does this guy think he is?... Within the first several weeks... I didn’t need formal compassion practices anymore. The compassion was coming right out of the ground of the practice and that really, really captured my attention.

Training received on RAM. A vital avenue of learning for the majority (N=10) of participants was working one-on-one with a teacher, sharing and discussing their meditations. The vast majority of participants (N=11) cited involvement in meditation groups as part of their training, while the one remaining participant lived far from any available group. Six participants listed reading one or more of Siff’s books on RAM as an important source of learning. And the majority (N=10) had been on at least one retreat. Many alluded to the importance of the retreat experience in opening up or solidifying their meditation practice. “Participant 1” described: “Experiencing retreats had a marked effect in terms of deepening my practice and encouraging me to stay on track in my home practice.” “Participant 9” shared a meaningful learning experience she had with Siff on an early retreat.

I decided that I would report (my meditation), and after I did, I said, ‘Now, nothing I

said there was important!’ I was talking about what I’d packed, or something, and thought it seemed terribly superficial. And Jason, the way he came in, with this totally calm ease, he says, ‘Well, I find that very interesting.’ And what I got right then and there, and has never left me, is there’s no way to do (RAM) wrong. You’re not following your breath and maybe not doing it quite right... And the way he responded was with such acceptance, I just really resonated with it.

Participants’ learning in RAM has shifted over time and was described as continual, rather than complete. “Participant 8” described her reaction to Siff’s interpretation of the central Buddhist teaching, the Four Noble Truths.

(Jason) told us what the Four Noble Truths were. I mean it was so basic. I have never studied Buddhism in particular or any spiritual practice or religion... I just remember being emotionally moved to tears. I didn’t cry, but I was moved to tears... that was kind of a core part of my learning.

Change in practice over time/ supportive factors in continuation of RAM. Most participants (N=9) noted that their practice had changed in at least one way, throughout their time involved with RAM. Some felt they were strongly committed to the practice at the beginning and had to recommit at various points in order to continue to reap the benefits, while others felt its value and their dedication to practice have only increased with time.

Importance of social contact. A significant finding was the importance of social contact for a strong RAM practice to flourish. The most cited kind of social contact was ongoing journal reporting work done with a RAM teacher. “Participant 3” spoke to the intimacy and support possible in the teacher-student relationship: “Having Jason read my journal also supported that process... having another mind and heart so deeply interwoven into my practice and into my journaling.” “Participant 11” also felt the teacher-student relationship is central to the practice:

“I don’t know if I would be that far along the trail just doing this on my own, without her as a teacher... I think this would be a very difficult thing to do alone.”

Other important social factors that supported therapists’ practice of RAM included: meditating with a friend to ensure regularity, meditating with a group, partaking in a teacher training program, and involvement with the Sangha. “Participant 12” shared: “The Sangha itself is very nurturing... sitting together with a group of women where we share our lives with each other and really try and have healthy and thoughtful interactions. That’s been really good.”

“Participant 7” stated:

What I like about being able to describe your inner process is I think it can create an interesting group cohesiveness around feeling similar to other people. It might not even be thoughts, it might be even just sensations, but, ‘Oh I’ve had that happen to me!’ or ‘Yeah! That’s happened!’ and I think it’s really interesting ‘cause people don’t really share that kind of inner world very often.

Practical factors. Practical factors also affected participants’ perseverance with meditation practice. “Participant 8” felt that hosting a meditation group was helpful: “I had people coming weekly to my home. Which really was a very good influence in the sense of just the energy.” And “Participant 11” learned the obstacles she could not work around in her home.

I have a Dachshund, and he hears me wake up and he wants to eat. And so there’s all kinds of barking... I’ve tried putting him in the room with me, and then Dachshund’s are notorious lickers... I can sit through a lot, but sitting through a dog licking my face and sniffing... I can’t last very long.

Central Question: How RAM Functions as a Self-Care Process

In answering the central research question, participants were invited to use Baker’s (2002) definition of self-care as consisting of three main processes: self-awareness, self-

regulation, and balance. Findings reflect these three intersecting aspects of self-care. Finally, additional benefits to self-care reported by participants are presented.

Half of participants specifically noted they felt their experiences of increased self-awareness/ self-regulation/ balance, due to practicing RAM, were interdependent; in a sense, the different benefits arise together rather than separately. “Participant 1” shared her take on the relationships between these processes: “They are very interdependent. They all kind of feed on each other. The self-awareness certainly builds on the self-regulation. And the self-regulation creates a sense of being more balanced in the world.” In addition, a few participants felt it was impossible to fully explain how RAM works. “Participant 2” stated:

It’s such a huge question, and so much of it may operate outside of our awareness... I feel like I can only begin to make some guesses... Within my practice... a lot of things, large and small, are processed. And some of them I can journal and see real clearly that they’re there and that I’m working on those. And others, they’re not really clear in the narrative. But I think they somehow percolate underneath the surface of those times when I maybe don’t have a clear recollection, but when I come out of the meditation feeling really rested or lighter or like something has integrated or fallen into place.

“Participant 9” also felt it was important to acknowledge the mystery of RAM along with its benefits: “I know that I have benefited very deeply from the practice. And it’s hard that it isn’t exactly a clear logical A=B=C. But it just has been so rich.”

Though many felt that how RAM operates is incomprehensible, participants had much to say about RAM as a self-care process. And while at times referring to the interdependence of self-awareness, self-regulation, and balance, the participants reported substantial benefits to each of these processes.

Self-awareness. The vast majority of participants (N=12) reported that their level of self-awareness had increased due to their practice of RAM. “Participant 1” described: “Self-awareness is so deepened just simply in terms of self-understanding, developing over time an awareness of how my mind works.” “Participant 3” described how RAM functions for him, beginning with self-awareness:

When I meditate, it’s a way I know of being authentically present... kind of like a coming home. Within unfolding experiencing, it helps me kind of acknowledge what’s on board, and how that’s unfolding. It helps me be more likely to get a sense of the stuff I’m not acknowledging. It continually deepens and softens my defenses. And helps to transform things.

“Participant 12” described that for her, beyond solely meditating, other aspects of the RAM process facilitate this increase in self-awareness.

I think the self-awareness piece is really big. There’s this sort of four-fold process of: first the meditating, which it itself is good. And then, writing about the meditation, which helps me pick up more about the meditation and also focusing on what parts of it I want to look more deeply into. And then, reporting on that, either to my group or to my teacher, is another level of remembering and looking at things maybe that I hadn’t realized. And then, getting feedback would be the last piece, which is often extremely helpful.

Others felt receiving feedback from teachers is very helpful in increasing self-awareness, as is feedback from one’s meditation group. “The thing about the groups is that when you report, especially with people who are bright and caring and non-judgmental, you will get into areas you don’t expect and grow in those areas. (“Participant 6”). “Participant 1” was unique in describing how her self-awareness was affected by looking back over her old meditation

journals.

I find it so enriching to go back to my journal entries and look at the themes that inevitably jump out over the long haul. If I look at the last month, I might not see themes. If I look at the last 6 months or 3 months, I always see a theme pop out. Or, a little gem of, ‘Oh, gee, after that particular train of thought, I go to X or Y.’ That self-awareness piece is, just, I think, phenomenal.

Positive effects on therapy practice. While many participants (N=8) reported increased awareness of their habit patterns and reactions in general due to RAM, therapists spoke at length about how increased self-awareness affected their therapy practice in particular. Cited benefits to one’s therapy practice included: deepened therapeutic presence, increased ability to follow clients, increased ability to remember what clients say, increased ability to recognize emotion, and increased awareness of counter-transference.

But you can kind of see where it would dovetail in with many of the skills that are required to be a therapist. You know, you need to be empathetic, allowing, and trying to reach for understanding, and unless you can do it towards your own experience, I think you’re going to have a difficult time doing it for anybody else. (“Participant 4”)

Multiple participants felt their increased self-awareness due to RAM enhanced their ability to contain their own reactions, to the benefit of their clients. “Participant 5” described:

If I’m working with a patient, I’m becoming more aware of what is my agenda versus what is their agenda, and when I’m trying to control versus help... If I were to summarize it, it’s a matter of me getting out of the way of the therapy process. And allowing the patient to go where he or she needs to go.

“Participant 10” made a crucial point. The open style of RAM encourages meditators to know different emotions and states of mind in a detailed and intimate way. This awareness can give a therapist a leg up in therapy, when sitting with clients with many different emotions.

Having an open practice like this has allowed me to experience far more states of consciousness than I was familiar with before. So, in regards to working with clients, I’m far more attuned to certain states of awareness or states of being that I have felt in myself, in my own sittings, and in my own experience... I’m more familiar with it and can feel it in a client, or sense it in a client... which feels really directly related to the practice.

Sitting with negative feelings in particular, the ones we often try to avoid, I feel far more familiar with and comfortable with...

A few participants described in detail a unique experience of theirs, as a result of their RAM practice. This phenomenon was experienced in the therapy room, with clients, as a result of therapists’ own meditation practice. It is best described in the words of therapists themselves.

I would say prior to (RAM), my M.O. was to put energy into self-containment, almost in reaction to the absence of containment of the client or patient. Whereas, now, it doesn’t feel like containment is the right word for me. It feels like, I take it in and it goes out somewhere. I take it in and that awareness piece, and maybe it’s the regulation as well, there’s some kind of flow where it goes in and it goes out. And I don’t have to contain... it doesn’t get stuck in me so that I find myself having a reaction. (“Participant 1”)

“Participant 2” shared:

There was a sense of how my body felt in the room then, versus how my body feels in the room now. And there is a sort of freedom even to breathe... I feel freed up and able... to be spontaneous and to trust some of my insights and judgments a little more. So I think it

does help you navigate in the room from a much more... relaxed isn't quite the word but... not quite as armored a place.

“Participant 11” also spoke of this important experience:

Clients who struggle with impulses of all sorts: self-harm, or thoughts, I think (before) it was, ‘You need to take it seriously’... and you do! It’s not that I’m callus, detached or flip, but (RAM) just sort of helps me to speak to (clients) about those processes with a little more space. I’m not contributing to their reactivity or their sense of desperation or urgency, through my own, so much. I’m not so freaked out about them, so they’re not so freaked out about them... because I’m not so freaked out about me.

“Participant 1” agreed with the above assertion that clients are likely affected by this beneficial interpersonal phenomenon, experienced by therapists practicing RAM. She stated, “The client probably senses that their stuff isn’t sticking and impacting me... in fact I’ve had clients say that. And it’s very freeing. So I can respond from a place of authenticity... Very, very in the moment, which is the beauty of the whole thing.”

Increased awareness of burnout symptoms. Therapists noted that self-awareness gained allows them to be aware of their personal signs of burnout, and therefore take steps to prevent burnout from occurring.

(RAM) helps me be aware of when I’m starting to burn out. And what those thoughts and feelings are that come up when that begins to happen. When my own stuff starts to get involved with my therapy and I either need to get supervision, or it’s time for me to take a break. But it allows me to have that awareness before it happens. (“Participant 5”)

Multiple participants described that, for them, increased self-awareness led to increased self-regulation. “Participant 10” shared her thoughts:

Self-awareness has led to self-regulation... Beginning to give credence to my thoughts and beginning to bring inquiry and curiosity and questioning about beliefs that I have about people, or relationships, or ways that I should be in relationships, has really opened them up... It tends to offer a bit more patience to sort of see something through and inquire more about it before I land on a perspective.

“Participant 6” described one of many reasons that self-awareness gained in RAM may increase self-regulation.

Long ago, my own therapist told me that recognition must precede renunciation. In other words, you have to see something before you can get rid of it. In that sense, because self-awareness is such a strong point in (RAM), that allows the possibility of self-regulation.

Self-regulation. The majority of participants felt RAM increased self-regulation for them. “Participant 1” gave one definition of self-regulation: “Development of tolerance for my own feeling states which just results in a kind of an inner slow down.”

In exploring this topic, many noted that as their RAM practice evolved, they became less impulsive or reactive. Some stated that this increased self-regulation was related to the wholesome states they experienced in the open and unstructured meditation style.

I’ve really been able to reach deeper Samadhi states by letting my mind run its course.

I’ve tapped into deeper states of calm and also more creative. Far more creative ideas come when I allow my thoughts to work their way through, that I never felt in any other practice that was trying to silence my mind. (“Participant 10”)

Others noted that the experience of increased self-regulation helped them cope with the stressors of their work as therapists.

I would say that in my previous work, I was always someone who carried a lot of emotion and a lot of attachment to the people that I served. I could sometimes be dictating my (assessment) report and just break down and sob. I don't feel that happening in the same way at all... It doesn't seem to bring up for me as much of an emotional disintegration. I don't need that release that you would get with a good cry, 'cause I think (RAM) really has created a broader holding capacity within me.

("Participant 2")

"Participant 1" stated:

A session that's gone pretty well, with an extremely disturbed client, can feel wonderful. Whereas, I think 10, 12, 15 years ago, I would need to process. I would just have all kinds of sorting out to do. I think my self-care might... I might be too tired to do self-care! It would be a drain! Whereas now I'm kinda charged by, and definitely often at peace with, a session that I think has been successful when it could have been a disaster. And again, that just kind of self-generates the desire to keep the meditation practice going.

Participants spoke of how at times self-regulation came after sitting, though the meditation sitting itself may have been intense or contained difficult emotions. "Participant 1" was one of many who spoke about this phenomenon inherent in RAM: "Self-regulation is very interesting to me because, even if the content of the meditation is troubling or I'm left with maybe some intense curiosity, or not necessarily calming feelings, the aftermath of doing the meditation is centering."

Balance. All participants (N=12) felt RAM increased their sense of balance.

"Participant 1" spoke to how self-regulation led to balance for her: "Because of feeling more slowed down internally, significantly less reactive, there's access to parts of myself that can

come into play in the moment with a situation that might bring a sense of imbalance.”

“Participant 3” defined balance as: “Recognizing what do I need, how to be monitoring around that, how to respond.”

Others noted the correlation between increased self-awareness and increased balance.

“Participant 10” shared: “I can actually see where my motivations are coming from when I have a reaction. So I may still have a reaction but immediately after I’m like, ‘Oh! This is what came up for me. This is why it happened.’ And I can restore balance pretty quickly.”

Many participants stated that balance in their lives increased because RAM positively affected their relationships with others.

I deal with (a family member with a diagnosable mental illness) much better. I think that’s a really good example of how self-regulation creates a stronger sense of balance. So whether that’s increased awareness that I need to walk away now, earlier in the process than I might have years ago. Or, it might manifest as a sense of, ‘I don’t really need to respond to that.’... There’s a very strong sense of balance in what could be a volatile interaction. (“Participant 1”)

“Participant 8” shared: “I think (RAM) strengthened my overall approach to what I was going through. Which was work, and being divorced, and it was really a lot of stuff. Taking care of my daughters.”

Multiple participants reported that RAM reduced their experiences of avoidance and distraction, as well as provided crucial structure to their lives.

I see myself as a meditator. And that helped me structure what I do, and what I pay attention to, and things like that... So it’s been really helpful to have that as one of the posts that holds up my life... it’s an essential part of taking care, of relating to other

people, of handling the problems, significant problems even, that have come up in my life, and that are even present still in my life. (“Participant 8”)

Other therapists noted that RAM allowed them to increase balance by experiencing more separation between work and their home lives. This was true for them even though RAM allows for one’s experiences in work to come into a meditation sitting.

Additional benefits. Participants stated certain benefits to their self-care from their RAM practice that don’t fit neatly into the above processes of self-awareness, self-regulation, and balance.

Reduced self-criticism and judgment, increased self-compassion and validation. Many people (N=7) felt that RAM reduced their self-criticism and judgment, and increased their self-compassion.

It just helps reduce self-criticism, states of low self-esteem and doubt. It just helps me to be a little more relaxed with who I am. And relaxed as I try to improve who I am, you know, instead of getting all wrapped up in self-condemnation, which then doesn’t really allow a person to make the kind of progress they’d like to make. (“Participant 4”)

“Participant 11” shared:

And no need to be afraid, no need to wonder, ‘Gosh, what’s wrong with me, I shouldn’t be having thoughts like this after all these years of work’ or whatever. It’s like, no, sit down and just be with it. It’s already in the room... (My experiences of self-flagellation are) like this old song that sometimes comes up in my head... Not to push things away, and to just allow for things to come forward.

“Participant 10” spoke to a crucial part of this for her:

I think one key way that (the teachers have) helped me is to see how hard I am on myself... that driven energy to succeed or achieve that isn't very healthy for me.

Looking into that more, and tempering that. Being kinder to myself.

This reduced self-criticism may be related to the gentle instructions of RAM, and three crucial components built into the process, described by "Participant 8": "Gentleness, permission, and interest are embodied in everything that's taught."

"Validating" was a word that came up often for "Participant 4":

It's very validating, and the validation has increased over the years, to allow whatever my experience is... I think the thing about (RAM) is, no matter what you do, you're okay. I mean, you can fall asleep, you can think about your taxes. With all the conversations I've had with Jason of reporting my experiences, he's never said, 'That's not okay,' or 'What's wrong with you?' or 'You shouldn't be having that experience.'... I have benefited most (from) the validation of the teaching. And for me that's also a very unique aspect of this, and it's really hard to find in this world.

Related to this validation is the respect participants reported they felt throughout their participation with RAM. Not only is there no way to do the practice incorrectly, but also meditators felt their own wisdom and self-knowledge was honored in RAM.

The teacher or the student teacher or the other person that's gonna interview me... they might have some insight. But it's pretty non-hierarchical. It's not like this is the expert on me; I remain the expert on me... That respect for each individual to be able to discover their inner world, make sense of their inner world, on their own. ("Participant 2")

Increased connection to values, increased gratitude. Many interviewees felt RAM clarified and strengthened their values, allowing them to focus on what matters most to them.

“Participant 12” felt that RAM helped her to “(Take) a look at what really matters to me, and in my life, and (try) to do more of that.” “Participant 3” shared:

I get really clear and motivated about how I want to respond in life or what’s important or what I’m gonna do when I throw myself into this project... I think being alive in one’s work is an important form of self-care, rather than shutting down or burning out.

Others felt that RAM increased their sense of appreciation for their lives. “Participant 12” stated: “Just taking time to sit often brings up gratitude, which is pretty cool.”

Heightened awareness of conditionality. Participants spoke at length about the Buddhist concept of Conditionality, or Dependent Arising. Though none of the interview questions inquired about this concept, it was highly salient for participants in their lived experiences of self-care through practice of RAM.

One thing... of core importance, is (RAM) increases my awareness of Conditionality, of Dependent Arising in my own mind and my own thoughts, and it helps me to coexist much better with things that come up for me. Like, my thinking that might come up, or noticing, ‘Oh gosh, yeah, I’ve been down this road before, this is not the first time this has come up... isn’t this interesting that this keeps coming up.’ What (RAM) does is it helps me to look at how my thoughts and behaviors, out of certain causes and conditions, encourage or... can be a catalyst for me to react and act, that can again reify my karma in the world and reify causes and conditions... I don’t recall having a light bulb go off, or an epiphany of any kind. It just seemed to organically start to move that way for me.

(“Participant 11”)

“Participant 6” shared:

And to see that it's just something that's dependently arisen from somewhere, that it has causes and conditions like everything else, good and bad, is extremely helpful and therefor part of self-care. I'm not beating myself up anymore, and I can explore it gently. "Participant 7" noted that one of the benefits of RAM is that the actual causes and conditions of one's life are explored in and outside of meditation, allowing the Dharma to be known on a personal rather than theoretical level.

It feels less about just the teaching and more about how you see it operating in your own life. And I think that's one of the things that sets it apart from other kinds of Vipassana meditation. So how is the Dharma operating in this situation comes across more experientially than I think it sometimes can if it's just talking about the teaching.

How RAM Compares to and Interacts with Other Methods of Self-Care

Increased physical self-care. In exploring how RAM compares to and interacts with other methods of self-care, one common finding was that RAM helped participants physically care for themselves. Whether RAM helped participants get in touch with their physical needs, reduced negative thinking, or motivated participants to care for their physical selves, the relationship between RAM and physical self-care appears to be positively correlated.

I'm better at exercise than I've ever been in my life. I think I'm more in present time with myself and my own needs... My needs are more accessible to me, and I'm sure that's a result of the meditation practice. ("Participant 1")

"Participant 3" as described the richly embedded relationship between sitting and the self-care actions of a meditator in other aspects of life.

I think it's key for people to realize that it's not just sitting. What's wonderful about it is that (RAM is) transparent to your whole life, and so it's important to live your whole life.

And have it alive to your whole life, which can involve, ‘Ok, I’ve got to go find a chiropractor or a therapist, or I’ve got to study this and that.’

Complimentary relationship to personal therapy. Participants felt that personal therapy and RAM are complimentary forms of self-care. Participants (N=5) spoke to multiple aspects of this relationship.

The real stuff that I need witnessing, in relationship, sort of comes out of what I’ve weeded through in the meditation. So that it’s not me sitting down just downloading the week and talking until I hit something, I actually have done all of that with my (meditation) practice. So that when I sit down in (therapy) I get to work through the real things that need to be uncoupled, you know, real nitty gritty stuff. It’s a quicker process to really get to the meat of what I need support in, interpersonally, with another person... (“Participant 10”)

For some, RAM encouraged them to seek personal therapy to further explore and heal in certain ways. For many, it provided a complementary practice. For still others, RAM appeared to act as a self-care tool for individuals in a similar way that therapy once did.

(RAM) almost allows me to serve as my own... holding environment, just as a good therapist might... I’ve done a lot of therapy off and on throughout my life and I’ve thought about going back to therapy for various reasons (since practicing RAM). And I just have not felt the need. (“Participant 2”)

Comparisons to other meditation styles. Nearly all participants had previous or current experience with other forms of meditation, and some participants spoke of benefits they’d experienced from other styles.

(Transcendental Meditation) is very calming and really relaxing. And with

(Transcendental Meditation), as well as Vipassana, I would often have the sense that I’d

had 8 hours of sleep. I was just really reenergized by both of those practices.

(“Participant 3”)

When I use the traditional Zen meditation, it also allows me just to come back to my breath... But I find that I get value in both (Zen and RAM). And so I’ve worked a lot with Nelly, talking about this with her, and for me it’s whatever works for me is what works. There is no right or wrong... (“Participant 5”)

Many participants spoke of the differences between RAM and other forms of meditation, and their passion about the specific benefits and style of RAM.

But (Transcendental Meditation and Vipassana Meditation) don’t address self-awareness or self-regulation or balance in the same way that (RAM) does... those practices are designed to induce a particular state. And I think the beauty of (RAM) is, it’s not. If those states come, fabulous. You can look at those; you can look at the conditions of which those states arise... I just think it’s light years from other more traditional meditation practices. But that’s me. (“Participant 1”)

“Participant 10” shared:

Like many people, probably, in this culture, I struggle with kind of a critical voice within me that tends to stop my free-flowing thought process and not really get me excited or interested in sitting in meditation, because I often feel a sense of, ‘If I’m not following my breath, then I’m doing it wrong and failing.’ So even just getting to the cushion: this open-ended free-flowing practice allows me to come in and out of it. So there are times when I don’t sit as much, and I don’t feel so much guilt that I quit the whole project. I allow myself to understand the ever-changing nature of a practice in general.

Limitations and Drawbacks of RAM

Participants' opinions about the drawbacks or negative aspects of RAM were more disparate; many had something to share but issues were not highly central or common to many participants.

Two participants felt less comfortable reporting meditation in a group setting, where the interviewer may not have as much experience as a teacher. "Participant 8" shared that the group interview at times felt "overwhelming," and she chose to leave the group in favor of working one-on-one with her teacher: "I evolved to that and was allowed to, by my choice, which again backs up this piece about, well you can't do it wrong!... It's what Jason put out in the very beginning! And I have found Nelly responsive to that, and I respect that a lot."

The journaling aspect of RAM was difficult for two respondents, who felt it was at times tedious and that recollecting one's meditation can be difficult. "Participant 10" shared: "I think the recalling is difficult too. There are times when my mind does not wanna work that hard, to recall what happens in a sitting."

Others felt the open style of RAM can lead to tolerating states that are uncomfortable to be in.

That lack of having a structured exercise sometimes produces disconcerting mind states, but generally speaking they don't bother me too much. And I think those mind states would occur no matter what kind of meditation I was doing. But sometimes I wish, when I'm experiencing those things, that I could just count my breath, get it out of my mind and count my breath and have some sort of concentrated pleasant experience, but this doesn't really promote that. And, my days of really finding that very interesting are sort of over. ("Participant 4")

“Participant 5” agreed: “I know when it works, it works, but sometimes it doesn’t always feel comfortable in the process. I feel like I’m out of my comfort zone, sometimes.”

Two participants felt that concentration meditation, where one is focused upon an object such as the breath, is also very beneficial at times for them.

I just see a place where just being quiet and just focusing on my breath or body sensations has been enormously helpful in emotional and self-regulating and balance in my life without it feeling dogmatic or forced or any of those things. (“Participant 7”)

I think one of the limitations of the practice can be: there are times where I really just want to immediately calm myself down, and I want to do a more directive practice. Like, perhaps, focusing on my breath. The interesting thing about (RAM) is I guess you could say that I could allow myself to do that within the practice, and I do. (“Participant 10”)

One participant spoke of her initial concern that RAM encouraged too much self-focus. However, she described how this perception changed over time.

I think for me at first, I was really concerned that (RAM) was too much mental masturbation, chewing on your own ego, kind of you can get into writing about, ‘Poor me. Why me.’ And at first when I look at my writing, it really seemed that way... But then it sort of grew into something else about detaching from those questions and just looking at the process of the pattern of thought. And I’ve been able to do it more and more, with more of a detached awareness of a tendency of my Conditionality.

(“Participant 11”)

Generally, participants were enthusiastic about RAM as a positive force in their lives. “Participant 5” ended by noting that RAM is especially important to her because of her role as a therapist, and the dangers of failing to practice effective self-care within the profession. She shared:

I truly believe, and this comes from experience, that if you're going to be in this field, and if you're going to be working with clients, I think (meditation is) imperative, and I think the schools of social work (don't) do enough to prepare clinicians. I really don't. And I think meditation should be something that should be introduced to everyone who is going into this field. It's so valuable... There's a reason we're drawn into this field, and most of us come in with our own baggage. And boy, if we don't address that, we're not gonna make it. Or if we do make it we're not gonna be good clinicians; we're not gonna be helping our patients. I see a lot of (burned out people) in this field.

Summary

This chapter presented findings from the twelve interviews with therapists who practice RAM, exploring how RAM functions as a self-care process. Though therapists expressed a range in the frequency and intensity of their different experiences of RAM as a self-care tool, strong and central findings emerged. These findings provide important information about the benefits RAM offers as a process of self-care, including: increased self-awareness (including positive effects on therapy practice and increased awareness of burnout symptoms); increased self-regulation; increased balance; reduced self-criticism and judgment, increased self compassion and validation; increased connection to values, increased gratitude; and heightened awareness of Conditionality. Findings from introductory interview questions that explored therapists' training in and journey through RAM provide important information on how RAM functions, and what factors support a RAM practice. Answers to questions that explored how RAM compares to and interacts with other forms of self-care, and the limitations of RAM, deepen our understanding of this unique self-care process. The next chapter will discuss central findings in relation to previous literature, noting findings that are unique to this study, and key implications.

CHAPTER V

DISCUSSION

The present study explored how Recollective Awareness Meditation (RAM) functions as a process of self-care for therapists. This discussion presents new ideas and divergent points of view that emerged in the study, as well as findings that confirm previous literature. Unexpected outcomes are also discussed. The study was designed to capture respondents' experiences with and perspectives on RAM, by means of twelve open-ended interviews with experienced therapists. Findings reflect both the diversity of therapists' experiences with RAM, and the common threads running through many or all of the interviews. Study findings suggest that RAM is a clinically relevant and unusual form of meditation, offering therapists a multitude of self-care benefits. In this discussion, I compare my own findings to previous literature reviewed in Chapter Two, by analyzing results with Baker's self-care definition in mind (including processes of self-awareness, self-regulation, and balance). The present study's findings include benefits of meditation as a self-care tool for therapists that emerged in previous studies, most of which have focused on self-regulation aspects of self-care. In addition, this study's findings seem to suggest that the increase in therapist self-awareness due to RAM practice was extremely strong, as compared to previous research on different forms of meditation. Significant and unusual benefits affecting therapists' work with clients also emerged. Another highly salient aspect of self-care for therapists practicing RAM was its effect on the Buddhist concept of Conditionality, along with many other positive benefits that emerged in the study.

The following discussion presents the various strong and significant benefits that seem to emerge in this study, and compares them to previous literature reviewed in Chapter Two. The opening section reviews therapist burnout and the need for self-care. Subsequent sections that discuss and compare benefits of RAM practice to previous literature include: increased self-awareness (including positive effects on therapy practice and increased awareness of burnout symptoms); increased self-regulation; increased balance; reduced self-criticism and judgment, increased self-compassion and validation; increased connection to values, increased gratitude; and heightened awareness of Conditionality. The next section offers views from my study on how the meditation compares to other methods of self-care. The following section is a review of RAM as a unique meditation process, with pro's and con's.

Therapist Burnout and Need for Self-Care

Literature reviewed in Chapter Two explicates therapist burnout and its toxic effects (Carroll et al., 2003; Gilroy et al., 2002; Pope & Tabachnick, 1994; Rupert & Morgan, 2005; Sherman & Thelen, 1998; Thoreson et al., 1989). Since the human relationship is at the core of successful therapy, the therapist's own self is her most potent tool for influencing positive outcomes in therapy. Clients deserve quality care, and burnout inhibits a therapist's ability to provide this. The literature confirms our dire need for effective self-care strategies, and explores multiple options of self-care. "To take adequate care of ourselves, we must continue learning throughout life about what facilitates, deepens, and strengthens our sense of personal well-being and peace of mind" (Baker, 2002, p. 59). RAM has been found to offer the therapists in this study a powerful process of self-care.

Increased Self-Awareness

Literature reviewed shows that enhancing self-awareness is a crucial aspect of therapist self-care (Baker, 2002; Coster & Schwebel, 1997; Jaffee & Scott, 1984; Norcross, 2000). "Each

person contains a vast inner world of thoughts, feelings, values, aspirations, potentials, and needs that he or she is capable of knowing and exploring“ (Jaffee & Scott, 1984, p. 129).

It is important to note that my study’s respondents felt that self-awareness, self-regulation, and balance are interdependent, and that RAM cannot be fully explained.

“Participant 1” noted: “They are very interdependent. They all kind of feed on each other. The self-awareness certainly builds on the self-regulation. And the self-regulation creates a sense of being more balanced in the world.” And “Participant 9” shared: “I know that I have benefited very deeply from the practice. And it’s hard that it isn’t exactly a clear logical A=B=C. But it just has been so rich.”

Still, self-awareness stood out in my findings as a central self-care benefit of RAM practice, a finding not strongly substantiated by previous literature on therapist meditation practice. A belief inherent in RAM is that gaining more awareness of your thoughts and feelings by exploring and experiencing them, even the difficult ones, is a positive and worthy development. This is a fairly unusual belief in the context of today’s popular focus on mindfulness, as it is commonly defined. RAM is unusual in providing a meditator with such a powerful means of increasing self-awareness, speaking to why this benefit was not found in the majority of previous literature on meditation. “Participant 12” summarized RAM’s structure that fosters greater self-awareness, a benefit found by all participants in my study.

I think the self-awareness piece is really big. There’s this sort of four-fold process of: first the meditating, which it itself is good. And then, writing about the meditation, which helps me pick up more about the meditation and also focusing on what parts of it I want to look more deeply into. And then, reporting on that, either to my group or to my teacher, is another level of remembering and looking at things maybe that I hadn’t

realized. And then, getting feedback would be the last piece, which is often extremely helpful.

Positive effects on therapy practice. The increased self-awareness benefit is central to some of my study's most relevant and core findings on how therapists were affected in session with clients. My study highlighted a shared sense that self-care benefits showing up in this arena were central to therapists' increased well-being and self-care due to RAM. Increased self-awareness was at the heart of benefits including: deepened therapeutic presence; increased ability to follow clients; increased ability to remember what clients say; increased ability to recognize emotional states; and increased awareness of countertransference. Literature reviewed substantiates the negative role that unchecked countertransference can play in burnout, clarifying the importance of this benefit (Gentry, 1995).

If I'm working with a patient, I'm becoming more aware of what is my agenda versus what is their agenda, and when I'm trying to control versus help... If I were to summarize it, it's a matter of me getting out of the way of the therapy process. And allowing the patient to go where he or she needs to go. ("Participant 5")

"Participant 10" shared that the open style of RAM allowed her to experience many different states of mind, moods, feelings, thoughts, and other internal experiences. Exploring these in her inner world allowed her to recognize and better work with the inner experiences of her clients:

So, in regards to working with clients, I'm far more attuned to certain states of awareness or states of being that I have felt in myself, in my own sittings, and in my own experience. And so there's a way that, because I've been privy to far more of that, I'm more familiar with it and can feel it in a client, or sense it in a client... which feels really directly related to the practice. Sitting with negative feelings in particular, the ones we often try to avoid, I feel far more familiar with and comfortable with.

A striking and unexpected finding that was emphasized by participants in my study was that they experienced an increased sense of “flow” (“Participant 1”) in session with clients, or an increased freedom to be spontaneous and emotionally present, while simultaneously less “armored” (“Participant 2”). Chapter Two’s literature review speaks to the need for therapists to find a way to be with clients, without shutting off from them, in a way that is the least emotionally taxing as possible for therapists. “(This) capacity to feel with people... I’ve needed to have some boundaries around that or some permission to not take it all on or see it as all of me, to learn better ways to buffer or screen a bit, so that I can feel in a way that’s useful, but not be so overwhelmed by it” (Hornyak as cited in Baker, 2002, p. 142). This is a difficult feat, explaining in part the prevalence of burnout, and yet therapists in this study describe a strengthening of this powerful yet subtle capacity due to RAM practice. Crucially, therapists felt their clients could sense this quality in them, which increased clients’ sense of safety in the therapy room and decreased worry that their stories would harm the therapist. These benefits shift the dynamics that contribute to therapist burnout before they begin to occur; they add an unusual ingredient to the therapeutic encounter, which has potent effects for the therapist and client alike.

I would say prior to (RAM), my M.O. was to put energy into self-containment, almost in reaction to the absence of containment of the client or patient. Whereas, now, it doesn’t feel like containment is the right word for me... there’s some kind of flow where it goes in and it goes out. And I don’t have to contain... it doesn’t get stuck in me so that I find myself having a reaction. (“Participant 1”)

Increased awareness of burnout. Increased self-awareness also seems to make RAM a powerful buffer against burnout, beginning with an increase in the therapist’s awareness of her personal signs of burnout.

(RAM) helps me be aware of when I'm starting to burn out. And what those thoughts and feelings are that come up when that begins to happen. When my own stuff starts to get involved with my therapy and I either need to get supervision, or it's time for me to take a break. But it allows me to have that awareness before it happens. ("Participant 5")

Comparatively few studies in the literature that I reviewed examined meditation styles with a broader definition of what meditation is, or styles that are clearly accepting of thoughts and feelings within meditation. However, the few prior studies that did focus on more all-encompassing meditation styles yielded results similar to my study's findings on increased self-awareness due to an open style of meditation. Specifically reflected is the notion that these forms of meditation led to "increased receptivity to (therapists') own spontaneous perception of unconscious conflicts; increased ability to handle dreams and other primary process material spontaneously, easily, and with greater insight; increased 'staying power'; (and) less sense of threat when confronted with patient's negative transference reactions" (Carrington & Ephron as cited in Fritz & Mierzwa, 1983, p. 79). Keefe (1975) wrote that meditation enhances the therapist's awareness of her own feelings, increasing her ability to hold complex cognitive processes. Finally, Nanda's study suggested that "being with what is" (2002, p. 322) offers a therapist a way to accept and stay with difficult emotions, and yields positive results for therapist self-care and therapist wellness in the therapy room. These studies spoke to the importance of increased self-awareness as a benefit to self-care from meditation, a major finding of my study. My study results, along with these few prior studies, highlight the intricately tied phenomena of self-care (through practice of meditation) and clinical effectiveness, and suggest that a broader definition of meditation leads to positive self-care and self-awareness results.

Increased Self-Regulation

The vast majority of my study's participants reported that RAM practice also brought them increased self-regulation. Many pointed to the interplay between increased self-awareness and subsequent self-regulation. Others cited increased Samadhi states (calm, absorbed states of mind in meditation) due to RAM, and many were grateful for the increased sense of self-regulation that helped them cope in their work. "Participant 2" shared: "(The difficult work of therapy) doesn't seem to bring up for me as much of an emotional disintegration. I don't need that release that you would get with a good cry, 'cause I think (RAM) really has created a broader holding capacity within me."

The majority of previous literature on meditation as a self-care tool for therapists cites an increase in self-regulation as the primary self-care benefit. Most of the available literature focuses on MBSR, which has been found to increase therapist self-regulation. Benefits include: increased tolerance of physical and emotional pain; higher levels of energy; feelings of centeredness, relaxation, renewal and mental clarity; increased positive affect and greater self-compassion; and greater concentration and attention. Previous studies also found that MBSR increased self-containment and emotional regulation (Christopher & Maris, 2010; Davis & Hayes, 2011; Maris, 2009; Raab, 2014; Shapiro et al., 2007). These positive findings show primarily self-regulation benefits to therapist self-care. Crucially, the focus of this style of meditation, as well as its corresponding stated benefits, is on staying present, as defined by spending less time thinking. Thus, progress defined within these studies was correlated with decreased self-focused thoughts and emotions.

Though RAM operates with very different assumptions, and an alternative orientation to thinking in meditation, self-regulation benefits were also significantly present in my study. One main difference is that while the majority of studies found increased self-regulation due to a

decrease in thinking and strong emotions, my study found that allowing one's inner world to go on in meditation was, in fact, highly regulating for therapists. "Participant 1" spoke to this: "Self-regulation is very interesting to me because, even if the content of the meditation is troubling or I'm left with maybe some intense curiosity, or not necessarily calming feelings, the aftermath of doing the meditation is centering."

Increased Balance

Previous literature suggests that a lack of balance is often inherent in an experience of burnout. In my study, all participants reported that they experienced more balance in their lives due to their RAM practice, a benefit that intermingled with and resulted from the meditation's effects on self-awareness and self-regulation.

I can actually see where my motivations are coming from when I have a reaction. So I may still have a reaction but immediately after I'm like, 'Oh! This is what came up for me. This is why it happened.' And I can restore balance pretty quickly. ("Participant 10")

Because of feeling more slowed down internally, significantly less reactive, there's access to parts of myself that can come into play in the moment with a situation that might bring a sense of imbalance. ("Participant 1")

Literature reviewed explains that difficult issues in a therapist's life and personal relationships contribute to their stress, and play a significant role in burnout (Sherman & Thelen, 1998). In my study, one major benefit cited by participants was an improved ability to restore and attain greater harmony in their relationships.

I deal with (a family member with a diagnosable mental illness) much better. I think that's a really good example of how self-regulation creates a stronger sense of balance. So whether that's increased awareness that I need to walk away now, earlier in the

process than I might have years ago. Or, it might manifest as a sense of, ‘I don’t really need to respond to that.’... There’s a very strong sense of balance in what could be a volatile interaction. (“Participant 1”)

Connection to community and supportive relationships enhances therapist well-being, as evidenced by the literature on self-care. “Our best relationships (for self-care) are those in which we can be as close to our true self as possible... as we express our thoughts, feelings, and concerns beyond the role of being a therapist or good listener” (Baker, 2002, p. 127). Many participants in my study spoke of their connection to the RAM teachers, the Sangha, and to other caring individuals in their meditation groups, as being important avenues of support in their lives. Others in the study described RAM practice itself as a supportive structure, allowing for more balance in life.

Finally, research shows that greater emotional and physical separation between work and home life is supportive for therapists (Baker, 2002; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Norcross, 2000). Though, RAM in fact allows one’s experiences in work to come into the meditation sitting, rather than asking that they flow out of or empty from the meditation experience. So, one might think that this would negatively impact the ability to separate. However, the opposite finding emerged in my study: the freedom to bring work experiences into a meditation sitting allowed therapists relief and greater separation from their work lives after meditating.

Additional Benefits: Reduced Self-Criticism and Judgment, Increased Self-Compassion and Validation; Increased Connection to Values, Increased Gratitude; and Heightened Awareness of Conditionality

Significant additional benefits to self-care surfaced in the interviews of my study, which do not fit neatly into Baker’s definition of self-care. Participants in my study experienced

benefits of reduced self-criticism and judgment, and increased self-compassion and validation. They drew connections between these benefits and RAM's guiding principles of gentleness, interest, and permission.

It's very validating, and the validation has increased over the years, to allow whatever my experience is... I think the thing about (RAM) is, no matter what you do, you're okay. I mean, you can fall asleep, you can think about your taxes. With all the conversations I've had with Jason of reporting my experiences, he's never said, 'That's not okay,' or 'What's wrong with you?' or 'You shouldn't be having that experience.'... I have benefited most (from) the validation of the teaching. And for me that's also a very unique aspect of this, and it's really hard to find in this world. ("Participant 4")

"Participant 11" shared:

And no need to be afraid, no need to wonder, 'Gosh, what's wrong with me, I shouldn't be having thoughts like this after all these years of work' or whatever. It's like, no, sit down and just be with it. It's already in the room... (My experiences of self-flagellation are) like this old song that sometimes comes up in my head... Not to push things away, and to just allow for things to come forward.

Participants in my study felt highly respected by the RAM structure and style.

The teacher or the student teacher or the other person that's gonna interview me... they might have some insight. But it's pretty non-hierarchical. It's not like this is the expert on me; I remain the expert on me... That respect for each individual to be able to discover their inner world, make sense of their inner world, on their own. ("Participant 2")

Previous literature describes that the goal of self-care is not only a lack of burnout but in fact "a feeling of vitality, of energy, of ability to do" (Jaffee & Scott, 1984, p.152). This

complements my study participants' assertion that RAM clarifies and strengthens their values, and increases their feelings of gratitude for their lives. "Participant 3" spoke of how RAM encourages him to commit to what makes him feel alive.

I get really clear and motivated about how I want to respond in life or what's important or what I'm gonna do when I throw myself into this project... I think being alive in one's work is an important form of self-care, rather than shutting down or burning out.

An unexpected finding of my study, which did not emerge in literature reviewed, was participants' focus on the Buddhist concept of Conditionality. Study participants spoke of this in depth, though no interview question touched on it directly. A major benefit to self-care due to RAM practice was heightened awareness of Conditionality, leading to a greater ability to be with life circumstances or pain in a different way in meditation. While this did not eliminate therapists' pain altogether, the meditative process shifted therapists' experiences of their circumstances or pain, as well as how they related to it.

And to see that it's just something that's dependently arisen from somewhere, that it has causes and conditions like everything else, good and bad, is extremely helpful and therefore part of self-care. I'm not beating myself up anymore, and I can explore it gently. ("Participant 6")

Another aspect of RAM that was unusual and strongly appreciated by participants was the experiencing of Conditionality in a personal way, through one's own sittings, journals, and meditation reports, rather than on a theoretical level.

How RAM Compares to and Interacts with Other Methods of Self-Care

Physical self-care. Literature reviewed in Chapter Two affirms the importance of physical self-care (Baker, 2002; Coster & Schwebel, 1997; Norcross, 2000). Participants in my study spoke of an important positive correlation between their RAM practice and physical

self-care; RAM appeared to help participants get in touch with their physical needs, reduced negative thinking, and motivated participants to care for their physical selves. This finding is relevant to our understanding of the harmonious interplay between RAM and attending to one's physical self-care needs.

Personal therapy. Personal therapy is known to be a strong avenue of self-care for therapists (Baker, 2002; Coster & Schwebel, 1997; Macran, Smith & Stiles, 1999; Norcross, 2000; Strozier & Stacey, 2001). Participants in my study felt that personal therapy and RAM are complementary practices, and support one another in various ways. Some respondents sought personal therapy due to experience with, and awareness gained within, RAM practice. For others, RAM appears to provide a structure and process similar in some respects to the work done in personal therapy. And for other participants, RAM seems to be a complementary practice to therapy; RAM allows the therapist to know more about what she wants to talk about in therapy, as increased self-awareness is a strong point in RAM. This finding suggests RAM is supportive of and complementary to personal therapy, according to this study's findings.

Comparisons to other forms of meditation. The vast majority of participants in my study had current or prior experience with other styles of meditation. Many participants cited that benefits gained (from other particular styles of meditation) were primarily those of increased self-regulation. They shared about the differences between these benefits and those from their RAM practice, speaking again to some of the unique aspects of RAM.

But (Transcendental Meditation and Vipassana Meditation) don't address self-awareness or self-regulation or balance in the same way that (RAM) does... those practices are designed to induce a particular state. And I think the beauty of (RAM) is, it's not. If those states come, fabulous. You can look at those; you can look at the conditions of

which those states arise... I just think it's light-years from other more traditional meditation practices. But that's me. ("Participant 1")

"Participant 10" shared:

Like many people, probably, in this culture, I struggle with kind of a critical voice within me that tends to stop my free-flowing thought process and not really get me excited or interested in sitting in meditation, because I often feel a sense of, 'If I'm not following my breath, then I'm doing it wrong and failing.' So even just getting to the cushion: this open-ended free-flowing practice allows me to come in and out of it. So there are times when I don't sit as much, and I don't feel so much guilt that I quit the whole project. I allow myself to understand the ever-changing nature of a practice in general.

Rubin's assertion reflects the importance of these findings: "We need to investigate the content and meaning of what we become aware of in meditation instead of attempting to transcend it or reduce it to what we already believe..." (2015, para. 19). Chapter Two's literature review offers a critique of some aspects of mainstream mindfulness meditation styles. Karnaze notes that meditation instructions can lead to a distancing from one's actual experience, though generally the stated purpose is to promote acceptance of all experience (n.d.). My study's findings show the benefits of allowing one's experiences to go on in one's meditation sitting, without interrupting them or distancing oneself from them. Research compiled on the benefits of allowing mind-wandering reify the concept that allowing thoughts to go on is productive, revealing, and helpful. Previous literature notes that the benefits of allowing one's mind to wander include: finding one's own answers, improved ability to empathize, and increased creativity (Hurley, 2014; Murphy, 2014). These benefits and many more were also cited in my study.

Pro's and Con's of RAM

Participants' feelings about the drawbacks of RAM were disparate, with no strong central findings emerging. Some felt uncomfortable meditating and sharing journals in a group setting. The journaling process could at times feel tedious to therapists. And others felt the open style of RAM led to tolerating states that were uncomfortable to be in, even as they saw the benefit of and options around this. Stated concerns generally reflected the unusual format and process of RAM, which participants were also passionate about.

I would say, I think one of the limitations of the practice can be: there are times where I really just want to immediately calm myself down, and I want to do a more directive practice. Like, perhaps, focusing on my breath. The interesting thing about (RAM) is I guess you could say that I could allow myself to do that within the practice, and I do.

("Participant 10")

RAM encourages a meditator to know and to tolerate one's inner world; findings suggest it is a powerful process of self-care for therapists, whose jobs entail working with others' inner worlds and modulating their own. The majority of previous studies on meditation as a self-care tool for therapists have primarily focused on popular styles of mindfulness meditation, which have embedded in their instructions different assumptions and beliefs about staying with one's thinking and emotions. According to therapist participants in my study, RAM is a process with very few instructions that allows them to continue to trust their own answers and continually learn more. Therapists in this study felt RAM is a deeply empowering and validating self-care tool, with unusual and meaningful benefits.

“And when you wonder if there is some instruction you must do, some state of mind you should generate, or some truth you must realize, you can pause and look into those thoughts without having to believe them. You are not going to be turned away from your own path so easily again.”

-Jason Siff, Unlearning Meditation

CONCLUSIONS

In this final section, I discuss my sense of my study’s limitations and its implications, including recommendations for further study, and final comments and conclusions.

Limitations

My study is limited by its small sample size (N=12); findings cannot be generalized. Additionally, the sample was racially homogeneous, as every participant identified as Caucasian. Participants’ high education levels and lack of need for current state financial assistance also imply a lack of socioeconomic diversity in the study sample.

Open-ended questions and flexibility in length of interviews are methodological choices that I made in order to attain personal and meaningful narratives. However, this qualitative style, including a variability of interview length and broad questioning, also has inherent limitations.

Implications

Recommendations for further study. Implications of my study include the need for more research on how RAM operates, especially in a larger, more racially and socioeconomically diverse sample. This would allow for greater generalizability of study findings. A survey method, perhaps based on some of the present study’s findings, may be more useful in order to gain access to a greater number of participants. However, since RAM is a relatively new approach to meditation with few trained teachers, it may take time for such racial

and socioeconomic diversity to become available. As RAM gains in popularity, I feel we should think about why RAM has been more popular among, or accessible to, Caucasian therapists who are not socioeconomically disadvantaged. And I feel we should challenge ourselves to think about what it may take to make the meditation available to a more diverse population. Recently, Jason Siff and the RAM teachers have been working hard to train additional teachers, in order to make RAM available in a safe way to more people.

In addition, since participants in my study were passionate about the self-care benefit of heightened awareness of Conditionality (due to RAM practice), further studies are called for in order to explore this topic in depth. A more clear understanding of increased personal experiences of Conditionality, and also a deeper understanding of the implications of this on the concept of self-care as we conceive of it, may await us.

Final comments and conclusions. Burnout remains a significant obstacle with which practicing therapists must contend. RAM is an open style of meditation with few instructions that, the present study suggests, yields a wide variety of benefits to therapist self-care. This study's results call for an introduction to RAM for social work students entering the professional field, as well as for experienced therapists. Previous literature speaks to the need for therapists to continually work on increasing self-awareness in order to handle the complex emotional demands of clinical work (Baker, 2002; Coster & Schwebel, 1997; Jaffee & Scott, 1984; Norcross, 2000). Strozier and Stacey's study showed us that students themselves see the value of increasing their self-awareness in order to do the difficult work of therapy (2001). While therapy is a powerful tool for enhancing clinician self-awareness, it is generally not required in the U.S. in order to become, or continue to be, a therapist. RAM offers students an additional avenue to meet the need of increased self-awareness, offering also the multiplicity of benefits elucidated in this study.

I truly believe, and this comes from experience, that if you're going to be in this field, and if you're going to be working with clients, I think (meditation is) imperative, and I think the schools of social work (don't) do enough to prepare clinicians... I think meditation should be something that should be introduced to everyone who is going into this field. It's so valuable. ("Participant 5")

Literature reviewed shows that social work schools' programmatic emphasis on self-care is correlated with greater student self-care utilization and quality of life (Goncher et al., 2013). Introducing RAM to therapists entering the field would offer therapists personal and professional benefit. Similarly, as my study suggests, highly experienced therapists find the open and allowing style of RAM to be nurturing and effective for them. Providing an introduction to RAM will allow therapists at any level of experience to decide if the process resonates with them. If so, therapists may experience positive benefits from RAM that may in turn affect their personal and professional lives, including their relationships with clients, professors, co-workers, and loved ones. Most importantly, RAM offers therapists, who are often so readily attuned to the needs of others, a means to attune to, care for, and reap the benefits of being with, their own selves. RAM, a potent process with a combination of dynamic and harmonious benefits, appears to provide therapists with a highly protective process of self-care.

"Rest, rejoice, bring your mind into the field of your inner pain. Looking on peacefully, with wisdom guiding your vision, see into its source."

-The Buddha in King Bimbisara's Chronicler, novel by Jason Siff

References

- Aggs, C. & Bambling, M. (2010). Teaching mindfulness to psychotherapists in clinical practice: The mindful therapy programme. *Counseling and Psychotherapy Research, 10*(4), 278- 286.
- Baker, E. (2002). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, D.C: American Psychological Association.
- Birnbaum, L. (2008). The use of mindfulness training to create an 'accompanying place' for social work students. *Social Work Education, 27*(8), 837-852.
- Boellinghaus, I, Jones, F., & Hutton, J. (2012). The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness, 5*(2), 129-138.
- Brito, G. (2014). Rethinking mindfulness in the therapeutic relationship. *Mindfulness, 5*(4), 351-359.
- Bruce, N., Manber, R., Shapiro, S. & Constantino, M. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy Theory, Research, Practice, Training, 47*(1), 83-97.
- Bullard, D. (2010). Mark epstein on mindfulness and psychotherapy. *Psychotherapy.net*. Retrieved on January 6, 2015, from <https://www.psychotherapy.net/interview/epstein-buddhism>
- Carroll, L., Gilroy, P.J., & Murra, J. (2003). The effect of gender and self-care behaviors on counselors' perceptions of colleagues with depression. *Journal of Counseling and Development, 81*.
- Christopher, J., & Maris, J. (2010). Integrating mindfulness as self-care into counseling and psychotherapy training. *Counseling and Psychotherapy Research, 10*(2), 114-125.

- Coster, J., Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28(1), 5-13.
- Davis, D., & Hayes, J. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198-208.
- DeAngelis, T. (2002). Normalizing practitioners' stress. *Monitor on Psychology*, 33(7), 62-64.
Retrieved November 2, 2014, from <http://www.apa.org/monitor/julaug02/normalizing.aspx>
- Dlugos, R., & Friedlander, M. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice*, 32(3), 298-304.
- Dorian, M & Killebrew, J. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists. *Women & Therapy*, 37(1), 155-163.
- Farber, B. & Heifetz, L. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology: Research and Practice*, 13(2), 293-301.
- Fritz, G. & Mierzwa, J. (1983). Meditation: A review of literature relevant to therapist behavior and personality. *Psychotherapy in Private Practice*, 3(1), 77-87.
- Geller, J., Norcross, J., & Orlinsky, D. (2005). *Psychotherapist's own psychotherapy: Patient and clinician perspectives*. Oxford: Oxford University Press.
- Gentry, E. (1995). Compassion fatigue: A crucible of transformation. *Gifts from within*.
Retrieved November 2, 2014, from <http://www.giftfromwithin.org/html/compassn.html>
- Gethin, R. (1998). *The foundations of buddhism*. Oxford: Oxford University Press.
- Gilroy, P., Murra, J., & Carroll, L. (2002). A preliminary survey of counseling psychologists' personal experiences with depression. *Professional Psychology: Research and Practice*, 33(4), 402-407.

- Goncher, I., Sherman, M., Barnett, J., & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The meditational role of self-care utilization. *Training and Education in Professional Psychology*, 7(1), 53-60.
- Howes, R. (2008). Therapist burnout: Preventing therapist burnout. Retrieved on November 2, 2014, from <http://www.psychologytoday.com/blog/in-therapy/200811/therapist-burnout>
- Hurley, D. (2014). Breathing in vs. spacing out. *New York Times*. Retrieved on December 6, 2014, from <http://www.nytimes.com/2014/01/19/magazine/breathing-in-vs-spacing-out.html>
- Jaffee, D., & Scott, C. (1984). *From burnout to balance: A workbook for peak performance and self-renewal*. New York, NY: McGraw Hill.
- Karnaze, M. (n.d.). 17 ways mindfulness meditation can cause you emotional harm. *Mindful Construct*. Retrieved on December 6, 2014, from <http://mindfulconstruct.com/2011/02/04/17-ways-mindfulness-meditation-can-cause-you-emotional-harm/>
- Lee, J., Lim, N., Yang, E., Min Lee, S. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice*, 42(3), 252-258.
- Macran, S., Smith, J., & Stiles, W. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychotherapy*, 46(4), 419-431.
- Mahoney, M. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, 28(1), 14-16.
- Maris, J.A. (2009). The impact of a mind/body medicine class on counselor training: A personal journey. *Journal of Humanistic Psychology*, 49, 229-235.
- Maslach, C. (2001). What have we learned about burnout and health. *Psychology and Health*, 16,

607-611.

Mindfulness meditation. (n.d.). In *Wikipedia*. Retrieved November 30, 2014, from

http://en.wikipedia.org/wiki/Mindfulness_meditation

Mindfulness-based stress reduction. (n.d.). In *Wikipedia*. Retrieved November 30, 2014, from

http://en.wikipedia.org/wiki/Mindfulness-based_stress_reduction

Murphy, K. (2014). No time to think. *New York Times*. Retrieved on December 6, 2014, from

http://www.nytimes.com/2014/07/27/sunday-review/no-time-to-think.html?_r=0

Nanda, J. (2005). A phenomenological enquiry into the effect of meditation on therapeutic practice. *Existential Analysis* 16(2), 322-336.

National Association of Social Workers. (2008). National Association of Social Workers Policy

Statement on Professional Self-Care. Washington, DC: NASW Delegate Assembly.

Norcross, J. (2000). Psychotherapist self-care: Practitioner-tested, research-informed

strategies. *Professional Psychology: Research and Practice*, 31(6), 710-713.

Papia, D. (2014). Burnout and self care: A process in helping. *The New Social Worker*.

Retrieved on November 2, 2014, from <http://www.socialworker.com/feature-articles/practice/burnout-and-self-care-a-process-in-helping/>

Pfifferling, J. & Gilley, K. (2000). Overcoming compassion fatigue: What practicing

medicine feels more like a labor of love, take steps to heal the healer. Retrieved

November 2, 2014, from <http://www.aafp.org/fpm/2000/0400/p39.html>

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of

psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, 25, 247-258.

Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A

review of the literature. *Journal of Health Care Chaplaincy*, 20(1), 95-108.

- Richards, K., Campenni, E., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264.
- Rubin, J. (2015). The mcmindfulness craze: The shadow side of the mindfulness revolution. In *Truthout*. Retrieved January 6, 2015, from <http://www.truth-out.org/opinion/item/28278-the-mcmindfulness-craze-the-shadow-side-of-the-mindfulness-revolution>
- Rupert, P., & Morgan, D. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36*(5), 544-550.
- Rzeszutek, M. & Schier, K. (2014). Temperament traits, social support, and burnout symptoms in a sample of therapists. *Psychotherapy, 51* (4), 574-579.
- Safran, J., & Reading, R. (2008). Mindfulness, metacommunication, and affect regulation in psychoanalytic treatment. In S. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (p. 122-140). New York: Guilford Press.
- Shapiro, S., Biegel, G., & Brown, K. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115.
- Sherman, M.D., & Thelen, M.H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice, 29*(1), 79-85.
- Siff, J. (2001). *King Bimbisara's Chronicler*. Vishva Lekha.
- Siff, J. (2010). *Unlearning meditation: What to do when the instructions get in the way*. Boston, MA: Shambhala Publications, Inc.

Siff, J. (2014a). *Thoughts are not the enemy: An innovative approach to meditation practice*.

Boston, MA: Shambhala Publications, Inc.

Siff, J. (2014b). *History of Recollective Awareness Meditation*. Lecture conducted from

Recollective Awareness Meditation Teacher Trainee Retreat, Spokane, WA.

Skillful Meditation Project. (n.d.). Retrieved December 6, 2014, from

<http://skillfulmeditation.org/Jason.html>

Smullens, S. (2012). What I wish I had known: Burnout and self-care in our social work

profession. *The New Social Worker*. Retrieved on November 2, 2014, from

http://www.socialworker.com/feature-articles/field-placement/What_I_Wish_I_Had_Known_Burnout_and_Self-Care_in_Our_Social_Work_Profession/

[Had_Known_Burnout_and_Self-Care_in_Our_Social_Work_Profession/](http://www.socialworker.com/feature-articles/field-placement/What_I_Wish_I_Had_Known_Burnout_and_Self-Care_in_Our_Social_Work_Profession/)

Strozier, A., & Stacey, L. (2001). The relevance of personal therapy in the education of MSW

students. *Clinical Social Work Journal*, 29(2), 181-195.

Thoreson, R.W., Miller, M., & Krauskopf, C.J. (1989). The distressed psychologist: Prevalence

and treatment considerations. *Professional Psychology: Research and Practice*, 20(3),

153-158.

APPENDIX A

Informed Consent Form

Title of Study: Recollective Awareness Meditation: A Self-Care Process for Meditating Therapists

Investigator(s): Sophie Davis-Cohen

.....

Introduction

- You are being asked to be in a research study, which will examine Recollective Awareness Meditation (RAM) from the perspectives of therapists who have used it as a form of self-care. The overarching research question of this study is: How does Recollective Awareness Meditation function as a process of self-care for meditating therapists?
- You were selected as a possible participant because you may meet inclusion criteria. Inclusion criteria: Participant must be an English-speaking psychotherapist who has practiced psychotherapy for at least 5 years, and has been practicing RAM for at least 1 year. It is not required that you are currently a practicing therapist if you meet this criteria.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to explore how Recollective Awareness Meditation is used as a self-care process for therapists who practice this particular form of meditation. For the purposes of this study, I will use Baker's (2002) definition of self-care as consisting of three main processes: self-awareness, self-regulation, and balance.
- This study is being conducted as a research requirement for my Smith College School of Social Work Master's degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following: Fill out and sign this consent form, and mail it back to me. Then, you and I will meet at the time we've set for our interview. First, I will ask you to answer ten demographic questions. The interview will then be an open-ended process, guided by seven questions, and will last approximately 30-45 minutes. I may ask to reconnect with you afterwards, if I have clarifying questions regarding the interview. You may choose to decline, and otherwise will not be contacted further. I will be available to speak with you regarding any questions or concerns you may have about the study or your participation in it, including the possible risks described below.

Risks/Discomforts of Being in this Study

- Though this is a low risk study, it is possible that you may feel uncomfortable sharing negative experiences and being concerned that RAM teachers may know who you are. I assure you that I will take all necessary steps and remain mindful of protecting confidentiality. The focus of the interview is on self-care and how RAM operates for you;

please feel no pressure to report specifics of personal issues (regarding counter-transference, for example) unless you are comfortable doing so. As described above, if you wish to discuss this further with me I will make myself available to you.

Benefits of Being in the Study

- The benefits of participation are: Perhaps gaining additional insight into how RAM functions as a self-care mechanism tool for you, sharing your expertise, having space to explore your use of RAM, and talk about this subject which may be important to you.
- The benefits to social work/society: Attaining a nuanced understanding of the effects of this form of meditation on meditating therapists may be highly valuable to the field of therapy, providing practitioners with information about this emerging and potentially clinically relevant form of self-care.

Confidentiality

- Your participation will be kept confidential. No one will know about your participation in this study, including the teachers who informed you about this study. I request that you find a private space to partake in the phone interview, and I will be sure to conduct the interview in a private room, in order to ensure your total confidentiality. In addition, the records of this study will be kept strictly confidential. I will likely transcribe interviews myself. However, it is possible that interviews may be transcribed, verbatim, by a transcriptionist, who will sign a confidentiality form. Otherwise, I may utilize a digital transcribing device to transcribe interviews. Once interviews have been transcribed, both electronic data (recorded interviews and transcriptions) will be stored securely in a locked folder on my individual password protected computer. Only the transcriptionist and myself will have access to study data, though my researcher advisor may have access to limited information with participant confidentiality ensured. Participants will be de-identified; I'll assign each a nominal number in order to identify participants while protecting their privacy. The bulk of the data collected will be reflected in my thesis in aggregate format, and illustrative quotes will be carefully reviewed to ensure that they do not identify or link to any participant. Names and identifying information will be stored in a separate protected file and kept confidential.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researcher of this study. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to

withdraw by email or phone by April 1, 2015. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study at any time, feel free to contact me: (omitted). If you would like a summary of the study results, study conclusions will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee (omitted).

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

APPENDIX B

Interview Guide

PART 1: DEMOGRAPHIC QUESTIONS

1. What is your age?
2. What is your gender identity?
3. What is your racial/ethnic identity?
4. Any important religious/spiritual influences?
5. What is the highest level of education you received?
6. Do you currently receive any forms of state financial assistance, such as SNAP, TANF, or subsidized childcare?
7. How many years have you practiced as a psychotherapist?
8. What type of therapy or clinical work do you currently conduct?
9. How many months or years have you practiced RAM?
10. How many months or years have you practiced any variety of meditation, and what kind?

PART 2: INTERVIEW QUESTIONS

1. How did you come to practice RAM?
2. Please describe the training you received on the use of RAM.
3. How has your involvement changed over time? (Time spent meditating, cohort group, etc.) I'm interested in how your practice may have shifted over time, and what parts may have remained more constant.
4. Please describe how Recollective Awareness functions for you as a self-care process.
5. Please comment on how RAM compares to/ interacts with other methods of self-care you have used (such as other forms of meditation, supervision, therapy, etc.).
6. How has Recollective Awareness worked and not worked so well for you as a self-care process?
7. What else would you like to comment on that I haven't asked you about?

APPENDIX C

Recruitment Letter

Hello,

My name is Sophie Davis-Cohen. I'm involved in the Recollective Awareness Meditation community and currently writing my thesis for Smith College School for Social Work. I'm proposing a study that will explore how Recollective Awareness Meditation (RAM) functions as a mechanism of self-care for meditating therapists. For the purposes of this study, I will use Baker's (2002) definition of self-care as consisting of three main processes: self-awareness, self-regulation, and balance. Baker notes that self-reflection is an important tenant of self-care. "We must remind ourselves, just as we do with our clients, that we need to stay attuned to our inner life. We benefit immeasurably in observing, without judging, our interior experience, our feelings, thoughts, dreams, and fantasies" (Baker, 2003, p. 59).

I'm contacting you because you've been recommended as someone who has RAM training and experience.

Inclusion criteria: For my study, I'm looking for potential participants who...

- Are English-speaking psychotherapists.
- Have practiced psychotherapy continuously for a minimum of 5 years (it is not required that you are currently a practicing therapist).
- Have practiced RAM for at least 1 year.

I am available for an initial phone call with you, to give you the option to ask any questions you may have about the consent form or otherwise.

For the study, recorded interviews will take place over the phone at a time convenient to you, and will last approximately 30-45 minutes. I'm interested in learning about the entirety of your experience; both the pros and cons of using RAM. I want to honor what you've experienced regardless of what your answers are. I'm interested in how RAM functions for you as a process of self-care, and how this relates to your practice with clients.

Participants' identities and responses will be kept entirely confidential. Please contact me directly. Be assured that no teacher of RAM will be aware of who chooses to participate in my study.

If you're interested in participating (or know someone who may be), please contact me at (omitted). I will then contact you after the Smith Human Subjects Review board has approved my proposal (after late October).

Thank you for your time and consideration.

Sincerely,

Sophie Davis-Cohen

APPENDIX D

Human Subjects Review Committee Approval Letter

SMITH COLLEGE

School for Social Work

November 3, 2014

Sophie Davis-Cohen

Dear Sophie,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Marsha Pruett, PhD

Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor

APPENDIX E

Research Project Change of Protocol Forms

RESEARCH PROJECT CHANGE OF PROTOCOL FORM – School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

Recollective Awareness Meditation: A Self-Care Tool for Meditating Therapists
Sophie Davis-Cohen
Elaine Kersten

.....

I am requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

The one change I am making is: In my email to interested participants, I will offer them the *option* of an initial phone call (in which I will answer questions about the consent form), instead of requiring this phone call. I have made it clear that I am available at any time to answer questions over the phone. Attached is my new email to interested participants, with study changes highlighted in red.

.....

I understand that these proposed changes in protocol will be reviewed by the Committee.
 I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
 I have discussed these changes with my Research Advisor and he/she has approved them.

Your signature below indicates that you have read and understood the information provided above.

Name of Researcher (PLEASE PRINT): Sophie Davis-Cohen **Date:** 11/17/14

.....

RESEARCH PROJECT CHANGE OF PROTOCOL FORM – School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

Recollective Awareness Meditation: A Self-Care Tool for Meditating Therapists
Sophie Davis-Cohen
Elaine Kersten

.....

I am requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

In my interviews with participants, I will have 7 interview questions instead of 8. Also, in my demographic information portion of the interview, I will have 10 questions instead of 9. These small changes will allow me to gather sufficient and necessary data from my participants in order to complete my study. Thank you!

.....

- I understand that these proposed changes in protocol will be reviewed by the Committee.
- I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
- I have discussed these changes with my Research Advisor and he/she has approved them.

Your signature below indicates that you have read and understood the information provided above.

Name of Researcher (PLEASE PRINT): Sophie Davis-Cohen **Date:** 12/8/14

.....

APPENDIX F

Protocol Change Approvals



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

November 17, 2014

Sophie Davis-Cohen

Dear Sophie,

I have reviewed your amendment and it looks fine. This amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Pruett'.

Marsha Pruett, Ph.D.
Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

December 9, 2014

Sophie Davis-Cohen

Dear Sophie,

I have reviewed your amendments and they look fine. These amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Pruett".

Marsha Pruett, Ph.D.
Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor