

The Advantages of the Mindful Therapist

SHERYLE MAY AND ANALISE O'DONOVAN

This study aimed to explore the relationships between mindfulness, wellbeing, burnout and job satisfaction of individuals working as therapists. Findings from fifty-eight therapists indicated that higher levels of mindful attention and non-judgmental awareness are associated with cognitive and affective wellbeing, satisfaction at work and lower experiences of burnout. These results support earlier findings with non-therapist groups that mindfulness is associated with higher levels of wellbeing. The current study is the first to consider the relationship between mindfulness and job satisfaction. Surprisingly, the current study found that the amount of participation in yoga practices, and to some extent meditation practices, did not appear to enhance levels of mindfulness. These findings are contrary to the belief that these practices are central to enhancing mindfulness, and the possible reasons are discussed. Overall, the results indicate that attention to the levels of mindfulness in therapists is warranted, as it is likely that higher levels bode well for the functioning of therapists, and as a consequence, for their effectiveness in client outcome.

Our work as psychotherapists can be highly rewarding, but also personally taxing. As therapists we engage in intimate work with our clients. We listen closely and provide empathy to their problems, losses, trials and triumphs, whilst maintaining the integrity of the therapeutic relationship. At the same time we manage our own thoughts, behaviours and subsequent emotions.

The person of the therapist and the qualities they embody and demonstrate in their practice play an essential role in the therapy process. Individual differences between therapists have been found to be more influential to therapeutic outcomes than any particular therapeutic orientation or technique (Lambert, 1992; Shapiro & Shapiro, 1982; Luborsky, McLellen, Diguier, Woody & Seligman, 1997), or years of experience working as a therapist (Christensen & Jacobson, 1994).

There has been more emphasis in recent literature on the importance of therapist variables. The amount of variance accounted for by therapist variables in predicting client outcome vary between 5 per cent (Crits-Christoph & Mintz, 1991) to 9 per cent (Wampold & Brown, 2005). This is similar to the effects of the alliance on outcome (Castonguay, Constantino & Grosse Holforth, 2006), and greater than the variance explained by specific ingredients (Wampold, 2001).

Influences on therapist effectiveness: wellbeing, burnout and job satisfaction

In considering the importance of the therapist in treatment outcome, and the demanding nature of the practice, it would seem necessary to ensure effective work that the therapist is functioning at an optimal level. Many personal and professional issues have the potential to influence

the effectiveness of therapists and the subsequent quality of their service. Three aspects have attracted considerable attention in the research: wellbeing, job satisfaction and burnout.

Therapist wellbeing

The emotional health of therapists is not just of personal importance, but appears to be a fundamental part of their professional effectiveness. A consistent correlation has been found between successful outcomes of therapy and therapist wellbeing and positive psychological adjustment (Beutler, et al., 2004). Qualities and characteristics associated with greater wellbeing, such as self-confidence (Williams & Chambless, 1990) and self-esteem (Wiggins & Giles, 1986), have been shown to have a positive influence on both the therapy outcome and the client-therapist relationship. In contrast, therapists high in negative affect, an indicator of a deficiency in

wellbeing, have been shown to elicit negativity in their clients (Henry, Schacht & Strupp, 1990). Therapists themselves attest to the fundamental importance of personal wellbeing for their professional effectiveness (Coster & Schwebel, 1997) and recognise that their therapeutic effectiveness can decline when their level of personal distress increases (Sherman & Thelan, 1998; Guy, Polstra & Stark, 1989).

Burnout

An important factor that can influence therapist effectiveness is the possible development of burnout. Burnout has been defined as a syndrome of emotional exhaustion, depersonalisation and a sense of reduced effectiveness in one's work role (Maslach, Jackson & Leiter, 1996) that arises from the cumulative stress of intensive work with people (Maslach, 1982). Research has shown that significant levels of burnout occur among therapists (Onyett, Pillinger & Muijen, 1997; Ackerley, Burnell, Holder, & Kurdek, 1988; Vredenburg, Carozzi, & Stein, 1999). One study showed that four out of ten practicing psychologists in the sample were experiencing clinically significant levels of psychological distress (Hannigan, Edwards & Burnard, 2004), and concluded that many psychologists find their work stressful and personally taxing. Psychologists report that feeling burnt out has a negative impact on personal relationships (Sherman & Thelen, 1998), and affects wellbeing at work, resulting in decreased job satisfaction (Maslach, 1986) and negative perceptions of their therapy success (McCarthy & Freize, 1999).

Work Satisfaction

Work satisfaction is an attitudinal response to how satisfied individuals feel about themselves in their work role (Spector, 1997). Job satisfaction and wellbeing appear to have a highly significant and reciprocal relationship with each other (Judge & Watanabe, 1993). When individuals are satisfied with the work they do and the role they fulfill, they also report feeling greater levels of subjective wellbeing (Judge & Watanabe, 1993). Conversely, high levels of negative affect, a measure indicating a deficiency in

wellbeing, has been associated with job dissatisfaction (Brief, Burke, George, Robinson & Webster, 1988). Job satisfaction has been found to be associated with higher self-esteem, increased positive attitudes towards clients (Garske, 2000), and greater client satisfaction (Capella & Andrew, 2004). In contrast, job dissatisfaction

The use of mindfulness to enhance psychotherapist self-care

There have been a number of suggestions of how therapists can engage in self-care, such as personal therapy and peer supervision support groups. More recently it has been proposed that learning to cultivate an active, deeply present state of awareness

This deeply present, non-judgmental awareness can increase one's ability to sit with and understand the transient nature of uncomfortable emotions and situations.

has been linked to burnout (Brewer & Clippard, 2002), higher levels of negative affect (Brief et al, 1988) and possible reduction in job performance (Caldwell & O'Reilly, 1993).

known as mindfulness, may be of both personal and professional benefit to therapists (Bien, 2006; Epstein, 1999; Dimidjian & Linehan, 2003).

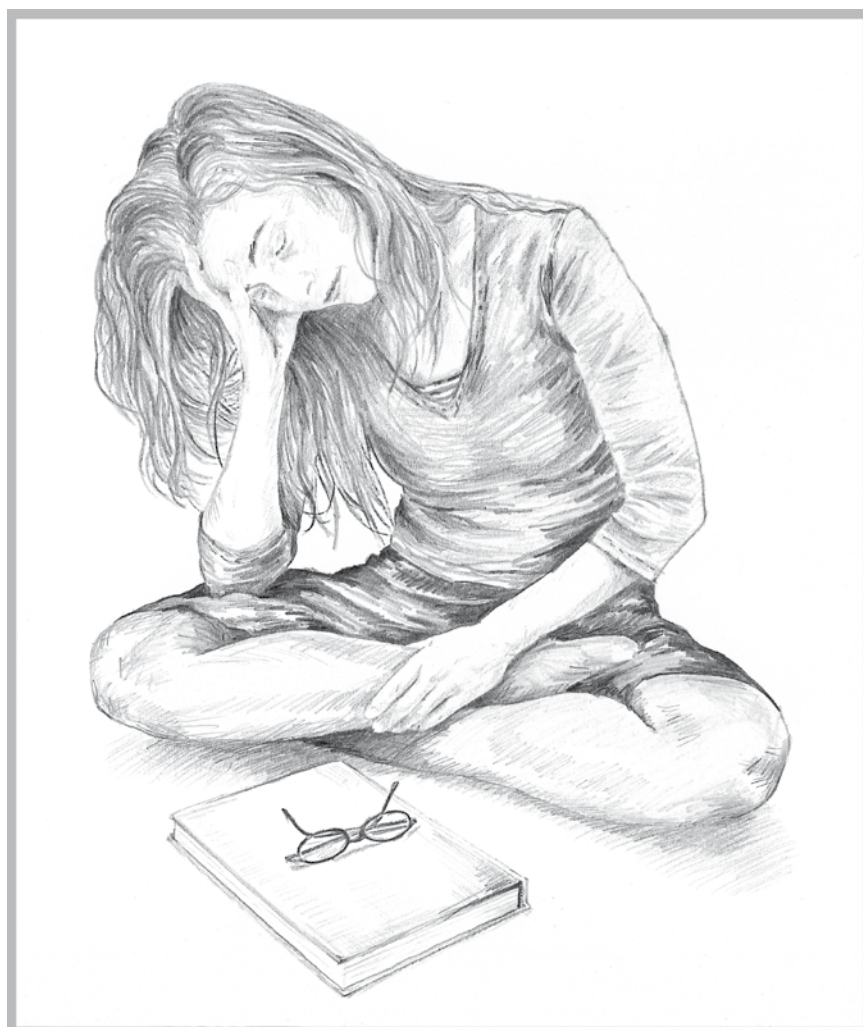


Illustration: Savina Hopkins

Mindfulness is a particular, purposeful way of being attentive to internal states of feelings and thoughts, and external states of the environment and behaviours, from one moment to the next, and holding this awareness with an attitude of acceptance (Grossman, Niemann, Schmidt & Walach, 2004). The cultivation of mindful attention can occur through formal and informal means.

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When used in empirical interventions, formal activities such as mindfulness meditation and yoga have been used to cultivate this state of awareness (Grossman, et al, 2004). In using these techniques, attention is focused on here-and-now experiences in the body, mind and environment, with acceptance of these experiences for as long as they remain in awareness. However, in a non-formal sense mindfulness can be cultivated through every day activities such as walking, sitting and even washing the dishes through the practice of being present with each moment, and the sensations and thoughts connected to each moment (Hanh, 1991).

Learning to live more of one's life in mindful awareness has the potential to bring numerous benefits for individuals who work in therapeutic practice. This deeply present, non-judgmental awareness can increase one's ability to sit with and understand the transient nature of uncomfortable emotions and situations (Fulton, 2005). It also can allow one to respond to situations with careful thought and consideration, rather than with reactivity, while also helping to break free from automatic, ritualized patterns of responding (Olendzki, 2005).

The active practice of mindfulness has been shown to increase self-efficacy (Grossman et al, 2004), self-compassion (Shapiro, Austin, Bishop

& Cordova, 2005) and empathy (Shapiro, Schwartz & Bonner, 1998); as well as decreases in negative mood states of anxiety and depression (Surawy, Roberts & Silver, 2005; Miller, Fletcher & Kabat-Zinn, 1995), perceived stress (Chang, 2004; Reibel, Greenon, Brainard & Rozenweig, 2001); and less self-consciousness (Brown & Ryan, 2003). Some studies have demonstrated that mindfulness

may increase emotional wellbeing in non-therapists (Brown & Ryan, 2003; Madjumdar et al, 2002), and may also decrease the experience of burnout (Shapiro et al., 2005).

Current study

It has been well-established that mindfulness has a range of positive effects for many individuals. However, there has been little research with a specific focus on the usefulness of mindfulness for psychotherapists. This study aims to better understand the relationship between levels of mindfulness and three variables identified as relevant to therapist effectiveness; wellbeing, burnout and job satisfaction. Of additional interest is the claim that regular formal practice of meditation and/or yoga would lead to increased levels of mindfulness. The study hypothesised that:

Hypothesis 1:

There would be a positive correlation between higher levels of mindfulness in participants with greater positive affect, life satisfaction, job satisfaction, and the burnout sub-scale of personal achievement; and a negative correlation with emotional exhaustion, depersonalisation and negative affect.

Hypothesis 2:

Individuals who practice yoga and/or meditation will report higher levels of mindfulness than individuals

who do not engage in these activities.

Method and Participants

One hundred and twenty questionnaires were distributed to practicing psychologists, counsellors and social workers in public and private practice. Fifty-eight questionnaires were returned, giving a response rate of 48 per cent. Three questionnaires could not be used due to being incomplete, leaving a sample of N=55. The sample consisted of 8 men and 47 women with an average age of 41 years (range 22–63). A total of 35 per cent of participants (N=20) had practiced meditation for an average of 15 years (SD=14.5 years). Further, 16 per cent of the sample practiced yoga (N=9), with an average length of time practicing of 10.5 years (SD=13.3 years). Three quarters of the sample indicated they held either spiritual or religious beliefs.

Measures

Mindfulness

The *Mindful Attention Awareness Scale* (MAAS) (Brown & Ryan, 2003) is a 15-item scale designed to measure the presence or absence of mindful attention in everyday experience, with higher scores indicating higher levels of mindfulness. The single factor structure of the MAAS has been supported through confirmatory factor analysis (Brown & Ryan, 2003). A positive correlation has also been found between the MAAS and the NEO Openness to Experience, emotional intelligence and with measures of self-esteem (Brown & Ryan, 2003).

The *Cognitive and Affective Mindfulness Scale - Revised* (CAMS-R), developed by Feldman, Hayes, Kumar & Greeson (2003) was also used as a measure of mindfulness. The CAMS-R measures aspects of mindfulness, including mindful attention, attention to internal experiences and non-judgmental attitudes. Higher scores on the CAMS-R reflect higher levels of mindfulness. The CAMS-R demonstrates convergent validity, with significant modest correlations with the MAAS ($r = .50, P < .001$), positive correlations with measures of emotional clarity and wellbeing, and negative correlations with measures of avoidance, rumination and worry (Feldman et al, 2003).

Wellbeing

The Satisfaction With Life Scale (SWLS), developed by Diener, Emmons, Larson & Griffin (1985) is a short, five-item measure designed to assess global life satisfaction, (Diener, 2000). The SWLS displays good internal reliability, with Cronbach's $\alpha > .80$, and test-retest reliability .82, over a two month period being reported (Pavot & Diener, 1993).

The Positive and Negative Affect Schedule (PANAS), developed by Watson, Clark and Tellegan (1988) was used to evaluate the affective component of subjective wellbeing. The PANAS consists of two 10-item scales, providing a brief measure on how often respondents experience positive affect (PA) or negative affect (NA) in general. Support for the independence of the two affect domains has been demonstrated with factor analysis confirming the PANAS factor structure (Watson, et al, 1988).

Job satisfaction

The Minnesota Satisfaction Questionnaire (MSQ) short form developed by Weiss, Davis, England & Lofquist (1967) measured overall job satisfaction. The MSQ consists of 20 statements related to intrinsic and extrinsic reinforcers of the work environment. The MSQ is a popular instrument used within the field of job satisfaction research (Spector, 1997).

Burnout

The Maslach Burnout Inventory (MBI) (3rd Ed.), developed by Maslach, Jackson, & Leiter (1996) measured level of burnout. The MBI contains 22 job-related statements that measure three sub-scales of burnout: emotional exhaustion, depersonalisation and personal achievement (Maslach, 1982). The MBI is a well recognised and established measure of burnout for the human services field and has well established validity (Maslach, et al, 1996).

Meditation and Yoga practice

Respondents were asked if they practiced meditation or yoga, and if so, to detail the amount of time daily or weekly that they practiced meditation or yoga and also total length of time practicing, in months or years.

Procedure

Study materials were delivered to community organisations and private practitioners. An information sheet was included that outlined instructions for participation. To ensure confidentiality no consent forms were included. Instead participants were informed that consent would be assumed through the return of their completed material packages.

Results

Table 1 shows the means, standard deviations and intercorrelations between mindfulness, wellbeing, burnout

and job satisfaction. All means and standard deviations were found to be within the normative range for their measure, with the exception of MBI personal achievement where the mean for the present sample was one standard deviation above the normative range. Of this sample, 1.7 per cent were within the high burnout range for Dp (depersonalization) and 19 per cent in the high range for EE (emotional exhaustion). Also, 6.9 per cent were within the high burnout range for low PA (personal achievement).

The two mindfulness measures, the MAAS and CAMS-R, returned a significant correlation with each other ($r = .55, p < .01$). A positive correlation was found between higher levels of mindfulness and life satisfaction, positive affect, job satisfaction, and MBI PA, and a negative correlation with negative affect, MBI EE and MBI Dp. There was a significant correlation between mindfulness as measured by the CAMS-R and all measures, whereas the MAAS mindfulness measure differed in response to negative affect and job satisfaction, where non-significant correlations were found.

T-tests were performed to assess any differences in levels of mindfulness among individuals who practice yoga or meditation, as compared with individuals who do not engage in these activities. Results of the *T*-tests found no significant differences in levels of

Table 1 Means, Standard Deviations and Intercorrelations Between Mindfulness, Well-being, Job Satisfaction and Burnout

	Mean	SD	1	2	3	4	5	6	7	8
1. MAAS	65.6	8.3								
2. CAM-R	38.3	4.5	.55**							
3. SWLS	27.1	4.6	.30*	.30*						
4. PANAS +	38.5	5.1	.41**	.56**	.25					
5. PANAS -	16.2	4.7	-.25	-.37**	-.42**	-.10				
6. MSQ	79.7	8.9	.24	.40**	.49**	.37**	-.22			
7. MBI PA	39.9	6.0	.39**	.52**	-.35*	.49**	-.28*	.23		
8. MBI EE	17.4	9.1	-.33*	-.31*	-.36**	-.19	.32*	-.49**	-.15	
9. MBI DP	3.3	3.1	-.27*	-.28*	-.08	-.19	.09	-.41**	-.02	.43**

Note. Significance * $p < .05$. ** $p < .01$.

MAAS = Mindful Attention Awareness Scale. CAMS-R = Cognitive and Affective Mindfulness Scale – Revised. SWLS = Satisfaction With Life Scale. PANAS + = Positive and Negative Affect Schedule positive affect sub scale. PANAS - = Positive and Negative Affect Schedule negative affect subscale. MSQ = Minnesota Satisfaction Questionnaire. MBI PA = Maslach Burnout Inventory personal achievement subscale. MBI EE = MBI emotional exhaustion subscale. MBI DP = MBI depersonalisation subscale.

mindfulness between individuals who did or did not practice yoga MAAS $t(53) = -.376$, ns. CAMS-R $t(53) = -1.36$, ns. Results of *T*-tests between individuals who did or did not practice meditation returned one significant finding of MAAS $t(53) = .789$, $p < .05$. However the CAMS-R was non-significant, $t(53) = .183$, ns.

Discussion

The present study aimed to explore the relationships between mindfulness, therapist well-being, and work related variables, job satisfaction and burn-out. The results indicated that individuals who scored higher on both mindfulness measures also reported feeling more satisfied with their lives, experienced more frequent positive emotions, and less frequent negative emotions than individuals with lower scores on these measures. The associations between wellbeing and mindfulness is consistent with previous research with non-therapists, which has found significant correlations between mindfulness and a range of wellbeing indicators, including life satisfaction (Madjumdar et al, 2002), positive mood states (Chang et al, 2004) and self-esteem (Brown & Ryan, 2002).

How mindfulness may assist the therapist

Considering the nature of the work therapists do, it is not surprising that there is a positive relationship between mindfulness and therapist wellbeing. Therapists' work requires dealing with others and their own emotions on a regular basis, possibly more so than many other work roles. It is proposed that mindfulness influences one's experience of wellbeing through being attuned to what is happening internally and externally in the present moment (Kabat-Zinn, 1990). When strong emotions are noticed and accepted mindfully, the transitory nature of emotions becomes evident, which allows for an understanding that strong emotions will pass, given time (Kabat-Zinn, 1990). Also, when one is mindful of present experience, thoughts are not ruminating on the past or caught up in anxieties about the future. Instead, the individual is attuned to what is happening in the present moment (Brown &

Ryan, 2003). Increased awareness and attention to the present moment allows for greater enrichment and vividness of life's experiences (Brown & Ryan, 2003). Mindfulness assists therapists by helping them to be more fully present with their clients, and

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to focus attention and awareness on the moment-to-moment experience of the therapy session. In addition, mindfulness may assist therapists to be more open to their own emotional exploration, rather than avoiding or suppressing emotions which may be detrimental to the quality of the therapy they can provide (Teyber, 2006).

Higher levels of mindfulness, lower levels of burnout

Results from the current study demonstrate a significant correlation between mindfulness and the three sub-scales of burnout. Individuals with higher scores on both mindfulness measures reported higher levels of personal achievement, as well as lower levels of emotional exhaustion and depersonalisation, as compared to lower scorers. These findings indicate that more frequent experiences of present centered attention and non-judgmental awareness is associated with a greater sense of accomplishment at work, reduced feelings of emotional exhaustion and reduced negative, depersonalised feelings and attitudes towards clients. These findings confirm previous research that had found similar associations between mindfulness and burnout in nurses (Cohen-Katz, Wiley, Capuno, Baker & Shapiro, 2005) and a small sample of health care professionals (Shapiro, et al 2005).

Mindfulness may have influenced the felt experience of burnout in several possible ways. Emotional exhaustion, proposed as the central feature of burnout, can result in depersonalisation

and reduced personal achievement (Maslash, 1982). On this basis, the ability to recognise when one is feeling emotionally drained or overwhelmed by work appears to be crucial. Mindfulness involves the awareness of internal and external stimuli on a moment to

moment basis (Kabat-Zinn, 2003). Self-awareness has been acknowledged by therapists as of fundamental importance to their wellbeing and continued commitment to their work (Coster & Schwebel, 1997; Dlugos & Friedlander, 2001). This increase in self-awareness may be responsible for the lower prevalence of emotional exhaustion among individuals in this sample who report more frequent experience of present centered attention and non-judgmental awareness.

Higher levels of mindfulness, higher job satisfaction

Mindfulness as measured by the CAMS-R was found to show significant positive associations with job satisfaction. Results reveal that individuals with higher scores on the CAMS-R measure of mindfulness also reported greater job satisfaction than lower scorers. Although the positive relationship between job satisfaction and mindfulness was predicted, this is the first known study to examine the relationship between these two variables. While no other studies can be used for comparison, it is argued that mindfulness may contribute to greater feelings of job satisfaction through the influence of greater wellbeing. As previously mentioned, mindful attention and awareness of emotions and experience is associated with more frequent experiences of positive psychological states (Brown & Ryan, 2003). It is also known that there is a reciprocal influence between wellbeing and job satisfaction (Judge & Watanabe, 1993). Due to its overall impact on wellbeing, the relationship

between higher daily experiences of mindful attention and job satisfaction is not surprising. However, further research is required to examine this important relationship that may have a significant impact on the work experiences of individuals.

Is mindfulness more apparent in people who practice meditation or yoga?

A second prediction of this study was that individuals who practice meditation or yoga would report higher levels of mindfulness than those who do not engage in these activities. This prediction was based on the common belief that mindfulness is cultivated primarily by the regular practice of formal activities such as meditation or yoga, central activities in both the Buddhist tradition and current Western mindfulness training. Contrary to what was expected, results revealed no differences between individuals who practice yoga and those who do not. Although differences were found between individuals who did or did not practice meditation, these were only found on the MAAS measure of mindfulness, which only measures mindful attention. The CAMS measures more aspects of mindfulness, and it is thus surprising that there was no correlation with formal practice on this measure. Some explanations as to why this may have occurred include the motivation and/or intentions of those involved in formal practice, and the possible importance of informal practice which was not recorded.

It is important to note that the current study only measured formal methods of mindfulness practice (e.g. meditation), and that there are a myriad of informal methods of practice such as labeling feelings, and paying attention to any aspect of one's body or the environment (Germer, 2005). Kabat-Zinn (1994) provides many examples of exercises that enhance mindfulness, including washing dishes mindfully. Germer (2005) summarises the sources of mindfulness practice by stating: *'Any exercise that alerts us to the present moment, with acceptance, cultivates mindfulness'* (p. 14). The high levels of mindfulness of many of the participants in this study may be a product of informal practices, as opposed to more formal methods. A

relapse mindfulness-based cognitive therapy intervention for clients with unipolar depression, which trained participants in both formal and informal methods of mindfulness, found that participants maintained informal practice more successfully than formal practice after the conclusion of training (Bizzini, et al., 2007). This finding is an early indication that studies are well advised to measure both formal and informal methods of meditation practice, and that for some, informal practice may be a more commonly used method in gaining and maintaining levels of mindfulness.

Future research would benefit from investigation of the methods, formal and informal, by which individuals can acquire greater levels of mindfulness.

Although the formal activities of meditation and yoga are well known for their positive effect on negative mood states such as anxiety, depression and stress (Kabat-Zinn, 1990; Baer, 2003), the original reasons as to why participants in this study chose to begin a meditation or yoga practice

are unknown. It is possible that they did so as a response to experiencing negative mood states. Research into the levels of wellbeing of therapists who choose to practice meditation or yoga, pre and post practice, may assist in understanding the relationship. However, research of this nature is likely to be difficult in determining variation in wellbeing and motivation to engage in such practices, as with efforts to investigate the value and reasons as to why therapists enter psychotherapy (Beutler et al, 2004).

Many will be aware of individuals who meditate for long periods of time, but who do not appear particularly mindful or compassionate. Although all meditation involves the cultivation of attention, the intention behind the way attention is focused can differ depending on the type of meditation employed and the motivation of the

meditator or the person practicing yoga. For example, if the intention to cultivate mindfulness is not at the heart of yoga practice, but instead the intention is to exercise, yoga alone would not facilitate greater mindfulness. Also, meditation used as contemplation and a way to open a greater understanding of one's self (Shapiro, Schwartz & Santerre, 2001), is likely to have a different outcome than meditation used simply as relaxation.

Study Limitations

The measurement of the construct of mindfulness is worthy of consideration as a limitation. Although there is evidence to support the impact of mindfulness, the measurement of this construct is only in its infancy (Hayes & Wilson, 2003). Both mindfulness measures used in this study measure present centered attention, however the MAAS measures mindful attention in common experience, while the CAMS-R also assesses non-judgmental attitudes. Neither include measurements of non-attachment to outcomes. *The Five*

Contrary to what was expected, results revealed no differences between individuals who practice yoga and those who do not.

Facet Measure of Mindfulness (FFMQ, Baer, 2006) has become available since the data for this study was collected. The FFMQ was designed as a multifaceted measure of mindfulness, and contains items from all available mindfulness questionnaires. Although it is likely that the FFMQ is probably the best current measure of mindfulness, it does not measure all aspects of mindfulness. The field is still in need of a comprehensive measure of mindfulness.

Directions for Future Research

Therapist wellbeing, burnout and job satisfaction are variables that have been found to exert influence on the person of the therapist, and also on the outcomes of therapy (Beutler et al, 2004; McCarthy & Frieze, 1999; Capella & Andrew, 2004). The positive association found between mindfulness and these therapist factors suggests that the presence of mindful

attention and awareness in therapists may influence positive outcomes in therapy. Future research to investigate if a direct relationship exists between mindfulness in therapists and positive client outcomes would be of great relevance to the field.

Research has also discovered that the development of the burnout syndrome is more likely to occur in the first few years of career development as a therapist (Vredenburg et al, 1999). Mindfulness, in this study and previous research (Cohen-Katz et al, 2005; Shapiro et al, 2005), has been found to be related to lower reporting of the experience of burnout. On this basis, it would be beneficial for research to examine the effects of mindfulness interventions on novice therapists in order to understand if mindfulness training can be protective of the development of burnout at this critical stage of professional development.

Finally, if levels of mindfulness are related to increased therapist functioning, i.e. higher levels of wellbeing and job satisfaction, and reduction of burn-out, and therapist functioning is known to be related to greater effectiveness (e.g. Beutler et al, 2004), then future studies could examine the relationship between therapist levels of mindfulness and client outcome. If these are related, this provides greater incentive in the professional development of therapists to provide training in mindfulness.

References

- Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice*, 19, 6, 624–631.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 1, 125–143.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J. & Toney, L. (2006). Using self-report assessment measures to explore facets of mindfulness. *Assessment*, 13, 1, 27–45.
- Beutler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talebi, H., Nobel, S., & Wong, E. (2004) Therapist variables. In M. J. Lambert (Ed) *Bergin and Garfields Handbook of psychotherapy and behavior change* (5th Ed.) (pp. 227–306). New York: John Wiley & Son, Inc.
- Bien, T. (2006). *Mindful Therapy*. Wisdom Publications, Boston.
- Bizzini, L., Jermann, F., Lanza, L., Myers-Arrazola, L., Rouget, B. & Bondolfi, G. (2007). How and how much participants in mindfulness-based cognitive therapy practice meditation: Preliminary results of the Geneva MBCT study. Presented at the World Congress of Behavioural and Cognitive Therapies: Barcelona.
- Brief, A. P., Burke, M. J., George, J. M., Robinson, B. S., & Webster, J. (1988). Should negative affectivity remain an unmeasured variable in the study of job stress? *Journal of Applied Psychology*, 73, 2, 193–198.
- Brewer, E. W., & Clippard, L. F. (2002). Burnout and job satisfaction among student support services personnel. *Human Resource Development Quarterly*, 13, 2, 169–186.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 4, 822–848.
- Caldwell, D. F., & O'Reilly, C. A. (1990). Measuring person-job fit with a profile-comparison process. *Journal of Applied Psychology*, 73, 467–481.
- Capella, M. E., & Andrew, J. D. (2004). The relationship between counselor job satisfaction and consumer satisfaction in vocational rehabilitation. *Rehabilitation Counseling Bulletin*, 47, 4, 205–214.
- Castonguay, L.G., Constantino, M.J., & Grosse Holtrforth, M. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training*, 43, 271–279.
- Chang, V. Y., Palesh, O., Caldwell, R., Glasgow, N., Abramson, M., Luskin, F., Gill, M., Burke, A., & Koopman, C. (2004). The effects of a mindfulness-based stress reduction program on stress, mindfulness self-efficacy and positive states of mind. *Stress and Health*, 20, 141–147.
- Christensen, A., & Jacobson, N. S. (1994). Who (or what) can do psychotherapy: The status and challenge of nonprofessional therapies. *Psychological Science*, 5, 8–14.
- Cohen-Katz, J., Wiley, S. D., Capuano, T., Baker, D. M., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout, Part 2. *Holistic Nursing Practice*, 19, 1, 26–35.
- Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28, 5–13.
- Crits-Christoph, P., & Mintz, J. (1991). Implications of therapist effects for the design and analysis of comparative studies of psychotherapies. *Journal of Consulting and Clinical Psychology*, 59, 1, 20–26.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55, 1, 34–43.
- Diener, E., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71–76.
- Dimidjian, S., & Linehan, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice*, 10, 166–171.
- Dlugos, R F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice*, 32, 3, 298–304.
- Epstein, R. M. (1999). Mindful practice. *Journal of the American Medical Association*, 282, 9, 833–839.
- Feldman, G.C., Hayes, A.M., Kumar, S.M., and Greeson, J.M. (2003). Clarifying the construct of mindfulness: Relations with emotional avoidance, over-engagement, and change with mindfulness training. Paper presented at the Association for the Advancement of Behavior Therapy. Boston, MA.
- Fulton, P. R. (2005). Mindfulness as clinical training. In C. K. Germer R. D. Siegal & P. R. Fulton (Eds) *Mindfulness and Psychotherapy* (pp. 55–72). New York: The Guilford Press.
- Garske, G. G. (2000). The significance of rehabilitation counselor job satisfaction. *Journal of Applied Rehabilitation Counseling*, 31, 3, 10–13.
- Germer, C. K. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer R. D. Siegal & P. R. Fulton (Eds) *Mindfulness and Psychotherapy* (pp. 3–27). New York: The Guilford Press.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57, 35–43.
- Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology: Research and Practice*, 20, 48–50.
- Hanh, T. N. (1991). *The Miracle of Mindfulness*. London: Rider.
- Hannigan, B., Edwards, D., & Burnard, P. (2004). Stress and stress management in clinical psychology: Findings from a systematic review. *Journal of Mental Health*, 13, 3, 235–245.
- Henry, W. P., Schacht, T. E., & Strupp, H, H. (1990). Patient and therapist introject, interpersonal process and differential psychotherapy outcome. *Journal of*

- Consulting and Clinical Psychology, 58, 6, 768–774.
- Jex, S. M., & Gudanowski, D. M. (1992). Efficacy beliefs and work stress: An exploratory study. *Journal of Organizational Behavior*, 13, 509–517.
- Judge, T. A., & Watanabe, S. (1993). Another look at the job satisfaction-life satisfaction relationship. *Journal of Applied Psychology*, 78, 6, 939–948.
- Kabat-Zinn, J. (1990). *Full Catastrophe Living*. New York: Dell Publishing.
- Kabat-Zinn, J. (2003). Mindfulness-based intervention in context: Past, present and future. *Clinical Psychology: Science and Practice*, 10, 144–156.
- Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds) *Handbook of Psychotherapy Integration* (pp. 94–129). New York: Basic Books.
- Larsen, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist*, 26 (2), 179–219.
- Luborsky, L., McLellen, T. A., Diguier, L., Woody, G., & Seligman, D. A. (1997). The psychotherapist matters: Comparison of outcomes across twenty-two therapists and seven patient samples. *Clinical Psychology: Science and Practice*, 4, 53–65.
- Majumdar, M., Grossman, P., Dietz-Waschkowski, B., Kersig, S., & Walach, H. (2002). Does mindfulness meditation contribute to health? Outcome evaluation of a German sample. *The Journal of Alternative and Complimentary Medicine*, 8, 6, 719–730.
- Maslach, C. (1986). Stress, burnout and workaholism. In R. R. Kilburg, P. E. Nathan & R. W. Thoreson (Eds) *Professionals in Distress. Issues, syndromes and solutions in psychology*. (pp. 53–75). Washington: American Psychological Association, Inc.
- Maslach, C. (1982). *Burnout, the cost of caring*. New Jersey: Prentice-Hall, Inc.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual*, (3rd Ed.). California: Consulting Psychologists.
- Maslow, A. H. (1968). *Toward a Psychology of Being* (2nd Ed). New York: Litton Educational Publishing Inc.
- McCarthy, W. C., & Frieze, I. H. (1999). Negative aspects of therapy: Client perceptions of therapists' social influence, burnout and quality of care. *Journal of Social Issues*, 55, 1, 33–50.
- Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry*, 17, 192–200.
- Olendzki, A. (2005). The roots of mindfulness. In C. K. Germer R. D. Siegal & P. R. Fulton (Eds), *Mindfulness and Psychotherapy* (pp. 241–261). New York: The Guilford Press.
- Onyett, S., Pillinger, T., & Muijen, M. (1997). Job satisfaction and burnout among members of community mental health teams. *Journal of Mental Health*, 6, 55–66.
- Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment*, 5, 2, 164–172.
- Reibel, D. K., Greeson, J. M., Brainard, G. C., & Rosenzweig, S. (2001). Mindfulness-based stress reduction and health-related quality of life in a heterogeneous patient population. *General Hospital Psychiatry*, 23, 183–192.
- Robinson, F. P., Herbert, L. M., & Witek-Janusek, L. (2003). Psycho-endocrine-immune response to mindfulness-based stress reduction in individuals infected with the human immunodeficiency virus: A quasiexperimental study. *The Journal of Alternative and Complimentary Medicine*, 9, 5, 683–694.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professional: Results from a randomized trial. *International Journal of Stress Management*, 12, 2, 164–176.
- Shapiro, S. L., Schwartz, G. E. R., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 21, 6, 581–599.
- Shapiro, S. L., Schwartz, G. E. R., Santerre, C. (2001) Meditation and positive psychology. In C. R. Snyder & S. J. Lopez (Eds) *Handbook of Positive Psychology*. New York: Oxford University Press.
- Shapiro, D. A., & Shapiro, D. (1982). Meta analysis of comparative therapy outcome studies: A republication and refinement. *Psychological Bulletin*, 92, 581–604.
- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, 29, 79–85.
- Skovholt, T. M. (2001). *The Resilient Practitioner*. Boston: Allyn and Bacon.
- Spector, P. E. (1997). *Job Satisfaction*. California: SAGE Publication.
- Surawy, C., Roberts, J., & Silver, A. (2005). The effect of mindfulness training on mood and measures of fatigue, activity, and quality of life in patients with chronic fatigue syndrome on a hospital waiting list: A series of exploratory studies. *Behavioural and Cognitive Psychotherapy*, 33, 103–109.
- Teyber, E. (2006). *Interpersonal Process in Psychotherapy: An Integrative Approach*. New York: Thompson Higher Education.
- Vredenburg, L. D., Carlozzi, A. F., & Stein, L. B. (1999). Burnout in counseling psychologists: Type of practice setting and pertinent demographics. *Counseling Psychology Quarterly*, 12, 3, 293–302.
- Wampold, B.E. (2001). *The Great Psychotherapy Debate*. London: Lawrence Erlbaum Associates, Publishers.
- Wampold, B.E. & Brown, G.S. (2005). Estimating therapist variability: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology*, 73, 5, 914–923.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063–1070.
- Weiss, D., Davis, R., England, G., & Lofquist, L. (1967). *Minnesota Satisfaction Questionnaire*. Minnesota studies in vocational rehabilitation. Minneapolis: University of Minnesota.
- Wiggins, J. D., & Giles, T. A. (1986). The relationship between counselors' and students' self-esteem as related to counseling outcomes. *School Counselor*, 32, 18–22.
- Williams, K. E., & Chambless, D. L. (1990). The relationship between therapist characteristics and outcome of in vivo exposure treatment for agoraphobia. *Behaviour Therapy*, 21, 111–116.

AUTHOR NOTES

SHERYLE MAY is a therapist who works with children and young people who have experienced trauma, and their families at Bravehearts Inc Brisbane.

ANALISE O'DONOVAN is Director of Clinical Training, School of Psychology, Griffith University, QLD.

Comments: a.odonovan@griffith.edu.au