

## ABSTRACT

### Christian-Informed Mindfulness: A Theoretical and Empirical Exploration

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Mindfulness is a theory and practice skill that originates from Buddhism. Many who study and use mindfulness do so by drawing from Buddhist precepts, values and practices. This dissertation explored and evaluated a Christian theory and practice framework that addressed a gap in the social work research and practice literature on mindfulness. The goal of the dissertation research was to provide theoretical and empirical support for those who seek a Christian alternative to existing mindfulness-based interventions. The researcher first identified Christian precepts, values and practices to help establish a Christian framework of mindfulness by comparing and contrasting Buddhist and Christian thought. This dissertation focused on Mahayana Buddhism and the mystical and contemplative branches of Christianity which were informative. *Apophatic* and *kataphatic* prayers in Christianity can assist those who desire a Christian-informed mindfulness practice because they induce an experience of transcendence and unity of the believer and the divine, leading to attainment of spiritual knowledge. Second, the researcher studied the effects of an MP3 Christian-informed mindfulness-based intervention innovation with social work and psychology students

from two universities using a randomized controlled design. Results indicated that the intervention was effective in producing mindfulness states in the study sample but not in reducing their perceived stress. Recommendations by the researcher included expanding the study to a larger sample, replication of the study with a client population, and using a psychometric measure to observe changes in stress instead of a self-reported measure. Last, the researcher explored the experiences of nine Christian-identified practitioners who used mindfulness-based interventions with clients using a descriptive phenomenological design. The results of the study indicated that the practitioners, when using mindfulness-based interventions, sensed that God was present with them. The presence of God supported the therapeutic work by providing relevant insight for the practitioners and their clients. A need for formal training for practitioners in both third-wave behavioral therapies and a Christian-based mindfulness intervention was identified. Recommendations included future studies on clients' perspectives and further training for practitioners to include mindfulness drawn from other religious frameworks.

Christian-Informed Mindfulness: A Theoretical and Empirical Exploration

by

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A Dissertation

Approved by the Diana R. Garland School of Social Work

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## DEDICATION

To my sunshines

Asher and Kai Trammel

You are loved beyond measure

## CHAPTER ONE

### Mindfulness in the Christian Tradition: An Introduction

#### *Introduction*

Mindfulness is an essential part of Buddhist teachings and practices and has been translated into a skills-based Western practice. This is especially true in the realm of medicine and psychology due to the work of Dr. Jon Kabat-Zinn, who deftly secularized and operationalized mindfulness in the mid-1990s to help propel its popularity today (Sun, 2014). Kabat-Zinn's operational definition of mindfulness includes the concepts of paying attention to the present moment and the self-regulation of attention (Kabat-Zinn, 2011). Kabat-Zinn's work has been linked to mental health benefits, including the relief of chronic pain and stress management (Bergen-Cico, Possemato, & Cheon, 2013; la Cour & Petersen, 2015). Mindfulness has also been constructed into therapeutic models of intervention which draw heavily from Kabat-Zinn's work as well as Buddhist precepts and practices (Friedman, 2010; Lynn, 2010). However, the emphasis on Buddhist belief systems as foundational to mindfulness-based interventions neglects other religious and theoretical frameworks that can be relevant for those interested in mindfulness practice (Friedman). The current research and practice literature of mindfulness in social work includes a gap of other religions in mindfulness, but this presents an opportunity for exploration. This is particularly true for this researcher whose practice experience has included training in and implementation of mindfulness-based therapies and who understands the principles of the integration of faith and professional practice.

This dissertation therefore introduces the possibility of mindfulness that includes other faith perspectives including an examination of theory, a quantitative study of a mindfulness-based intervention that draws from Christian spiritual practices and a qualitative exploration of the practice experience of therapists who identify as Christian in the application of mindfulness in therapy. The Christian practices the researcher refers to throughout the dissertation center around Protestant, Catholic, and Eastern Orthodox religious practices, with a brief overview of the particular practices relevant for the dissertation provided in a later section of this chapter. The dissertation begins to fill the gap in the research and practice literature on mindfulness with a foundation in a religious framework other than Buddhism. The aim of the dissertation was to explore the possibility of expanding the available options of mindfulness-based interventions in social work practice. This particular exploration was rooted in a different theoretical framework than currently informs mindfulness practices. This dissertation provided a comprehensive theoretical overview of mindfulness, one empirical evaluation of the effectiveness of this adapted intervention, and an exploration of experiences of Christian practitioners who use existing mindfulness-based interventions. This approach was consistent with an intentional and ethical integration of religious faith and sound social work practice.

### *Mindfulness Study Overview*

Mindfulness can be defined as both a theory and a practice skill, as it draws from both religious practices and behaviorism. As a theory, mindfulness is part of the eightfold path toward the attainment of *nirvana* in Buddhist religious philosophy (Birnbaum, 2008; Kabat-Zinn, 2011). Currently, the research and practice literature is well-titled in the area

of Buddhist mindfulness and its utility in practice (Brenner & Homonoff, 2004; Friedman, 2010; Fulton, 2014; Kabat-Zinn, 2011; Lynn, 2010; Maex, 2011). Little, however, is written about the mystical and contemplative (i.e., mindfulness) practices in Christianity that can be fairly and comprehensively adapted into practice (Knabb, 2012; Symington & Symington, 2012). Mindfulness-based interventions include as central elements certain mindfulness skills that are deemed to be useful and effective including breath awareness, focused attention on the present moment, and observation of one's thoughts in a non-judgmental stance to promote compassion (Lutz, Jha, Dunne, & Saron, 2015). These skills are rooted in Buddhist precepts, values, and religious practices (Maex, 2011). While a Buddhist religious tradition may be helpful or value neutral for some, others may benefit more from conceptual congruence in their religious identity. In the United States, some Christians seek and respond to therapies which include value and conceptual congruence (Hathaway & Tan, 2009). Issues of value incongruence with Buddhist practices may be addressed by exploring conceptual congruence of Christian principles, texts, and applications to mindfulness (Knabb, 2012). Though value congruence between practitioner and client may be ideal in some cases, it is not always possible, nor is it always needed as some clients may feel mindfulness practices used in therapeutic settings are value neutral. However, expanding mindfulness-based intervention from a singular ideological approach (Friedman, 2012) to other approaches such as those in Christianity, at the very least, provides more opportunity for congruence between mindfulness practices used by practitioners and their clients' religious identity.

For the purposes of this dissertation, when the researcher refers to Buddhism and Christianity, these religions will be approached with an emphasis on their practices to

help define and identify mindfulness. The discussion on Christianity and Buddhism is therefore used to provide clarity around practices rather than on religious beliefs, which is beyond the scope of the dissertation. Last, the dissertation focuses on mindfulness drawn from Christian practices contained in mystical and contemplative traditions.

### *Chapter Topics of Manuscript Model*

The dissertation contains three publishable articles in one document. Chapters one and five provide the introduction and conclusion to these chapters, respectively. Chapters one and five also do not have an abstract section and references for these chapters are contained in the bibliography. Chapters two, three, and four are publishable articles and follow the American Psychological Association (APA) style with bolded headings and inclusion of abstract and reference sections for each of the three chapters.

A major theme of this dissertation was an exploration of the possibility that Christian approaches to mindfulness can expand the practice skills and theoretical roots of mindfulness in social work practice. Chapter two, the first article, is a theoretical treatment tracing the roots of mindfulness in both major Buddhist and Christian traditions. The chapter defines mindfulness while identifying elements and skills contained in both religions that practitioners in both faith traditions can draw from in their mindfulness work.

The second chapter reports on a randomized-controlled study using a particularly Christian-based mindfulness intervention. This quantitative study examines the application of Christian mindfulness precepts, values and religious practices with social work and psychology students and evaluates the effectiveness of the intervention on mindfulness states and on stress. The third chapter reports on a qualitative,

phenomenological study highlighting the experiences of Christian practitioners who use mindfulness-based interventions in their practice with clients. These three chapters, designed as stand-alone but related articles, provide an exploration of the expansion of mindfulness used in social work practice that is rooted in Christian spiritual practices.

### *Rationale and Significance of Studies*

This dissertation was based on several rationales for exploring the possibilities of applying Christian-based precepts and religious practices to mindfulness interventions. The first rationale was to address a gap in the research literature around mindfulness practice and its application of multiple religious traditions. That gap was established in the literature review of each of the three articles that comprise chapters two, three, and four. While there was literature on mindfulness in therapy practice, there was a gap in the literature around the application of any religious tradition, values, principles, or practices besides Buddhism.

The second rationale was the recognition that phenomenological roots of mindfulness draw nourishment from definite spiritual and religious precepts and historical events. For example, Buddhist elements in mindfulness have in some cases been translated into secular psychological concepts and operational definitions (Kabat-Zinn, 2011). Because these elements have religious significance, they may not be the most neutral or the most client centered means to accomplish the treatment goals of both practitioners and their clients whose values may differ. The field of social work practice and other therapy professions may do well to ponder the religious meanings behind certain mindfulness-based interventions, especially those that have not yet fully entered the research or practice literature. If in fact ethical integration of religion and spirituality



begins with sensitivity to the faith perspective or worldview of the client (Blinka & Harris, in press; Harris, Yancey, & Myers, 2016), interventions such as mindfulness may also be most effective when they are congruent with the client's spiritual identity and perspective.

In addition, social workers who draw inspiration from their Christian faith and are trained in mindfulness-based interventions, or for the sake of their clients who may prefer such a focus, may benefit from a study of a Christian-based mindfulness intervention that is consistent with the structure, aims and goals of existing mindfulness-based therapies. Social workers who are more familiar with the Christian faith may also choose concepts and elements of mindfulness contained in the Christian faith. These concepts and elements, being more accessible to these social workers, contribute to their competence. This dissertation began the exploration of those possibilities.

### *Possible Expansion of Mindfulness*

The research literature has alluded to the value in exploring other ontological frameworks besides Buddhist thought in mindfulness-based interventions (Gockel, Cain, Malove, & James, 2013; Lynn & Mensinga, 2015). This dissertation focused on expanding the way mindfulness is used in social work practice. In particular, it examined how Christian assumptions and principles provide a useful framework for acceptable and valid interventions in mindfulness. The introductory, though limited, work of some researchers attempting to expand the definition of mindfulness beyond its Buddhist roots provided a valuable starting point (Blanton, 2011; Hathaway & Tan, 2009; Knabb, 2012; Symington & Symington, 2012). For the purposes of the dissertation, the researcher limited discussion on the expansion of mindfulness to Christianity by surveying a few,

but not all, Protestant, Catholic and Eastern Orthodox practices that can be relevant for a Christian-informed mindfulness-based intervention. Three main Christian practices and their descriptions are relevant for this dissertation.

*Lectio divina*. Latin for “divine reading”, *lectio divina* is a Christian practice that has historical roots in Catholicism and has been become more popular in recent years by Protestant, evangelical Christians (Howard, 2012). Historical figures in the Christian faith who reference the use of *lectio divina* include Basil the Great, John Cassian, Gregory the Great and Benedict of Nursia (Hall, 2010, p. 145). The practice itself consists of reading the biblical text, or Scripture, (*lectio*), meditating on the Scripture (*meditation*), praying (*oratio*), and contemplating (*contemplatio*) where the Scripture is pondered, slowly and with assistance by the Holy Spirit (Hall, 2010; Howard, 2012). The practice of *lectio divina* contains periods of quiet reflection, meditation and contemplation, all of which can be considered mindfulness. Howard likens *lectio divina* to devotional biblical readings that historical figures in Protestant history used and espoused, such as Martin Luther, John Wesley and George Marsden. In addition, *lectio divina* leads one to transformation by the person of Christ through unity of self with the thoughts of Christ by encountering Christ in the Scriptures (Hall, 2010). The person who practices *lectio divina* opens oneself to encountering the divine in the person of Jesus Christ through the Scriptures. One is transformed by the Scriptures because the Scriptures contain the character, heart, mind, and person of Christ (Hall, 2010).

*Centering Prayer*. Similar to *lectio divina*, centering prayer has historical and modern roots in Catholicism and has also been embraced by Protestant Christian

evangelicals (Wilhoit, 2010). Centering prayer was established by Catholic friars and Trappist monks, Thomas Keating and Basil Pennington, who together drew from ancient Christian practices to establish a form of prayer that could be used by non-monastics (Wilhoit). The practice method consists of a period of silence while one focuses on being present with God (Keating, 2008; Wilhoit, 2010). The prayer becomes a time of preparation for other prayer practices and therefore is not to be considered the only form of prayer that emphasizes unity with God (Wilhoit, 2010), however, the period of silence and focused attention toward God are the characteristics of the practice that can be considered mindfulness. For Protestant evangelicals who are concerned with the Eastern influence of Buddhist practices that Keating is criticized for incorporating in centering prayer, Wilhoit (2010) offers the following safeguards: Centering prayer can be preceded by readings of biblical text and *lectio divina* so that it is practiced not as a stand alone practice, but part of a complete package with biblical support. Centering prayer practices should be “grounded in the gospel”. The union with Christ that is achieved is due to a divine transcendence that should not take for granted one’s justification that only Christ has made available. Centering prayer should also be missional, which is outwardly focused. It is a way to be more loving towards others and not solely for narcissistic ends and unending focus on the self (pp. 195-196).

*Sacred Christian imagery.* The use of imagery in Christian faith has its roots in the biblical metaphors used throughout Scripture, such as Jesus referring to himself as the light of the world (John 8:12) and the gift of God as living water, which whoever drinks of, will never thirst (John 4:10,13). Metaphors in the bible and imagery written by Catholic mystics such as Hildegard de Bingen, Theresa of Avila and Catholic saints

such as St. Ignatius of Loyola, provide word pictures of God, the Holy Spirit and Jesus Christ that can be relevant for mindfulness practice interventions. Similarly, in Protestant Christianity, spiritual direction is a spiritual practice that uses biblical imagery and metaphors to help one to be directed toward the presence and activity of God whereby a director, or friend, journeys along with a directee through the spiritual depths (Phillips, 2010). Engaging the mind's eye toward imagery associated with the triune God can be considered mindfulness as they allow one to attend to the sacred.

The three Christian practices articulated above provide a foundational and brief overview of the Christian-informed mindfulness practices referenced in the chapters that follow in this dissertation. These aforementioned alternative practices are characteristically Christian with both similarities and differences in religious aims, goals and values than Buddhist-based mindfulness practices. The chapters in this dissertation established the theoretical foundation for a possible new model incorporating these Christian practices into a viable mindfulness intervention, examined the effectiveness of a Christian-based mindfulness intervention, and explored the experience of and possible need for an expanded model of mindfulness interventions from a practitioner standpoint.

### *Mindfulness in Social Work Practice*

Mindfulness has gained footing in social work practice and research in response to the evidence of its benefits in practice, particularly when mindfulness is enfolded into third-wave behavioral therapies (Bhanji, 2011; Brinkborg, Michanek, Hesser, & Berglund, 2011; Brown, Gaudiano, & Miller, 2011; Garland, 2013; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006a; Springer, 2012). The dominant therapies, which incorporate mindfulness, include: dialectical behavioral therapy, acceptance and

commitment therapy, and mindfulness-based cognitive therapy. These therapy models share the mindfulness practice skills that arise from the theoretical definition of mindfulness. As discussed earlier, mindfulness can be defined as both theory and as practice. The mindfulness elements in each of these third-wave behavioral therapy models include both—the theory that encapsulates the mechanisms of change for how and why these theories work, as well as the mindfulness practice skills, which include (1) use of breath, (2) focused attention on the present moment, and (3) skill-building in self-attunement to one's bodily sensations and mood identification. Historically, mindfulness and these three therapy models have theoretical roots in Buddhism. These skills or elements have been translated into psychological concepts and operational definitions. This work is attributed largely to a physician, Jon Kabat-Zinn, recognized as the exemplar of a mindfulness practitioner in the West (Hathaway & Tan, 2009; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006; Lynn, 2010).

Thus, the mindfulness typically used in social work has trickled into practice through the fields of medicine and psychology (Sun, 2014). Social workers employ mindfulness as a tool to enhance compassion, empathy, and the therapeutic relationship with clients (Baldini, Parker, Nelson, & Siegel, 2014; Turner, 2009). In response to numerous studies on mindfulness applications to practice, clinical social workers have been implementing mindfulness-based therapies in practice settings (Garland, 2013), especially in the treatment of mental health issues. Because these therapies are featured in the psychological and medical literature extensively, the discipline of social work is beginning to review how these emerging evidence-based practices are applied in clinical

practice (Bliss & McCardle, 2014). Thus, a brief overview follows on how social workers incorporate mindfulness into the therapy models already identified.

### *Mindfulness-based Therapy Models*

Three therapy models are identified as including intentional application of mindfulness principles and practices. Social workers, psychologists and other therapists use these therapy models. The three include dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT) and mindfulness-based cognitive therapy (MBCT) (Brown, Gaudiano, & Miller, 2011). The three are described briefly here.

*Dialectical Behavior Therapy.* Dialectical behavioral therapy (DBT) is a therapy used in a number of clinical situations including addressing the emotional dysregulation present in survivors of trauma and present in clients diagnosed with borderline personality disorder. DBT is often used in group settings and has been shown to be effective in the treatment of post-traumatic stress disorder (Harned, Jackson, Comtois, & Linehan, 2010; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). DBT practitioners integrate mindfulness to help clients attend to their emotional states, which can lead to an increase in emotional regulation. Mindfulness practice and the constructive elements of DBT are used to decrease intensity of trauma symptoms including flashbacks and hyper-arousal (Landes, Garovoy, & Burkman, 2013) and increase present-moment awareness.

*Acceptance and Commitment Therapy.* Likewise, the intervention construction of Acceptance and commitment therapy (ACT) features mindfulness as an awareness tool. The awareness allows clients to attend to their present emotional state, allowing them to experience feelings without attaching meaning to the feelings in the present moment

(Jennings & Apsche, 2014). ACT has also been demonstrated with social workers to help decrease symptoms of stress (Brinkborg, Michanek, Hesser, & Berglund, 2011).

*Mindfulness-based Cognitive Therapy.* Last, mindfulness-based cognitive therapy (MBCT), often delivered in a group setting, combines mindfulness with cognitive skills to treat clients with major depressive disorders. Mindfulness is employed to help clients tune into the present moment, identify their emotional states, and avoid or address ruminative and negative patterns of thinking (Bieling et al., 2012; Teasdale et al., 2000).

These three therapies share mindfulness defined as both theory and as a practice skill. Mindfulness as a theory embedded in these therapies assists people in cultivating self-insight through a series of exercises. These exercises often focus on breath meditation and present-moment awareness. In all three, the awareness is cultivated when the mindfulness practitioner instructs clients through series of exercises in curriculum, worksheets, or trainings that one can review in the research and practice literature on mindfulness (Jennings & Apsche, 2014; King et al., 2013; Landes, Garovoy & Burkman, 2013). The theory base of mindfulness leans heavily on Buddhist religious philosophy. The practice skills in mindfulness are cultivated from operational definitions and practices in this philosophy that have been adapted by persons in the fields of medicine and psychology.

Thus, mindfulness as a theory is a central part of these aforementioned mindfulness-based therapies. In addition, mindfulness-based interventions foster improved coping skills, self-reflection, and self-care in the training of social workers (McGarrigle & Walsh, 2011; Shier & Graham, 2011). The professional and research literature for mindfulness in therapy models suggested that mindfulness is a skill rather

than a theoretical or even a religious concept containing deeper meaning. Thus, a new way to frame mindfulness and its basis in interventions may provide social workers with an expanded set of theories and skills for their practices. This cannot, however, be divorced from the grounded philosophical principles.

### *Mindfulness Rooted in Two Religious Traditions*

Before one can expand mindfulness in practice, the scholar or practitioner must first understand its Buddhist origins. Because mindfulness as a theory is based in a religious concept, the risk of misappropriating its meaning in practice is real (Dylan & Coates, 2016). The second chapter of this dissertation addressed both the religious origin of mindfulness, delineating the elements and skills of mindfulness present in Buddhist practices, particularly of the Mahayana branch, and the possibility of a Christian application with similarly identified elements and skills. Although mindfulness has a more direct lineage in Buddhist practices, certain Christian spiritual practices can also be regarded as mindfulness. The second chapter, then, highlighted the definitions of mindfulness as they relate to the goals and aims of mindfulness in specific traditions of both Buddhism and Christianity. Within the second chapter, social workers and other practitioners are encouraged to identify the roots of mindfulness in Buddhist and in similar Christian religious history and traditions in order to more fully appreciate its value and meaning when applied as skills in practice. These religious traditions invited adherents to experience transcendence in order to gain deeper and more profound truths rooted in these religions.

Chapter two highlighted the similarities between Buddhist and Christian mindfulness skills turning then to implications of understanding mindfulness in its



religious contexts. Specific attention was paid to offering adaptations to social workers to strengthen practice effectiveness. These practice applications and research implications provided a pathway to integrate mindfulness in social work. One clear suggestion was that mindfulness in practice can draw from religious traditions other than Buddhism.

### *Studies of Innovation in Mindfulness-based Interventions*

The published research literature does not include evidence-based studies on Christian-informed mindfulness in social work practice. The mindfulness-based therapy models and the practitioners' perspectives of mindfulness in the literature are grounded in Buddhist principles and practices. Chapters three and four include a quantitative and qualitative study to begin to address this gap in the literature.

### *Quantitative Study*

To date, no Christian-informed mindfulness intervention has been developed or analyzed through a randomized controlled study. The third chapter of this dissertation did this by describing an innovation in a 6-8-week mindfulness-based intervention. The approach was innovative both in method and content. The method innovation was its delivery as an MP3 for self-administration. The content innovation was the provision of mindfulness with distinctly Christian religious precepts and practices. The chapter also described the randomized controlled study, which compared groups of social work and psychology students in two religiously affiliated universities, organized into control or experimental groups. The data analysis and results were discussed to reveal statistically significant differences between the control and experimental groups, providing evidence of effectiveness of a Christian-informed mindfulness-based intervention in decreasing

stress among this student population. The data analysis contained an analysis of covariance (ANCOVA) to compare pre-and-post-test scores of the Mindful Attention and Awareness Scale (MAAS) in the student sample, which may have implications for students and practitioners who use mindfulness.

Professional journals in both fields have shown that professionals have adapted and used mindfulness-based interventions in their practices. However, Christian practitioners who seek to integrate their faith into practice as well as those clients with whom they work and who seek a faith-integrated perspective face a challenge in current mindfulness-based interventions. Because of the emphasis on Buddhist spirituality in the professional and research literature, the different experiences of these practitioners using mindfulness-based interventions have not previously been studied. The third chapter therefore shed light on one study of the effectiveness of a new Christian mindfulness-based intervention on developing actual mindfulness and its effects on perceived stress. This study's hypotheses were the following:

- Hypothesis 1: When compared with a control group, university students from undergraduate and graduate programs in social work and psychology who receive a 6-8-week MP3 intervention in Christian mindfulness will score higher on the MAAS, indicating improved mindfulness states.
- Hypothesis 2: When compared with a control group, the same student participants who use the intervention will also experience lower levels of stress as reflected by lower scores on the Perceived Stress Scale (PSS).

The effectiveness of a Christian-informed mindfulness-based intervention filled an important need for practitioners who use mindfulness-based therapies.

### *Qualitative Study*

In addition to the gap in literature specific to effectiveness of a Christian-informed mindfulness intervention, there existed a gap in the literature exploring the perceptions and experiences of practitioners who identify as Christian with their application of mindfulness-based interventions with their clients. The fourth chapter of this dissertation was a first study addressing that gap with a phenomenological study of Christian practitioners who use mindfulness-based interventions. This descriptive study employed semi-structured interviews to examine the meaning and experiences of Christian practitioners' integration of their faith in their work.

The practitioners in the sample included social workers, counselors, and psychologists. The researcher interviewed nine practitioners who identify as Christian and who provide mindfulness therapy and transcribed and analyzed the interview data. Questions included their internal experiences using mindfulness in their therapeutic work as well as the meaning and value of integrating their faith in their mindfulness-based work. These interviews were analyzed using a descriptive phenomenological framework. Themes were culled from the interview data.

*Photovoice option.* In addition, the practitioners were asked to provide a photo or other visual image to include as a symbol of their mindfulness work. Only one photograph was used for the study. That photograph, secured from a client, captured the symbolic essence of these Christian-identified practitioners' experiences. Other photographs submitted did not meet the study criteria as they were not personal photographs and copyright permissions had not been secured. The photograph provided

by the one participant added depth to the data explored in this qualitative study chapter and is, consequently, included as data used in the study.

*Data analysis process.* The data from the study were triangulated through reflexive journals used by this researcher as well as member-checks of the participants. In this process, participants validated interpretations made by this researcher about the essence of their experiences. This researcher wrote memos during the member-check process to improve the authenticity and trustworthiness of the data. The goal was to determine whether the experiences of these mindfulness practitioners identified Christians were influenced by their own background of religious precepts, concepts, and practices. Continued education training opportunities in practice on mindfulness often revealed that the training social work practitioners receive concerning mindfulness-based interventions emerges from Buddhist-related precepts, concepts, and practices. Specifics about how and where practitioners received this training was also covered in the chapter, which focused on evaluating how Christian practitioners who employed mindfulness in their work view their own practice methods and determined meaning in this work.

The fourth chapter, then, began to establish the robust experiences of practitioners who actually used mindfulness informed by the Christian tradition in their practice work. It gave due consideration to how these practitioners have sought to apply mindfulness training without the formal supports that come from their own religious identity. Even so, the practitioner experience contained valuable lessons for mindfulness practitioners who identified as Christian and who valued religious integration.

The fifth chapter provides a summary of the studies and conclusions drawn. The chapter includes discussion of implications for practice and for additional research.

## *Conclusion*

This dissertation examined consideration of a Christian framework for mindfulness, which has historically been grounded in Buddhist tradition and explored how that might be beneficial in clinical therapy practice. The literature was examined to see to what extent Christian precepts, and practices influencing mindfulness were similar to conceptualizations of mindfulness definitions and practices in Buddhist thought. The study then introduced an adaptation of mindfulness and empirically evaluated its effectiveness in actually producing mindfulness states in participants as well as in reducing perceived stress. Last, it described, through a phenomenological study, the experiences of Christian-identified practitioners who utilized mindfulness interventions. These studies of theory, applied practice, and practitioner reflections began to address a significant gap in the faith and practice literature specific to mindfulness practice.

## CHAPTER TWO

### Tracing the Roots of Mindfulness

#### Abstract

The field of social work has embraced mindfulness skills in both the training of social workers and as an intervention used in practice. There is little discussion, however, regarding the theoretical or religious roots of mindfulness. In addition, social workers often employ mindfulness by keeping it in a behavioral frame of practice. Missing from this behaviorist frame are the historic religious definitions, aims, and values of mindfulness, which lead to a fuller understanding of mindfulness in social work practice. This paper traces the rich historic religious roots of mindfulness in order to clarify its goals in both Buddhism and Christianity, with an emphasis on the Mahayana branch of Buddhism and the contemplative and mystical traditions within Christianity. In both religions, mindfulness leads one to an experience of transcendence, assisting the follower to realize that the self belongs in relationship with a divine one-ness in buddha nature, that is believed to be intrinsic to all sentient beings where the self existence in resonance is dissolved (in Buddhism), or a divine God through the person of Jesus Christ (in Christianity) where the self is retained. Social workers uphold the values of mindfulness when rooting its practice within its historical and religious contexts, particularly within Buddhist and Christian faith systems.

## Introduction

There are many definitions of mindfulness in social work, often drawing from the discipline of psychology. It is perhaps social work's lack of a more holistic definition of mindfulness that has led to some confusion around how social workers define and then apply mindfulness in clinical settings (Brown, Marquis, & Guiffrida, 2013). In social work, the term *mindfulness* can mean a state of mind that is aware of the present moment. This mindfulness state impacts neurological and cognitive functioning (Bingaman, 2011; Garland, 2013). Second, mindfulness is defined as a practice that uses breathing exercises and meditation, drawing from religious/spiritual practices that have been used to create a state of present awareness (Kabat-Zinn, 2011). Mindfulness can therefore be defined several ways, which has caused confusion about how to assess its effectiveness, especially in social work practice (Garland, 2013). What is missing in defining mindfulness are the obvious and historically deep religious roots and contexts that help inform mindfulness and, therefore, its application in practice.

This paper will address three purposes and conclude with practice and research implications. The first purpose is to define mindfulness within the framework of two religious belief systems, namely Buddhism, focused in the Mahayana branch of Buddhism, and Christianity, particularly within the mystical and contemplative traditions. The paper then explores the second purpose, to place the definitions, values, aims, and goals of mindfulness within the framework of these two belief systems. More specifically, in both religious systems, there is an experience of transcendence, which precedes a fuller experience of the divine. In Buddhism, this divine resides in one's buddha nature and is inhabited by the Four Noble Truths, leading to nirvana (Maex,

2011). Buddha nature is the fundamental nature of all beings and Holmes (1993) likens buddha nature to our DNA; it is contained in all of us, essential to our essence but cannot be seen or touched.

Mindfulness allows the Buddhist practitioner to access these spiritual truths in a more profound way. Likewise, transcendence precedes an experience of the divine for the Christian mindfulness practitioner that resides outside of the self. Mindfulness allows the Christian practitioner to relate to God in a more profound way, by experiencing the relationship between believer and the divine and in contemplating the mystery of God. The third purpose of the paper is to highlight the implications of understanding mindfulness in its religious contexts and therefore identify improvements to strengthen its effectiveness when enfolded into interventions used by social workers in practice. These practice applications and research implications provide a way forward in the integration of mindfulness in social work.

### **Mindfulness and Transcendence**

Mindfulness in practice consists of elements and skills that are rooted in parallel concepts contained in both Buddhist and Christian religions. For Christians, these elements, skills and concepts are rooted in the more mystical branches of Christianity such as early Catholicism and Eastern Orthodoxy. First, both these early Christian traditions and Buddhism include the practice of awareness, which is an internal ability to observe one's own thoughts (Lutz, Jha, Dunne, & Saron, 2015; Smith, 2013). Second, it is consistent with applications of both religions to include mindfulness as a way to regulate emotion through deep breathing and stillness, leading to detachment from non-truth and cravings to attain enlightenment (Buddhism), or attachment and unity to a



mysterious force who is God (Christianity). Last, mindfulness applies the skills of listening that originate in both religious systems. For the Buddhist, listening is a skill to deepen the relationship of the self to the Buddha-nature contained within or to Buddhist deities (McLeod, 1986; Reeves, 2008). For the Christian, listening is a skill to deepen the relationship of the self to God contained in Christ, the Holy Spirit and God the Father (Keating, 1999; Tan, 2011).

All these elements of mindfulness can be achieved by being still in a quiet space and by practicing deep breathing, guided imagery, and sensory identification, which are tools also embedded in so-called third-wave behavioral practice interventions: dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT) and mindfulness-based cognitive therapy (MBCT) (Brown, Gaudiano, & Miller, 2011; Gockel, Cain, Malove, & James, 2013; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006; Lynn, 2010; Twohig et al., 2010). The mindfulness tools used in these interventions are to achieve equanimity and ability to observe self in relation to thoughts and reactions as well as a stance of non-judgment and compassion toward the self.

### **The Transcendent Self**

What are missing in these interventions are the transcendent experiences that are part and parcel of mindfulness rooted in religious systems. The transcendent self is the vehicle for mindfulness. It is worth examining this concept of the transcendent self to illustrate the point a bit further. Heidegger describes the ontology of the self (*Dasein*) as transcendence in and of itself (Moran, 2014). Moran references Heidegger's own words, "[Heidegger] often describes *Dasein* as itself a transcendence, a 'stepping across', a 'pass across' ... 'transcendence constitutes selfhood'" (p. 497). Thus, the idea of transcendence

is inherent in Heidegger's ontology of the self. With Heidegger's definition we can appreciate that the self is a transcendent, not just a material, being.

Mindfulness is therefore not just a practice to foster self-awareness or to improve emotional regulation, but a practice that transports the practitioner—Buddhist or Christian—to an experience that holds deeper religious meaning and implications (Louth, 2012; Olendzki, 2011). Discernment of deeper truths, rooted in each system of beliefs, is the goal of such transcendent experiences. The deeper truths in Buddhism center around the experiential knowledge culled from the teachings of the dharma and in the essence of the Four Noble Truths (Maex, 2011); for Christians, the truths live within the relationship between the believer and the Savior and person of Jesus Christ (Hathaway & Tan, 2009; Keating, 1999; McLeod, 1986). Thus, the ability to discern these truths is to be experienced, not simply learned cognitively, nor just through behaviors and actions of the practitioner trying to live out any religious rules or precepts. Mindfulness is therefore an experience of transcendence that provides the tool for advanced knowledge that is spiritual in nature and not just of this world.

### **Phenomenological Frame**

Mindfulness-based interventions that are primarily rooted in behavioral and biological systems (where they often reside in practice) are therefore missing the heart of the practice, which is phenomenological in nature (Claessens, 2010). Smith (2013) uses the idea of the smelling of a rose to place mindfulness in a phenomenological frame. Smith posits that smelling a rose is not simply the recognition that one smells a rose; rather, that mindfulness is the process of smelling the rose arising into conscious experience. Smith argues that the latter concept loses the egocentricity of behavioral

mindfulness. Smith would call what we often define as mindfulness in social work—present-moment awareness, being able to see oneself objectively and non-judgmentally--as not true to mindfulness in its pure sense because of its basis in the self, and not the experience (Smith, 2011). Therefore, one who roots oneself in a phenomenological framework grasps that mindfulness applied in practice moves beyond merely an ego-driven observation of oneself. In fact, the mindful experience itself is worthy of some knowledge and discernment outside of the self. The Buddhist religious conceptualization of mindfulness also supports this notion that discernment of knowledge has implications beyond the self.

### **Mindfulness in the Buddhist Tradition**

While not employing the term, the concept of mindfulness can be traced to the very beginning of Buddhism when Siddhartha Gautama, a wealthy prince living in 6<sup>th</sup> century BC India, left his privileged life to find answers to basic questions about life, poverty, and suffering. Siddhartha meditated under a Bodhi tree and achieved nirvana, which is enlightenment. (Smith, 1991). By reaching enlightenment, Siddhartha, now Buddha broke the cycle of *samsara*, the Hindu belief that life is a continuous, karmic cycle of birth, death, and rebirth (Smith). Buddha began his ministry and taught about the Four Noble Truths: (1) all life is suffering, (2) suffering is caused by our cravings in life—the truth is that there is impermanence in life, (3) detachment to cravings and seeing that we are one will end suffering, and (4) the cessation of attachment is accomplished by following the *eightfold path* (Kabat-Zinn, 2003; Khong, 2009). Mindfulness is identified as one of the eight practices within the eightfold path to help the faithful reach enlightenment. The overarching value of mindfulness in Buddhism is to facilitate the

growth and development of the Buddhist practitioner toward a deeper understanding of these Four Noble Truths and attaining enlightenment (Maex, 2011).

### **Values and Goals of Mindfulness in Mahayana Buddhism**

The values and goals of mindfulness are inherent in the definition of mindfulness but differ slightly among the two major branches of Buddhism, Theravada and Mahayana. However, addressing both branches, Olendzki (2011) stated, “Mindfulness is not just heightened attention, but is attention that has become confident, benevolent, balanced, and fundamentally wholesome,” which he explains, leads to a state where the “I” or self, is united with the truth that “we are one” (p. 64). Thus, mindfulness builds awareness in the self toward an end-goal: a more ethically balanced, more fully attentive, and enlightened self. Likewise, Gethin, (2011) defined mindfulness as functioning as a gatekeeper of one’s thoughts to help discern “wholesome or unwholesome” thoughts, while wholesome thoughts grasp the truth of reality contained in the Four Noble Truths (pp. 272-274).

**Peace and joy.** *Chan* Buddhism (Chinese) and *Zen* Buddhism (Japanese) comprise a branch of Mahayana tradition (called the “big vehicle” and practiced more often in East Asia) from which many Western mindfulness practitioners draw their practices, through a simplification of its understanding. The Lotus Sutras point to the goals of mindfulness as to obtain peace and joy for the individual Buddhist believer and also to bring peace and joy to the world. The peaceful and joyful world is described as the *pure land*, which is an existence beyond the natural world, detached from this world’s present-moment sufferings. In addition, the ability to see life as it really is, which includes embracing impermanence in life and one fully grasping the Four Noble Truths,

is an aim of mindfulness for both Theravada and Mahayana schools of thought (Reeves, 2008). Thus, the goal for mindfulness extends beyond being just a practice, but has further utility for the practitioner to experience transcendence, leading to discernment and deeper knowledge of truths. The goal is for those truths to guide the practitioner towards deeper adoption of values such as those found in the eightfold path (Gethin, 2011; Olendzki, 2011). These truths ultimately lead the believer to adopt a realization of an outer world that is a place of peace and joy.

**Detachment of self to connect with buddha nature.** In early Chan, mindfulness can be traced to the Tang and Song dynasties (618-1279 CE) in China, which spread to neighboring countries such as Japan where it became known as *Zen* (Sharf, 2014). Mindfulness in Chan is associated with the Sanskrit *dhāyana*, or meditation, where the mind becomes illuminated to the realization of the buddha-nature residing within (Sharf, 2014). The connection to one's buddha nature assists in the detachment from the cravings of this world, and awakening oneself toward sudden enlightenment, which is the disappearance and dissolution of self into oneness with Buddha (Sharf, 2014). Thus, the goals of mindfulness practice consists of a detachment from the material to uplift the values of the spiritual truths embedded in the dharma that one can attain only through a mindful state.

Other practices in mindfulness include breath meditation where the goal is *sati*, which is discerning and moment-to-moment awareness, emphasizing the reflection of thoughts and the discerning between right thoughts according to the dharma (Grossman & Van Dam, 2011). In Tibetan Mahayana teachings, right thoughts in this viewing mind means transcending current sufferings by understanding the truths of compassion, non-

judgment, and a dispassionate view toward the self through releasing one's ego (Trungpa, 2013).

### **Values and Goals of Mindfulness in Modern Western Buddhism**

Another term for mindfulness is contained in the term *insight* or *vipassanā* (Grossman & Van Dam, 2011). In the 1970s, Western meditation teachers such as Kornfield and Goldstein, founded Buddhist Insight Centers to support teachings of insight-oriented mindfulness, which still exist today (Gethin, 2011). Teachings in these centers include key concepts of mindfulness as being in a state of non-judgment and observing one's mind and body with the goals and values of the practice to connect with one's buddha nature, thereby replacing one's cravings self.

**Observation of self.** The observation of the self is achieved through first calming the mind through deep breathing and stillness. Then, the thoughts that arise can be detached from non-truths, such as material goals of wealth and pride, leading to hatred and delusion, which are characteristics of cravings and attachment (Gethin).

Drawing on many of these concepts, i.e., *dhāyana*, *sati*, *vipassanā*, John Kabat-Zinn, a physician is credited with bringing mindfulness to Western medicine and psychology (Hathaway & Tan, 2009; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006; Lynn, 2010). The practice of mindfulness used in Kabat-Zinn's interventions are based in the Buddhist framework: observation of self and own thoughts, use of breath and sitting meditation, present-moment awareness, resulting in equanimity replacing reactivity.

**Right view of self and world.** The aims and goals of mindfulness practice from this Western lens are toward a right view of self and the world. Mindfulness assumes that human beings are essentially good and have the capacity to strive toward a self-actualized state by expanding consciousness and awareness (Kabat-Zinn, 2003). Through mindfulness, deep breathing, and present-moment awareness, the person can “remain with an open heart” (p. 150) and detach from the sufferings of this world. The detachment from the world’s sufferings helps individuals practicing mindfulness experience transcendence, and, grasp the “utterly pure” way of “seeing” which are contained in the Four Noble Truths, leading one toward a pure way of life (Trungpa, 2013, p. 109).

### **We Are All One**

Ultimately, the goals of mindfulness in the Buddhist tradition are to detach from the world sufferings and find dissolution of self, “completely freed from these wrong views and gaining proof of the emptiness of things. I told myself that I had reached extinction. Finally, I now realize that it was no real extinction” (Reeves, 2008, p. 105). Mindfulness is this insight and awareness as well as a practice, which leads to the knowledge of deeper truths in this world. These deeper truths are the path to enlightenment: that we are all one, that we have buddha nature within, and joy comes to anyone who can “hear even a single verse or phrase with their pure minds, they will deeply understand its innumerable and limited meanings” (Reeves, 2008, p. 333). In other words, mindfulness can lead one toward a realization that we are all one and unity with the divine is the major goal of mindfulness practice in Buddhist religious thought and philosophy. The loss of self is an outcome of this transcendent unity in Buddhism,

which is a distinctive within the Buddhist faith. However the discernment of greater truths and conceptual unity with the divine (though with different outcomes for the self) is also a major goal of mindfulness in Christianity, particularly in Orthodox and contemplative traditions.

### **Mindfulness in the Mystic and Contemplative Christian Traditions**

Coming from mystic and contemplative traditions, Christian meditation can be considered the foundation of a Christian framework for mindfulness in practice (Hathaway & Tan, 2009; Tan, 2003). Two thoughts within the Christian tradition, which employ Christian meditation can serve as the basis of a mindfulness practice rooted in a Christian framework. These two traditions can be organized into what are considered the *via negativa* and the *via positiva*. Embedded in both traditions are elements of mindfulness that lead to a greater unity with God. The *via negativa* is found more often in Orthodox Christianity and early Christian mysticism of the Catholic traditions including a written work by an unknown author titled, *Cloud of Unknowing* (McLeod, 1986). This type of Christian belief and mindfulness practice is embedded in apophatic prayer, which emphasizes mystery and a non-linear route to unity with God (Louth, 2012). The second is the *via positiva*, which is found more often in the contemplative tradition. This type of Christian belief emphasizes kataphatic prayer, which is a more linear prayer path to God, and spiritual exercises that make full use of the human capacities of reason, will, imagination, and the senses (McLeod). St. Ignatius of Loyola and Thomas Keating are exemplars of this branch, which roots itself in Western Christianity and tends toward a more prescriptive path to unity with God.



## Values and Goals of Mindfulness in Mystic Christianity

The *via negativa* embraces the mystery of God and God's unknowability. In the *Cloud of Unknowing*, written in the 14<sup>th</sup> century by an unidentified English author, there is a moment of surrender, much like the detachment described in Buddhism, whereby the believer is "stirred" and risen into a *cloud of unknowing* where she must surrender to a passion where one understands that God is "He is" (McLeod, 1986, pp. 43-44).

**Loss of ego-self to commune with Christ.** There is a sense of awe toward a mysterious God who can only be experienced in His essence in apophatic prayer (Louth, 2012). For instance, in the 14<sup>th</sup> century, Hesychasm (derived from the Greek word, *hēsychia*, meaning "quietude" or "tranquility") of Eastern orthodox Christianity flourished, and its theologians emphasized religious knowledge based in subjective experience (Sabo, Lioy, & Fick, 2014, p. 90). Similar to Buddhist mindfulness aims and practice, the Hesychasm is a meditative practice leading one to transcendence, but toward unity with the mysterious God instead of a karmic reality. The Hesychasts pray the *Jesus Prayer*, "Lord Jesus Christ, Son of God, have mercy upon me." (Wong, 2010, p. 39). The power of saying this prayer repetitively is that it awakens the mind through an evolving mental state that reflects on one's own finitude and the truth of Jesus' sacrifice, enabling the believer to rise up out of one's consciousness to unite with Jesus, the Savior. In this process one can lose the sense of self and let go of selfish needs so that one can be united to Christ, fostering a deeper connection to the beauty of the Savior (Cunningham, 2012; Sabo, Lioy & Fick, 2014). The distinction between the Christian concepts of transcendent unity with the divine is that in Christianity, the self is retained even though

it is united with the Christ (Wilhoit, 2010) whereas in Buddhist thought, the self is dissolved in the unity with the divine (Reeves, 2008; Sharf, 2014).

**Remembrance of God.** In the *Philokalia* (meaning love of beauty or love of what is good), a compilation of texts from the Hesychasts from the 4<sup>th</sup>-15<sup>th</sup> centuries, the emphasis on body and spirit through the use of breathing in conjunction with the *Jesus Prayer* provides evidence of a mindfulness practice (Cunningham, 2012, p.3). The aim of repeating the Jesus Prayer is to remember God. This remembrance induces one toward a “mindfulness of God” keeping the name of Jesus Christ continually in the mind leading to an experience of loss of the self toward a more holy union and attachment to God (Cunningham, 2012, p. 196). Again, the goal of remembrance is similar to the aim of mindfulness in Buddhism, which was discussed earlier as the dissolution of the ego-driven self.

**Visualization to attain spiritual knowledge.** Likewise, the female mystics Hildegard de Bingen from the 12<sup>th</sup> century and Theresa De Avila of the 16<sup>th</sup> century were both profound in their writings of visions that emerged from intense times of prayer. Smith (2011) reported that these times of prayer led to a religious fervor and ultimate union with God. In their visions, each female mystic claims a discernment toward deeper knowledge that directly comes from God that others without belief in such experiences would consider to be related to a diagnosable condition (Dreyer, 2005; Luque & Villagrán, 2008; Obbard, 2012). However, what is important to note here is that these transcendent experiences gained through fervent prayer, devotion, and mindful practices, included intense periods of concentration, yielding a knowledge, which contributes to

their discernment of the natural versus spiritual worlds. This knowledge, is again, about the unity of the self toward a relationship with God, who is the divine.

### **Values and Goals of Mindfulness in Contemplative Christianity**

The *via positiva* embraces the knowability and accessibility of God by making full use of the human capacity to think, feel and use all one's senses to experience the divine (McLeod). Ignatius of Loyola, Jesuit founder and Saint from the 16<sup>th</sup> century, is an exemplar of a Christian mindfulness practitioner. His *Spiritual Exercises*, outlines in detail Christian meditative practices to help the believer experience a heightened awareness of God. The author employed language and human senses as vehicle toward a full knowledge of God that could only be experienced. For example, in the exercises on prayer, St. Ignatius wrote directives to include posture and tactile elements, examples for visualization, and instruction on rhythmic breathing. The aims of these exercises are to be able to fully experience, by simply using visualization and breathing, an altered state like the one Ignatius wrote in his Fifth Exercise (Ignatius, 1992). In the Fifth Exercise, his "Meditation on Hell," he tells the reader to imagine the huge fires in hell. The author guides the reader to "imagine the souls within those fires; to hear the wailing and shrieking, to smell the smoke, sulfur and stench of rot; to taste its bitter flavors—the tears and worm of conscience—and to feel the heat of the flames that touch the souls and burn them" (Ignatius, pp. 65-66). The meditator is transported to an immaterial experience, albeit in this case a very unpleasant one, the experience of hell. It can be said that in these Ignatian exercises, the meditations can lead to an altered consciousness leading one to deeper truths that one cannot experience in everyday life, such as the reality of hell in the aforementioned example.

**Discernment of truths.** In addition, more overt examples of mindfulness are present in modern Catholic monastic traditions with leaders such as Thomas Merton, Basil Pennington, and Thomas Keating who all used forms of kataphatic prayer and meditation employing silence and stillness. The silence and stillness is to induce a present-moment awareness of body, mind and soul, expanding the moment so that God's presence is felt and accessed (Keating, 1992). Centering prayer is one such practice that inhabits the aims and process of such a mindfulness state as discussed earlier regarding Buddhist mindfulness.

In centering prayer, one is to use one's breath as a way of beginning the practice, opening up one's thoughts and mind to God and use a sacred word to help focus one's thoughts. This type of prayer differs from the typical Christian tradition of prayers of supplication (Keating, 1992). The goal of centering prayer is not in asking God for help, but to ultimately unite with God and the Holy Spirit in a way that is true and not polluted by one's own sense of self or selfish desires (Keating, 2008). In other words, one loses the importance of the self and self-image, needs, and attachments to the material in this prayer. The participant's own yearnings, wants, hopes and prayers of supplication disappear as one attunes to the voice of God only heard through unity with God's presence, and understanding the mind of Christ. This unity is dependent on God, however, as God has provided the justification, a theological concept that means that one can approach God due to the sacrifice of Christ's death on the cross (Wilhoit, 2010). The justification one receives from Christ's sacrifice allows one to experience communion and therefore unity with God's desires, goals, without the pollution of the ego-driven self.

The process of this prayer is via an evolving mind, flowing to and fro, toward an altered state where the sense of self and ego loses definition and, instead, is replaced by a deeper connection with a holy God. Prayers and thoughts are not linear and goal oriented. The prayer experience itself leads to entering into God's presence so that one becomes more fully awake. Replacing the self, there is awareness of the reality of the Source, who is "too deep to be grasped in images, in words, or even in clear concepts and... [we] know by unknowing" (Bochen, 2004, pp. 58-59). Merton (1969) referred to this process as prayer of the heart rather than the mind where prayers of the mind are focused on the self/ego and self-serving interests; prayers of the heart relinquish the idea of self-centered goals and aims in order to be able to discern the truths of God's realities instead. God's realities include an other-centered-focus. Ignatius instructed his Jesuit Order in his *Spiritual Exercises* to deepen their understanding of God's will, which was to love their neighbor, exemplified by service to and communion with the poor (Gonçalves de Camara, 1995). Therefore, Ignatius would likely disagree with Merton in regard to Merton's idea of prayers of the mind being focused on the self as Ignatius' Jesuit Order made full use of the training of their minds to be of service to others, especially the poor.

### **Buddhist and Christian Aims and Values That Come Together in Mindfulness**

Mindfulness is the vehicle by which one experiences transcendence, leading to one's ability to grasp higher religious truths. In Buddhism, the higher truth is inherent in the Four Noble Truths. The self is a part of a larger system of reality. Enlightenment is the understanding that there is no self and that attachment to cravings and desires have no meaning. Transcendence through mindfulness allows oneself to discern this truth and

experience the truths embedded in this belief system. This truth is that we are all one and unity with self and this divine one-ness is the ultimate goal.

Likewise, mindfulness is the path to transcending oneself in the Christian faith. In the *via negativa*, transcendence is a calling and stirring within that elevates our experience through surrender of self for the sake of unity with a God who is unknowable. As discussed earlier, this unity preserves the self and is not dissolved into the relationship as the self is in Buddhism, however. The relationship between one and the person of Christ is powerful and mysterious, but is a relationship between the divine person contained in Christ and the non-divine believer. In the *via positiva*, exercises in breath and visualization, or centering prayer makes use of our human capacities of the mind, reason, and senses, to help us unite us to God and His desires, which is not to focus on selfish needs but the mind of God, which includes service to others. Mindfulness therefore becomes a tool by which spiritual knowledge is attained. This knowledge that is spiritual in nature is the reality of the self-experiencing unity with the divine, who is the person of God. Thus, in both traditions, mindfulness assists one to realize the unity of self with the divine that one cannot simply comprehend cognitively, but needs to experience, which has implications for how we can amend mindfulness in social work practice.

### **Implications for Social Workers**

The social worker using mindfulness in practice does well to understand both the Buddhist and Christian roots and practice in a way that is informed by the religious definition and aims of such a practice. The phenomenological underpinnings in the nature of mindfulness cannot be denied as both religious frameworks emphasize the experiential acquisition of knowledge in mindfulness practice.

## **Behaviorist Applications**

The irony of the current usage of mindfulness in practice is that it is enfolded into behaviorist models of practice and considered the third-wave of behaviorism (Claessens, 2010; Tan, 2011). Therefore, incongruent to its underlying phenomenological framework, mindfulness in social work practice approaches its interventions through a behavioral interventionist model. Claessens (2010) asserted that the temptation for clinicians using a mindfulness-therapy practice is to merely keep the intervention focused on cognition and the conceptual level. The author advocated a return to the roots of mindfulness, based on an existential worldview, which seeks to delve deeper and pay attention to the meta-cognitions, the internal process elicited in traditional mindfulness practice. In other words, true to the origins of mindfulness, clinicians who use mindfulness interventions may seek to expand them by combining mindfulness skills with a spiritual approach. The spiritual approach may lean on Buddhist or Christian thought, depending on clients' preferences, and clinicians would be wise to incorporate clients' existing spirituality in mindfulness practice. This ability to incorporate spirituality also means that clinicians see mindfulness-based interventions as being rooted in the spiritual realm and not just the material. Thus, again, Claessens emphasized the fluid nature of change versus the linear, progressive approach, rejecting the latter as technology and uplifting the former as truly facilitative of therapeutic change and the alleviation of suffering. Mindfulness is therefore, in practice, rooted in a spiritual epistemology and/or phenomenology, which is not via a modern, rationalistic analysis, but via a lived experience.

## **Religious Practices**

Rooting mindfulness-based interventions in religious practices that have deep definitions and historical context may further the work of Claessen's (2010) admonition. For the social worker, the practical implications of mindfulness in practice situations may require the social worker to become comfortable with its religious underpinnings. Social workers who have no or very little knowledge of Buddhist or Christian concepts may struggle with the deeper meaning and aims of mindfulness. Social workers may sanitize these deeper truths and propagate the use of a Buddhist religious practice that is not fully in line with the philosophy behind the meditative practice (Maex, 2011; Mruk, 2010). Likewise, social workers should understand that mindfulness can be rooted in Christian faith even though there has been a gap in literature in this area and therefore facilitate their clients' understanding of the aims and practice of *via negativa* and *via positiva* for those who wish to use such a practice in this faith. Apophatic and kataphatic prayers can be utilized in practice if a client is seeking to integrate their Christian faith with mindfulness.

This integration of religious knowledge and mindfulness practice is not easy. In their study of social work practitioners using mindfulness-based interventions, Lynn and Mensinga (2015) identified their difficulties of incorporating a professionally oriented mindfulness with experiential concepts such as those found in both Buddhism and Christianity. The researchers proposed that the knowledge acquisition and use of mindfulness in practice is an experiential process. Therefore, a practical step that social workers can take is to familiarize themselves with the religious contexts in mindfulness practice. Clarifying one's own belief systems, or, identifying a bias against religious



undertones in mindfulness practice, will help in recognizing the benefits or limitations of its utility in practice with particular clients or within certain settings.

### **Experiential infusion**

Last, social workers often obtain advanced training in mindfulness through continuing education units and individual study through a rationalistic model (Boone, Mundy, Morrissey Stahl, & Genrich, 2015). However, an experiential approach to training may be truer to the original intent of mindfulness. Social workers are guided by the National Association of Social Workers (NASW) Code of Ethics (2008) that reminds of the call to be culturally competent and sensitive. Social workers should acknowledge when systems of practice are rooted in religious beliefs. Therefore, it is this author's hope that social workers differentiate themselves in practice from other professions who have used mindfulness in their practice settings in a way that is not informed of these religious traditions steeped in historical and cultural contexts.

### **Conclusion**

Mindfulness is a religious practice with roots in both Buddhist and Christian faith traditions. Though each identifies mindfulness differently, both faiths emphasize what can be fairly interpreted as the importance of a phenomenological framework in helping to define its aims and goals. In both faiths, mindfulness leads to transcendent experiences that are spiritual in nature (Ignatius, 1992; Keating, 1999; Reeves, 2008; Trungpa, 2013). The goal of these transcendent experiences gained through mindfulness in Christianity or Buddhism is discernment, i.e., advanced knowledge that is spiritually and religiously bound to each system of belief.

The common goal and aim of mindfulness in both religious systems is an altered conscious state that leads to deeper religious truths, with an emphasis on the idea of transcendence (Cunningham, 2012; Gethin, 2011; McLeod, 1986; Olendzki, 2011). Buddhism and Christianity both claim some experience of transcendence through mindfulness practice that leads the practitioner to a goal of discernment of truths, values, and knowledge attained by methods identified in each religious tradition and belief system. Furthermore, mindfulness in both Buddhist and Christian faiths is girded in a phenomenological framework that differs from current practice models of mindfulness in social work that emphasize a behavioral approach to change. Last, mindfulness practiced within the context of both Buddhist and Christian religious traditions, reminds the believer that there is unity in relationship with others, whether a divine one-ness or within a relationship with a divine person.

## References

- Bochen, C. M. (2004). *Thomas Merton: Essential writings*. Maryknoll, NY: Orbis Books.
- Bingaman, K. (2011). The art of contemplative and mindfulness practice: Incorporating the findings of neuroscience into pastoral care and counseling. *Pastoral Psychology*, 60(3), 477–489. doi:/10.1007/s11089-011-0328-9
- Boone, M. S., Mundy, B., Morrissey Stahl, K., & Genrich, B. E. (2015). Acceptance and commitment therapy, functional contextualism, and clinical social work. *Journal of Human Behavior in the Social Environment*, 25(6), 643–656. doi:/10.1080/10911359.2015.1011255
- Brown, A. P., Marquis, A., & Guiffreda, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling & Development*, 91(1), 96–104. doi:/10.1002/j.1556-6676.2013.00077.x
- Brown, L. A., Gaudiano, B. A., & Miller, I. W. (2011). Investigating the similarities and differences between practitioners of second- and third-wave cognitive-behavioral therapies. *Behavior Modification*, 35(2), 187–200. doi:/10.1177/0145445510393730
- Claessens, M. (2010). Mindfulness based-third wave CBT therapies and existential-phenomenology. Friends or foes? *Existential Analysis: Journal of the Society for Existential Analysis*, 21(2), 295–308.
- Cunningham, M. B. (2012). The place of the Jesus Prayer in the Philokalia. In B. Bingamen & B. Nassif (Eds.), *The Philokalia: A classic text of orthodox spirituality* (pp. 195-202). Oxford: Oxford University Press

- Dreyer, E. (2005). *Passionate spirituality: Hildegard of Bingen and Hadewijch of Brabant*. New York: Paulist Press.
- Garland, E. L. (2013). Mindfulness research in social work: Conceptual and methodological recommendations. *Social Work Research*, 37(4), 439–448.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12(1), 263–279. doi:/10.1080/14639947.2011.564843
- Gockel, A., Cain, T., Malove, S., & James, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. *Journal of Religion & Spirituality in Social Work*, 32(1), 36–59. doi:/10.1080/15426432.2013.749146
- Gonçalves de Camara, L. (1995). *A pilgrim's testament: The memoirs of St. Ignatius of Loyola* (P. Divarkar, Trans.). St. Louis, MO: The Institute of Jesuit Sources.
- Grossman, P., & Van Dam, N. T. (2011). Mindfulness, by any other name...: Trials and tribulations of Sati in Western psychology and science. *Contemporary Buddhism*, 12(1), 219–239. doi:/10.1080/14639947.2011.564841
- Hathaway, W., & Tan, E. (2009). Religiously oriented mindfulness-based cognitive therapy. *Journal of Clinical Psychology*, 65(2), 158–171.
- Holmes, S. W. (1993). What is the Zen master talking about? *ETC: A Review of General Semantics*, 50(2), 157–164.
- Ignatius of Loyola, S. (1992). *The spiritual exercises of Saint Ignatius: A translation and commentary by George E. Ganss*. Chicago, IL: Loyola University Press.
- Kabat-Zinn, J. (1991). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delta Trade Paperbacks.

- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science & Practice*, 10(2), 144–156.
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306.  
doi:/10.1080/14639947.2011.564844
- Keating, T. (1992). *Open mind, open heart: the contemplative dimension of the Gospel*. Warwick, NY: Amity House.
- Keating, T. (2008). *The heart of the world: An introduction to contemplative Christianity*. New York: The Crossroad Publishing Co.
- Khong, B. S. L. (2009). Expanding the understanding of mindfulness: Seeing the tree and the forest. *Humanistic Psychologist*, 37(2), 117–136.  
doi:/10.1080/08873260902892006
- Louth, A. (2012). Apophatic and cataphatic theology. In A. Hollywood & P. Z. Beckman (Eds.), *The Cambridge Companion to Christian Mysticism* (pp. 137–146). New York: Cambridge University Press. Retrieved from  
<http://universitypublishingonline.org/ref/id/companions/CCO9781139020886A014>
- Luque, R., & Villagrán, J. M. (2008). Teresian visions. *Philosophy, Psychiatry & Psychology*, 15(3), 273–276.
- Lutz, A., Jha, A. P., Dunne, J. D., & Saron, C. D. (2015). Investigating the phenomenological matrix of mindfulness-related practices from a neurocognitive perspective. *American Psychologist*, 70(7), 632–658. doi:/10.1037/a0039585
- Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006).

- Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62(4), 459–480. doi: 0.1002/jclp.20243
- Lynn, R. (2010). Mindfulness in social work education. *Social Work Education*, 29(3), 289–304. doi:/10.1080/02615470902930351
- Lynn, R., & Mensinga, J. (2015). Social workers' narratives of integrating mindfulness into practice. *Journal of Social Work Practice*, 29(3), 255–270. doi:/10.1080/02650533.2015.1035237
- Maex, E. (2011). The Buddhist roots of mindfulness training: A practitioner's view. *Contemporary Buddhism*, 12(1), 165–175. doi:/10.1080/14639947.2011.564835
- McLeod, F. G. (1986). Apophatic or Kataphatic prayer. *Spirituality Today*, 38, 41–52.
- Moran, D. (2014). What does Heidegger mean by the transcendence of Dasein? *International Journal of Philosophical Studies*, 22, 491–514. doi: 10.1080/09672559.2104.948717
- Mruk, C. J. (2010). Romancing the (Buddhist) stone: Reality or red herring? *Humanistic Psychologist*, 38(2), 190–195.
- National Association of Social Workers. (2008). Code of Ethics. Retrieved from <http://www.social-worker.org/pubs/code/code.asp>.
- Obbard, E. (2012). *Woman mystic: Selections from Hildegard of Bingen's Scivias*. New York: New City Press.
- Olendzki, A. (2011). The construction of mindfulness. *Contemporary Buddhism*, 12(1), 55–70. doi:/10.1080/14639947.2011.564817

- Reeves, G. (2008). *The Lotus Sutra: A contemporary translation of a Buddhist classic*. Somerville, MA: Wisdom Publications.
- Sabo, T., Liroy, D., & Fick, R. (2014). A hesychasm before hesychasm. *Journal of Early Christian History*, 4(1), 88–96.
- Sharf, R. (2014). Mindfulness and mindlessness in early Chan. *Philosophy East & West*, 64(4), 933–964.
- Smith, D. W. (2011). Nibbanic (or pure) consciousness and beyond. *Philosophia*, 39(3), 475–491.
- Smith, D. W. (2013). Consciousness experienced and witnessed. In B. Mou & R. Tieszen (Eds.), *Constructive Engagement of Analytic and Continental Approaches in Philosophy: From the Vantage Point of Comparative Philosophy*, (pp. 91-102). Boston: Brill.
- Smith, H. (1991). *The world's religions* (50th Anniversary ed.). New York: HarperOne.
- Tan, S.-Y. (2003). Integrating Spiritual Direction into Psychotherapy: Ethical Issues and Guidelines. *Journal of Psychology & Theology*, 31(1), 14.
- Tan, S.-Y. (2011). Mindfulness and acceptance-based cognitive behavioral therapies: Empirical evidence and clinical applications from a Christian perspective. *Journal of Psychology and Christianity*, 30(3), 243–249.
- Trungpa, C. (2013). *The path of individual liberation*. (J. Leif, Trans.) Boston, MA: Shambhala Publications, Inc.
- Twohig, M. P., Hayes, S. C., Plumb, J. C., Pruitt, L. D., Collins, A. B., Hazlett-Stevens, H., & Woidneck, M. R. (2010). A randomized clinical trial of acceptance and commitment therapy versus progressive relaxation training for obsessive-

- compulsive disorder. *Journal of Consulting & Clinical Psychology*, 78(5), 705–716. doi:/10.1037/a0020508
- Wilhoit, J. C. (2010). Centering prayer. In J.P. Greenman & G. Kalantzis (Eds.) *Life in the Spirit: Spiritual Formation in Theological Perspective* (pp. 180-197). Downers Grove, IL: InterVarsity Press.
- Wong, J. (2010). The Jesus Prayer and inner stillness. *Religion East & West*, 10, 35–48.



## CHAPTER THREE

### A Randomized-Controlled Study of an MP3-Based Christian Mindfulness Intervention

#### Abstract

Mindfulness in social work has focused on secular and Buddhist models of mindfulness-based interventions. The literature examined suggested that mindfulness can be rooted in other theoretical and spiritual frameworks, although there was a paucity of research in this area. This randomized controlled study addressed a gap in the research literature for social work practice in mindfulness drawing from Christian spiritual practices. In addition, this study utilized experimental design methodology that is underutilized for studies in mindfulness. This study explored whether a MP3-formatted Christian-informed mindfulness intervention would produce mindfulness states measured by the Mindful Attention and Awareness Scale (MAAS) and reduce perceived stress measured by the Perceived Stress Scale (PSS) in a student sample ( $n = 79$ ) from two religiously-affiliated universities. An analysis of covariance (ANCOVA) resulted in statistically significant differences between pre- and post-test scores in the experimental group versus the control group on the MAAS after a 6-8-week intervention period. Higher MAAS scores reflected improved mindfulness states in participants. An ANCOVA comparing pre- and post-test scores between participant groups on the PSS did not result in statistically significant differences in perceived stress. The results of this study warrant further exploration of a Christian-informed mindfulness-based intervention.

## **Mindfulness Defined**

Mindfulness has been a well-researched topic in social work practice as it is linked to mitigating stress and promoting wellness in social workers (Decker, Constantine Brown, Ong, & Stiney-Ziskind, 2015; Lynn, 2010; McGarrigle & Walsh, 2011).

Mindfulness-based interventions used in practice were first developed by Jon Kabat-Zinn, a physician and researcher who draws from Eastern Buddhist thought and practices, particularly Zen Buddhism from the Mahayana tradition (Hathaway & Tan, 2009; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006; Lynn, 2010). The practice of mindfulness used in Kabat-Zinn's interventions is based in the Buddhist framework including observation of one's own thoughts, use of breath and sitting meditation, present-moment awareness, and non-judgment (Kabat-Zinn, 2003). Kabat-Zinn successfully adapted these practices into an evidence-informed intervention, Mindfulness-Based Stress Reduction (MBSR), which has been effective in reducing chronic pain and stress in patients (Kabat-Zinn, 2011). MBSR has since been introduced to the fields of psychology and social work where Kabat-Zinn's definition of mindfulness is used in practice (Baer, Carmody, & Hunsinger, 2012; Newsome, Waldo, & Gruszka, 2012; Shier & Graham, 2011).

The varied definitions of mindfulness in the literature have complicated the picture for social workers applying mindfulness in clinical settings (Brown, Marquis, & Guiffrida, 2013). In this study, "mindfulness" is defined as a state of mind focused on attending to the present moment, thereby increasing awareness of one's own thoughts and non-judgment (Kabat-Zinn, 2011). This mindfulness state affects neurological and cognitive functioning (Bingaman, 2011; Buttle, 2011; Garland, 2013). In addition, mindfulness is defined as practice that incorporates breathing exercises and meditation,

drawing from religious/spiritual practices that have been used to create a state of mindfulness (Gethin, 2011; Ignatius, 1992; Kabat-Zinn, 2011). Mindfulness therefore includes both a state of mind as well as a practice of social workers (Garland, 2013).

### **Mindfulness-based Interventions**

The social work profession uses mindfulness training to support coping and wellness for social work practitioners and future practitioners (Lynn, 2010; McGarrigle & Walsh, 2011). Training has helped students to manage stress and reduce practitioner burnout rates. Botta, Cadet, and Maramaldi (2015) provided a group mindfulness intervention to 34 MSW students and found increased levels of coping with stress. Other studies have found that mindfulness helps decrease stress levels among medical students and other helping professionals (Newsome et al., 2012; Warnecke, Quinn, Ogden, Towle, & Nelson, 2011). These studies provided evidence that mindfulness supports practitioners' stress management. In addition, the research literature also provided support for the use of mindfulness-based interventions for social work, particularly in clinical settings.

In clinical social work, several studies indicated that mindfulness interventions used with clients helped to decrease symptoms of anxiety, depression, and emotionally reactive states (Bonifas & Napoli, 2014; Foulk, Ingersoll-Dayton, Kavanagh, Robinson, & Kales, 2014; Hick & Chan, 2010; Kuyken et al., 2014). Mindfulness practices, such as focusing on present moment awareness and approaching one's thoughts with non-judgment, are enfolded into cognitive-behavioral therapy models including third-wave behavioral therapies: mindfulness-based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT). (Claessens, 2010;

Harrington & Pickles, 2009; Husheger, Feinhodt & Lang, 2013; Springer, 2012; Tan, 2011).

### **Buddhist Influences in Mindfulness-based Interventions**

These mindfulness interventions emphasized a detachment to thoughts and feelings, especially painful emotional states. For example, one can feel emotional suffering but experience joy in the present moment with full awareness (Fennell & Segal, 2011; Gockel, Cain & Malove, 2013; Lynch, Chapman, Rosenthal, Kuo & Linehan, 2006). In this way, these mindfulness-based therapies draw from a theoretical base rooted in Buddhism's *Four Noble Truths*: (1) all life is suffering; (2) suffering is caused by our attachments to this impermanent life; (3) detachment will help us see the truth that we are all one; and (4) the cessation of attachment occurs by following the eightfold path (Fennell & Segal, 2011; Kabat-Zinn, 2011; Maex, 2011). Clinicians encouraged participants to fully accept the present moment and to grasp the idea that one's thoughts and feelings evolve and unfold over time. The practices of mindfulness in these aforementioned interventions often used breath meditation where the goal is *sati*, which is discerning and moment-to-moment awareness, emphasizing the reflection of thoughts and the discerning of right thoughts (Grossman & Van Dam, 2011). In Tibetan Mahayana teachings, right thoughts means transcending current sufferings by understanding the truths of compassion and non-judgment and viewing one's thoughts and emotions with a dispassionate lens (Trungpa, 2013). In DBT, one of the key features of the therapy is on emphasizing the utility and wisdom of the *wise mind* (combining intellect and reason with emotion) to elicit positive change and awareness (Lynch, Chapman, Rosenthal & Linehan (2006). The authors also explained in detail how the mechanisms of change are

rooted in concepts of being awake and “one” with the present moment while practicing conscious acceptance of one’s thoughts and feelings (p. 463).

Thus, mindfulness-based interventions have a strong research base and theoretical foundation, rooted in Buddhist thought. There is a gap, however, in research and theoretical application for mindfulness interventions informed by other religious traditions (Gockel, Cain, Malove, & James, 2013). Inherent in the National Association of Social Workers (NASW) Code of Ethics is a high value of cultural competence and how it shapes and helps clients to function (NASW, 2008). Religion is a part of culture; applying mindfulness-based interventions using other religious frameworks is congruent with our social work practice values and principles.

Evaluating the effectiveness of an expanded approach to mindfulness is also part of good social work practice. Most social work studies evaluating the effectiveness of mindfulness are limited by a small sample size. They also rarely use a randomized-controlled study design (Gockel, Cain, Malove & James, 2013; McGarrigle & Walsh, 2011; Ying, 2008). Garland (2013) admonished social workers focusing on research in mindfulness to use randomized-controlled studies whenever possible. This study did that in order to evaluate previously underutilized adaptations to mindfulness-based interventions in practice and in the research literature (Gockel, Cain, Malove, James, 2013; Nevo & Slonim-Nevo, 2011).

### **Mindfulness in Christian Mysticism and Monasticism**

Christian meditation has roots in Christian mysticism and Catholic monastic communities going back to the third and fourth centuries of the Common Era (Blanton, 2011). Historical exemplars of mindfulness practices based on a Christian framework can

be found in the writings of both Saint Hildegard de Bingen and the founder of the Jesuit Order, Saint Ignatius of Loyola. Both emphasized spiritual experience as a path toward truth and meditation on God as a mechanism for enhancing present-moment awareness.

Saint Hildegard, a German mystic from the 12<sup>th</sup> century, often wrote about her transcendent experiences in a very impassioned way (Dreyer, 2005). The colorful and vibrant images included in her writings can inform a mindfulness practice grounded in guided imagery. Bedford (2012) found that guided imagery and mindfulness practices can be used congruently.

In his *Spiritual Exercises*, Saint Ignatius said meditative/contemplative spiritual practices can draw a person near to God in the Christian religious experience (Ignatius, 1992). Ignatius outlined exercises (including deep breathing, meditation on Scripture, and prayer) that intentionally focused on a present-moment orientation, which is congruent with the mindfulness practices used in clinical social work. Many of the meditations in *Spiritual Exercises* reflected an underpinning of phenomenological epistemology, which forms the theoretical foundation of mindfulness-based interventions used in social work (Birnbaum & Birnbaum, 2008). Ignatius embraced the senses as a way to experience God and gain both spiritual and human knowledge. Thus, practitioners can consider using these contemplative spiritual practices as they apply a Christian framework to mindfulness-based interventions.

Likewise, centering prayer and *Lectio Divina* are popular tools of meditative practice in the Christian faith that can serve as alternatives to Buddhist-based mindfulness skills (Blanton, 2011; Funk, 2011; Keating, 2008; Knabb, 2012). These tools feature elements that elicit mindfulness states similar to Kabat-Zinn's work in that focused

attention on the present moment, awareness of the body and mind, and recognition of meta-cognitions are centerpieces of each practice. Centering prayer guidelines include assuming a listening and attentive stance, setting an intention for the prayer, and re-centering one's thoughts through awareness (Keating, 2008). *Lectio Divina*, Latin for "divine reading," has roots in monastic Catholicism before the 12<sup>th</sup> century. The goal is to read a biblical text mindfully, in several stages. One is to call on the divine (*oratio*), read a scripture (*lectio*), meditate on the scripture (*meditatio*), and then practice listening (*contemplatio*), which all require awareness of one's own thoughts and attunement to the present moment (Howard, 2012).

### **Evaluating a Christian-based Mindfulness Intervention**

The Christian spiritual practices mentioned above provide social workers an opportunity to expand the practice of mindfulness, providing more tools in their toolkit of evidence-based practice models. Psychologists have already begun to identify adaptations from a Christian framework for their mindfulness-based interventions. These adaptations included similar practices such as deep breathing but with a different focus, e.g., focusing one's thoughts on God being the provider of breath during breath meditation (Symington & Symington, 2012; Tan, 2007). These psychologists pointed to the benefits of aligning a Christian intention to a mindfulness model.

However, no studies have been completed on the effectiveness of aligning Christian intention to a mindfulness model. If adaptations to the current mindfulness model can be made effectively, then social workers can begin to draw from a Christian framework when using mindfulness in practice. The purpose of this study was to explore whether an adaptation of mindfulness, drawing from a Christian framework, including

centering prayer, *Lectio Divina*, and using guided imagery with sacred images, produced states of mindfulness as measured by the MAAS and lowered perceived stress as measured by the PSS.

## **Methods**

In the role of researcher, I developed a 6-8 week Christian-informed mindfulness-based intervention to be evaluated for its efficacy in improving mindfulness states (as measured by the MAAS) and perceived stress (as measured by the PSS) for a student participant sample. I posed the following questions for this study:

R<sub>1</sub>: To what extent does a Christian-informed mindfulness-based intervention impact pre and post test scores on mindfulness states for control versus experimental group participants?

R<sub>2</sub>: To what extent does a Christian-informed mindfulness-based intervention impact pre and post test scores on perceived stress for control versus experimental group participants?

I recruited a convenience sample of 127 social work and psychology undergraduate and graduate-level students from two private religiously affiliated Christian universities. I randomized the sample into a control or experimental group where the control received no mindfulness intervention and the experimental group received the intervention of mindfulness modules with Christian themes. The hypotheses for this study are:

Hypothesis 1: When compared with a control group, university students from undergraduate and graduate programs in social work and psychology who use a 6-8 week MP3 Christian-informed mindfulness-based intervention will display



higher mindfulness states as indicated by statistically higher scores on the post-test MAAS.

Hypothesis 2: When compared with a control group, the same student participants who use the intervention also will experience lower levels of perceived stress as reflected by lower scores on the Perceived Stress Scale (PSS) at post-test.

### **Variables**

The independent variable in the study was whether or not the participant received the 6-8 week Christian-informed mindfulness-based intervention, which I compared across control group versus experimental group participants. The dependent variables in the study were the two scaled measures, the MAAS and PSS. Both measures used the aggregated scored items to determine mindfulness state and perceived stress, respectively (Brown & Ryan, 2003; Cohen, Kamarck, & Mermelstein, 1983).

### **Sample and Ethical Considerations**

I recruited students in person, by email, and/or by way of a YouTube video. Recruitment in-person took place in social work and psychology classes at one university, with permission from classroom faculty members. I utilized emails to social work and psychology faculty at both universities requesting that students in both universities be told of the study including a link to the YouTube video that outlined the study. I followed the same script in all recruitment efforts. Informed-consent forms were provided either in-person or via an email attachment, with directions for the students to review the consent and sign, scan, and return if willing to participate.

All participants of this study were voluntary and were notified that they could end their participation at any time with no loss of benefit. This investigator provided no

monetary incentive for participation and only recruited students who were not enrolled in any courses taught by this investigator to avoid potential conflict of interest issues. The students' informal incentive was the opportunity to participate in a potentially therapeutically beneficial intervention at no charge. All participants received the MP3 modules for their own use. Those in the control group were given the opportunity to receive all the modules, should they desire them, at the conclusion of the data collection period of the study. Each participant provided informed consent prior to beginning the study and mindfulness training. Both universities where recruitment took place provided IRB approval for the study. The characteristics of the participant sample for this study are displayed in Table 1.

Table 1

*Participant Sample Characteristics*

Ethnicity	%	Level of Education	%	Program	%	Age in years	%
Caucasian/White	58	Undergraduate	55	Social Work	84	Under 30	69
Hispanic/Latino	22	Graduate	41	Psychology	10	30-55	31
Asian-American	5						
African-American/Black	5						
Other/Multi-ethnic	5						

The majority of the sample participants recruited for the study identified as Caucasian/White, at 58%. Hispanic/Latino represented the second largest group of participants, at 22%. Asian-American, African-American/Black and Other/Multi-ethnic participants each represented 5% of the sample with another 5% are unknown as they did

not report their racial/ethnic identity. Undergraduate students made up the majority of participants in the study sample at 55%. Graduate students represented 41% and the rest of the sample participants are unknown as they did not report their level of education. Social work students at both the undergraduate and graduate level represented a large majority of the study sample at 84%. Psychology students at both levels of education represented 10%. Six percent of participants did not report their study major. This high percentage of social work students in the study was likely due to my affiliation with the social work departments of both universities where I drew the participant sample. Last, the majority of student participants reported that they were under the age of 30, at 69%, and the rest of the participants reported being over 30 and under age 55.

## **Design**

All participants were randomly assigned to an experimental group or control group. Random assignment was made via Excel's RAND function for the majority of participants and by coin-toss if there was only one participant recruited at a time since start dates were flexible. Participants assigned to the experimental group received an MP3 mindfulness intervention emailed to them twice a week, over the course of 6 weeks; participants in the control group received no intervention. Participants completed a pre- and post-test of the standardized instruments (MAAS and PSS). Pre- and post-test scores were stored and filed on my password-protected computer and cloud-based software. Participants' scores on the online instruments were captured through *Qualtrics* software before and after the 6-8 week intervention period. I de-identified all participant data and assigned participant code numbers to protect anonymity of their data. All participants were asked to identify how many of the 12 modules they completed with those in the

control group responding “0 out of 12” since they did not receive the modules during the study.

For the experimental group participants, I developed 12 MP3 recorded modules, each 20-30 minutes long, which were modeled after Kabat-Zinn’s MBSR protocol with Christian specifics added to his mindfulness approach. A sample outline of content contained in each MP3 module is provided in Table 2. Each MP3 module was delivered to experimental group participants over the course of 6-8 weeks. They were instructed to listen and follow the instructional content of the MP3 recordings twice-weekly of the two modules per week that were delivered to them via email. Participants were permitted to take as long as 8 weeks to complete all 12 modules, if needed.

Table 2

*Example of Mindfulness Module Content*

Time	Description
5	Begin with <i>lectio divina</i> : Review the Lord’s prayer from Matthew 6:9-13 Read aloud with me. Focus on the words: your kingdom come, your will be done, on earth as it is in heaven. Review your thoughts, feelings, mind’s eye image of kingdom. Your will be done. Clenching fist—identifying your stresses, breathe in, hold and unclench fists—exhale—your will be done.
6	Guided Imagery with Christian Content Hallowed—picture a holy and sacred object 5 senses used for guided imagery to go deeper into the image with deep-breathing steps incorporated.

(continued)

Time	Description
3-4	MBCT with centering prayer: Imago dei—image of God. Sacred object versus sinner. Christian identity. Centering Prayer: take time to reflect and listen for God—deep breathing.
3	Reflections and Ending: Beginning of module: intention; prayer, hallowed and kingdom come; sacred object, overgeneralization vs imago dei. How did God speak to you? How have you given Him space and attention? Review the parts in your mind that you are pleased with.
1	Intention for the week: attunement to the sacred objects in life that God has put in your path. Examples from nature. Be aware and look out for them.

I did not provide the MP3 intervention modules for control group participants during the 6-8 week intervention period. Rather, the control group participants received a weekly email communicating to them which week they were currently enrolled to assist them in keeping track of the 6-8 week period. The email stated, “Hi participants! Thank you for participating in the Christian mindfulness research project. This is week...” After the 6-8 week intervention period, control and experimental group participants were prompted to provide a post-test MAAS and PSS score. After the post-test, I provided control group participants with the 12 modules.

## Measurements

I was interested in evaluating whether the intervention was effective in improving participants’ mindfulness states as a result of the Christian-informed mindfulness-based intervention. I chose the MAAS in order to operationalize the participants’ mindfulness states. The MAAS is a 15-item scale constructed by Brown and Ryan (2003) that is used to measure mindfulness state. Mindfulness is a state of consciousness and Brown and

Ryan conceptualize mindfulness as this state where one is able to remain attentive to and aware of the present-moment. Thus, the MAAS is a self-reported measure that captured this consciousness state of focused attention on the present moment using an aggregated score.

The MAAS also displays high reliability and validity and is often used in mindfulness research (Brown, Gaudiano, & Miller, 2011; McGarrigle & Walsh, 2011). In this study, the MAAS showed good internal reliability, with a Cronbach's  $\alpha$  for Pre-test MAAS,  $\alpha = 0.866$  and Post-test MAAS,  $\alpha = 0.897$ . These scores are consistent with other studies using the MAAS, where  $\alpha = 0.85$  and  $\alpha = 0.89$ , respectively (Jensen, Vangkilde, Frokjaer, & Hasselbaich, 2012; MacKillop & Anderson, 2007). Examples of questions in the MAAS included statements such as, "It seems I am 'running on automatic,' without much awareness of what I'm doing," and "I find it difficult to stay focused on what's happening in the present." Participants rated themselves on these statements using a six-point Likert scale, with higher scores on the MAAS indicating higher states of mindfulness.

I was also interested in evaluating whether the developed intervention for the study had an impact on perceived stress. I chose the PSS in order to operationalize perceived stress for the participants. The PSS is a 10-item scale developed by Cohen, Kamarck, and Mermelstein (1983) to measure an individual's global perception of stress and were "designed to tap the degree to which respondents found their lives unpredictable, uncontrollable and overloading" (p. 387). These three features are related to experiences of stress, according to Cohen, Kamarck, and Mermelstein.

The PSS is also a self-reported measure and aggregated scores are used to capture perceived stress. In addition, this measure is often used as a pre- and post-test measure after a mindfulness intervention (Baer, Carmody, & Hunsinger, 2012; Jensen et al., 2012; McGarrigle & Walsh, 2011). Higher scores on the scale indicate higher levels of perceived stress. However, the PSS is not a diagnostic instrument and has no cutoff score. A higher level of stress is not indicative of psychological distress (Cohen & Janicki-Deverts, 2012; Cohen & Williamson, 1988). The MAAS and PSS have been paired together in studies with mindfulness-based interventions (Jensen, Vangkilde, Frokjaer, & Hasselbaich, 2012; McGarrigle & Walsh, 2011; Shapiro, Oman, Thoresen, Plante, Flinders, 2008). The PSS did not show good internal reliability, with a Cronbach's  $\alpha$  for pre-test PSS,  $\alpha = .036$ , and post-test PSS,  $\alpha = .136$  for this study.

### **Data Analysis**

A total of  $N = 127$  participant MAAS & PSS scores were collected via *Qualtrics* software and analyzed using SPSS, version 23. Data were first screened for outliers, and missing data. There were  $N = 127$  pre-test MAAS scores used and  $n = 79$  post-test MAAS scores available for analysis. Unusable or missing data and attrition accounted for the rest and were excluded from subsequent analyses. Only complete data were used in the study's final sample of  $n = 79$ .

I ran a chi-square test for association between control and experimental groups and for other characteristics in order to examine potential issues of group differences due to sampling issues that could affect the results of this study. The following categories group characteristics were tested against control and experimental group participants: participants who completed the 6-8 week intervention (stayed) versus participants who

did not complete (did not stay); participants who identified majoring in social work versus those majoring in psychology; undergraduate versus graduate student participants, and lastly, participants were compared across participants' racial/ethnic identification as described in Table 3.

I then ran an ANCOVA to determine whether there was a statistically significant difference between the control and experimental groups on pre-test MAAS and post-test MAAS scores with pre-test MAAS scores used as the covariate, testing this study's first hypothesis. Last, I also ran an ANCOVA to determine whether there was a statistically significant difference between control and experimental groups on pre-test PSS and post-test PSS with pre-test PSS scores used as the covariate, testing the study's second hypothesis.

## **Results**

Of the  $N=127$  participants who began the study, I used a sample of  $n = 79$  in the final study to focus on matched sets of completed pre and post tests of the MAAS and PSS in participants who completed the 6-8 week intervention. I ran chi-square tests of association to evaluate equivalency between various participant group characteristics. I then ran an ANCOVA comparing both dependent variables MAAS and PSS.

### **Chi-square Tests of Association for Control versus Experimental Groups**

I ran chi-square tests of association on participant characteristics to examine equivalency between control and experimental groups. The following categories were included in the chi-square: Stayed versus did not stay, undergraduate versus graduate,



social work versus psychology, university 1 versus university 2, younger versus older, comparison across racial/ethnic groups.

**Equivalency of pre-test versus post-test participants.** For the category, “Stayed vs. Did not stay”, Stayed equated to participants who stayed in the study who reported on both pre-test and post-test MAAS and PSS measured. “Did not stay” were participants who were lost by attrition and therefore did not stay in the study and took pre-test measures only.

**Equivalency of participants on other characteristics.** Results of equivalency tests are provided in Table 3 where undergraduate referred to participants who were enrolled at the undergraduate level and graduate referred to participants who were enrolled at the graduate level, which included masters and doctoral students. Social work referred to participants who majored in social work at both the undergraduate and graduate level while Psychology referred to participants majoring in psychology. University 1 and University 2 compared students across the two universities represented in this study. Younger referred to participants who were 22 years of age and younger while Older referred to participants who were 22 years of age and older. These distinctions follow the age grouping of traditional undergraduate students who complete a four year university program around age 22.

I also compared participants across various ethnic and racial groups that are listed below in Table 3. All chi-square tests of associations yielded no significant differences between control and experimental groups against other participant characteristics, with all such analyses yielding  $p > .05$ , supporting relative equivalency between the two groupings.

Table 3

*Chi-square Tests of Association Between Participant Group Characteristics*

<i>Control</i>	<i>Experimental</i>	<i>Characteristics</i>	$\chi^2$	<i>p</i>
<i>n=</i>	<i>n=</i>			
36	44	Stayed	1.623	.203
15	30	Did not stay		
28	45	Undergraduate	.392	.531
22	28	Graduate		
45	63	Social work	.307	.508
6	6	Psychology		
21	29	University 1	.064	.801
29	44	University 2		
23	39	Age: younger	.364	.546
23	31	Age: older		
		African		
6	3	American/Black		
5	3	Asian American	4.81	.407
10	17	Latino/Hispanic		
26	44	Caucasian/White		
3	6	Other-mixed ethnicity		

**Attrition.** There was an approximately 35% attrition rate; 65% of participants who took the pre-test MAAS also took the post-test MAAS after the 6-8-week intervention period. Of the 127 pre-test participants, the average number of MP3 modules that the experimental group participants reported completing was  $M=10.23$  of 12 total modules.

**Analysis of covariance.** I ran an ANCOVA with pre-test MAAS scores as the covariate. Both the pre-test and post-test MAAS scores were assessed for normality; both were normally distributed, as assessed by Shapiro Wilk's test,  $p > .05$ . One case was removed due to missing data where items on the scales were unanswered. To assess whether an interaction existed between intervention and pre-test MAAS, a preliminary

ANCOVA was run using the SPSS GLM custom model. There was homogeneity of regression of slopes as the interaction term was not statistically significant,  $F(1,79) = 1.95, p = .166$ . After determining that assumptions were met, a full ANCOVA procedure was then carried out.

An ANCOVA procedure revealed a statistically significant difference in pre-test and post-test MAAS scores between participants in the control versus experimental groups while controlling for variance in pre-test scores,  $F(1,79) = 22.286, p < .01$  with a partial  $\eta^2 = .224$ . According to Cohen (1998), a large effect size is near partial  $\eta^2 = 0.14$ . The observed power = .927. Standardized residuals for the interventions and for the overall model were normally distributed, Shapiro Wilk's test,  $p > .05$ . There was homoscedacity, assessed by visual inspection of a scatter plot of residuals. Homogeneity of variances was also met as assessed by Levene's test,  $p = .923$ . These data is reported in Table 4.

An ANCOVA procedure did not reveal a statistical difference in pre- and post-test PSS scores between the control or experimental group,  $F(1,78) = 1.631, p > 0.05$ .

Table 4

*MAAS Scores of Control vs. Experimental Groups with ANCOVA Adjustment*

Group	<i>n</i>	Pre-test MAAS	Post-test MAAS	Adjusted Post-test MAAS
Control Group	35	$M = 3.51$ $SE = 0.10$	$M = 3.31$ $SE = 0.12$	$M = 3.46$ $SE = 0.81$
Experimental Group	44	$M = 3.87$ $SE = 0.12$	$M = 4.05$ $SE = 0.11$	$M = 3.90$ $SE = .07$

## **Discussion**

The evidence in this study supported the first hypothesis. When compared with a control group, university students from undergraduate and graduate programs in social work and psychology who underwent a 6-8-week MP3 Christian-based mindfulness intervention scored higher on the MAAS, indicating improved mindfulness states.

The evidence from this study did not support the second hypothesis. The results of the repeated ANOVA showed a near statistical difference; however I ran an ANCOVA to control for the variance of the pre-test PSS, which led to a result of no statistical significance. Thus, when compared with a control group, the same student participants who used the intervention did not experience lower levels of stress as reflected by lower scores on the Perceived Stress Scale (PSS). It is likely that the PSS was limited in its ability to capture perceived stress levels of the participants in the study. It was also likely that other variables not controlled for in this study impacted the outcomes on the self-reported post-test stress measure, all of which is discussed later in the stress measurement section.

The findings of this randomized, controlled study suggested that an adapted Christian mindfulness intervention can increase mindfulness states for participants when compared with a control group, as measured by the MAAS. These findings were consistent with other studies using a more secularized or Buddhist framework of mindfulness-based interventions with student populations in other universities.

This study therefore addressed a gap in the literature in social work practice on mindfulness by demonstrating positive mindfulness results expanding the religious frameworks that mindfulness-based interventions draw from to include Christian

practices. This study also utilized a rigorous methodology by using a control group, which is under-utilized in studies of mindfulness in the social work literature (Garland, 2013). Christian mindfulness practices such as centering prayer, *Lectio Divina*, and guided imagery using sacred images, were enfolded into a 6-8-week mindfulness intervention with improved mindfulness states.

There was a high incidence of attrition of participants in this study; however, chi-square tests of association provided evidence that participant characteristics likely did not account for the significant difference between control and experimental groups on pre-test vs. post-test MAAS. Likewise, uneven numbers of participants in the study based on other characteristics such as level of education, major choice and race/ethnic identity across control and experimental groups likely had little impact on the study's results.

However, the ANCOVA revealed an even greater difference between control vs. experimental groups when controlling for the variance by using pre-MAAS as the covariate. Controlling for the variance from pre-test conditions provided evidence that the difference between control vs. experimental groups are due to intervention between these groups. Though the sample size was small for this study, the differences between pre-and-post-test MAAS scores in control vs. experimental groups was quite robust, as demonstrated by the high partial  $\eta^2=.224$  as well as observed power=.927 results.

Though results suggest that perceived stress was not mitigated by the Christian-based mindfulness intervention in the experimental group compared to the control group, the study's reliance on the PSS scale to capture the impact of the mindfulness intervention for participants was flawed. A self-reported scaled measure for stress can be replaced by other more reliable and valid measures. Garland (2013) encouraged the use

of physiological markers such as heart-rate variability in studies of the impact of mindfulness, as an example. Heart-rate variability has been used in other studies on Buddhist-based mindfulness (Krygier, Heathers, Shahrestani, Abbott, Gross, & Kemp, 2013).

### **Implications and Recommendations**

This study leads to several implications for social work research in mindfulness as well as practice. I recommend replication of this study using the developed MP3 Christian-based mindfulness intervention with a larger study sample. The MAAS has good internal reliability and is a self-reported scale that is easily administered. The use of a randomized controlled design is also highly recommended for further study as mindfulness studies in social work are nascent (Garland, 2013).

**Stress measurement.** Though the MAAS had good psychometric properties, which made it useful for this study, the PSS was not internally reliable. To explore the impact of this study's Christian-informed mindfulness-based intervention innovation on stress, I would recommend the use of a physiological measure, such as heart-rate variability for future studies.

Since the research literature suggested that improving mindfulness states can help in reducing stress (McGarrigle & Walsh, 2011; Shier & Graham, 2011), a Christian-based mindfulness intervention that demonstrated improved mindfulness states may be supportive of lowering stress. Social work students can benefit from such a support as improved mindfulness states has been linked to lowered depression, greater coping and decreased stress (Goh, 2012 ; Tarrasch, 2014). Further study evaluating whether a Christian-informed mindfulness intervention can improve greater wellness goals, such as

lowered depression, greater coping, and decreased stress for social work students or other student practitioners, is another research recommendation.

In addition, practitioners may also benefit from a Christian-based mindfulness intervention to support their own self-care (McGarrigle & Walsh, 2011; Decker, Brown, Ong, & Stiney-Ziskind, 2015). Replication of this study to evaluate whether the intervention can lead to greater coping and self-care among practitioners is also recommended.

**Expand frameworks.** The results of this study point to implications for practice in mindfulness. This study supports the use of an expanded mindfulness intervention framework with meditations that draw from the Christian faith tradition. This expansion of mindfulness provides another option in mindfulness-based interventions for social work practitioners. Clients drawn to a religiously oriented therapy model may benefit from familiar language and/or religious concepts that are more directly tied into this kind of mindfulness-based interventions, particularly clients who identify as Christians. A review of the current research literature revealed that studies in mindfulness have largely excluded any interventions that include the kind of specificity of Christian content that is contained in this study's developed Christian-informed mindfulness-based intervention. If an expanded Christian-informed mindfulness-based intervention can be effective, there may be other religiously-oriented mindfulness based interventions that can be as well. Likewise, practitioners can be more effective with clients when they are able to draw from religious traditions that are congruent with their clients', such as the mystical branches of Islam, Judaism and others as they assist clients using a mindfulness-based approach. Having a diversity of religious choices to pull from can assist practitioners to

be more culturally sensitive in their therapeutic work when using mindfulness as an intervention. Religion can be an integral part of clients' culture and clients who are non-Buddhists can benefit from a mindfulness intervention that is more congruent to their religious worldview.

**Clients' experiences.** Thus, the utility of a mindfulness approach in social work practice will need further study. An exploratory and qualitative study of clients' experiences using a Christian approach to mindfulness intervention is also highly recommended. In addition, because this study was focused on a student population, the generalizability and therefore, the utility of this developed Christian-informed mindfulness intervention is limited. However, further study evaluating the efficacy of this mindfulness intervention innovation with a client population is another recommendation.

**Change mechanisms.** Last another next step in the research of a Christian-informed mindfulness-based intervention innovation is in the identification of the mechanism of change. Numerous studies on mindfulness have focused in on Buddhist concepts as supporting the change mechanisms for those using mindfulness in therapy (Cheng, 2015; Chiesa & Malinowski, 2011; Holas & Jankowski, 2013). There is no current research base focusing in on Christian concepts as supporting change mechanisms in mindfulness, though this study's results have beginning implications for them. Future research from a Christian conceptualization can focus in on parallel concepts built from the Buddhist-based research outcomes, but likely have significant foci, such as God, biblical texts, the person of Jesus Christ and the Holy Spirit. The study from a Christian perspective can explore how the interaction with these foci may be conducive in the change process using mindfulness.



## **Limitations**

The small sample size of this study limits generalizability of its results. In addition, the sample participants were drawn solely from two universities with Christian denominational affiliations. Therefore, this sample is more familiar with a Christian framework for mindfulness practice than the general population might be. In addition, students in both undergraduate and graduate social work and psychology programs are more knowledgeable about the value of interventions on their wellbeing and therefore may have more of an affinity with such a practice than would the general population. Thus, this study is limited by its student population from religiously-affiliated universities. The religious themes of this mindfulness-based intervention also may not be suited to everyone, as those who come from other (or no) religious traditions may find some of these practices incongruent with their values and beliefs.

In addition, perceived stress in the participants was not mitigated by the Christian-based mindfulness intervention. The PSS scale did not show good internal reliability and thus, may be limited in its ability to capture participants' perceived stress. In addition, there were a number of uncontrolled mediating variables. Perhaps this study did not capture a lowering of stress because of varying stress levels that could not be controlled for (e.g., final exam schedule coinciding with mindfulness interventions, various personal stressors). Furthermore, stressors outside of the 6-8 week mindfulness training were not controlled for and may have impacted the study's results.

Last, another limitation of the study was that information regarding student participants' gender or sex was not collected for the study. I did not collect these data as there was not enough gender diversity within the study sample where I recruited

participants from the two universities. The universities from which I drew the sample reflected the norms of the social work profession as they exist today, which is a predominantly female major of study in university settings (Rogers, 2013). The social work participants represented the most popular major for my study sample, thus, likely more female in numbers. The sample likely did not have enough males to register any meaningful data in regards to sex or gender in the study. However, I recommend that sex and gender identity information be collected for a larger study of similar student populations or for studies that included different populations such as clients or practitioners as there will likely be more sex and gender diversity in such populations.

### **Conclusion**

The results of this randomized controlled study suggested that a Christian framework for mindfulness-based interventions can improve mindfulness states, as measured by the MAAS, for participants. The study addressed a gap in the research literature on mindfulness by its use of a mindfulness intervention that is specifically drawn from Christian spiritual practices rather than Buddhist practices. The use of a control group for this study also addressed a gap in the social work research literature as use of a randomized controlled design recommended by Garland (2013) is under-utilized in current research in social work on mindfulness, but important to provide evidence of efficacy. This study's findings were consistent with secular and Buddhist frameworks of mindfulness-based interventions and supported the notion that including a Christian framework for mindfulness-based interventions could be useful in social work practice.

Perceived stress as measured by the PSS was not mitigated by the intervention in this study. However, the PSS did not demonstrate good internal reliability and therefore

may not be a valid or reliable measure of stress. Alternative methods of measuring stress in participants in further study, such as heart-rate variability, are highly recommended.

Replication of this study and further studies on Christian-based mindfulness interventions are needed with other populations, including clients, and in other practice settings. Additional study of a Christian-based mindfulness MP3 intervention using a randomized-controlled study design and physiological markers to measure emotional regulation is recommended. Replication of this study's design using other religious orientations that can inform another innovation of mindfulness-based intervention is another opportunity for further research. Last, identifying mechanisms of change for a Christian-informed mindfulness based intervention is recommended for further study.

## References

- Baer, R.A., Carmody, J., & Hunsinger, M. (2012). Weekly change in mindfulness and perceived stress in a mindfulness-based stress reduction program. *Journal of Clinical Psychology*, 68, 755-765. doi: 10.1002/jclp.21865.
- Bedford, F.L. (2012). A perception theory in mind-body medicine: Guided imagery and mindful meditation as cross-modal adaptation. *Psychonomic Bulletin Review*, 19, 24-45. doi: 10.3758/x13423-011-0166-x.
- Bingaman, K.A. (2011). The art of contemplative and mindfulness practice: Incorporating the findings of neuroscience into pastoral care and counseling. *Pastoral Psychology*, 60, 477-489. doi: 10.1007/s11089-011-0328-9.
- Birnbaum, L., & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion & Spirituality in Social Work: Social Thought*, 27, 87-104. doi: 10.1080/15426430802113913.
- Blanton, P.G. (2011). The other mindful practice: Centering Prayer and psychotherapy. *Pastoral Psychology*, 60, 133-147. doi: 10.1007/s11089-010-0292-9.
- Bonifas, R.P., & Napoli, M. (2014). Mindfully increasing quality of life: A promising curriculum for MSW students. *Social Work Education*, 33, 469-484. doi: 10.1080/02615479.2013.838215.
- Botta, A.A., Cadet, T. J., & Maramaldi, P. (2015). Reflections on a quantitative, group-based mindfulness study with social work students. *Social Work with Groups*, 38, 93-105. doi: 10.1080/01609513.2014.975885.
- Brinkborg, H., Michanek, J. Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A

- randomized controlled trial. *Behaviour Research and Therapy*, 49, 389-398. doi: 10.1016/j.brat.2011.03.009.
- Brown, L.A., Gaudiano, B. A., & Miller, I. W. (2011). Investigating the similarities and differences between practitioners of second-and third-wave cognitive-behavioral therapies. *Behavior Modification*, 35, 187-200. doi: 10.117/0145445510393730.
- Brown, A.P., Marquis, A., & Guiffrida, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling & Development*, 91(1), 96–104. doi: 10.1002/j.1556-6676.2013.00077.x
- Buttle, H. (2011). Attention and working memory in mindfulness-meditation practices. *The Journal of Mind and Behavior*, 32, 123-134.
- Cheng, F. K. (2015). Recovery from depression through Buddhist wisdom: An idiographic case study. *Social Work in Mental Health*, 13(3), 272–297. doi: 10.1080/15332985.2014.891554
- Chiesa, A., & Malinowski, P. (2011). Mindfulness-based approaches: Are they all the same? *Journal of Clinical Psychology*, 67(4), 404–424. doi:10.1002/jclp.20776
- Claessens, M. (2010). Mindfulness-based-third wave CBT therapies and existential-phenomenology. Friends or foes? *Existential Analysis: Journal of the Society for Existential Analysis*, 21, 295-308.
- Cohen, S., & Janicki-Deverts, D. (2012). Who’s stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006, 2009. *Journal of Applied Social Psychology*, 42, 1320-1334. doi: 10.1111/j.1559-1816.2012.00900.x.

- Cohen, S., Karmarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-390. doi: 10.2307/2136404.
- Cohen, S., & Williamson, G. (1998). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont symposium on applied social psychology*. Newbury Park, CA: Sage.
- Decker, J.T., Constantine Brown, J. L., Ong, J., & Stiney-Ziskind, C. A. (2015). Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Social Work & Christianity*, 42(1), 28–42.
- Dreyer, E. (2005). *Passionate spirituality: Hildegard of Bingen and Hadewijch of Brabant*. New York: Paulist Press.
- Fennell, M., & Segal, Z. (2011). Mindfulness-based cognitive therapy: Culture clash or creative fusion? *Contemporary Buddhism*, 12, 125-142. doi: 10.1080/14639947.2011.564828.
- Foulk, M.A., Ingersoll-Dayton, B., Kavanagh, J., Robinson, E., & Kales, H.C. (2014). Mindfulness-based cognitive therapy with older adults: An exploratory study. *Journal of Gerontological Social Work*, 57(5), 498–520. doi:10.1080/01634372.2013.869787
- Ganss, G. (1992). *The spiritual exercises of Saint Ignatius: A translation and commentary*. Chicago: Loyola University Press.

- Garland, E. L. (2013). Mindfulness research in social work: Conceptual and methodological recommendations. *Social Work Research, 37*, 439-448. doi: 10.1093/swr/sct038.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism, 12*(1), 263–279. doi:10.1080/14639947.2011.564843
- Gockel, A., Cain, T., & Malove, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. *Journal of Religion & Spirituality in Social Work: Social Thought, 32*, 36-59. doi: 10.1080/15426432.2013.749146.
- Goh, E.C. L. (2012). Integrating mindfulness and reflection in the teaching and learning of listening skills for undergraduate social work students in Singapore. *Social Work Education, 31*, 587-604. doi: 10.1080/02615379.2011.579094.
- Harrington, N., & Pickles, C. (2009). Mindfulness and cognitive behavioral therapy: Are they compatible concepts? *Journal of Cognitive Psychotherapy, 23*, 315-323. doi: 10.1891/0889-8391.23.4.315.
- Hathaway, W., & Tan, E. (2009). Religiously oriented mindfulness-based cognitive therapy. *Journal of Clinical Psychology, 65*(2), 158–171.
- Hick, S.F., & Chan, L. (2010). Mindfulness-based cognitive therapy for depression: Effectiveness and limitations. *Social Work in Mental Health, 8*(3), 225–237. doi:10.1080/15332980903405330
- Holas, P., & Jankowski, T. (2013). A cognitive perspective on mindfulness. *International Journal of Psychology, 48*(3), 232–243. doi:/10.1080/00207594.2012.658056

- Howard, E. (2012). *Lectio Divina* in the evangelical tradition. *Journal of Spiritual Formation & Soul Care*, 5(1), 56–77.
- Hulsheger, U., Feinhodt, A., & Lang, J. (2013). Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion and job satisfaction. *Journal of Applied Psychology*, 98(20), 110-133.
- Ignatius of Loyola, S. (1992). *The spiritual exercises of Saint Ignatius: A translation and commentary* (G. Ganss, Trans.). Chicago, IL: Loyola University Press.
- Jensen, C. G., Vangkilde, S., Frokjaer, V., & Hasselbaich, S. G. (2012). Mindfulness training affects attention - or is it attentional effort? *Journal of Experimental Psychology. General*, 141(1), 106–123. doi:10.1037/a0024931
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12, 281-306. doi: 10.1080/14639947.2011.564844
- Keating, T. (2008) *The heart of the world: An introduction to contemplative Christianity*. New York: The Crossroad Publishing Company.
- Krygier, J. R., Heathers, J. A. J., Shahrestani, S., Abbott, M., Gross, J. J., & Kemp, A. H. (2013). Mindfulness meditation, well-being, and heart rate variability: A preliminary investigation into the impact of intensive Vipassana meditation. *International Journal of Psychophysiology*, 89, 305.-313.
- Kuyken, W., Byford, S., Byng, R., Dalgleish, T., Lewis, G., Taylor, R., ... Evans, A. (2014). Update to the study protocol for a randomized controlled trial comparing mindfulness-based cognitive therapy with maintenance anti-depressant treatment



- depressive relapse/recurrence: the PREVENT trial. *Trials*, 15(1), 3–8.  
doi:10.1186/1745-6215-15-217
- Lynch, T. R., Chapman, A. L., Rosenthal, Z. M., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62, 459-480. doi: 10.1002/jclp.20243
- Lynn, R. (2010). Mindfulness in social work education. *Social Work Education*, 29(3), 289–304. doi:10.1080/02615470902930351
- MacKillop, J., & Anderson, E. J. (2007). Further psychometric validation of the mindful attention and awareness scale (MAAS). *Journal of Psychopathology & Behavioral Assessment*, 29, 289-293. doi: 10.1007/s10862-007-9045-1
- Maex, E. (2011). The Buddhist roots of mindfulness training: A practitioner's view. *Contemporary Buddhism*, 12, 165-175.
- McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work*, 30(3), 212–233. doi:10.1080/15426432.2011.587384
- National Association of Social Workers. (2008). Code of Ethics. Retrieved on June 16, 2015, from <http://www.social-worker.org/pubs/code/code.asp>.
- Nevo, I. & Slonim-Nevo, V. (2011). The myth of evidence-based practice: Towards evidence-informed practice. *British Journal of Social Work*, 41, 1176-1197. doi: 10.1093/bjsw/bcq149
- Newsome, S., Waldo, M., & Gruszka, C. (2012). Mindfulness group work: Preventing stress and increasing self-compassion among helping professionals in training.

- Journal for Specialists in Group Work*, 37(4), 297–311.  
doi:10.1080/01933922.2012.690832
- Rogers, L. (2013). Should there be mentoring efforts to help retain and recruit more males into Baccalaureate and Master's Social Work Programs? *Journal of Human Behavior in the Social Environment*, 23, 908-917. doi: 10.1080/10911359.2013.788463
- Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating mindfulness: Effects on well-being. *Journal of Clinical Psychology*, 64, 840-862. doi:10.1002/jclp.20491
- Springer, J. M. (2012). Acceptance and commitment therapy: Part of the “third wave” in the behavioral tradition. *Journal of Mental Health Counseling*, 34, 205-212.
- Symington, S. H., & Symington, M. F. (2012). A Christian model of mindfulness: Using mindfulness principles to support psychological well-being, value-based behavior, and the Christian spiritual journey. *Journal of Psychology & Christianity*, 31(1), 71–77.
- Tan, S.-Y. (2007). Use of prayer and scripture in cognitive-behavioral therapy. *Journal of Psychology & Christianity*, 26(2), 101–111.
- Tarrasch, R. (2014). Mindfulness meditation training for graduate students in educational counseling and special education: A qualitative analysis. *Journal of Child and Family Studies*, 24, 1322-1333. doi: 10.1007/s10826-014-9939-y.
- Warnecke, E., Quinn, S., Ogden, K., Towle, N., & Nelson, M. R. (2011). A randomised controlled trial of the effects of mindfulness practice on medical student stress

levels. *Medical Education*, 45(4), 381–388. doi:10.1111/j.1365-2923.2010.03877.x

Ying, Y. (2008). Variation in personal competence and mental health between entering and graduating MSW students: The contribution of mindfulness. *Journal of Religion & Spirituality in Social Work: Social Thought*, 27, 405-422. doi: 10.1080/15426430802347347.

## CHAPTER FOUR

### Phenomenological study of Christian practitioners who use mindfulness

#### Abstract

Mindfulness is a practice that promotes intentional awareness of one's own thoughts, a focus on the present-moment, and a non-judgmental stance. Mindfulness-based therapies are often used in clinical practice and incorporate mindfulness practices. These mindfulness-based therapies draw largely from secular or Buddhist frameworks. Thus, practitioners, or their clients, who may feel more comfortable working within a different ideology in therapy integrate mindfulness practices into their preferred framework without research guidance. This descriptive phenomenological study addressed a gap in the research literature on mindfulness-based therapies by exploring the meaning and experiences of self-identified Christian practitioners who use mindfulness-based therapies in practice. The researcher interviewed nine Christian practitioners and identified three main themes in their responses. Participants identified the lived experience of an informative divine presence in session; increased attunement to their clients and enhanced clinical work; and enhanced, informed integration of the sacred and the secular aspects of social work. Practitioners further reported a strengthened faith-integrated mindfulness-practice, suggesting implications for the training of practitioners who use mindfulness in therapy.

## **Mindfulness in Therapy**

Mindfulness is a practice that employs skills such as body and breath awareness, contemplation and meditation, which are enfolded into interventions used by social workers and psychologists (Goodman & Calderon, 2012; Hick & Chan, 2010; McCracken & Vowles, 2014; McGarrigle & Walsh, 2011; Sundquist et al., 2014). Mindfulness skills then lead to a mindfulness state that includes present-moment awareness, heightened attention, and meta-cognitive skills (Gethin, 2011; Holas & Jankowski, 2013; Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). These skills and interventions are informed by a theoretical base that is largely drawn from Buddhism (Friedman, 2010). Mindfulness is consistent with a core teaching of Buddhism, as it is a segment of the whole of the *eightfold path*, which is one of Buddhism's Four Noble Truths (Holas & Jankowski, 2013; Maex, 2011).

### **Training in Mindfulness-based Interventions for Practitioners**

Because the roots of mindfulness can be traced to Buddhism, the training that clinical practitioners, such as licensed social workers and psychologists, receive in mindfulness-based interventions have historically required some inclusion of Buddhist teachings. Friedman (2010) argues that mindfulness in psychology, for instance, elevates Buddhism to the detriment of the practice of mindfulness as a whole due its neglect of other religious traditions that employ mindfulness approaches.

For instance, the creator of and a major proponent of dialectical-behavioral therapy (DBT), Dr. Marsha Linehan, offers certification programs in DBT through her nonprofit training institute, The Linehan Institute, which includes her training under named Buddhist spiritual masters ("The Linehan Institute," 2016). Dr. Jon Kabat-Zinn, a

medical doctor who is widely credited with bringing mindfulness to Western medicine and psychology (Hoffman, 2010; Lynch et al., 2006; Lynn, 2010; Maex, 2011), identifies as a Zen Buddhist (Kabat-Zinn, 2011). In addition, devout Buddhist practitioners provided the research and training base for mindfulness-based practitioners at major research and training centers in the United States that focused on mindfulness (“Mind and Life Institute,” 2016; “UCLA Mindful Awareness Research Center,” 2016.). Friedman (2010) also argued that Buddhism is unfairly distinguished as superior to other religious or philosophical traditions in the psychological research dedicated to mindfulness training in practice, evaluation, and theory (pp. 186-187). Thus, though Buddhism is a strong theoretical resource in the shaping of mindfulness theory and practice, my premise is that other theoretical frameworks are under-utilized, though they are more familiar with the culture and religious landscape of the United States.

Consequently, the translation of Eastern Buddhist practices, such as mindfulness, to a Western context is imperfect at best. For instance, Lynn and Mensinga (2015) studied how social work practitioners attempted to contextualize mindfulness, which they described as coming from “Eastern origins into a Western context” (p. 255). Using a narrative research approach, they found significant complexity in how social work practitioners negotiated and undertook this contextualization. Likewise, practitioners who identify as Christian negotiate and attempt to find meaning in mindfulness-based therapies by drawing from the wells of their Christian faith identity and history (Hathaway & Tan, 2009; Siang-Yang Tan, 2007; Symington & Symington, 2012).

## **Practitioners Who Identify as Christian as a Focus of Study**

In addition, in the United States, Buddhism is a relatively unknown religion. According to the Pew Forum on Religious and Public Life (2015), about 70.6% of people living in the United States described themselves as Christian and/or Catholic and only 0.7% as Buddhist. Many mindfulness practitioners who identified as Christian, or some other non-Buddhist belief system, had few resources to assist in integrating mindfulness-based interventions with their religious worldview. Oxhandler and Pargament (2014) discussed the lack of training around religious and spiritual integration in practice, particularly for social work practitioners. The researchers also identified several studies indicating both clients' and their practitioners' desire to bring up topics of religious and spiritual content. This affirmed the need for trainings in mindfulness practice skills for those who identify with a Christian faith and use mindfulness.

This study addressed a gap in the literature as well as a gap in the training of mindfulness-based practitioners who identify as Christians with mindfulness practices grounded in Christianity. I, as the researcher, explored how practitioners who identify as Christians utilize their faith, particularly when employing mindfulness-based interventions in their work with their clients. I described the descriptive phenomenological approach used in this study, including the process of recruiting the purposive sample and how I have identified themes. Last, I shared results of the study, its implications for further research and discussed recommendations for future training in mindfulness.

## **Method**

This study employed a descriptive phenomenological approach to examine the meaning and experiences of Christian practitioners using mindfulness-based therapies in their work with clients. The research question was: How do these Christian practitioners integrate their Christian faith with mindfulness, which is rooted in a different religious framework?

In keeping with a phenomenological approach to the research study, not only was my faith identity as the researcher important to the study, but I focused on experiences these Christian practitioners had with clients who purposefully asked for a faith-integrated approach in their therapy work. The practitioners in this study therefore had some prior training in faith integration in general, but moreover, had a particular experience where mindfulness was a focus of their practice with a client or clients who preferred a Christian approach in their therapy.

I used a descriptive phenomenological approach. According to Creswell (2013), the role of the researcher in phenomenology is not merely to interpret and analyze data, but to highlight practitioners' experiences of integrating practices or concepts of their Christian faith. In this way, a descriptive phenomenological approach fits into a constructivist theoretical framework, whereby, according to Rodwell, the researcher's experiences, beliefs, and identity are brought into a constructive methodology as a way to promote authenticity of the data, according to Rodwell (1998) and Tufford and Newman (2012). My religious faith identity is also Christian and therefore, I disclosed this when necessary as a way to join with the participant in the experience and as a way to promote accuracy of meaning when discussing topics of Christian faith integration.



## Recruitment and Sampling

I included a purposive sample of nine practitioners reflecting diversity in gender, ethnic/racial background, age range, types of practice settings, and regional representation within the United States for maximum variation in the purposive sample. SP For the purposes of this paper, the term *practitioners* will refer to these professionals who were licensed and had used, or were still actively using, mindfulness as an intervention with their clients. I recruited three participants who were personal contacts and four participants who were referred to me for the study through other personal contacts. In addition, I recruited two participants via e-mail because they indicated formal mindfulness training on their professional practice websites. Three participants were male and six were female; two participants identified as Asian, one as Latino/Hispanic, and six as Caucasian. The participants ranged in age from their early thirties to early sixties. Six participants were employed in private practice settings and three were employed in educational settings. Two participants resided on the East coast of the United States, two resided in the Midwest, and five participants, on the West coast.

I also sought out maximum variation of practice experience and training. Two participants have been in practice for five years or fewer. The other seven participants have been in practice settings for at least one decade, and one participant, for almost three decades. Four participants received formal clinical training in mindfulness-based interventions, including dialectical behavioral therapy, acceptance and commitment therapy, or mindfulness-based cognitive therapy. The other five participants intentionally embarked on personal mindfulness studies and incorporated mindfulness with practice methods with which they were already familiar (e.g., cognitive therapy and object

relations). These practitioners built into their current intervention-of-choice the skills of present-moment awareness, heightened attention, and meta-cognitive skills—all elements that are included in the research literature on mindfulness as mentioned earlier. All participants reported obtaining written and/or verbal informed consent from their clients when integrating Christian beliefs with mindfulness-based intervention.

### **Ethical Considerations**

All study participants provided written informed consent. I reminded participants about the voluntary nature of their participation during interviews and member-checks. All participants provided informed consent prior to their being interviewed for this study. The institutional review board of the university of which I am affiliated has exempted this study. All data including pseudonyms and original names for this study are stored on my password-protected computer and cloud storage accounts. All names that appear in the results section are pseudonyms that were assigned to practitioners to protect their privacy.

### **Data Collection**

I met with each participant either in person or by telephone. Three participants were interviewed in person, in a setting of their choice, which was a local restaurant. One interview was conducted in person in a practice setting, and the rest of the interviews were conducted by telephone. I recorded all interviews using a digital audio recorder. I then transcribed all the interviews. In addition to interviews, I asked participants to provide a photograph or picture in digital form of their mindfulness work.

**Interviews.** Participants responded to a set of questions, which were part of an interview guide. Participants discussed their experiences with clients using mindfulness-based therapies, particularly about their perspective on the value, meaning and internal

process they experience as they provide these therapies with their clients. The semi-structured interviews lasted approximately 45 to 70 minutes. The purpose of the interviews was to capture the lived experience and essence of the practitioners' integration of their Christian faith with their mindfulness work in clinical practice.

I also attempted a member-check with each participant, either in person, by phone or by email by providing a written or verbal draft form of themes attributed to the individual participant for participants' correction. According to Rodwell (1998), member-checks enhance authenticity, trustworthiness, and rigor whereby participant stakeholders add detail, or make data corrections they deem important. I asked follow-up questions during these member-checks such as, "Am I re-stating this accurately"? Or, "Is this what you mean?"

**Photographs.** In addition to these questions, I requested that all the participant practitioners take and provide a photograph that symbolized what they thought about when integrating their faith with their mindfulness work with clients. Three participants responded to this request. One participant sent photographs that were personal, and therefore, usable photographs. Two other participants provided images that they did not take creating possible copyright concerns and so were not included in the study. I followed up with participants during member-checks and requested photographs from participants again but there was no response to the follow-up requests.

### **Data Analysis**

I analyzed the data using an iterative and emergent process whereby intuition of the researcher is essential but bracketing of the researcher's existing and patterned ways of thinking is used to "see the essence" of the phenomena (Finlay, 2009, p. 476). I looked

for saturation in participant data so that the essence of these Christian practitioners' experiences could be accessed. I also shared the data, which was de-identified, with a research mentor, who was also able to provide input on the descriptive themes I identified. The goal of descriptive phenomenology is ultimately to capture the essence of the lived experience of these Christian-identified practitioners as they reflected on their experiences providing mindfulness-based interventions to clients. Findings indicated saturation of the material from these practitioner interviews.

**Themed networks.** I digitally recorded, transcribed and uploaded all participant interviews to Atlas.ti, Version 1.0.38. I then identified initial descriptive codes and organized them into themed networks. Themed networks of these codes created salient themes, which are described in the results section. The process used was similar to Rodwell's (1998) unitizing of data into codes, which are then "compared with all other[s]...then lumped together" (pp. 157-158). According to Creswell (2013), this process is called *horizontalization*, whereby significant statements are gleaned from the interview and narrative data. Themes, or clusters of meaning, from these statements and themes are then co-created by the researcher and participants into a composite description "capturing the essence of the phenomena" (p. 82), which reflect the experiences of Christian mindfulness practitioners who integrate faith in their work with clients.

I then worked on isolating what Van Manen (1990) calls "structures of experience" (p. 79), in the data of these Christian practitioners, which are different from merely describing formulations culled from the data. Structures of experience are holistic statements meant to capture the essence of the reflective statements made by the participants. They are centered in a time and place and therefore the phenomenological

researcher is trying to capture these structures of experience by asking questions and interpreting the statements as they emerge as lived experiences of the participants (Van Manen). Additionally, rich descriptions are the results of phenomenology (Moustakas, 1994). Tufford & Newman (2012) call attention to the interpretive and iterative nature of phenomenological research.

**Establishing trustworthiness.** The use of bracketing increased trustworthiness whereby initial subjective material from this author—preconceptions and reactions to the interviewee or settings—was noted in a reflexive journal and brief field notes as recommended by Tufford and Newman (2012). The bracketing helped the researcher identify her own presuppositions of the Christian faith and what it means to use mindfulness-based therapies with clients in session, acknowledging her own experiences with clients in this type of integration in the work. Setting these presuppositions aside was an important first step in being able to identify the structures of experiences of the participants that were important in this study.

In addition, I attempted to complete a member-check with each participant either by phone or by email. I checked for understanding during interviews and follow-up emails by restating what the participants shared during interviews, asking, “Am I restating this accurately”? Or, “Does this statement reflect what you mean?” Participant feedback from these member-checks was enfolded into existing field notes and memos. According to Rodwell (1998), member-checks enhance authenticity, trustworthiness, and rigor whereby participant stakeholders add detail, or make data corrections they deem important. Therefore, I made every effort to include participants in shaping and identifying themes and clusters of meaning from transcribed interviews. I also wrote

memos reflexively while completing member-checks with participants (Rodwell, 1998). Rodwell asserted that all methods of triangulating the data, such as completing member-checks, reflexive journals, and memos, improve the credibility of the data.

**Analysis of photographs.** In addition, since mindfulness is inherently a fluid, internal, and experiential phenomenon, narrative and text cannot fully capture the essence of Christian practitioners' experiences. To increase the textural descriptions and bring depth and insight beyond what words and language can provide, practitioners were also asked to provide pictures/symbolic representations of their experiences in integrating faith in mindfulness work. In this study, the researcher used an interpreted photograph from a participant to help develop a rich description that captures the essence of the participants' lived experiences. Photographs add to that layer of lived experience through symbolism, bypassing the limits of language. Much as photovoice has been used in other qualitative research study designs (e.g., Lewinson, Robinson-Dooley, & Grant, 2012; Molloy, 2007; Peabody, 2013), this study included photovoice to bring textural description to the lived experiences of these practitioners. As Sokolowski (2007) put it, "our memories of experience are 'stored up' and we merely perceive them...and relive them" (p.68)—we do not remember them. Thus, the root of phenomenology is not a modern, rationalistic analysis, but a captured, lived experience bound by time and space. Photovoice provided another capture of lived experience. One participant sent personal photographs in .jpeg form; only one of those photographs was used in the results section of this study as it was compared against the other photographs through a process Van Manen (1990) calls the "wholistic or sententious approach" (p. 94) whereby the whole of the meaning of the texts, or in this case, pictures, are expressed in an over-arching theme.

This approach was used because saturation of all photographs was not reached. However, there was meaning in the photographs shared by the one participant. The photograph used in this study provided a wholistic representation of the themes of the participants' expressed lived experience as a Christian practitioner who uses mindfulness; the photograph also symbolically encapsulated the first theme of this study with rich textural description, all of which will be discussed in the results section.

## **Results**

Three major descriptive themes emerged from the research. The first was the lived experience of an informative divine presence in session with the Christian practitioners using mindfulness in their work with clients. The second identified theme was that employing mindfulness-based interventions supported these practitioners' attunement to their clients and enhanced their clinical work. The third identified theme was that advanced and formal training in mindfulness-based interventions helped practitioners smoothly integrate the sacred and the secular aspects of social work in their sessions with clients. These three themes are described in greater detail with examples of participant quotes to illustrate each.

### **Lived Experience of an Informative Divine Presence in Session**

The use of mindfulness-based therapies opened the door for these practitioners to report becoming aware of a divine presence, namely, the Holy Spirit of the Christian faith, while in session with clients. Participants reported that mindfulness, as opposed to other therapeutic approaches, offers a bridge to these practitioners where they could use their faith identity in the process. All participants in the study were very careful in explaining their use of faith in session. All remarked on the importance of having

informed consent that was either written or verbally provided to their clients informing them of their Christian worldview. Thus, it was no surprise for the practitioners' clients that they were working with a Christian practitioner.

**God is present.** The practitioners then often set up sessions when using mindfulness by asking clients if they wanted to incorporate elements of faith in their work. For those practitioners who had clients who consented to a faith integrated mindfulness approach, the practitioners reported sensing God in the form of the Holy Spirit and the divine God in their work. These Christian practitioners reported that the Holy Spirit supported their therapeutic work with clients and they actively engaged with God, praying and relating to God as a person. For instance, Lauren shared:

It's being attentive to the Holy Spirit in the room[...]How does the Holy Spirit communicate the same way He does in Centering Prayer, but how is He communicating in the work? What's He communicating to me? So I think I started trying to pray that way, "God make me attentive to what I need to be attentive to. Bring to mind what needs to be brought to mind in particular times.

In addition, these practitioners identified a characteristic of God being omnipresent. Thus, the process of using mindfulness-based interventions helped them remember, recall, and become more aware of the divine in their midst. For instance, Samuel, a participant in the study, stated, "[God] is all around but we have to be in the present moment to experience this." The practitioners indicated that it was easy to access the divine in sessions because they believed God was active, presently involved and that they and their clients were able to experience the divine in the therapeutic process.

For example, Ellen, another participant stated:

I feel like I'm tapping into something that is so much bigger than [I am]. I know God can do so much more than I can do. So by inviting Him into that space and being real and asking him to be in the treatment and be in



that person's life, you know, it's like, I'm kind of getting out of the way and letting Him do the work I know He can do. To me that brings so much more meaning to any session than I would have with that person. It's more than just me, more than just me and you, the client. But let's pretend now that it's you, me, and the creator of the world in that session; there's something really powerful in that that you don't just get by just doing this without Him.

**God in the therapeutic space.** The practitioners also discussed feeling limits in their ability as practitioners, understanding that client issues are complex. They desired to make space for God to work and also felt a sense of awe and power in the outcomes of the divine's presence in their work with clients. Often the practitioners described individual experiences with their clients where they felt that God or the Spirit was actively involved in the clients' situations in the therapeutic space. Practitioners expressed being surprised by how quickly their clients were open to inviting the divine into their work using mindfulness. They learned that clients were open to trying to create space for God to work in their complex situations alongside practitioners who were inviting God to work as well. Samuel articulated he was first unsure of using a faith integrated approach to mindfulness with clients and then finding how open they were to inviting God of the Holy Spirit into their mindfulness work: "I guess the surprise would be how little resistance I encountered. I would talk about the principle behind what it was we were doing [in mindfulness] and we would actually talk about how compatible it was with their faith."

Figure 1 symbolized this theme of the divine presence amid the practitioners' work with his/her client. In this photograph, which is an image provided by Winnie, two chairs are casually arranged on a porch, side by side—one for the practitioner and one for

the client. However, a third seat, for the divine, is also on this porch. This triad of practitioner, client, and the divine, symbolically representing the therapeutic arrangement, turns the casual setting into a sacred space. This interpretation of the photograph was affirmed by Winnie in a member check conversation. Two of the chairs are weathered, yet vibrant and colorful. Their character is highlighted by the light of the divine in their midst. The third, i.e., the divine chair, provides a warm tone to the scene but does not overwhelm the other chairs.

Winnie shared:

So I think as it specifically goes to mindfulness, I think, that I'm more and more aware of Jesus with me in the room, the dual, while I'm also aware of the person. Jesus gives to me so I can give to the person in need. Jesus gives to me and I give to the person.



Figure 1: A participant's photograph of three chairs on a porch: therapist, client, and the divine presence (This picture is used with permission by the photographer)

## **Employing Mindfulness-based interventions Enhanced Clinical Work**

Practitioners reported that they felt the presence of the divine throughout the therapy while they were working with clients using mindfulness-based interventions. They reported that using mindfulness in session produced in them greater attunement to their clients.

**Assessing clients.** Some practitioners expressed they felt that mindfulness was limited to certain clients. Two practitioners expressed that clients who would benefit from mindfulness the most were those who could stay committed to the tasks and practices of mindfulness over time. However, all practitioners articulated that the clients they used mindfulness interventions with benefitted from the intervention and that the practitioners themselves gained therapeutic wisdom in the process. The practitioners believed that mindfulness would be a good choice for their clients due to their symptom presentation and/or their client's desire to incorporate contemplative Christian practices into their therapy.

**Gained insight.** Practitioners reported experiencing gained wisdom in the form of therapeutically beneficial insights with their clients when using mindfulness in their work with clients. When the practitioners said that they actively experienced spiritual insight and awareness of the presence of God, this awareness of God's presence supported the therapeutic process. Christian practitioners revealed that mindfulness brought about an awareness of God for them while in therapy, which helped them focus and be present with what clients were expressing, for instance, when Julie talked about the power of the insight she gained:

But my attentiveness to that story gives them courage for them to tell their story and then in the technique of it being able to slow them down to expand parts of the story that are particularly painful at the right time.

Practitioners therefore reported a sense of collaboration with something bigger and outside of the self that helped them be more attentive to the client in session. The awareness of the client's need took shape in session when the practitioners were more intentional about their work and attuned to the divine presence working in their midst. Shane stated when discussing incorporating God in the therapeutic work, "I'm trying to be aware of where the client actually is versus trying to bring them into a [spiritual] belief that they are just not there yet with."

**Clients' consents.** Therefore, the practitioners were all very aware and cognizant of their client's comfort when integrating aspects of Christian beliefs and practices in the mindfulness-based intervention practitioners were using. They also showed great respect in ensuring informed consent for the integration of faith and their mindfulness intervention though some participants acknowledged that they did not have formal systems to evaluate what their clients mean when they want a faith-integrated approach in the therapy. For instance a practitioner shared:

Actually, [intentional integration of faith] is not something that I've made in my conversations and have in my consent to treatment but I look forward to being more intentional. I don't know it's hard, because the people I am choosing to integrate both faith and mindfulness have already disclosed to me what their faith backgrounds are. And, what I'm doing when I secure their consent to treatment I'm hearing more of what all their symptoms are about. So for me, something for me to think about moving forward is, "When is a good time to talk about these things?" Or maybe if it's just part of my orientation that I can state in the beginning. I don't have a good answer for that one.

**Connectedness to clients.** Though some practitioners struggled with discussing how to integrate faith in their mindfulness therapy, others had formalized systems because

they were part of a Christian counseling practice or advertised themselves as Christian practitioners. However, the formal or informal process of integration did not hinder the participants' sense of connection to their clients' needs. Practitioners reported a sense of connectedness with clients in the therapeutic space that seemed to transcend just the therapeutic exchange in the therapy while using mindfulness. For instance, Jim stated: "I am with these people and we are all connected, and it kind of like expands the experience. It's not just me and you and me and these people it's kind of like the whole world is connected." Thus, practitioners often felt that the therapeutic session was not just about the practitioner and client, but the meaning behind the work was about connection and relationship to each other, with the divine presence highlighting that connection between practitioner and client.

Not only did practitioners feel connected to the client, they also could tune into clients by being less distracted themselves. They reported feeling that their own mood states, or ability to put aside their own feelings was assisted by the divine who was involved and not only present for the client, but also for the practitioner.

Winnie shared:

I don't know how to say this but I'm so thankful to be a Christian, and you don't just get sucked into that, the vortex of [clients'] anxiety. Instead, you stay grounded in your own awareness of the Lord [doing mindfulness work].

**Practitioners felt supported.** Clinical insights were gained when the practitioner intentionally engaged in mindfulness during session. Particularly, the practitioners indicated that the divine presence was an equal-sharing power in the therapeutic relationship. Like the picture of the three chairs, the divine is on par with the practitioner

and client, and is working within while not overwhelming the therapeutic space. This equal-sharing power was most evident in what Lauren shared:

Here's this beautiful thing, my colleague talks about this, about being rightly sized as a practitioner [...] being centered, being rightly connected with God... helps us be rightly sized in the session... When that's not the case, we make ourselves too big in the session, we try to be more, we try to compensate by talking a lot or being really insightful or something like that. Conversely, when you are not rightly connected to God you can make yourself too small and assume you have less influence than you really may have. So, there's a "right sizing" concept. That is what mindfulness has helped me with in practice.

**Insight gained was therapeutic.** In addition, practitioners shared experiences of clients gaining insights when the therapeutic process was supported by a divine presence, which accelerated insight by the client as well. Anna shared that her client gained insight quickly once the work of mindfulness from a Christian faith perspective was brought into session. Her client told her:

You know, I really focused a lot of the other aspects of it because I was mad at God. I was mad that this happened [...] That whole Mindfulness thing that you did--introduced to us--has really had me really recharge and re-think about it.

Anna then stated, "And that was the one thing that they took out of the entire 8 months I was with them." The participants reported that insights were gained by an external and divine source, namely the Holy Spirit. The practitioners sensed that the presence of the Holy Spirit illuminated important areas of concern, whether in their clients' clinical presentation and/or in their specific work in therapy with their clients. Chloe stated:

The Spirit is with me, so God works too. And sometime[s] it can bring amazing result[s] from the people I work with...some of the insight they get, you know, is beyond my imagination.

However, most participants who shared that the divine was able to help their clients in a direct and positive way did not share many specifics about what the insight was or the

knowledge gained. Those who did share did express agreeing with the insight the client received from the divine.

For instance, Lauren explained, when recalling a particular experience in therapy:

...but there were numerous things that came up [in] the context...that I think would have taken us longer to get to; [mindfulness] sort of served as an accelerant, if you will, to the work we did...I mean we shouldn't be surprised by this, but the material that the Spirit produces in somebody then becomes the material by which we can talk, you can process with somebody...[W]hat she felt she heard from the Holy Spirit, which ended up reoccurring multiple times in the work was, 'It's not what you think it is.'

Thus, the outcome for these practitioners who experienced a divine presence in the room with both practitioner and client, who was equal in sharing power in the session, was the insight developed and gained by clients when using a mindfulness-based approach. The practitioners communicated that these insights were relevant to the therapeutic process and the work of the client.

### **Advanced Training Helped in the Integration of the Sacred and Secular**

The divine presence impacted the therapeutic process in a positive way for the practitioners' clients. Though they all recognized the positive influence of the divine, some practitioners were more thorough than others in their approach in faith integration. Practitioners who had more advanced training in mindfulness-based interventions honed in on using Christian ideas, whether it be verses from the Bible or Christian allegories while using mindfulness-based interventions with clients. It is almost as if practitioners needed to know the paradigm of mindfulness and become a more seasoned expert as a mindfulness practitioner before they were able to integrate their Christian faith and insight into the mindfulness interventions more directly. This is supported by statements

by the practitioners of needing to form a mindfulness practice themselves first before they can be present with their client and aware of God in session.

**Formal study of mindfulness.** In this way, practitioners demonstrated variability in their expertise when toggling between the sacred and secular in session with their clients. Practitioners who regularly attended mindfulness training workshops, obtained additional certifications in dialectical behavioral therapy or acceptance and commitment therapy, or had studied mindfulness in academic settings had a more organic flow in their integration, as if the border between the secular and sacred was permeable. They allowed themselves to become an instrument for the client using the spiritual insights and sacred eyes they developed in the therapeutic sacred space as a receptacle for insight and awareness of their client's therapeutic goals. Lauren reflected on the responsibilities of being a practitioner:

So I'm not saying that I'm solely listening for what I may be experiencing, no...I guess what I'm trying to say is that I would not exclude that as not being Spirit-driven or led. I think being more mindful of that has taken pressure off of me; it took the pressure off me, to be the answer to everyone's problem, or have the answer to everyone's problem. Or have the answer to problems that have no answer.

They communicated a firmer and more clearly descriptive integrated model. The practitioners who identified the work of the Spirit in positive outcomes in their therapy process were actively engaged and included intentional informed consent from their clients on this particular integrated mindfulness-infused-with-Christianity approach. For instance, Samuel described integrating faith in his work with clients using acceptance and commitment therapy:

So you're applying a psychological principle and a spiritual principle at the same time, right, and even talk about it in terms of being helped by



God or letting go. You must be able to lose your life in order to save it—those kinds of principles.

Winnie also stated about the integration of faith and DBT:

Truth is truth is truth [...] instead of relating it to Buddhist truth, I just relate it to the Christian truth. You know with DBT, it's really not hard at all... Because if you hear the voice of the Lord, I mean, you know you've heard the voice of the Lord and that's very helpful to people [...] So if you could teach the bible, however it is, DBT is a way to even teach the bible in an odd way, then you're going to teach people how to have a higher quality of life.

**Practitioners' mindfulness practice.** In addition, those practitioners who described a more intentional integration expressed commitment to practice mindfulness in their own lives. They indicated that, as practitioners, they themselves were the instruments of change in session. Therefore, their insights and their ability to self-regulate their emotions were important parts of the process. For instance, Jim shared:

...so you don't give what you don't have. You have to practice yourself [...] I provide what I grew from that practice. It's not just giving them a tool, but my presence with them. For example, when I am kind of anxious with them and I don't know what to do in therapy session or in any other situation in life and then, then I remind myself through breathing, "I am not alone." That is kind of like the key word for me. And that helps me to be grounded...

**Cautious faith integration.** On the other hand, the discrepancy within this theme was that practitioners who had less formal training in mindfulness-based interventions had a more cautious approach to integration. For them, the barrier between the secular and sacred was semi-permeable. Because they had less formal training in mindfulness, they often integrated personal aspects of their faith learned from readings of religious material or attendance in a church setting. These practitioners identified obtaining informed consent from their clients for a faith-integrated approach but were less confident and less sure of when and how to integrate aspects of their faith into

mindfulness-based therapy than those practitioners who had received more advanced and formal training in mindfulness. Thus, again, the formal training in DBT or ACT for other practitioners seemed to provide a foundational knowledge from which others could then see the parallels in their Christian faith to excavate from and then apply to their work with clients. For those practitioners who did not have this foundational knowledge in existing mindfulness based interventions such as DBT or ACT, they were less sure of where those parallels and principles of Christian faith existed in order to apply them to their mindfulness work with clients. This lack of foundational knowledge impacted integration of their faith in their mindfulness-based work. As one practitioner stated:

...sharing on this part probably is going to be more on my experience in spiritual direction. More on that than the therapy part...So I wasn't really able to do too much [of mindfulness in therapy] but it's really going to be on spiritual direction that I will share with you today.

Similarly, a different practitioner talked about being conflicted about how much separation or integration of faith the practitioner should use with a client when using mindfulness and communicated feeling unsure and uncertain:

So there are times I question, "Should I go there; how far do I go?" During mindfulness practice I'm actually thinking about, "Well they said yes," but well sometimes I'm concerned, a little concerned leading them through that so I'm a little cautious, so um, yet there really is a lot of questions I'm asking myself through the process, which I think is actually a good thing.

Again, some practitioners were able to overcome this barrier in using mindfulness with clients by identifying parallels in their Christian faith, while others kept the mindfulness practice less faith-integrated than others. In fact, all practitioners acknowledged the Buddhist roots of mindfulness. They expressed feeling wary of using mindfulness with clients because of its known Buddhist practices and not wanting to harm their clients from a spiritual perspective. Samuel states:

In the beginning, I wasn't sure how receptive the average Christian would be to just even that word "mindfulness". Like would that in turn be associated with Buddhism and if that they would get kind of scared or get like it would be, "what are we doing here? Are you violating my faith? Or taking me down some, some dark path, you know, away from the Lord? " I was a little bit concerned about how they would react, how they would respond.

**No training in a Christian model.** Practitioners did not receive any training in a Christian-informed mindfulness intervention that they could use with clients. Instead, they incorporated what they knew from mindfulness-based therapies such as DBT or ACT with Christian principles or teachings they felt were parallel. Or, they incorporated their Christian training with mindfulness practices such as breath awareness and guided imagery. In either scenario, it is not surprising that these practitioners were not trained in a Christian integrated approach to mindfulness. As mentioned earlier, Oxhandler and Pargament (2014) relay how unusual religious or spiritually oriented training of social workers can be. Though mindfulness-based interventions incorporate Buddhist concepts, having another religious alternative that is incorporated into mindfulness-based therapies that practitioners can be trained in and therefore use with clients is practically non-existent in the research and practice literature. A practitioner talked about the lack of training in a more faith-integrated approach to mindfulness:

I think in terms of [integrating faith aspects with mindfulness] if I had to be the center of that Venn diagram [:] I have the bible studies [and] small group on [one] side. And then I have had [...] writers or supervisors on the other side. And now that you say that, I realize I don't have that model of anybody who would be in that center of that Venn diagram.

Thus, for these practitioners, a lack of training in an intentionally integrated model drawing from Christian ideas was also reflected in the separation between their and their clients' faith identities using mindfulness-based therapies.

Overall, however, the practitioners agreed that mindfulness-based interventions served to open the door for the sacred to enter. As Ellen stated, “So I think mindfulness-based intervention opens the door and leaves space for conversations about faith. And there are living lessons within them.”

### **Discussion**

This study highlights the experiences of practitioners who identify as Christian and who use mindfulness-based interventions in their work with clients. Many participants reported that they often seek to provide a robust and effective adaptation to mindfulness-based interventions without benefit of much training and research. Other participants commented on the importance of their mindfulness training to integrate it fully. Differences in responses seemed consistent with the differences in reported training in this small sample.

This study’s findings are consistent with the few descriptions in the literature where aspects of Christian faith can be incorporated in mindfulness-based interventions (Symington & Symington, 2012; Tan, 2007). However, those articles are literature reviews and do not provide results of an implemented study. This study attempts to fill that gap by providing a beginning exploration of practitioner experiences with implications for practice.

### **Practice Implications**

The finding that Christian practitioners who use mindfulness tap into their faith in a divine power, which they recognized as being present in their work with clients, has implications for practice. These practitioners identified mindfulness as facilitating access to a spiritual resource to help them stay attuned and compassionate toward their clients.

In addition, practitioners gained insights. Therefore, they reported that their work consisted not just of the therapist and client participating, but also the presence of the divine, who leads, guides, and tangibly helps in the therapeutic process. This reported awareness of God's presence also spilled over to clients. These clients reportedly told the practitioners of their own insights that they experienced as being beyond the capacity of the practitioners alone to provide. Participants reported then that the work of both practitioner and client has accelerated in pace. The resulting insights, guidance, and appropriate attention enhanced and facilitated the therapeutic process when practitioners used mindfulness-based interventions.

These practitioners built on those insights gained, producing and furthering the work, which in turn, they said, is more opportunity for the divine to work and move among them. A virtuous cycle ensued. Both parties were involved in being pulled in by this process that expands the therapeutic experience. This new reality did not consist merely of intellectual and emotional material. It also offered spiritual material that clarified, enhanced, provided understanding, and, ultimately, became a source of healing for the client.

Significantly, the practitioners who reported feeling the most integrated in their Christian approach to mindfulness reported having taken advantage of advanced and formal training in mindfulness-based interventions. These practitioners highlighted the need for such training in order to effectively incorporate a framework of an integrated mindfulness practice. This finding was consistent with another study that identified the complexities of integrating an Eastern mindfulness personal belief system with a Western clinical system of practice (Lynn & Mensinga, 2015). In this study's findings, intensive,

formal training seemed to allow practitioners to draw from concepts in both mindfulness-based interventions and from their religious and theological beliefs in ways that allowed them to see the similarities between the two. Christian practitioners with less formal training in mindfulness were more likely to point out areas of dissonance between religious beliefs and mindfulness rather than areas of convergence as previously discussed.

Therefore, a clinical implication for using mindfulness-based interventions is the need to train practitioners who identify as Christians in clearly identifying areas of convergence of their beliefs and mindfulness, which is often rooted in Buddhism. This knowledge can encourage Christian practitioners who sense the divine in their midst to continue using mindfulness in ways that are faithful to both their profession and to their own belief systems. A Christian faith identity and mindfulness need not be mutually exclusive and in fact are interactive and effective in the experience of these practitioners.

This research suggests that Christian practitioners who experience the divine, and are supported in their faith while using mindfulness-based interventions, will benefit from intensive, formal training in existing mindfulness concepts used in interventions. These include DBT, ACT, and MBCT, which are all considered part of the third-wave of behavioral therapies (Bhanji, 2011; Brown, Gaudiano, & Miller, 2011). The research indicated that that training be specific to mindfulness concepts and the application of principles and values.

### **Other Faith Traditions**

The practitioners who identify as Christians are not the only ones who may benefit from the experience of the divine in their practice work with clients. As

mentioned earlier, though the majority of the U.S. population identifies as Christian, according to Oxhandler and Pargament (2014) even for those practitioners who do not affiliate with a specific religion, integration of beliefs and values is important to clients. Advanced clinical training can be obtained through institutes such as those aforementioned. Most of these training programs lead to an additional certification that validates practitioners' experience and advanced-level preparation. Several of the Christian practitioners in this study have obtained these advanced certifications.

However, the research literature on mindfulness offered little discussion of evidence-based studies using religious concepts other than Buddhism. Christian practitioners often then must do the challenging work of integration on their own. Although these practitioners demonstrated in this study that such adaptations of these existing and robust third-wave behavioral therapies can be appropriately made, more formalized adaptations can better be studied by professionals, adding to the research literature in mindfulness and expanding its utility within the clinical fields.

### **Research Implication**

The results of this study suggested that practitioners who identify as Christians often have clients who are willing to use a faith-integrated approach in their mindfulness-based interventions. Since this study focused on the practitioners' experiences of how they integrated their Christian faith in their work using mindfulness, further study that focuses on the clients' experiences of such an approach is needed. A client-centered qualitative study would illuminate the experiences of a Christian-informed mindfulness approach in therapy and whether it is helpful or not helpful to the therapeutic process. Additionally, clients' perspectives on the effectiveness of a Christian-informed approach

to mindfulness intervention are important for further study. Outcome studies of Christian-informed mindfulness intervention to address client's therapeutic needs are needed as well.

Since training in mindfulness-based therapies often do not incorporate such a lens, further research is needed on the effectiveness of a Christian approach to mindfulness that can be used for training of practitioners who desire to use this approach with their clients. Therefore empirical research that evaluates the effectiveness of training for practitioners integrating mindfulness would be an important next step as well. A quantitative study that compares practitioner's Christian approach in mindfulness, such as use of centering prayer or use of scripture, to treatment outcomes for clients would be beneficial to the enhancement of Christian-informed mindfulness-based interventions.

### **Limitations**

The nature of qualitative research as well as the small sample size limits the generalizability of this study's results. This study is a first step in addressing the gap in the research and practice literature highlighting the experiences of practitioners who identify as Christians and who use mindfulness-based interventions with their clients. It is intended to begin the discussion around the use of Christian and other religious beliefs and values in mindfulness practice.

This research is provided from the practitioner perspective only. Thus, the present study is limited because it merely described Christian practitioners' experience. I did not focus on the clients with whom these practitioners worked. Practitioners reported obtaining informed consent; therefore, it is assumed that the clients of these practitioners were comfortable with their practitioner and his/her approach when using mindfulness-



based interventions. I focused on the practitioner experiences and did not interview the clients on which the practitioner's experiences with mindfulness were based. Thus, practitioners interpreted their clients' outcomes in therapy and I did not explore accuracy of their clients' outcomes. This study does not, then, provide the voice of the clients. That is an important area for further research.

Another limitation was the inability to reach saturation of the photovoice data. The photographs provided were only provided by one participant and therefore, limited in its generalizability and interpretation of meaning. The opportunity to explore symbolic representation of the integration of religion, beliefs, and values in mindfulness therapy is significant as most religions include symbols and representations of faith.

### **Conclusion**

Practitioners who identify as Christians and who use a mindfulness-based intervention approach reported experiencing the presence of the divine in their work with clients as a positive experience for both themselves and their clients. However, most training in mindfulness presumes Buddhist religious origins as discussed earlier. This research found that some Christian practitioners have found ways of integrating mindfulness with concepts from their faith through their experience of the divine presence of God. Participants reported that this divine presence leads, guides, and accelerates the therapeutic process when they use mindfulness-based interventions. Those practitioners who demonstrated the most fluidity in their integration approach often had obtained intensive and advanced training in DBT or ACT, in particular. Practitioners who were more cautious in their approach to integration did not have formalized, advanced training in these mindfulness-based therapies. Thus, an integrated approach to training of

DBT, ACT, and MBCT is recommended as well as careful study of how adaptations to these therapies from a Christian perspective can be incorporated into an evidence-based model for practice. Future work in evaluating the effectiveness of a Christian-based mindfulness intervention approach would further the goals and aims of this study. Further research can also explore the Christian-identified clients' perspective and experiences of receiving mindfulness-based interventions with a faith-integrated approach.

## References

- Bhanji, S. (2011). Is it time we turn towards “third wave” therapies to treat depression in primary care? A review of the theory and evidence with implications for counseling psychologists. *Counselling Psychology Review*, 26(2), 57–69.
- Brown, L. A., Gaudiano, B. A., & Miller, I. W. (2011). Investigating the similarities and differences between practitioners of second- and third-wave cognitive-behavioral therapies. *Behavior Modification*, 35(2), 187–200.  
doi:10.1177/0145445510393730
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3<sup>rd</sup> ed.). Los Angeles, CA: SAGE Publications.
- Finlay, L. (2009). Exploring lived experience: principles and practice of phenomenological research. *International Journal of Therapy & Rehabilitation*, 16(9), 474–481.
- Frieman, H. (2010). Is Buddhism a psychology? A commentary on romanticism in 'mindfulness in psychology'. *Humanistic Psychologist*, 38, 184–189.  
doi:10.1080/0887326.2010.485899.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12(1), 263–279. doi:10.1080/14639947.2011.564843
- Goodman, R. D., & Calderon, A. M. (2012). The use of mindfulness in trauma counseling. *Journal of Mental Health Counseling*, 34(3), 254–268.
- Hathaway, W., & Tan, E. (2009). Religiously oriented mindfulness-based cognitive therapy. *Journal of Clinical Psychology*, 65(2), 158–171.

- Hick, S. F., & Chan, L. (2010). Mindfulness-based cognitive therapy for depression: Effectiveness and limitations. *Social Work in Mental Health*, 8(3), 225–237. doi:10.1080/15332980903405330
- Hoffman, C. (2010). Does mindfulness increase wellbeing? *Journal of Holistic Healthcare*, 7(1), 45–48.
- Holas, P., & Jankowski, T. (2013). A cognitive perspective on mindfulness. *International Journal of Psychology*, 48(3), 232–243. doi: 10.1080/00207594.2012.658056
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306. doi: 10.1080/14639947.2011.564844
- Lewinson, T., Robinson-Dooley, V., & Grant, K. W. (2012). Exploring “home” through residents’ lenses: Assisted living facility residents identify homelike characteristics using photovoice. *Journal of Gerontological Social Work*, 55(8), 745–756. doi:10.1080/01634372.2012.684758
- Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62(4), 459–480. doi: 10.1002/jclp.20243
- Lynn, R. (2010). Mindfulness in social work education. *Social Work Education*, 29(3), 289–304. doi:10.1080/02615470902930351
- Lynn, R., & Mensinga, J. (2015). Social workers’ narratives of integrating mindfulness into practice. *Journal of Social Work Practice*, 29(3), 255–270. doi: 10.1080/02650533.2015.1035237

- Maex, E. (2011). The Buddhist roots of mindfulness training: a practitioners view. *Contemporary Buddhism*, 12(1), 165–175. doi: 10.1080/14639947.2011.564835
- McCracken, L. M., & Vowles, K. E. (2014). Acceptance and commitment therapy and mindfulness for chronic pain. *American Psychologist*, 69(2), 178–187. doi: 10.1037/a0035623
- McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work*, 30(3), 212–233. doi: 10.1080/15426432.2011.587384
- Mind and Life Institute. (2016). Retrieved March 11, 2016, from <https://www.mindandlife.org>
- Molloy, J. K. (2007). Photovoice as a tool for social justice workers. *Journal of Progressive Human Services*, 18(2), 39–55. doi:10.1300/J059v18n02-04
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Oxhandler, H. K., & Pargament, K. I. (2014). Social work practitioners' integration of clients' religion and spirituality in practice: A literature review. *National Association of Social Workers*, 59, 271-279. doi: 10.1093/sw/sw4018
- Peabody, C. G. (2013). Using photovoice as a tool to engage social work students in social justice. *Journal of Teaching in Social Work*, 33(3), 251–265. doi: 10.1080/08841233.2013.795922
- Pew Forum on Religious and Public Life (2015). *Religious Landscape Study*. Retrieved from <http://www.pewforum.org/religious-landscape-study/>

- Rodwell, M. K. (1998). *Social work constructivist research*. New York: Garland Publishing.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, UK; New York: Cambridge University Press.
- Sundquist, J., Lilja, A., Palmer, K., Memon, A. A., Wang, X., Johansson, L. M., & Sundquist, K. (2014). Mindfulness group therapy in primary care patients with depression, anxiety and stress and adjustment disorders: randomised controlled trial. *The British Journal of Psychiatry*. doi: 10.1192/bjp.bp.114.150243
- Symington, S. H., & Symington, M. F. (2012). A Christian model of mindfulness: Using mindfulness principles to support psychological well-being, value-based behavior, and the Christian spiritual journey. *Journal of Psychology & Christianity*, 31(1), 71–77.
- Tan, S.-Y. (2007). Use of prayer and scripture in cognitive-behavioral therapy. *Journal of Psychology & Christianity*, 26(2), 101–111.
- The Linehan Institute (2016). Retrieved March 11, 2016, from <http://www.linehaninstitute.org/about-Linehan.php>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80–96. doi:10.1177/1473325010368316
- UCLA Mindful Awareness Research Center (2016). Retrieved March 11, 2016, from <http://marc.ucla.edu/>
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, UK: State University of New York Press.

## CHAPTER FIVE

### Mindfulness in the Christian Tradition: For Practice and Beyond

#### *Introduction*

The dissertation has provided a rationale for and subsequent studies of mindfulness theory and practice that is informed by Christian precepts, values and practices. It has done so by first offering a theoretical treatment that connects the accepted wisdom in current mindfulness-based interventions, which is grounded in Buddhist teaching, with mystical and contemplative Christian teachings and practices. The theoretical treatment was found in the second chapter of this dissertation. The third chapter consisted of a quantitative study examining the effectiveness of a MP3 Christian-based mindfulness intervention used by psychology and social work student participants under a randomized controlled design. Last, the fourth chapter of the dissertation was a qualitative study highlighting the lived experiences of Christian-identified practitioners who use mindfulness-based interventions with their clients.

These chapters altogether form the dissertation, which serves to address a gap in the literature addressing the theoretical study and practice of mindfulness. A core aim in addressing this gap was to explore the possibility that mindfulness can be informed and enhanced by belief systems other than Buddhism. This exploration was in response to the interest of clients and practitioners who value congruence in therapeutic interventions. The dissertation then focused on Christianity and the possibility of value congruence and application to mindfulness practice. The work identified Christian precepts, religious practices, and historical exemplars of the practice that sets the stage for future studies and

applications of mindfulness from this Christian perspective and indeed from other perspectives. The script, so to speak, of how we talk about and train practitioners who use mindfulness has not included voices from other religious communities (Friedman, 2010). Keeping mindfulness within a limited philosophical frame reduces its audience to only persons who find the practices congruent with their belief system or worldview. The premise of the researcher's dissertation was to explore the possibility of incorporating another belief system into mindfulness in order to assist those interested in a mindfulness practice that is more congruent with their or their clients' belief system.

### *Review of the Methodology*

The study of mindfulness, particularly in social work research, has been intensifying in recent years but is still in initial stages of inquiry (Birnbaum, 2008; Garland, 2013). Mindfulness has been defined as both a theory and practice in that its roots lie in Buddhist religious philosophy but has been applied in practice often devoid of its religious meaning (Sun, 2014). This secularization of mindfulness has led to some pushback by mindfulness practitioners who uphold mindfulness as a core part of their religious belief system (Baer, 2011; Maex, 2011). Since the theoretical framework for mindfulness is important to these Buddhist believing practitioners and their effectiveness, the question emerged: Can mindfulness practice be nourished from other theoretical sources as well, specifically a Christian perspective? Would, then, a Christian-informed mindfulness innovation be effective in improving mindfulness states and decreasing perceived stress in a student sample? And lastly, how do Christian-identified practitioners integrate their Christian faith with mindfulness-based interventions in their work with like-minded clients?



### *Examination of Theory*

The second chapter of the dissertation served to trace the religious roots of mindfulness, which led to a focus on Buddhism, particularly the teachings, precepts and practices within the Mahayana branch. The researcher also highlighted Buddhism's influence in the West, honing in on Jon Kabat-Zinn and his work in operationalizing and providing a practice base to mindfulness. In addition, the researcher found parallels practices within Christian mystic and contemplative traditions to the practices of Buddhist-based mindfulness. However, the experience of transcendence and the unity of the believer to the divine differ in regards to the self in Buddhist versus Christian teachings. For the Buddhist, the self is dissolved into a divine one-ness whereas in Christianity, the self is unified through relationship with the person of Christ where the self is retained. This chapter established the theoretical roots of mindfulness applied in clinical practice and explored the integration of Christian precepts and principles in mindfulness practice. This chapter established the first theoretical pathway for mindfulness practice congruent with Christian scripture, prayer, and ritual.

### *Quantitative Study*

The quantitative study chapter focused on the examination of a Christian-based mindfulness intervention developed for the dissertation. The researcher developed this intervention as a 6-8 week MP3 delivered bi-weekly to experimental group study participants via email. The design of the study was a randomized controlled study where the control group did not receive the intervention. The two groups were then compared on pre-and-post-test scores of the Mindful Attention and Awareness Scale (MAAS) and the Perceived Stress Scale (PSS). Higher scores on the MAAS at post-test were compared

across groups, with a hypothesis that experimental group participants would have significantly higher MAAS scores than those in the control group at post-test. Lower scores on the PSS reflects a decrease in perceived stress, with a hypothesis that experimental group participants would have significantly lower PSS scores than those in the control group at post-test. Thus, the quantitative study portion of the dissertation focused on evaluating the Christian-based mindfulness intervention using these self-reported scaled measures. The significance of this study is the evaluation of effectiveness of mindfulness practice that is informed by a paradigm other than Buddhism.

### *Qualitative Study*

The fourth chapter of the dissertation was a phenomenological study centering on Christian practitioner participants. The nine practitioners interviewed all had some training in a mindfulness-based intervention and were all licensed in social work, counseling or psychology to work with clients in therapy. This study therefore explored how practitioners who identify as Christians utilized their faith when employing mindfulness-based interventions in their work with their clients. The questions in the study explored the practitioners' internal experiences when providing mindfulness-based interventions and symbolism of their work in mindfulness from this Christian faith perspective. The researcher also incorporated photovoice as part of the study's methodology and asked participants to take photographs to use in the study, which symbolized their mindfulness work. The significance of this study was to explore and understand the experiences of some practitioners who used mindfulness that included a Christian perspective in their work with clients.

### *Summary of the Results*

The study framework will organize the summary of the results of each study: theoretical study, quantitative, qualitative. Each summary will include a brief overview of the study's results and provide a summation of the researcher's interpretation of the findings.

#### *Theoretical Study*

The teachings contained in the Four Noble Truths in Buddhism were central to understanding the purpose, goals and aims of mindfulness (Maex, 2011). Mahayana Buddhism was particularly helpful for the researcher as it helped frame the understanding of the experience of mindfulness. Mindfulness is a practice that allows the Buddhist practitioner to access spiritual truths in a more profound way through a process of transcendence. The ability to transcend to attain deeper truths of Buddhist teachings is an outcome of mindfulness practice. The mindfulness practice therefore has religious implications that are tied directly to the practice. The researcher discovered through this theoretical treatment that the concept of the buddha nature is an important feature for a mindfulness practice. The person practicing mindfulness attempts to connect with one's buddha nature, which is contained within and is part of the existence of the divine Buddha. The goal of transcendence is to understand the Four Noble truths, to detach from worldly concerns, cravings and attachments and to attain nirvana (Maex, 2011).

With some similarity, the researcher discovered that a mindfulness practice within a Christian paradigm also helps one to experience transcendence, which leads to moments of connection and unity with the divine, inhabited by the person of Jesus Christ. Though the self transcends in unity with God, it is not absorbed into God. In addition, the

transcendence experienced with the divine is made available by God due to the spiritual significance of Christ's death on the cross. These are important distinctions from the unity attained with the divine in Buddhism, which does not hold to the same Christian beliefs. The difference lies also in the belief that the divine in Christianity is a person who is external to the one practicing mindfulness whereas in Buddhism the divine can be accessed internally and is not the person of Jesus, who Christians believe is the savior and a central figure. Thus, though the mindfulness-based practices may look similar when drawing from either religious traditions, the meaning of aims and goals, such as the unity of self with the divine, take on profoundly distinct differences; the exterior practices do not necessarily reflect similarity in the spiritual interior.

Mindfulness in Christianity can be traced to historical exemplars in the mystical and contemplative traditions who use apophatic and kataphatic prayers as part of their religious practice. In addition, the *via negativa* and the *via positiva* are similar but different vehicles to transcendence in Christian mystic and contemplative traditions. A mindfulness practice rooted in the Christian tradition can include Eastern Orthodox practices, such as the Jesus Prayer; Western contemplative practices such as centering prayer and *lectio divina* can also be included.

There is complexity in integrating these two ways of thinking—a behavioral skills and operational approach with religious and spiritual significance (Temme & Kopak, 2016; Vandenberghe & Prado, 2009). The ability for practitioners using mindfulness to navigate both the use of the mindfulness practice with the theoretical and religious implications is an important area of inquiry.

*Interpretation.* As discussed in previous chapters, the research on mindfulness is limited in its discussion of religious orientations besides Buddhism. This gap in the literature is what this dissertation purports to address. Jon Kabat-Zinn, who is an identified Buddhist has operationalized and popularized mindfulness in the West (Baer, Carmody, & Hunsinger, 2012; Kabat-Zinn, 2011; Newsome, Waldo, & Gruszka, 2012; Shier & Graham, 2011) and therefore, mindfulness research carried forth from his foundational worldview. The definitions of mindfulness and the work Kabat-Zinn has done to operationalize terms into practice has been set forth from the teaching and perspectives of the *dharma*, which is Buddhist teachings. These have been applied to help practitioners and clients find relief from stress and other ailments (Kabat-Zinn, 2011). Thus, practices from other religions has not been incorporated into intervention models of mindfulness, specifically the third-wave behavioral therapies: Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) and Mindfulness Based Cognitive Therapy (MBCT) (Bhanji, 2011; Brown, Gaudiano, & Miller, 2011; David & Mogașe, 2015).

Christian practices such as the Jesus Prayer, the teachings from the Cloud of Unknowing, centering prayer and *Lectio Divina* have aims and goals that are similar in that they establish an experience of transcendence, as discussed earlier. The theoretical examination identified that mindfulness is a vehicle for transcendence in Buddhism; therefore, it is fairly inferred that if Christian practices can be a vehicle for transcendence as well, then these religious practices can be tested as future interventions as well. These Christian practices can be enfolded into existing third-wave therapies as Buddhist practices have been. These Christian practices are parallel but distinct in meaning to

Buddhist practices in their skill development in that one is instructed to focus one's attention on a prayer or scripture and develop present-moment awareness as well as body-mind awareness (Keating, 2008; Nassif, 2012; Wilhoit, 2014).

The emphasis on such practices and skills, however, does not mean that these skills from Christian or Buddhist spiritual beliefs should be divorced from the religious ideology on which they are founded. The spiritual significance of these practices, as well as the Buddhist mindfulness practice is what is missing from the behavioral models of mindfulness-based interventions because these interventions employ a skill-based curriculum in their delivery in practice. However, when mindfulness skills are tethered to their existing religious ideology, the practice work of therapy practitioners should address issues of spirituality, belief, and values in a more meaningful and significant way. For social work practitioners, this integration of spiritual belief with any kind of practice is uncommon (Oxhandler & Pargament, 2015). Thus, for clients to be able to benefit from a Christian-based mindfulness intervention, the connection with the divine in moments of transcendence is both aim and context in the practice intervention.

Last, practitioners and their clients who wish to use mindfulness from a Christian perspective, rather than a Buddhist one, can easily find examples of mindfulness practice skills that are rooted in Christian history, precepts and practices. The outcomes of using a Christian based mindfulness intervention will differ in that the unity with the divine occurs with the person of Jesus Christ, rather than a divine Buddha or one's buddha nature. In addition, the transcendent experiences are the vehicle to the divine in the Christian faith, therefore, researchers who are interested in studying outcomes of a mindfulness-based intervention that draws from Christian teachings can explore how

practitioners and clients perceive these experiences. Measuring transcendence and unity with a divine person of Jesus will be a challenge since spiritual concepts are difficult to quantify. However, current methods used to evaluate mindfulness-based therapies can also be used to assess the effectiveness of a Christian based mindfulness intervention because of the similarities in the practices as discussed earlier and the ability to quantify results. Thus, the chapter following the theoretical treatment is just that, a quantitative analysis of a Christian-informed mindfulness intervention.

### *Quantitative Study*

The quantitative study of a Christian informed mindfulness-based intervention was completed for the dissertation in order to evaluate its effectiveness. A randomized-controlled design was used. First, the researcher established basic equality between the two groups of participants, control and experimental, by comparing these two groups on characteristics such as those who stayed in the study and those who did not complete the full 6-8 week intervention. Other characteristics were measured as well between the two participant groups: ethnic/racial background, social work and psychology majoring students and university affiliation. The researcher found that these participant comparisons were found to be not statistically significant, indicating the control and experimental groups were equivalent enough to provide meaningful data around the 6-8 week Christian mindfulness-based intervention.

The researcher then ran an ANCOVA using pre-test Mindful Attention Awareness Scale (MAAS) scores as the covariate. This was done to reduce the variance in the study by unidentified variables of the study and to therefore evaluate the difference between pre and post-test MAAS scores of control versus experimental groups. The difference in

MAAS scores between control and experimental groups on the post-test versus pre-test was significant. An ANCOVA using the pre-test Perceived Stress Scale (PSS) scores as the covariate did not show a statistically significant difference between control and experimental groups when comparing pre and post-test PSS scores. In addition, Cronbach  $\alpha$  revealed good internal reliability for the MAAS but not for the PSS in this study.

Last, the researcher ran a repeated-measures ANOVA to compare control and experimental groups on pre-test MAAS, post-test MAAS, pre-test PSS and post-test PSS. Post-MAAS scores were significant, again, reflecting the difference between control and experimental groups. The researcher displayed in a table the mean score change between the ANOVA scores and ANCOVA in order to illustrate the difference when reducing variance in the study by using pre-test MAAS scores as the covariate.

*Interpretation.* The results of the randomized controlled study in the dissertation provides promising evidence that a Christian-based mindfulness intervention can be effective in producing mindfulness state, as measured by the MAAS self-report scale. The change in MAAS scores between control and experimental groups on the pre- versus post-test was used to evaluate the effectiveness of the intervention. The Christian-based mindfulness MP3 intervention produced mindfulness states in participants that were measurable and is a first step in addressing a gap in the research literature on mindfulness.

The PSS change scores were not statistically significant, but the scale itself was not shown to be internally reliable per the results of a Cronbach  $\alpha$ . Thus, future studies would incorporate more reliable measurement for stress and account for variance that was likely not controlled for in the study. The use of heart-rate variability to measure



stress, or another physiological measure, was suggested for future study using the intervention.

The intervention drew directly from the Christian practices that were identified in the theoretical study chapter of this dissertation. Centering prayer, *Lectio Divina* and guided imagery using Christian symbols were included in the intervention. For these interventions to produce mindfulness states in the participants who received the intervention suggested that these skills can be incorporated into mindfulness interventions that draw originally from Buddhism. Using a Christian model of mindfulness expands the practices of mindfulness and therefore, can be useful for practitioners integrating their faith and for clients who prefer such a model. The findings in the quantitative study are significant in that they challenge current limitations in the utility of mindfulness-based interventions used in practice due to their Buddhist foundation. A Buddhist model may fit for some but a Christian model of mindfulness, which may be substantial for others, can also produce significant results. For instance, practitioners who use mindfulness who are unfamiliar with Buddhist religious meaning and practices may benefit from an alternative mindfulness paradigm such as a Christian one, for the sake of their clients and/or to practice with congruency to their values and beliefs. The qualitative chapter highlights a study of such a group of practitioners.

### *Qualitative Study*

The researcher interviewed a participant sample of nine Christian-identified practitioners including licensed social workers, psychologists and counselors. The researcher asked about the lived experiences of these practitioners who use mindfulness-based interventions, with a particular emphasis on their internal experiences when

providing this type of therapy with clients. In addition, the researcher inquired about these practitioners' meaning-making when they integrated their Christian faith in their work with clients using mindfulness-based interventions. The practitioners reported that their clients identified with the Christian faith and consented to therapy incorporating mindfulness from a Christian perspective.

The results of the phenomenological study included three themes. The first theme was that practitioners experienced an informative divine presence while in session with clients when using mindfulness. The practitioners also reported increased attunement to their clients and an enhancement of their clinical work with clients. Last, these practitioners exhibited some variability in their ability to integrate their Christian faith practices with mindfulness-based interventions. Those practitioners who had more formal and advanced training in mindfulness-based modalities like DBT demonstrated greater fluidity in their integration of Christian faith with the mindfulness model of intervention they used with clients. All of these findings resulted from transcribed interviews, which were analyzed using Atlas ti. A photovoice option was part of the study but only one participant's photograph was used, which reflected and represented the first theme of a divine presence in session with practitioner and client.

*Interpretation.* The findings of the phenomenological study of Christian-identified practitioners who use mindfulness signified an active integration of faith identity with mindfulness-based interventions. The meaning of these practitioners' religious foundation was profound because it signified a resource that was spiritually-based for them in their work. Further, this study provided some baseline understanding of the informal integration of Christian faith with mindfulness practice.

The integration of mindfulness and a Christian perspective enhanced the therapeutic relationship, bringing greater focus and a sense of relief that these practitioners were not alone in the work; their view of God's presence was that God was active and very much involved in the work they did with clients using mindfulness. The results of the study indicated that practitioners are attuned to religious and spiritual matters when using mindfulness in their work with clients. The religious integration for them is a supportive process, which means that clients may also benefit from Christian-identified practitioners who use mindfulness to be more available to them emotionally or spiritually because they report the divine to be informative and enhancing the therapeutic work. This study focused on the practitioners' perspective only. Further research would incorporate the client's perspective regarding how they experience a Christian-informed mindfulness intervention.

### *How the Three Studies Come Together*

The three different studies in the dissertation form a beginning survey of a Christian-informed mindfulness theory, intervention model and practitioners need for such a theory and model. Individually and altogether, the three studies address a gap in the research and practice literature on mindfulness with implications for additional research.

First, the researcher has set a theoretical foundation for a Christian-based mindfulness practice that is clear and identifies current parallels with the predominant mindfulness thought and theories that are rooted in Buddhist religious philosophy. This theoretical foundation of a Christian-informed mindfulness practice is important to establish because current mindfulness-based therapies, such as DBT, ACT and MBCT,

trace their practices to Buddhist practices. If a Christian theoretical orientation to mindfulness can be made, which this dissertation introduces, then the ontology and epistemology of a model of intervention can inform the skills, which can be useful in practice. For mindfulness in general, the phenomenological aspects of the mindfulness skills are rooted in Buddhist religious epistemology. Thus, to ground mindfulness interventions in a spiritual model is not only appropriate but could also further the work and possibly the efficacy of the mindfulness-based interventions. The spiritual meaning behind a Christian-informed mindfulness intervention is relevant for a model of intervention. To neglect the mysterious workings of religion in a mindfulness practice would continue the ill-framed epistemology of mindfulness as it exists today, for example, in behaviorism.

Thus, the Christian-framed mindfulness intervention was tested out to gauge changes within participants' mindfulness state and perceived stress. The change was reflected in improved mindfulness states of the participants but not demonstrated in rates of perceived stress. The latter measure was more flawed and alternatives to measuring changes in stress due to a Christian mindfulness-based intervention were discussed in the quantitative study. The importance of a randomized controlled study of a Christian mindfulness-based intervention is that it establishes the utility of such a model. The theory behind this intervention is identified but a theory itself has little utility in the practice sphere if they are not interpreted as skills that can be used by others. Because many research studies on mindfulness use a randomized controlled design, and it is highly recommended to establish effectiveness, (Bränström, Kvillemo, & Moskowitz, 2012; Brinkborg, Michanek, Hesser, & Berglund, 2011; Garland, 2013; Michalak,

Schultze, Heidenreich, & Schramm, 2015), the researcher used the design to help establish the utility of this new theory base for mindfulness in a student participant sample. However, the methodology of such a study is still quite limited because, as discussed earlier, the ontology and epistemology of mindfulness should also be reflected in its skill and practices used in research and practice.

Thus, a phenomenological study was an important undertaking to help in identifying the need for an experientially-based mindfulness study. The mechanisms of change for a Christian-informed mindfulness intervention was not fleshed out but hints of identified mechanisms emerged. The study of Christian practitioners not only presented a need for more training in modalities to provide Christian-informed mindfulness intervention but also established the active experience of a divine presence working in the therapeutic space. Practitioners could therefore access the presence of the divine and see its meaning and value when using mindfulness with their clients. This latter point is important. The practitioners' ability to access the divine brings the dissertation full circle. Practitioners experience a sense of the divine, and the aims and values of a religiously oriented mindfulness practice point to a relationship and unity with the divine through transcendence. The limitations of the dissertation study as a whole is encapsulated by this mysterious divine. The divinity is difficult to study under any scientific scrutiny (Temme & Kopak, 2016); however, the dissertation asserts, the divine is active, present, moving, shaping and experienced by others. Religious frameworks, such as Buddhism and Christianity, acknowledge this active and involved divinity. A religiously-oriented Christian-informed mindfulness intervention registered a change in mindfulness states of student participants. Practitioners who identify as Christian experienced the divine in

their work using mindfulness with clients. As a whole, the dissertation therefore begins to study the impact of the divine, centered around a Christian-informed mindfulness theory and practice through a theoretical study, a quantitative study and a qualitative study.

### *Recommendations for Social Workers and Practitioners*

The centerpiece of the dissertation is a mindfulness practice that is framed around Christian precepts and beliefs. The meaning and value of such a study is that in social work and other therapy professions, research and practice in mindfulness can draw directly from the religious heritage that practitioners or their clients prefer.

### *Inquire About Religious Orientation and Prepare to Work Within Preference*

It will therefore become important for social workers and other practitioners to inquire about the religious preference of their clients when they begin their mindfulness practice work with clients. In addition, practitioners can become more adept at using mindfulness when relating mindfulness intervention skills with their theoretical orientation. Therapists would therefore benefit from some additional training in religious literacy of Christian beliefs should they or their clients prefer a Christian model of mindfulness intervention. The same is true for those who prefer a Buddhist model. The religious literacy could be obtained by reading the texts and religious literature provided in the dissertation. In addition, the dissertation highlights a need for practitioners to begin connecting the mindfulness skills with appropriate religious leanings and to train others in such a model of intervention.

### *Suggestions for Additional Research*

Practitioners, educators, and researchers can also begin furthering the research and practice of mindfulness within other religious contexts in addition to the Christian approach offered in the dissertation. The researcher introduced a 6-8 week MP3 Christian mindfulness-based in the dissertation. Further evaluation of this Christian informed intervention by social workers in practice is recommended. If found to be effective, this Christian mindfulness-based intervention can provide an alternative paradigm from which social workers may practice, enlarging the intervention resources in mindfulness that their clients may find useful.

In addition, other religions are also potential resources for mindfulness practice. Sufism, a mystical branch of Islam, and Judaism are identified in the research literature with mindfulness characteristics contained in religious practices (Friedman, 2010; Kalmanson, 2012; Mirdal, 2012). Practitioners and researchers therefore have a lifetime of valuable training in mindfulness to learn and glean from, enriching their practice skills in mindfulness while promoting an empathic and competent practice with their clients.

Practitioners can lead the charge in developing new epistemologies for mindfulness-based interventions and increasing cultural competency for practitioners using mindfulness. Currently, the majority of research in mindfulness resides within the fields of psychology and Buddhist studies (Barraca, 2012; Friedman, 2010; Kabat-Zinn, 2003; Kabat-Zinn, 2011; Luan Khong & Mruk, 2009).

### *Social Work Contribution*

Social workers have begun to develop an epistemology of mindfulness in social work that differs from the ones offered, such as a social justice perspective including

feminism that fosters mindfulness (Crowder, 2016) . Social workers have also begun to evaluate the effectiveness of a spiritually rooted mindfulness approach that can have utility in practice (Temme & Kopak, 2016). A religious approach to the study of mindfulness will present its own challenge, as current scientific methods do not lend themselves to measuring the divine. A self-reported scale such as the spirituality scale used by Temme and Kopak is one option. However, a phenomenological approach to evaluation may be more tenable to the goal of capturing the essence of divinity as a mechanism of change due to mindfulness.

There is more work to be done and the training that social workers have obtained in cultural competency positions social workers well as the next innovators of mindfulness practice. The National Association of Social Workers (NASW) Code of Ethics high value of diversity and cultural competency (NASW, 2008) means that social workers can find value in upholding the religious and cultural contexts of mindfulness as the research moves forward in the field of social work. Thus, social workers are the best stewards of the innovations to be made in mindfulness research and practice. The researcher of the dissertation hopes that the dissertation serves as one small innovation in mindfulness by presenting a comprehensive study of a Christian framework including theoretical, quantitative and qualitative methods from which others can review...

### *Conclusion*

The dissertation is a multi-faceted exploration and study of a Christian framework of mindfulness. The researcher first provided a theoretical lineage of mindfulness tracing its roots to Buddhism and Christianity and introducing the possibility of mindfulness grounded in a religion other than Buddhism. Next, the researcher presented a quantitative



study that introduced an innovation of a Christian-based mindfulness intervention with evidence of efficacy in improving mindfulness states in study participants. Last, the researcher presented a qualitative study of Christian-identified practitioner's experiences using mindfulness in therapy. Together the chapters in the dissertation addressed a gap in the research literature on mindfulness by providing theoretical and research support for a Christian approach that can be useful and furthered in the work by practitioners and researchers interested in mindfulness.

## APPENDICES

## APPENDIX A

### *Baylor IRB Approval*

#### INSTITUTIONAL REVIEW BOARD – PROTECTION OF HUMAN SUBJECTS IN RESEARCH

#### **NOTICE OF EXPEDITED APPROVAL – CONTINUING REVIEW**

Principal Investigator: Regina Trammel

Study Title: Effects of Christian Mindfulness training on Perceived Stress of  
Christian University Students

IRB Reference#: 557135

Date of Approval: 02/03/2016

Date of Expiration: 02/03/2017

Expedited Category: 7

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The above referenced human subjects research project has been re-approved by the Baylor University Institutional Review Board (IRB). This re-approval is based on previously approved documentation and the following:

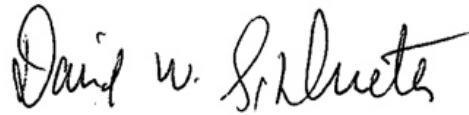
- IRB Continuing Review Application, submitted on 01/30/2016
- Letter addressing approval lapse, submitted on 02/01/2016
- Current IRB approval from APU, submitted on 02/01/2016
- 

This re-approval encompasses renewal of the protocol, all amendments or revisions, and the existing consent and study materials as previously approved. Please remember that any change to the approved research (including changes to targeted enrollment), must receive prior IRB approval. General conditions for the conduct of research are attached

For questions concerning this re-approval, contact Deb Penney at 254-710-3708 or

[Debbie\\_Penney@Baylor.edu](mailto:Debbie_Penney@Baylor.edu)

Sincerely,

A handwritten signature in black ink that reads "David W. Schlueter". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

David W. Schlueter, Ph.D.

Chair, Baylor IRB

## APPENDIX B

### *Mindful Attention and Awareness Scale*

#### **Day-to-Day Experiences**

**Instructions:** Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what *really reflects* your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I could be experiencing some emotion and not be conscious of it until some time later.

I break or spill things because of carelessness, not paying attention, or thinking of something else.

I find it difficult to stay focused on what's happening in the present.

I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.

I tend not to notice feelings of physical tension or discomfort until they really grab my attention.

I forget a person's name almost as soon as I've been told it for the first time.

It seems I am "running on automatic," without much awareness of what I'm doing.

I rush through activities without being really attentive to them.

I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.

I do jobs or tasks automatically, without being aware of what I'm doing.

I find myself listening to someone with one ear, doing something else at the same time.

I drive places on 'automatic pilot' and then wonder why I went there.

I find myself preoccupied with the future or the past.

I find myself doing things without paying attention.

I snack without being aware that I'm eating.

## APPENDIX C

### *Perceived Stress Scale*

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

3. In the last month, how often have you felt nervous and "stressed"?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

5. In the last month, how often have you felt that things were going your way?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

7. In the last month, how often have you been able to control irritations in your life?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

8. In the last month, how often have you felt that you were on top of things?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes



\_\_\_3=fairly often

\_\_\_4=very often

9. In the last month, how often have you been angered because of things that were outside of your control?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

\_\_\_0=never

\_\_\_1=almost never

\_\_\_2=sometimes

\_\_\_3=fairly often

\_\_\_4=very often

## APPENDIX D

### *Recruitment Verbiage*

I would like to request your participation in a research study on Christian Mindfulness. Mindfulness can be defined as meditative practice that has been shown to be effective in reducing stress. For this research, you will be asked to rate yourself on two scales assessing levels of stress you experience as well as attainment of Mindfulness skills.

You may also be asked to participate in a six-week podcast/MP3 based Mindfulness training, which can be helpful in reducing stress in your life, which will be delivered to you via email. You can listen and follow the podcast wherever you choose and at times that are most convenient for you. Each podcast module is 30 minutes long and you will be asked to listen to the content twice a week for 6 weeks. You may find that the content is a relaxing and enjoyable experience, and again, has been shown to be effective in reducing stress.

Your answers may become a part of this research, and we are very grateful for your participation. There will be no physical risks at any time. There are no emotional risks to you in participating in this research. You can stop the training at any time and choose not to answer any question without any penalty or benefits. Your participation is completely voluntary. Usually, this kind of Mindfulness training is fee-based, but you will receive these podcasts free as a participant in the study. There is a control group for this study. All participants, including the control group, will be given the opportunity to

receive the Mindfulness training modules as a benefit. If you would like to participate in the study, please sign the informed consent form I have provided.

## APPENDIX E

### *Semi-Structured Interview Guide*

Interview questions: (May be modified for follow up questions)

- Please tell me a recent experience in providing therapy from a Christian perspective using a Mindfulness-based therapy. If comfortable, please describe it like a story with a beginning, middle and end. I would like to know your thoughts and/or internal process re: what helped you be able to provide this Christian integration into your Mindfulness work.
- What have you experienced internally—spiritually, intuitively and or emotionally when you are providing Mindfulness therapies from a Christian worldview? For instance, please talk about any feelings, thoughts, worries?
- If applicable, what has been the most surprising to you about this integration in your therapy practice with clients? What has been the least surprising about this integration in your therapy practice with clients?
- What is the meaning for you when you are able to apply Christian belief or meaning in your sessions with clients using Mindfulness therapies?
- How does this Christian integration of Mindfulness therapies with clients relate to your faith?
- What is the value of integrating your Christian faith with these Mindfulness-based therapy methods?
- Sometimes Mindfulness practitioners use imagery such as a beautiful lotus flower, or statue of a Buddha, to symbolize their Mindfulness work. Please talk about any symbols or images of your Christian faith that you may think about when you are working with clients in Mindfulness-based therapies.
- Please talk about any symbols or images of your Christian faith that you may think about when you are working with clients in Mindfulness-based therapies.

When and how do you explain the Christian integration into Mindfulness therapy to clients when securing their consent for treatment?

## BIBLIOGRAPHY

- Baer, R. A., Carmody, J., & Hunsinger, M. (2012). Weekly change in mindfulness and perceived stress in a mindfulness-based stress reduction program. *Journal of Clinical Psychology, 68*, 755-765. doi: 10.1002/jclp.21865
- Baldini, L., Parker, S., Nelson, B., & Siegel, D. (2014). The clinician as neuroarchitect: The importance of mindfulness and presence in clinical practice. *Clinical Social Work Journal, 42*(3), 218-227. doi.org/10.1007/s10615-014-0476-3
- Barraca, J. (2012). Mental control from a third-wave behavior therapy perspective. *International Journal of Clinical Health & Psychology, 12*(1), 109-121.
- Bedford, F. L. (2012). A perception theory in mind-body medicine: Guided imagery and mindful meditation as cross-modal adaptation. *Psychonomic Bulletin Review, 19*, 24-45. doi: 10.3758/x13423-011-0166-x
- Bergen-Cico, D., Possemato, K., & Cheon, S. (2013). Examining the efficacy of a brief mindfulness-based stress reduction (Brief MBSR) program on psychological health. *Journal of American College Health, 61*(6), 348-360. doi.org/10.1080/07448481.2013.813853
- Bhanji, S. (2011). Is it time we turn towards “third wave” therapies to treat depression in primary care? A review of the theory and evidence with implications for counselling psychologists. *Counselling Psychology Review, 26*(2), 57-69.
- Bieling, P. J., Hawley, L. L., Bloch, R. T., Corcoran, K. M., Levitan, R. D., Young, L. T., MacQueen, G.M., & Segal, Z.V. (2012). Treatment-specific changes in decentering following mindfulness-based cognitive therapy versus antidepressant medication or placebo for prevention of depressive relapse. *Journal of Consulting and Clinical Psychology, 80*(3), 365-372. doi.org/10.1037/a0027483
- Bingaman, K. (2011). The art of contemplative and mindfulness practice: Incorporating the findings of neuroscience into pastoral care and counseling. *Pastoral Psychology, 60*(3), 477-489. doi.org/10.1007/s11089-011-0328-9
- Birnbaum, L., & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion & Spirituality in Social Work: Social Thought, 27*, 87-104. doi: 10.1080/15426430802113913
- Blanton, P. G. (2011). The other mindful practice: Centering prayer and psychotherapy. *Pastoral Psychology, 60*, 133-147. doi: 10.1007/s11089-010-0292-9

- Blinka, D., & Harris, H. W. (In press). Moral injury in warriors and veterans: The challenge to social work. *Social Work & Christianity: An International Journal*.
- Bliss, S., & McCardle, M. (2014). An exploration of common elements in dialectical behavior therapy, mentalization based treatment and transference focused psychotherapy in the treatment of borderline personality disorder. *Clinical Social Work Journal*, 42(1), 61–69. doi.org/10.1007/s10615-013-0456-z
- Bochen, C. M. (2004). *Thomas Merton: Essential writings*. Maryknoll, NY: Orbis Books.
- Bonifas, R. P., & Napoli, M. (2014). Mindfully increasing quality of life: A promising curriculum for MSW students. *Social Work Education*, 33, 469-484. doi: 10.1080/02615479.2013.838215
- Boone, M. S., Mundy, B., Morrissey Stahl, K., & Genrich, B. E. (2015). Acceptance and commitment therapy, functional contextualism, and clinical social work. *Journal of Human Behavior in the Social Environment*, 25(6), 643–656. doi.org/10.1080/10911359.2015.1011255
- Botta, A. A., Cadet, T. J., & Maramaldi, P. (2015). Reflections on a quantitative, group-based mindfulness study with social work students. *Social Work with Groups*, 38, 93-105. doi: 10.1080/01609513.2014.975885
- Brenner, M. J., & Homonoff, E. (2004). Zen and clinical social work: A spiritual approach to practice. *Families in Society*, 85(2), 261–269. doi: 10.1606/1044.3894.315
- Bränström, R., Kvillemo, P., & Moskowitz, J. (2012). A randomized study of the effects of mindfulness training on psychological well-being and symptoms of stress in patients treated for cancer at 6-month follow-up. *International Journal of Behavioral Medicine*, 19(4), 535–542. doi.org/10.1007/s12529-011-9192-3
- Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour Research and Therapy*, 49, 389-398. doi: 10.1016/j.brat.2011.03.009
- Brown, A. P., Marquis, A., & Guiffida, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling & Development*, 91(1), 96–104. doi.org/10.1002/j.1556-6676.2013.00077.x
- Brown, L. A., Gaudiano, B. A., & Miller, I. W. (2011). Investigating the similarities and differences between practitioners of second- and third-wave cognitive-behavioral therapies. *Behavior Modification*, 35(2), 187–200. doi.org/10.1177/0145445510393730

- Buttle, H. (2011). Attention and working memory in mindfulness-meditation practices. *The Journal of Mind and Behavior*, 32, 123-134.
- Cheng, F. K. (2015). Recovery from depression through Buddhist wisdom: An idiographic case study. *Social Work in Mental Health*, 13(3), 272–297. doi.org/10.1080/15332985.2014.891554
- Chiesa, A., & Malinowski, P. (2011). Mindfulness-based approaches: Are they all the same? *Journal of Clinical Psychology*, 67(4), 404–424. doi.org/10.1002/jclp.20776
- Claessens, M. (2010). Mindfulness based-third wave CBT therapies and existential-phenomenology. Friends or foes? *Existential Analysis: Journal of the Society for Existential Analysis*, 21(2), 295–308.
- Cohen, S., & Janicki-Deverts, D. (2012). Who's stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006, 2009. *Journal of Applied Social Psychology*, 42, 1320-1334. doi: 10.1111/j.1559-1816.2012.00900.x
- Cohen, S., Karmarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-390. doi: 10.2307/2136404.
- Cohen, S., & Williamson, G. (1998). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.
- Crowder, R. (2016). Mindfulness based feminist therapy: The intermingling edges of self-compassion and social justice. *Journal of Religion & Spirituality in Social Work*, 35(1/2), 24–40. doi.org/10.1080/15426432.2015.1080605
- Cunningham, M. B. (2012). The place of the Jesus Prayer in the Philokalia. In B. Bingamen & B. Nassif (Eds.), *The Philokalia: A classic text of orthodox spirituality* (pp. 195-202). Oxford: Oxford University Press
- David, D., & Mogoșe, C. (2015). Acceptance and commitment therapy's philosophical foundation under scrutiny: An in-depth discussion of a-ontology. *Journal of Evidence-Based Psychotherapies*, 15(2), 169–177.
- Decker, J. T., Constantine Brown, J. L., Ong, J., & Stiney-Ziskind, C.A. (2015). Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Social Work & Christianity*, 42(1), 28–42.

- Dreyer, E. (2005). *Passionate spirituality: Hildegard of Bingen and Hadewijch of Brabant*. New York: Paulist Press.
- Dylan, A., & Coates, J. (2016). Introduction to special issue: Mindfulness and social work. *Journal of Religion & Spirituality in Social Work*, 35(1/2), 1–6. doi.org/10.1080/15426432.2015.1080606
- Fennell, M. & Segal, Z. (2011). Mindfulness-based cognitive therapy: Culture clash or creative fusion? *Contemporary Buddhism*, 12, 125–142. doi: 10.1080/14639947.2011.564828
- Finlay, L. (2009). Exploring lived experience: principles and practice of phenomenological research. *International Journal of Therapy & Rehabilitation*, 16(9), 474–481.
- Friedman, H. (2010). Is Buddhism a psychology? A commentary on romanticism in 'mindfulness in psychology'. *Humanistic Psychologist*, 38, 184–189. doi:10.1080/0887326.2010.485899
- Foulk, M. A., Ingersoll-Dayton, B., Kavanagh, J., Robinson, E., & Kales, H. C. (2014). Mindfulness-based cognitive therapy with older adults: An exploratory study. *Journal of Gerontological Social Work*, 57(5), 498–520. doi.org/10.1080/01634372.2013.869787
- Friedman, H. (2010). Is Buddhism a psychology? Commentary on romanticism in “mindfulness in psychology.” *Humanistic Psychologist*, 38(2), 184–189. doi.org/10.1080/08873267.2010.485899
- Fulton, P. (2014). Contributions and challenges to clinical practice from Buddhist psychology. *Clinical Social Work Journal*, 42(3), 208–217. doi.org/10.1007/s10615-013-0469-7
- Garland, E. L. (2013). Mindfulness research in social work: Conceptual and methodological recommendations. *Social Work Research*, 37(4), 439–448.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12(1), 263–279. doi.org/10.1080/14639947.2011.564843
- Gockel, A., Cain, T., Malove, S., & James, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. *Journal of Religion & Spirituality in Social Work*, 32(1), 36–59. doi.org/10.1080/15426432.2013.749146
- Goh, E. C. L. (2012). Integrating mindfulness and reflection in the teaching and learning of listening skills for undergraduate social work students in Singapore. *Social Work Education*, 31, 587–604. doi: 10.1080/02615379.2011.579094



- Goodman, R. D., & Calderon, A. M. (2012). The use of mindfulness in trauma counseling. *Journal of Mental Health Counseling*, 34(3), 254–268.
- Gonçalves de Camara, L. (1995). *A pilgrim's testament: The memoirs of St. Ignatius of Loyola* (P. Divarkar, Trans.). St. Louis, MO: The Institute of Jesuit Sources.
- Grossman, P., & Van Dam, N. T. (2011). Mindfulness, by any other name...: Trials and tribulations of *sati* in western psychology and science. *Contemporary Buddhism*, 12(1), 219–239. doi.org/10.1080/14639947.2011.564841
- Hall, C. (2010). The theological foundations of lectio divina. In J.P. Greenman & G. Kalantzis (Eds.) *Life in the Spirit: Spiritual Formation in Theological Perspective* (pp. 180-197). Downers Grove, IL: InterVarsity Press
- Harned, M. S., Jackson, S. C., Comtois, K. A., & Linehan, M. M. (2010). Dialectical behavior therapy as a precursor to PTSD treatment for suicidal and/or self-injuring women with borderline personality disorder. *Journal of Traumatic Stress*, 23(4), 421–429. doi.org/10.1002/jts.20553
- Harrington, N., & Pickles, C. (2009). Mindfulness and cognitive behavioral therapy: Are they compatible concepts? *Journal of Cognitive Psychotherapy*, 23, 315-323. doi: 10.1891/0889-8391.23.4.315.
- Harris, H., Yancey, G., & Myers, D. (2016). Social work field education in and with congregations and religiously-affiliated organizations in a Christian context. *Religions*, 7(5), 52. doi-10.3290/rel7050052
- Hathaway, W., & Tan, E. (2009). Religiously oriented mindfulness-based cognitive therapy. *Journal of Clinical Psychology*, 65(2), 158–171. doi: 10.1002/jclp.20569
- Hick, S. F., & Chan, L. (2010). Mindfulness-based cognitive therapy for depression: Effectiveness and limitations. *Social Work in Mental Health*, 8(3), 225–237. doi: 10.1080/15332980903405330
- Hoffman, C. (2010). Does mindfulness increase wellbeing? *Journal of Holistic Healthcare*, 7(1), 45–48.
- Holas, P., & Jankowski, T. (2013). A cognitive perspective on mindfulness. *International Journal of Psychology*, 48(3), 232–243. doi.org/10.1080/00207594.2012.658056
- Howard, E. (2012). Lectio divina in the evangelical tradition. *Journal of Spiritual Formation & Soul Care*, 5(1), 56–77.
- Holmes, S. W. (1993). What is the Zen master talking about? *ETC: A Review of General Semantics*, 50(2), 157–164

- Hulsheger, U., Feinhodt, A., & Lang, J. (2013). Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion and job satisfaction. *Journal of Applied Psychology*, 98(20), 110-133.
- Ignatius of Loyola, S. (1992). *The spiritual exercises of Saint Ignatius: A translation and commentary* (G. Ganss, Trans.). Chicago, IL: Loyola University Press.
- Jennings, J. L., & Apsche, J. A. (2014). The evolution of a fundamentally mindfulness-based treatment methodology: From DBT and ACT to MDT and beyond. *International Journal of Behavioral Consultation & Therapy*, 9(2), 1–3. doi: 10.1037/h0100990
- Jensen, C. G., Vangkilde, S., Frokjaer, V., & Hasselbaich, S. G. (2012). Mindfulness training affects attention - or is it attentional effort? *Journal of Experimental Psychology: General*, 141(1), 106–123. doi:10.1037/a0024931
- Kabat-Zinn, J. (1991). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delta Trade Paperbacks.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science & Practice*, 10(2), 144–156. doi: 10.1093/clipsy.bpg016
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306. doi: 10.1080/14639947.2011.564844
- Kalmanson, L. (2012). The Messiah and the Bodhisattva: Anti-utopianism re-revisited. *Shofar: An Interdisciplinary Journal of Jewish Studies*, 30(4), 113–125. doi.org/10.1353/sho.2012.0077
- Keating, T. (1992). *Open mind, open heart: The contemplative dimension of the Gospel*. Warwick, NY: Amity House.
- Keating, T. (2008). *The heart of the world: An introduction to contemplative Christianity*. New York: The Crossroad Publishing Co.
- Khong, B. S. L. (2009). Expanding the understanding of mindfulness: Seeing the tree and the forest. *Humanistic Psychologist*, 37(2), 117–136. doi.org/10.1080/08873260902892006
- King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A. M., Robinson, ...Liberzon, I. (2013). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression & Anxiety*, 30(7), 638–645. doi.org/10.1002/da.22104

- Knabb, J. (2012). Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention. *Journal of Religion & Health*, 51(3), 908–924. doi.org/10.1007/s10943-010-9404-1
- Krygier, J. R., Heathers, J. A. J., Shahrestani, S., Abbott, M., Gross, J. J., & Kemp, A. H. (2013). Mindfulness meditation, well-being, and heart rate variability: A preliminary investigation into the impact of intensive Vipassana meditation. *International Journal of Psychophysiology*, 89, 305–313. doi: 10.1016/j.jpsycho.2013.06.017
- Kuyken, W., Byford, S., Byng, R., Dalgleish, T., Lewis, G., Taylor, R., ... Evans, A. (2014). Update to the study protocol for a randomized controlled trial comparing mindfulness-based cognitive therapy with maintenance anti-depressant treatment depressive relapse/recurrence: the PREVENT trial. *Trials*, 15(1), 3–8. doi.org/10.1186/1745-6215-15-217
- la Cour, P., & Petersen, M. (2015). Effects of mindfulness meditation on chronic pain: A randomized controlled trial. *Pain Medicine*, 16(4), 641–652. doi.org/10.1111/pme.12605
- Landes, S. J., Garovoy, N. D., & Burkman, K. M. (2013). Treating complex trauma among veterans: Three stage-based treatment models. *Journal of Clinical Psychology*, 69(5), 523–533. doi.org/10.1002/jclp.21988
- Louth, A. (2012). Apophatic and cataphatic theology. In A. Hollywood & P. Z. Beckman (Eds.), *The Cambridge Companion to Christian Mysticism* (pp. 137–146). New York: Cambridge University Press. Retrieved from <http://universitypublishingonline.org/ref/id/companions/CCO9781139020886A014>
- Lewinson, T., Robinson-Dooley, V., & Grant, K. W. (2012). Exploring “home” through residents’ lenses: Assisted living facility residents identify homelike characteristics using photovoice. *Journal of Gerontological Social Work*, 55(8), 745–756. doi:10.1080/01634372.2012.684758
- Luque, R., & Villagrán, J. M. (2008). Teresian visions. *Philosophy, Psychiatry & Psychology*, 15(3), 273–276. doi: 10.1353/ppp.0.0191
- Lutz, A., Jha, A. P., Dunne, J. D., & Saron, C. D. (2015). Investigating the phenomenological matrix of mindfulness-related practices from a neurocognitive perspective. *American Psychologist*, 70(7), 632–658. doi.org/10.1037/a0039585

- Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62(4), 459–480. doi.org/10.1002/jclp.20243
- Lynn, R. (2010). Mindfulness in social work education. *Social Work Education*, 29(3), 289–304. doi.org/10.1080/02615470902930351
- Lynn, R., & Mensinga, J. (2015). Social workers' narratives of integrating mindfulness into practice. *Journal of Social Work Practice*, 29(3), 255–270. doi.org/10.1080/02650533.2015.1035237
- MacKillop, J., & Anderson, E. J. (2007). Further psychometric validation of the mindful attention and awareness scale (MAAS). *Journal of Psychopathology & Behavioral Assessment*, 29, 289–293. doi: 10.1007/s10862-007-9045-1.
- Maex, E. (2011). The Buddhist roots of mindfulness training: A practitioner's view. *Contemporary Buddhism*, 12(1), 165–175. doi.org/10.1080/14639947.2011.564835
- McCracken, L. M., & Vowles, K. E. (2014). Acceptance and commitment therapy and mindfulness for chronic pain. *American Psychologist*, 69(2), 178–187. doi: 10.1037/a0035623
- McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work*, 30(3), 212–233. doi.org/10.1080/15426432.2011.587384
- McLeod, F. G. (1986). Apophatic or Kataphatic prayer. *Spirituality Today*, 38, 41–52.
- Michalak, J., Schultze, M., Heidenreich, T., & Schramm, E. (2015). A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients. *Journal of Consulting and Clinical Psychology*, 83(5), 951–963. doi.org/10.1037/ccp0000042
- Mind and Life Institute. (2016). Retrieved March 11, 2016, from <https://www.mindandlife.org>
- Mirdal, G. (2012). Mevlana Jalāl-ad-Dīn Rumi and mindfulness. *Journal of Religion & Health*, 51(4), 1202–1215. doi.org/10.1007/s10943-010-9430-z
- Molloy, J. K. (2007). Photovoice as a tool for social justice workers. *Journal of Progressive Human Services*, 18(2), 39–55. doi:10.1300/J059v18n02-04

- Moran, D. (2014). What does Heidegger mean by the transcendence of Dasein? *International Journal of Philosophical Studies*, 22, 491-514. doi: 10.1080/09672559.2104.948717
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mruk, C. J. (2010). Romancing the (Buddhist) stone: Reality or red herring? *Humanistic Psychologist*, 38(2), 190–195. doi: 10.10801/08873267.2010.485901
- National Association of Social Workers. (2008). Code of Ethics. Retrieved from <http://www.social-worker.org/pubs/code/code.asp>.
- Nevo, I., & Slonim-Nevo, V. (2011). The myth of evidence-based practice: Towards evidence-informed practice. *British Journal of Social Work*, 41, 1176-1197. doi: 10.1093/bjsw/bcq149
- Newsome, S., Waldo, M., & Gruszka, C. (2012). Mindfulness group work: Preventing stress and increasing self-compassion among helping professionals in training. *Journal for Specialists in Group Work*, 37(4), 297–311. doi.org/10.1080/01933922.2012.690832
- Obbard, E. (2012). *Woman mystic: Selections from Hildegard of Bingen's Scivias*. New York: New City Press.
- Olendzki, A. (2011). The construction of mindfulness. *Contemporary Buddhism*, 12(1), 55–70. doi.org/10.1080/14639947.2011.564817
- Oxhandler, H. K., & Pargament, K. I. (2014). Social work practitioners' integration of clients' religion and spirituality in practice: A literature review. *National Association of Social Workers*, 59, 271-279. doi: 10.1093/sw/sw4018
- Peabody, C. G. (2013). Using photovoice as a tool to engage social work students in social justice. *Journal of Teaching in Social Work*, 33(3), 251–265. doi: 10.1080/08841233.2013.795922
- Pew Forum on Religious and Public Life (2015). Religious Landscape Study. Retrieved from <http://www.pewforum.org/religious-landscape-study/>
- Reeves, G. (2008). *The Lotus Sutra: A contemporary translation of a Buddhist classic*. Somerville, MA: Wisdom Publications.
- Rodwell, M. K. (1998). *Social work constructivist research*. New York: Garland Publishing.

- Rogers, L. (2013). Should there be mentoring efforts to help retain and recruit more males into Baccalaureate and Master's Social Work Programs? *Journal of Human Behavior in the Social Environment*, 23, 908-917. doi: 10.1080/10911359.2013.788463
- Sabo, T., Liroy, D., & Fick, R. (2014). A hesychasm before hesychasm. *Journal of Early Christian History*, 4(1), 88–96.
- Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating mindfulness: Effects on well-being. *Journal of Clinical Psychology*, 64, 840-862. doi: 10.1002/jclp.20491
- Sharf, R. (2014). Mindfulness and mindlessness in early Chan. *Philosophy East & West*, 64(4), 933–964. doi: 10.1353/pew.2014.0074
- Shier, M. L., & Graham, J. R. (2011). Mindfulness, subjective well-being, and social work: Insight into their interconnection from social work practitioners. *Social Work Education*, 30(1), 29–44. doi.org/10.1080/02615471003763188
- Smith, D. W. (2011). Nibbanic (or pure) consciousness and beyond. *Philosophia*, 39(3), 475–491.
- Smith, D. W. (2013). Consciousness experienced and witnessed. In B. Mou & R. Tieszen (Eds.), *Constructive engagement of analytic and continental approaches in philosophy: From the vantage point of comparative philosophy* (pp. 91-102). Boston, MA: Brill.
- Smith, H. (1991). *The world's religions (50th Anniversary ed.)*. New York: HarperOne.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, UK; New York: Cambridge University Press.
- Springer, J. M. (2012). Acceptance and commitment therapy: Part of the “third wave” in the behavioral tradition. *Journal of Mental Health Counseling*, 34, 205-212.
- Sun, J. (2014). Mindfulness in context: A historical discourse analysis. *Contemporary Buddhism*, 15(2), 394–415. doi.org/10.1080/14639947.2014.978088
- Sundquist, J., Lilja, A., Palmer, K., Memon, A. A., Wang, X., Johansson, L. M., & Sundquist, K. (2014). Mindfulness group therapy in primary care patients with depression, anxiety and stress and adjustment disorders: Randomised controlled trial. *The British Journal of Psychiatry*, 208, 128-135. doi: 10.1192/bjp.bp.114.150243

- Symington, S. H., & Symington, M. F. (2012). A Christian model of mindfulness: Using mindfulness principles to support psychological well-being, value-based behavior, and the Christian spiritual journey. *Journal of Psychology & Christianity*, 31(1), 71–77.
- Tan, S.-Y. (2003). Integrating spiritual direction into psychotherapy: Ethical issues and guidelines. *Journal of Psychology & Theology*, 31(1), 14.
- Tan, S.-Y. (2007). Use of prayer and scripture in cognitive-behavioral therapy. *Journal of Psychology & Christianity*, 26(2), 101–111.
- Tan, S.-Y. (2011). Mindfulness and acceptance-based cognitive behavioral therapies: Empirical evidence and clinical applications from a Christian perspective. *Journal of Psychology and Christianity*, 30(3), 243–249.
- Tarrasch, R. (2014). Mindfulness meditation training for graduate students in educational counseling and special education: A qualitative analysis. *Journal of Child and Family Studies*, 24, 1322–1333. doi: 10.1007/s10826-014-9939-y.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68(4), 615–623. doi.org/10.1037/0022-006X.68.4.615
- Temme, L. J., & Kopak, A. M. (2016). Maximizing recovery through the promotion of mindfulness and spirituality. *Journal of Religion & Spirituality in Social Work*, 35(1/2), 41–56. doi.org/10.1080/15426432.2015.1067591
- The Linehan Institute (2016). Retrieved March 11, 2016, from <http://www.linehaninstitute.org/about-Linehan.php>
- Trungpa, C. (2013). *The path of individual liberation*. (J. Leif, Trans.) Boston, MA: Shambhala Publications, Inc.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80–96. doi:10.1177/1473325010368316
- Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal*, 37(2), 95–103. doi.org/10.1007/s10615-008-0182-0
- Twohig, M. P., Hayes, S. C., Plumb, J. C., Pruitt, L. D., Collins, A. B., Hazlett-Stevens, H., & Woidneck, M. R. (2010). A randomized clinical trial of acceptance and commitment therapy versus progressive relaxation training for obsessive-compulsive disorder. *Journal of Consulting & Clinical Psychology*, 78(5), 705–716. doi.org/10.1037/a0020508

- UCLA Mindful Awareness Research Center (2016). Retrieved March 11, 2016, from <http://marc.ucla.edu/>
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, UK: State University of New York Press.
- Vandenberghe, L., & Prado, F. C. (2009). Law and grace in Saint Augustine: A fresh perspective on mindfulness and spirituality in behaviour therapy. *Mental Health, Religion & Culture*, 12(6), 587–600. doi.org/10.1080/13674670902911872
- Warnecke, E., Quinn, S., Ogden, K., Towle, N., & Nelson, M. R. (2011). A randomised controlled trial of the effects of mindfulness practice on medical student stress levels. *Medical Education*, 45(4), 381–388. doi.org/10.1111/j.1365-2923.2010.03877.x
- Wilhoit, J. C. (2010). Centering prayer. In J.P. Greenman & G. Kalantzis (Eds.) *Life in the Spirit: Spiritual Formation in Theological Perspective* (pp. 180-197). Downers Grove, IL: InterVarsity Press.
- Wilhoit, J. C. (2014). Contemplative and centering prayer. *Journal of Spiritual Formation & Soul Care*, 7(1), 107–117.
- Wong, J. (2010). The Jesus Prayer and inner stillness. *Religion East & West*, 10, 35–48.
- Ying, Y. (2008). Variation in personal competence and mental health between entering and graduating MSW students: The contribution of mindfulness. *Journal of Religion & Spirituality in Social Work: Social Thought*, 27, 405-422. doi: 10.1080/15426430802347347