

Article 86

Loving Kindness Meditation: A Promising Practice for Reducing Stress and Increasing Empathy

Paper based on a program presented at the 2013 American Counseling Association Conference, March 22, Cincinnati, OH.

Imre Csaszar and Jennifer R. Curry

Csaszar, Imre “Emeric,” PhD, is an assessment administrator and instructor at Louisiana State University in Baton Rouge, LA. He has experience as an outdoor adventure therapist, mental health triage counselor, and he personally practices and integrates holistic wellness counseling including LKM in his work with graduate students and clients.

Curry, Jennifer, PhD, is an associate professor of counselor education at Louisiana State University in Baton Rouge, LA. She specializes in school counselor induction, PreK-12 career and college readiness, and holistic wellness therapies.

Stress is a well-documented concern for counselors that includes increasing psychological and physiological burdens that exceed individuals’ coping strategies (Lazarus & Folkman, 1984). Counselors experience stress from ongoing accountability pressures, complicated client issues, compassion fatigue, role conflict, systemic advocacy work, vicarious trauma, crisis response, and more (Amatea & Clark, 2005; Baggerly & Osborn, 2006; Bryant & Constantine, 2006; Butler & Constantine, 2005; Gysbers, 2004; Lambie & Williamson, 2004; Webb, Brigman, & Campbell, 2005). Stress that is not managed can lead to a progressive downward spiral of negative emotional and cognitive states including emotional exhaustion, burnout, and, eventually, impairment.

Holistic wellness is one approach that may mitigate stress and improve overall healthy functioning (Myers, Sweeney, & Witmer, 2000). However, little is known about what types of wellness practices counselors actually do. Moreover, specific practices and their impact on counseling professionals warrants more research to ensure that counselors are utilizing evidence-based wellness strategies for reducing stress. One promising wellness practice for reducing counselor stress and increasing empathy is Loving Kindness Meditation (LKM; Csaszar, 2012).

Meditation

Walsh and Shapiro (2006) define meditation as “a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and

development and/or specific capacities such as calm, clarity and concentration” (pp. 228-229). Historically, meditation has been a spiritual and healing practice in some parts of the world for more than 5,000 years (Walters, 2002). Traditional meditation practices held some type of spiritual growth, enlightenment, personal transformation, or transcendental experience as their ultimate goal (Perez de Albeniz & Holmes, 2005). However, during the last 40 years, the practice of meditation, both spiritual and secular, has become increasingly popular and has been adapted to the specific interests and orientation of Western culture as a complementary and alternative strategy to address a variety of issues in healthcare, business, and education (Deurr, 2004; Walsh & Shapiro, 2006).

The goal of meditation is a state of detached observation in which practitioners become aware of their environment but do not become involved in thinking about it nor do they react to metacognitions. All types of meditation practices are based on the concept of self-observation of immediate psychic activity, training one’s level of awareness, and cultivating an attitude of accepting the process of an event rather than the content of it (Shapiro & Carlson, 2009). Further, meditation practices may be classified according to certain phenomenological characteristics: a) the primary goal of practice (i.e., therapeutic or spiritual), b) the direction of the attention (e. g., mindfulness, concentrative, and practices that shift between the field or background perception and experience and an object within the field), c) the kind of anchor or *grounding* employed (e.g., a word, breath, sound, object or sensation), and d) the posture used (motionless sitting or moving; Craven, 2008).

Meditation Variations

During meditation, the practitioner’s mind is trained to disengage from habitual reactions and cyclical patterns of thinking. The literature identifies three major categories of meditation: concentrative meditation, insight or mindfulness meditation, and focused or directed meditation (Kristeller & Johnson, 2005). *Concentrative meditation* involves focusing one’s attention on a particular object, words, mantra, or breath. The goal is to maintain focus on the object of the meditation and return to that whenever the mind wanders. In *mindfulness meditation*, the attention is deliberately kept open to notice, without judgment, anything that enters one’s field of awareness. The point is to be fully aware and present, noticing what arises, but refraining from evaluation or following one’s own thoughts. *Directed meditation* utilizes some form of content to engage a selected aspect of oneself while also maintaining a nonjudgmental and non-evaluative stance. Although meditative traditions typically emphasize one of these methods, most contain aspects of all three (Kristeller & Johnson, 2005). Among all forms of meditation, mindfulness has received the most attention in the literature, especially in medical research (Baer, 2003; Kabat-Zinn, 2003).

Components of Meditation Practices

Because accounts of most meditation practices describe explicitly the use and role of breathing, mantra, relaxation, attention, spirituality and belief, and training and criteria for successful meditation practice, these components are described briefly below.

Breathing. Breathing or breath work in meditation can be incorporated passively or actively. In passive breathing, breathing is natural and no conscious control is exerted

over inhalation and exhalation. In contrast, active breathing involves the conscious control over inhalation and exhalation. This may involve controlling the way in which air is drawn in (e.g., through the mouth or nostrils), the rate (e.g., drawn in quickly or over a specified length of time), the depth (e.g., shallow or deep), and control of other body parts (e.g., relaxation of the abdomen, expansion of rib cage; Chernin, 2001).

Mantra. A distinctive feature of some meditation practices is the use of a mantra. A mantra is a sound, word, or phrase that is recited repetitively, usually in an unvarying tone, and used as an object of concentration. The mantra may be chanted aloud or recited silently. Mantras can be associated with particular historical or archetypal figures from spiritual or religious systems, or they may have no such associations whatsoever (Kaplan, 2001).

Relaxation. Relaxation is often considered to be one of the defining characteristics of meditation practices and meditation itself is often considered to be a relaxation technique (Shannahoff-Khalsa, 2007). Indeed, it has been suggested that the popularity of meditation practices in the West is due, in part, to their alleged effects with respect to arousal reduction (Holmes, 1984).

Attention and focus. The deliberate self-regulation of attention is considered crucial to the practice of meditation. Some meditation practices focus attention on a singular external object (e.g., mandala, candle, flame), sound (e.g., breath), word or phrase (i.e., mantra), or body part (e.g., the tip of the nose, the space between the eyebrows). In contrast, *mindfulness* meditation techniques aim to cultivate an objective openness to whatever comes into awareness. In doing so, the breath may be used as an anchor, but not a focus point, to keep the meditator engaged with the present moment (Sagula & Rice, 2005). Each of these techniques serves to discourage logical thinking as well as emotional reactivity (Chernin, 2001).

Spirituality and belief. This component refers to the extent to which spirituality and belief systems, or a focus on transcendence, are part of meditation practices. Spirituality and beliefs may be the guiding systems for individuals participating in meditation and may create a unique relationship with a higher power (Kristeller & Johnson, 2005).

Training and criteria of meditation practice. Training refers to the recommended frequency and duration of practice and how long a practitioner is expected to train before being considered proficient in a given technique (Deurr, 2004). The criteria of successful meditation practice are understood both in terms of the successful practice of a specific technique and in terms of achieving the aim of the meditation practice (e.g., reduced stress, spiritual enlightenment; Shannahoff-Khalsa, 2007).

Positive Correlates of Meditation

According to Benson (1997), a medical researcher at Harvard, meditation induces a host of biochemical and physical changes in the body collectively referred to as the "relaxation response" (p. 173). Relaxation responses include changes in metabolism, heart rate, respiration, blood pressure, and brain chemistry. Other effects include stress and pain reduction while bolstering the immune system, and reducing the negative effects of chronic pain, fibromyalgia, and coronary artery disease. Improvements have been

noted for both physical and mental health measures (Grossman, Niemann, Schmidt & Walach, 2004).

Mindfulness meditation helps practitioners achieve a state of responsive, creative awareness, or flow (Lazar et al., 2000). Csikszentmihalyi (1990) defined the *flow response* as a holistic response or an “optimal state of experience in which there is order in consciousness” (p. 71). Furthermore, he adds that flow provides a sense of discovery, a creative feeling of transporting the individual into a new reality. Flow “pushes a person to higher levels of performance, and leads to previously undreamed of states of consciousness” (Csikszentmihalyi, 1990, p. 74.). According to Csikszentmihalyi, flow improves attention to the here and now and pleasure experienced from joyful activities. In sum, meditation can increase flow, focus, and creativity.

In addition, Jha, Krompinger, and Baime (2007) propounded that regular meditation calms the restlessness of the mind, decreases distracting thoughts, and brings a sense of inner peace and relaxation, while improving the ability to concentrate and focus. Jha et al. speculated that with a peaceful mind one makes less mistakes, better judgments and decisions, and experiences increased patience and tolerance. This effect may improve relationships with family, friends, neighbors, and colleagues (Jha et al., 2007). Lutz, Slagter, and Dunne (2008) noted that meditation enhances a sense of happiness and contentment. As the mind becomes more and more peaceful, the number of worries, anxieties, fears, and negative thoughts decrease, and in their absence, happiness rises unobstructed from within (Lutz et al., 2008).

In regard to regular meditation practice, Barnes, Bloom, and Nahin (2007) stated that “one can see changes in the behavior and attitude and manner of thinking” (p. 198). The mind becomes more positive and one learns to react more constructively, patiently and calmly to the various situations of daily life, from dealing with people to dealing with problems, tasks, or goals; indeed, individuals who meditate become positive, efficient, focused, and more satisfied (Barnes et al., 2007). Barnes found these mental and emotional benefits of meditation: decreases in restless thinking, anxiety, worry, depression, anxiety, irritability, and moodiness; enhancement of self-confidence; improved concentration, creativity, and self-discipline; improved learning ability and memory; feelings of vitality and happiness; heightened levels of emotional stability; and greater intuition. Barnes et al. (2007) detailed the following list for spiritual benefits of meditation: peace of mind; emotional and mental detachment; heightened awareness of the inner self; the ability to look within, beyond the body, mind, and personality; discovery of the power and consciousness beyond the ego; discovery of one's true being; and attaining self-realization and spiritual awakening.

Loving Kindness Meditation (LKM)

Brief History of LKM

LKM has recently received more attention as part of the mindfulness movement in holistic wellness approaches as well as having more empirical research on its effectiveness (Fredrickson, 2009). LKM has Buddhist origins related to compassion, empathy, love, altruism, and connectedness (Kristeller & Johnson, 2005). As Buddhism has spread around the globe, so has the concept of LKM. LKM is a type of insight or mindfulness meditation; however, unlike other types of meditation, the aim of LKM is to

cultivate “compassion, joy, equanimity and the sense of love and connectedness with others” (Kristeller & Johnson, 2005, p. 395). The practice of LKM combines mindfulness, in the form of nonjudgmental awareness of the present moment (Kabat-Zinn, 2003), with the development of kindness, warmth, and compassion (Fredrickson, 2009). According to the Dalai Lama, in the Buddhist tradition, compassion is the desire to see others free from suffering, and it contains two defining aspects. The first is loving-kindness: the desire for others to be happy. The second is connectedness, defined as a sense of endearment, warmth, and tenderness toward others (Ekman, 2008). Although LKM has been utilized in research stripped of Buddhist connotations (Weibel, 2007), these defining principles remain as part of the process.

The process of LKM begins with the action of mentally directing warmth, love, kindness, and compassion toward oneself. This is the foundation of the practice. From there, the practice is typically expanded to include people for whom the meditator feels gratitude, then to family, friends, and other loved ones. Next, the practice is generally expanded to include neutral people (someone neither liked nor disliked by the meditator), then it is expanded to people with whom the meditator has difficulty, and ultimately to all beings or the entire planet. During the meditation, it is customary to silently repeat phrases or intentions of loving-kindness (Fredrickson, 2009; Salzberg, 2005; Weibel, 2007). The typical phrases are “May I be safe, may I be happy, may I be healthy, and may I live with ease.” However, meditators may personalize their objectives to suit themselves and their situation (Salzberg, 2005).

LKM is aimed at training the mind to generate feelings of warmth, kindness, and compassion toward self and others (Fredrickson, 2009); thus, LKM is distinctly different from other mindfulness practices. Consequently, the research on mindfulness does not adequately predict the effects of LKM (Corcoran, 2007) because other mindfulness practices focus on awareness of the present moment, rather than the explicit cultivation of positive emotion.

Research on LKM

Meditation has been shown to be an effective antidote to stress and depression and may buffer against maladaptive stress responses. Meditation can generate calmness, relaxation, and acceptance. LKM is a specific type of meditation that is included in Mindfulness Based Stress Reduction programs, but it is just beginning to be explored as its own entity (Salzberg, 2011). Preliminary research indicates that LKM can foster compassion (Weibel, 2007), empathy (Csaszar, 2012) and connectedness (Seppala, 2008), as well as reduce anger, depression, and anxiety (Carson et al., 2005; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Hutcherson, Seppala, & Gross, 2008; Seppala, 2008). Additionally, positive emotions, generated through meditation, can improve environmental mastery, flexibility in thinking, and creative problem-solving (Fredrickson et al., 2008; Isen, Nowicki, & Daubman, 1987).

However, research on LKM is still in its infancy. The first known study in the medical field specifically utilizing LKM as an intervention investigated its effect on chronic lower back pain (Carson et al., 2005). This study employed an experimental design with a treatment and control group (N = 43). Based on the hypothesis that negative emotions such as anger and resentment, increased pain intensity, researchers examined the possibility that increasing positive affect through LKM would reduce negative affect

and pain intensity. The LKM intervention was conducted through eight weekly 90-minute group sessions that included the meditation plus psychoeducation (Carson et al., 2005). Results indicated that participants in the experimental group demonstrated reduced pain intensity. Moreover, there was significant reduction in psychological distress, anxiety, daily anger, and tension. The more patients in the treatment group meditated, the less pain they felt that same day and the less anger they experienced the following day (Carson et al., 2005).

Corcoran (2007) conducted a grounded theory qualitative study with caregivers on the effects of LKM. Participants reported helpful changes in emotions, thoughts, behaviors, and relationships resulting from the practice of LKM. The changes in emotional states included reductions in anger, anxiety, fear, helplessness, emotional pain, and judgments. Further, participant data reflected increases in happiness, well-being, compassion, openness, and self-efficacy. Participants also reported that the ability to practice LKM on other people helped them to develop a greater sense of acceptance and cognitive empathy. Additionally, practitioners reported greater cognitive flexibility due to increased awareness of choices.

In the Corcoran (2007) LKM research, there were also noted effects with respect to relationships. Participants reported feeling better about themselves, being kinder to themselves, and having easier relationships with others. Additionally, the practice of LKM seemed to improve difficult relationships and decrease feelings of isolation. Participants were also able to avoid internalizing other peoples' negative behaviors and developed a detached concern for others. Finally, some participants experienced a greater sense of connection combined with less blaming of others (Corcoran, 2007). Based on these results, Corcoran recommended LKM for caregivers since it was evident for these participants that LKM increased compassion for self and others, and decreased feelings of helplessness, judgmental attitudes, and anger. Additionally, Corcoran posited that LKM may support caregivers in increasing efficacy and preventing burnout.

Weibel (2007) investigated LKM as an intervention to increase compassion in students enrolled in psychology classes (N = 71). Participants were randomly assigned into treatment and control groups. The intervention consisted of four weekly 90-minute group sessions and included mindfulness meditations along with LKM. Results indicated that the treatment group demonstrated greater increases in self-compassion (effect size .45) and compassionate love (effect size .33), and a greater decrease in trait anxiety (effect size .30, $p=.014$) in comparison to the control group.

Fredrickson and colleagues (2008) utilized LKM to test Fredrickson's broaden-and-build theory. The study employed an experimental design; the participants were 139 full-time employees at a software and information technology company. The treatment group consisted of 67 participants with 72 in a waitlist control group. The researchers provided an orientation for participants that outlined the known benefits of meditation and the treatment group participated in six 1-hour LKM meditation group sessions held over a period of 7 weeks (due to holidays). Fredrickson and colleagues hypothesized that practicing LKM would increase daily positive emotions and build a variety of personal resources that would positively affect participants' mental health and overall life satisfaction.

Fredrickson et al. (2008) found that the array of positive emotions experienced included "love, joy, gratitude, contentment, hope, pride, interest, amusement, and awe"

(p. 105). Path analyses supported a significant relationship between increased positive emotions, increased personal resources, and increased life satisfaction. The paths were significant for nine out of the 18 resources examined: (a) mindfulness, (b) pathways thinking, (c) savoring the future, (d) environmental mastery, (e) self-acceptance, (f) purpose in life, (g) social support received, (h) positive relations with others, and (i) illness symptoms. Even though the increase in positive emotions was small in magnitude and occurred gradually, it was associated with increases in several personal resources, such as mindful attention, good physical health, positive interpersonal relationships, and greater self-acceptance. These gains in personal resources generated increased life satisfaction and fewer symptoms of depression (Fredrickson et al., 2008).

Compassion-based meditation decreased physiological stress response in 30 students enrolled in a health education class (Pace et al., 2010). Participants were administered a standardized laboratory Trier Social Stress Test (TSST) in which innate immune, neuroendocrine, and distress responses were measured. Results indicated that a 6-week compassion-based meditation intervention down-regulated innate immune and distress responses to psychosocial stress. These findings, along with those of a previous study (Pace et al., 2010), suggest that the compassion meditation practice, rather than other factors such as psycho-education and expectancy bias, was related to the resultant health benefits.

Though more research is needed, these studies provide support for how LKM generates positive emotions (Carson et al. 2005; Fredrickson et al., 2008; Hutcherson et al, 2008; Seppala, 2008). The studies also substantiate examining LKM as an intervention that may increase empathy, because it has been shown to increase compassion (Weibel, 2007) and empathic brain activity (Lutz et al., 2008) There is also evidence that LKM increases social connectedness, thus it may increase perceived social support. Finally, positive emotions have been shown to increase cognitive flexibility and environmental mastery (Fredrickson et al., 2008); LKM may increase self-appraisal and problem-solving ability.

Implications for Counselors

Mindfulness and LKM has been adopted as an approach to decrease stress and to increase awareness of the mental processes that contribute to emotional distress and maladaptive behavior. Many researchers propose that LKM may be a viable therapeutic tool or intervention technique to appropriately handle stress (e.g., Baer, 2003; Kabat-Zinn, 1994). Practicing LKM allows individuals to contemplate the thoughts and sensations they experience as events that flow continuously and that should only be noticed and observed, while remaining conscious of their transitory and non-permanent nature. This breaks the habitual “think-feel-act pattern” (Kabat-Zin, 1994. p. 19) as well as the habit of judging and evaluating thoughts as if they were their own entities.

Counselors are often expected to counsel without having the tools to deal with the many challenges, changes, and stressors occurring in the systems that they work in. Yet counselors are ethically mandated to self-care (American Counseling Association, 2005), so the impetus for reducing stress and improving wellness is a professional obligation of counselors. Based on the potential benefits of positive emotions through LKM mentioned in this manuscript, these authors propose that LKM may be a viable stress reduction tool

for counselors. Given the stress, emotional exhaustion, compassion fatigue, vicarious trauma, and potential for burnout and impairment faced by counselors, LKM is one component of a holistic wellness approach that appears to have support as an evidence-based practice.

Access to LKM training is free (see Table 1). In addition, these authors advocate that wellness strategies like LKM should be integrated in the counselor education curriculum. For example, the first author provides practicum and internship counseling students with LKM compact discs (CDs; although it is optional to the student to use or not use the CDs) and provides training for students wishing to learn meditation as an adjunctive to the counseling curriculum. Students interested in learning may come to the sessions; it is not part of the course requirements or grade.

Table 1

Meditation Resources

<p>Tara Brach. (2013). <i>Meditation, emotional healing, spiritual awakening</i> (audio files). Retrieved from http://www.tarabrach.com/audioarchives-guided-meditations.html</p> <p>Christopher Germer. (2013). <i>Mindful self-compassion</i> (audio files). Retrieved from http://www.mindfulselfcompassion.org/meditations_downloads.php</p> <p>Lisa Dale Miller. (2007). <i>Lovingkindness (metta) meditation</i>. Retrieved from http://www.lisadalemiller.com/metta.htm</p> <p>Thich Nhat Hanh. (2008). <i>Mindful movements: Ten exercises for well-being</i>. Berkeley, CA: Parallax Press.</p> <p>Thich Nhat Hanh. (2012). <i>Work: How to find joy and meaning in each hour of the day</i>. Berkeley, CA: Parallax Press.</p> <p>University of California-Los Angeles (UCLA). <i>Free guided meditations</i>. Retrieved from http://marc.ucla.edu/body.cfm?id=22</p>

Conclusion

The evidence supporting mindfulness based approaches, and specifically LKM, as an important component of a holistic wellness regimen is mounting. Counselors face overwhelming occupational stress that can lead to emotional exhaustion, burnout, and impairment. In this manuscript, we reviewed correlates of LKM, components of meditation and the meditation process, and implications for counselors. In summary, it is only when counselors are truly well that they can help others, and LKM might be one activity to assist counselors in their own personal balance and health.

References

- American Counseling Association. (2005). *ACA Code of ethics*. Alexandria, VA: Author.
- Amatea, E. S., & Clark, M. A. (2005). Changing schools, changing counselors: A qualitative study of school administrators' conceptions of the school counselor role. *Professional School Counseling, 9*(1), 16-27.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*(2), 125-143.
- Baggerly, J., & Osborn, D. (2006). School counselors' career satisfaction and commitment: Correlates and predictors. *Professional School Counseling, 9*(3), 197-205.
- Barnes, P. M., Bloom, B., & Nahin, R., (2007). *Complementary and alternative medicine use among adults and children: United States, 2007*. Atlanta: GA Center for Disease Control National Health.
- Benson, H., (1997). The relaxation response: Therapeutic effect, *Science 5*(3), 169-187.
- Bryant, R. M., & Constantine, M. G. (2006). Multiple role balance, job satisfaction, and life satisfaction in women school counselors. *Professional School Counseling, 9*(4), 265-271.
- Butler, S. K., & Constantine, M. G. (2005). Collective self-esteem and burnout in professional school counselors. *Professional School Counseling, 9*(1), 55-62.
- Carson, J. W., Keefe, F. J., Lynch, T. R., Carson, K. M., Goli, V., Fras, A. M., & Thorp, S. R. (2005). Loving-kindness meditation for chronic low back pain: Results from a pilot trial. *Journal of Holistic Nursing, 23*(3), 287-304.
- Chernin, D. K. (2001). *How to meditate using chakras, mantras, and breath*. Ann Arbor, MI: Think Publishing LLC.
- Corcoran, C. C. (2007). A grounded theory exploration of loving kindness meditation: Practitioner experience, reports of effects, and clinical relevance. Berkeley, CA: Wright Institute
- Craven, J. L. (2008). Meditation and psychotherapy. *Canadian Journal of Psychiatry, 34*(7), 648-653.
- Csaszar, I. (2012). *The effect of Loving Kindness Meditation on student teachers stress and empathy*. Retrieved from <http://etd.lsu.edu/docs/available/etd-06272012-080110/unrestricted/csaszardiss.pdf>
- Csikszentmihalyi, M. (1990). *Flow, the psychology of optimal experience*. New York, NY: Harper Collins.
- Deurr M. (2004). *A powerful silence: The role of meditation and other contemplative practices in American life and work*. Northampton, MA: Center for Contemplative Mind in Society.
- Ekman, P. (2008). *Emotional awareness: Overcoming the obstacles to psychological balance and compassion: A conversation between the Dalai Lama and Paul Ekman*. New York, NY: Times Books.
- Fredrickson, B. L. (2009). *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive*. New York, NY: Crown Publishers.

- Fredrickson, B., Cohn, M., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045-1062.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research* 57(1), 35-43. doi:10.1016/S0022-3999(03)00573-7.
- Gysbers, N. C. (2004). Comprehensive guidance and counseling programs: The evolution of accountability. *Professional School Counseling*, 8(1), 1-13.
- Holmes, D. S. (1984). Meditation and somatic arousal reduction: A review of the experimental evidence. *American Psychologist* 39(1), 1-10.
- Hutcherson, C., Seppala, E., & Gross, J. (2008). Loving-kindness meditation increases social connectedness. *Emotion* (15283542), 8(5), 720-724.
- Isen, A. M., Nowicki, G. P., & Daubman, K. A. (1987). Positive Affect Facilitates Creative Problem Solving. *Journal of Personality & Social Psychology*, 52(6), 1122-1131.
- Jha, A. P., Krompinger, J., Baime, M. J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective & Behavioral Neuroscience*, 7(2), 109–119.
- Kabat-Zinn, J. (2003) Mindfulness-based interventions in context: Past, present, and Future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Kaplan S. (2001). Meditation, restoration, and the management of mental fatigue. *Environment and Behavior* 33(4), 480-506.
- Kristeller, J. L., & Johnson, T. (2005). Cultivating loving kindness: A two-stage model of the effects of meditation on empathy, compassion, and altruism. *Zygon: Journal of Religion & Science*, 40(2), 391-407.
- Lambie, G. W., & Williamson, L. L. (2004). The challenge to change from guidance counseling to professional school counseling: A historical proposition. *Professional School Counseling*, 8(2), 124-131.
- Lazar, S.W., Bush, G., Gollub, R.L., Fricchione, G.L., Khalsa, G., & Benson, H. (2000). *Functional brain mapping of the relaxation response and meditation*. Neuroreport. 11(7). 1581-1585. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.
- Lutz, A., Slagter, H. A., & Dunne, J. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences*, 12(4), 163–169.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, 78(3), 251-267.
- Pace, T. W. W., Negi, L. T., Sivilli, T. I., Issa, M. J., Cole, S. P., Adame, D. D., et al. (2010). Innate immune, neuroendocrine and behavioral responses to psychosocial stress do not predict subsequent compassion meditation practice time. *Psychoneuroendocrinology*, 35(2), 310-315.
- Perez de Albeniz, A., & Holmes, J. (2005). Meditation: Concepts, effects and uses in therapy. *International Journal of Psychotherapy* 5(1), 49-58.

- Sagula, D., & Rice, K. G. (2004). The Effectiveness of Mindfulness Training on the Grieving Process and Emotional Well-Being of Chronic Pain Patients. *Journal Of Clinical Psychology In Medical Settings*, 11(4), 333-342.
- Salzberg, S. (2005). *The force of kindness: Change your life with love & compassion*. Boulder, CO: Intuition Inc.
- Seppala, E. (2008). Loving-kindness meditation: A tool for increasing social connectedness. *Emotion*. 8(5), 720–724. DOI: 10.1037/a0013237
- Shannahoff-Khalsa, D. S. (2007) *Kundalini yoga meditation: techniques specific for psychiatric disorders, couples therapy, and personal growth*. New York, NY: W.W. Norton & Co.
- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
- Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and western psychology: A mutually enriching dialogue. *American Psychologist*, 61(3), 227–239. doi:10.1037/0003-066X.61.3.227
- Walters, J. D. (2002). *The art and science of Raja yoga: Fourteen steps to higher awareness*. Delhi: Motilal Banarsidass Publishers.
- Webb, L. D., Brigman, G. A., & Campbell, C. (2005). Linking school counselors and student success: A replication of the student success skills approach targeting the academic and social competence of students. *Professional School Counseling*, 8(5), 407-413.
- Weibel, D. T. (2007). *A loving-kindness intervention: Boosting compassion for self and others*. (Doctoral Dissertation) Retrieved from http://rave.ohiolink.edu/etdc/view?acc_num=ohiou1190652251

Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm