

Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety

By: Cheryl L. Fulton and [Craig S. Cashwell](#)

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Abstract:

Mindfulness-based awareness and compassion were examined as predictors of empathy and anxiety among 152 master's-level counseling interns. Results of hierarchical multiple regression analysis supported that awareness and compassion differentially contributed to explaining the variance in counselor empathy and anxiety. Implications for counselor education are discussed.

Keywords: mindfulness | counselor empathy | counselor anxiety

Article:

Counselor anxiety and empathy are important training variables in counselor preparation and performance. Anxiety is a multidimensional construct consisting of somatic (e.g., increased heart rate), cognitive (e.g., worry), and behavioral (e.g., avoidance of social situations) components (Lehrer & Woolfolk, 1982). Anxiety is negatively associated with counselor self-efficacy (Daniels & Larson, 2001) and adversely affects empathy (Hiebert, Uhlemann, Marshall, & Lee, 1998) and counselor performance (Daniels & Larson, 2001; Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992). Furthermore, counselor anxiety has been linked to a decreased likelihood of sharing about counseling experiences in supervision (Mehr, Ladany, & Caskie, 2010), potentially limiting the benefit of supervision. Negative feedback in supervision (Daniels & Larson, 2001), video-recorded performances (Hale & Stoltenberg, 1988), and initial counseling interviews (Bowman, Roberts, & Giesen, 1978) are associated with trainee anxiety; all of these experiences are inherent to counselor preparation.

In contrast, empathy is vital to the effective development of the therapeutic relationship (Rogers, 1957), the counselor–client working alliance (Trusty, Ng, & Watts, 2005), and positive counseling outcomes (Elliott, Bohart, Watson, & Greenberg, 2011). Empathy involves a cognitive component, *perspective taking* of another's point of view, as well as an emotional component, *empathic concern*, which involves having genuine feelings of concern for a distressed person and is distinct from *personal distress*, or concern for one's own emotional reaction to an uncomfortable interpersonal situation (Davis, 1980). Empathic capacity is an essential counselor training outcome given its importance to effective counseling and positive

client outcomes (Elliott et al., 2011). Methods for cultivating and sustaining empathy have not been well developed in counselor education (Bien, 2008).

Mindfulness

Mindfulness training has been generating interest as a means for improving counseling performance (Buser, Buser, Peterson, & Seraydarian, 2012; Greason & Cashwell, 2009; Grepmaier et al., 2007) and has been proposed as a method for addressing both counselor empathy and anxiety (Greason & Cashwell, 2009; Lambert & Simon, 2008; Shapiro, Brown, & Biegel, 2007). Mindfulness training typically includes education, meditation practice, and some gentle yoga (Baer, 2003). *Mindfulness* is defined as present-moment awareness without judgment (Baer, 2003); however, it also involves “heart” qualities, such as compassion, because it requires “affectionate attention” (Kabat-Zinn, 2012, p. 53). In other words, heightening one’s awareness of unpleasant or painful present-moment experience without bringing warmth, friendliness, and compassion to that awareness can be difficult, if not counterproductive (Germer, 2006; Shapiro, Carlson, Astin, & Freedman, 2006). Curiously, most measures of mindfulness do not include heart qualities, such as compassion (Kraus & Sears, 2009). Because mindfulness includes mind (awareness) and heart (compassion) qualities, mindfulness training involves both awareness and compassion meditations (Schmidt, 2004); therefore, the study of both aspects of mindfulness seems essential.

Self-compassion involves having feelings of concern for one’s own suffering and approaching one’s shortcomings with kindness, nonjudgment, understanding, and awareness that shortcomings are part of the common human experience (Neff, 2003). Self-compassion has been negatively correlated with harsh self-judgment and anxiety and has been positively associated with social connection and empathy (Birnie, Speca, & Carlson, 2010; Neff, 2003). Developing self-compassion is hypothesized to engender compassion for others, although the study of this relationship is limited (e.g., Neff & Pommier, 2013) but potentially relevant to those investing in mindfulness training to help improve relationships.

Mindfulness may hold promise as a broadly applicable method to address counselor anxiety, because it has been found to reduce anxiety among diverse populations in two comprehensive reviews of the literature (Baer, 2003; Greason, 2009). More recently, participation in 8 weeks of mindfulness training was found to lower anxiety in participants compared with a control group (Farb et al., 2010) and to decrease density in brain structures associated with stress and anxiety among novice meditators compared with a control group (Holzel et al., 2011). In the lone study of mindfulness and counselor trainee anxiety currently available, Shapiro et al. (2007) found that mindfulness training resulted in decreased anxiety among counseling psychology students. It is unknown, at this point, how awareness and compassion differentially affect counselor trainee anxiety.

Although studies are limited, there is preliminary evidence for a positive association between mindfulness and empathy (Birnie et al., 2010; Greason & Cashwell, 2009). Greason and Cashwell (2009) found a relationship between mindfulness (awareness only) and empathy (combined measure of cognitive and affective empathy) among counselor trainees. In an early quasi-experimental study, Lesh (1970) found that counselor trainees who participated in a 4-

week meditation training group had greater empathy than two control groups. Similar increases in empathy were found in an experimental study with medical students (Shapiro, Schwartz, & Bonner, 1998).

More recently, researchers have used neuroscience to better understand the impact of mindfulness. For example, Lutz, Brefczynski-Lewis, Johnstone, and Davidson (2008) found that the ability to cultivate a state of loving-kindness (invoking universal love and caring toward others) and compassion via meditation affected neural processes associated with enhanced empathic responses to social stimuli when comparing long-term meditators ($n = 16$) with novices ($n = 15$). Similarly, in another study, just 30 minutes of daily meditation among novice meditators ($n = 16$) was found to increase grey-matter density in the parts of the brain associated with empathy when compared with a wait-listed control group ($n = 17$; Holzel et al., 2011). However, researchers have not examined how aspects of mindfulness (awareness and compassion) might differentially predict counselor empathy, particularly both affective and cognitive dimensions of empathy.

In summary, further study of the relationships among mindfulness and counselor empathy and anxiety is warranted. Specifically, because mindfulness studies, to date, have largely been focused on mindfulness as primarily attention and awareness, we explored whether compassion augments mindfulness in predicting counselor empathy and anxiety. Understanding how facets of mindfulness relate to key factors in counselor development provides needed support and direction for the potential utility of mindfulness training for counselor development. Thus, the following research questions were addressed: (a) Does mindfulness-based compassion augment awareness in explaining the variance in empathy (affective and cognitive) and anxiety among counselor trainees? and (b) Which awareness (i.e., observe, describe, act with awareness, nonjudge, nonreact) and compassion (i.e., self and others) facets most significantly contribute to explaining the variance among these variables?

Method

Participants and Procedure

Following institutional review board approval, master's-level counseling interns were recruited, via convenience sampling, by contacting professional colleagues who were counselor educators at counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). We also used purposive sampling to obtain participation from geographically diverse programs representing different regions of the United States (i.e., West, Mid-Atlantic, Midwest, South). In total, we contacted 15 instructors/programs to achieve the desired sample size, and 12 agreed to participate. Participating instructors agreed to distribute and collect informed consents and questionnaires (i.e., paper and pencil) during class or supervision and were given written instructions regarding data-collection procedures. Of the 218 packets sent by postal mail, 152 usable surveys were returned (70% response rate). Counseling interns were blind to the study variables, participation was voluntary, and interns were given the option to be included in a drawing for a \$25 gift card. Responses were mailed back by the

instructors in a stamped, return envelope provided by the researchers. Data collection best practices governed collection procedures for this study (Heppner, Wampold, & Kivlighan, 2008).

Based on the total sample, 129 (84.9%) were women, and 23 (15.1%) were men, with a mean age of 28.13 years ($SD = 7.3$; $R = 23-50$). Participants self-identified as European American ($n = 123$, 80.9%), African American ($n = 14$, 9.2%), multiracial ($n = 5$, 3.3%), Hispanic/Latino/a ($n = 5$, 3.3%), Asian American ($n = 4$, 2.6%), and other ($n = 1$, 0.7%). The majority of participants were in the clinical mental health track ($n = 76$, 50.0%), followed by school counseling ($n = 56$, 37.0%), couple and family counseling ($n = 8$, 5.2%), college counseling ($n = 6$, 3.9%), and dual track ($n = 4$, 2.6%); 1.3% ($n = 2$) did not identify a track. The overall sample had completed a mean of 53.1 ($SD = 11.3$) graduate credit hours. Approximately 37.5% of interns reported that they engaged in a mindfulness practice, primarily yoga, although meditation and prayer were also noted. Coincidentally, 37.5% of interns also stated that they had been exposed to mindfulness training in their programs. This training was described as primarily didactic, with a few interns relaying experiences with mindfulness exercises in class.

Instruments

Five-Facet Mindfulness Questionnaire (FFMQ). The FFMQ (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) is a 39-item, self-report questionnaire designed to measure mindfulness (awareness) in daily life. The FFMQ consists of five mindfulness facets (subscales): Observing, Describing, Acting With Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience. Items are rated on a Likert-type scale ranging from 1 (*never or rarely true*) to 5 (*very often or always true*). Each subscale is scored, and the five factors combined form a total score of mindfulness, with higher scores representing greater mindfulness. Previous alpha coefficients provide evidence of adequate to good internal consistency, with subscales ranging from .75 to .91 and a full-scale alpha of .96 (Baer et al., 2006). The alpha coefficient in the current sample was .88 for the total score and ranged from .75 to .90 for subscales.

Self-Other Four Immeasurables (SOFI). Kraus and Sears (2009) developed the SOFI to measure the heart qualities of mindfulness (e.g., compassion). The SOFI is a 16-item (eight pairs) self-report instrument in which participants rank words (e.g., friendly, compassionate, joyful) that describe different thoughts, feelings, and behaviors that participants have directed toward themselves and others during the past month. Items were developed based on the theoretical qualities of the Four Immeasurables (i.e., kindness, compassion, joy, equanimity) from Buddhist teaching. Words are ranked on a 5-point, Likert-type scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). The instrument consists of four subscales: Positive Qualities Toward Self, Positive Qualities Toward Others, Negative Qualities Toward Self, and Negative Qualities Toward Others. Internal consistency for the four subscales was previously reported as strong, ranging from .80 to .86, but lower for the overall scale (.60). Only the positive subscales were used in this study as a measure of compassion (toward self and others) to reflect the heart qualities of mindfulness. In this sample, alpha for the combined positive scales was .78, and alphas for specific subscales were .77 for Compassion-Self and .67 for Compassion-Other. Because the internal consistency for the Compassion-Other subscale appeared lower than desired (.67), potentially as a result of measuring few items (four), it was further assessed using interitem

correlations, which all ranged from .30 to .44 ($M = .35$) and, thus, were deemed acceptable (Clark & Watson, 1995).

Interpersonal Reactivity Index (IRI). Empathy was measured using two of the four subscales of the IRI (Davis, 1980), which is a 28-item measure (seven items per subscale) to which participants respond on a Likert-type scale ranging from 0 (*does not describe me well*) to 5 (*describes me very well*). The Perspective Taking (PT) and Empathic Concern (EC) subscales, which measure cognitive and affective empathy, respectively, are purported to be the best representation of empathy (Spreng, McKinnon, Mar, & Levine, 2009) and, therefore, were the units of analysis we chose for this study. The Fantasy (F) subscale, which measures the tendency to identify with fictional characters, was not used, because it is not considered an exclusive aspect of empathy and demonstrated poor concurrent validity with other empathy measures (Birnie et al., 2010). Similarly, the Personal Distress (PD) subscale, which measures anxiety and discomfort resulting from witnessing another's negative experience (Davis, 1980), was also omitted, because researchers suggested it is a measure of emotional self-control rather than empathy (Spreng et al., 2009). Previous evidence of internal reliability is acceptable for subscales, with alphas ranging from .70 to .72 for EC and .75 to .78 for PT. In the current sample, alphas were .79 (EC) and .75 (PT).

Trimodal Anxiety Questionnaire (TAQ). The TAQ (Lehrer & Woolfolk, 1982) is a 36-item, self-report instrument that measures somatic, behavioral, and cognitive components of anxiety. The Somatic subscale (16 items) references physical symptoms of anxiety, the Behavioral subscale (nine items) addresses avoidance of social situations, and the Cognitive subscale (11 items) measures the tendency to worry or ruminate. Participants respond to items on a 9-point, Likert-type scale ranging from 0 (*never*) to 8 (*extremely often*), with total scores ranging from 0 to 288 and higher scores indicating greater anxiety. Previous evidence of reliability for all subscales was adequate to good (i.e., Somatic factor, .87–.92; Behavioral factor, .81–.88; Cognitive factor, .83). Although a total scale reliability was not reported by Lehrer and Woolfolk (1982, in the current sample, alpha for the total scale was .93, with subscale alphas of .78 (Cognitive), .76 (Behavioral), and .85 (Somatic).

Demographics. Participants were queried about their age; gender; race/ethnicity; degree program and track; hours completed in their programs; field experience; current compassion, meditation, and relaxation practices; and mindfulness training in their counseling programs.

Results

Using GPower 3.1 (gpower.software.informer.com/3.1), a sample size of 152 counseling interns was deemed ample for conducting all hierarchical and linear multiple regressions to identify a medium effect size (Power = .80) at the .05 level. Preliminary analysis of the data indicated that there were no outliers and data were normally distributed for all instruments. We used mean-item replacement for four items missing across the data set.

For Research Question 1, we tested the hypotheses that compassion would augment awareness in explaining the variance in (a) affective empathy, (b) cognitive empathy, and (c) anxiety. Hierarchical multiple regressions were computed using the “Enter” method, where awareness

was entered into the model first, followed by the concurrent entry of both self and other compassion, for all three dependent variables. Although the overall model of awareness and compassion had a significant relationship with affective empathy, $F(3, 148) = 9.82, p < .001$, explaining 14.9% of the variance (see Table 1), compassion increased the variance 14.5% above mindfulness (0.4%). In fact, compassion explained most of the variance in affective empathy. Notably, compassion toward others (but not self) was a significant predictor of affective empathy ($\beta = .42, p < .001$).

Table 1. Hierarchical Regression of Awareness and Compassion as Predictors of Counselor Variables

Dependent Variable and Model	<i>B</i>	<i>SE</i>	β	Adj. R^2	% ΔR^2
Affective Empathy					
Step 1				0.4	
Mindful Awareness	0.03	0.02	.10		
Step 2				14.9	
Mindful Awareness	-0.01	0.02	-.03		
Compassion-Self	-0.03	0.14	-.02		
Compassion-Other	0.86	0.17	.42***		
Cognitive Empathy					
Step 1				8.6	
Mindful Awareness	0.08	0.02	.30***		
Step 2				13.6	
Mindful Awareness	0.07	0.02	.26**		
Compassion-Self	-0.13	0.13	-.09		
Compassion-Other	0.54	0.17	.28***		
Anxiety					
Step 1				31.7	
Mindful Awareness	-1.44	0.17	-.57***		
Step 2				33.9	
Mindful Awareness	-1.20	0.19	-.47***		
Compassion-Self	-2.79	1.11	-.20*		
Compassion-Other	0.10	1.40	.01		
<i>Note.</i> Adj. R^2 = percentage adjusted R^2 . * $p < .05$. ** $p < .01$. *** $p < .001$.					

Similarly, awareness and compassion had a significant relationship with cognitive empathy, $F(3, 148) = 8.96, p < .001$, explaining 13.6% of the variance, but compassion increased the variance 5.0% above that explained by awareness alone (8.6%; see Table 1), supporting the hypothesis. In this instance, both awareness ($\beta = .26, p < .01$) and compassion toward others ($\beta = .28, p < .001$) were significant predictors of cognitive empathy. Lastly, awareness and compassion had a significant relationship with anxiety, $F(3, 148) = 26.83, p < .001$, explaining 33.9% of the variance, yet compassion only increased the explained variance in anxiety by 2.2% above that

explained by awareness alone (31.7%). Although the hypothesis was supported, the increase was negligible for anxiety, as awareness accounted for most of the explained variance.

For Research Question 2, using multiple linear regressions, we examined which awareness and compassion subfacets would significantly contribute to explaining the variance in (a) affective empathy, (b) cognitive empathy, and (c) anxiety among counselor trainees. Because of the exploratory nature of this aspect of the study, we made no hypotheses regarding which facets would be the strongest or significant predictors. Regarding affective empathy, only compassion (other) was a significant predictor ($\beta = .44, t = 4.85, p < .001$), accounting for 13.9% of the variance. Furthermore, for cognitive empathy, nonreact ($\beta = .21, t = 2.62, p < .01$) and compassion for others ($\beta = .29, t = 3.29, p < .001$) were significant predictors, accounting for 18.7% of the variance. Lastly, act with awareness ($\beta = -.23, t = -2.98, p < .01$) and nonjudge ($\beta = -.30, t = -3.87, p < .001$) had a significant negative relationship with anxiety, accounting for 39.6% of the variance.

Discussion

Although scholars have suggested that mindfulness is important to counselor development and the counseling process (e.g., Buser et al., 2012; Greason & Cashwell, 2009; Lambert & Simon, 2008), to date, there has been limited study of counselor mindfulness. Furthermore, the differential contribution of mindfulness-based awareness and compassion to counselor empathy and anxiety has not been explored previously. Results of this study supported the hypotheses that compassion would augment awareness in predicting these relationships, although the increase was negligible for anxiety. Based on the study results, the inclusion of compassion may be important to the study of mindfulness training designed to address both counselor empathy and anxiety.

Previously, mindfulness (awareness only) was found to be related to empathy (combined affective and cognitive) among counselors (Greason & Cashwell, 2009), but the results of the current study extend this research by further elucidating which aspects of mindfulness are related to specific empathy dimensions. In particular, compassion (toward others) was the only significant predictor of affective empathy, whereas both awareness and compassion (toward others) were significant predictors of cognitive empathy. This is consistent with Birnie et al. (2010), who found that mindfulness training increased perspective taking but not empathic concern among the general population. Thus, it is possible that a counseling intern who can take the perspective of a client, but not necessarily have genuine feelings of concern for the client, may benefit from compassion meditations (e.g., loving-kindness meditation); however, a controlled study of mindfulness training with counselors would be necessary to empirically support this conclusion, as the current study was correlational, and causation cannot be inferred.

Although both awareness and compassion (toward self) had significant negative relationships with anxiety, the incremental variance explained by compassion (toward self) was small (2.2%), indicating that awareness was the more robust predictor of anxiety. This is consistent with studies in which both mindfulness and self-compassion have been found to be significantly negatively related to anxiety (Bergen-Cico & Cheon, 2014; Van Dam, Earleywine, & Borders, 2010), although findings have been mixed regarding which was the stronger predictor.

Additionally, the finding that awareness is a significant and negative predictor of anxiety among counselor trainees is consistent with previous findings in which mindfulness, when studied independently, was associated with lower anxiety in diverse populations (Baer, 2003; Greeson, 2009), including therapists in training (Shapiro et al., 2007). Similarly, self-compassion has been found to be inversely related to anxiety in the general population (Birnie et al., 2010; Neff, 2003), as was the case among counselor trainees in the current study. Compassion (self), however, was not as robustly predictive of anxiety as awareness in the current study when both aspects of mindfulness were included in a regression model.

Finally, although examination of mindfulness and compassion at the facet level has been encouraged (e.g., Baer, Lykins, & Peters, 2012), there are few such studies related to anxiety and empathy and none with counselor trainees. The current study contributes to the literature by elucidating these relationships. A model of the five mindfulness facets and two aspects of compassion had significant relationships with both empathy and anxiety, but specific facets uniquely contributed to these relationships. For example, compassion toward others was the only significant predictor of affective empathy among all seven predictors. This is surprising because mindfulness training has been associated with increased empathy (e.g., Shapiro et al., 1998). It may be that compassion mediates the relationship between mindfulness training and empathy. Furthermore, nonreacting to present-moment experience and having compassion toward others were the only significant predictors of cognitive empathy, and acting with awareness and nonjudging present-moment experience were significant negative predictors of anxiety. Desrosiers, Klemanski, and Nolen-Hoeksema (2013) similarly found that nonjudging was inversely related to anxiety, but they did not find that acting with awareness was related to anxiety. Differences in findings may be accounted for by differences in anxiety measures and populations studied. Nonetheless, it seems that different aspects of mindfulness differentially predict empathy and anxiety.

Implications for Counselor Education and Supervision

There are several potential implications for counselor education and supervision based on the results of this study. Understanding how mindfulness facets relate to empathy and anxiety may inform researchers and educators when exploring the use of specific mindfulness skills for specific outcomes (e.g., practicing nonjudging of one's present-moment experience to reduce anxiety). This may be particularly relevant given that 37% of our sample reported that their programs are already exposing them to some degree of mindfulness education/experience. Furthermore, because both mindfulness-based awareness and compassion (for self and others) were related to empathy in this study, educators may consider mindfulness training as a potential means to support counseling students in further developing their dispositional empathy or protecting against empathy fatigue. On the basis of our findings, it is possible that mindfulness training that focuses on awareness may help develop perspective taking and reduce anxiety, whereas compassion practices may help engender both empathic concern and perspective taking. Specifically, activities (e.g., mindfulness, loving-kindness meditations) that enhance the trainee's ability to act with awareness and maintain a nonjudgmental and self-compassionate stance to their own internal experiences may help to reduce trainee anxiety. Furthermore, mindful awareness and compassion training may redress the negative effects of anxiety, such as lower empathy (Hiebert et al., 1998) and decreased likelihood of sharing about counseling experiences

in supervision (Mehr et al., 2010). Also, developing mindfulness skills (e.g., nonjudgment to present-moment experience), as well as compassion for others (via compassion meditation and exercises), may help to increase a counselor's ability to take the client's perspective and offer genuine empathy, which are both important to the development of the therapeutic relationship. Studies are needed to empirically test whether mindfulness training can produce increased empathy and decreased anxiety for educators and supervisors to confidently adopt these suggestions.

Mindfulness training can be incorporated into the counseling curriculum by adopting the well-established, mindfulness-based, stress-reduction program (MBSR; Kabat-Zinn, 1990), an 8-week mindfulness curriculum that involves didactic, experiential, and homework experiences that cultivate mindfulness. MBSR training is available at many universities, online, and via the proliferation of books currently available. Ideally, researchers will adopt a program such as MBSR for the counselor training environment and test it so that there is a “manualized” program to facilitate adoption of mindfulness training among instructors. Once students participate in mindfulness training, they can practice mindfulness on their own.

Mindful awareness and compassion may be learned in supervision through modeling and skill-building (e.g., practice observing without judgment), or supervisors might use a structured program, such as mindfulness-based role play (MBRP; Andersson, King, & Lalande, 2010), which is designed for mindfulness practice within counseling supervision. A counseling program that has adopted mindfulness training as part of student development also could encourage site supervisors to take MBRP and/or MBSR training or could host its own training. Lastly, using programs such as MBSR, mindfulness information and exercises could be incorporated into class time (e.g., helping-skills course). Participants in the current sample (37%) identified that they had been exposed to mindfulness training, exercises, or content in their programs already. Thus, it may be possible to impart mindfulness skills across the curriculum; however, additional research is needed to determine the best timing and context for this training (e.g., supervision, class, practicum).

Limitations and Future Research

These results, although promising, need to be reviewed within the context of limitations in the study design and sample. Because results were based on a survey design, nonresponders may have differed systematically from those who responded, although the response rate of 70% somewhat mitigates this limitation. Furthermore, interns were mostly European American and from CACREP-accredited programs, so it is unknown how the results might generalize to nonaccredited programs or ethnic minorities. Additionally, all instruments were self-report measures, which can be influenced by degree of self-knowledge and social desirability. Also, the study measures assessed each variable in general as opposed to within the counseling context. It is possible that interns' levels of awareness, compassion, anxiety, and empathy are different when in session. Finally, results related to the Compassion-Other subscale of the SOFI should be viewed with some caution given the lower alpha in this sample. Despite the study limitations, the results may provide insight into the relative relationships between mindfulness-based awareness and compassion and counselor trainee empathy and anxiety

Further studies are needed to corroborate these findings. Using counseling-specific measures (e.g., in-session versus general mindfulness) and alternative forms of the measures (e.g., observer or client-rated empathy) would extend the results from the current study. Also, researchers should include client-outcome measures to understand whether greater mindfulness increases empathy and reduces anxiety and, in turn, whether this relates to positive client outcomes. Additionally, because both awareness and compassion were related to empathy and anxiety in this study, future studies should include a compassion measure, for both self- and other compassion, as they were differentially related to empathy and anxiety in this study. Lastly, randomized controlled studies designed to measure specific changes as a result of mindfulness training are needed so that educators and supervisors can confidently use mindfulness training to help improve trainee performance and client outcomes.

In summary, the current study offers support that both aspects of mindfulness are predictive of counselor empathy and anxiety, albeit differentially. Further research is needed to corroborate these results and build upon them with controlled empirical studies that test the efficacy of mindfulness training for increasing counselor empathy and reducing anxiety. Ultimately, if mindfulness is to be adopted as part of counselor training, researchers must demonstrate that such training will improve counseling performance and positive client outcomes.

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