The Use of Silence and Silencing in Group Counseling:
Productive, Unproductive, and Misunderstood

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Abstract

This research focuses upon the use and misuse of silence in group psychotherapy. While many group counseling leadership skills are taught in counselor education programs, understanding the dynamics and use of silence as a therapeutic intervention has not been given the importance that we believe it warrants. This study focused upon the use and misuse of silence of three doctoral students in a CACREP accredited Counselor Education and Supervision program. The doctoral students were closely observed over a four-day residency as they facilitated experiential counseling groups with three groups of masters counseling students. Data collection utilized videotaping, debriefing questionnaires, individual interviews, and a focus group. The findings indicate that the doctoral students lacked understanding and skills in the use of silence. Recommendations are made to utilize meditative mindfulness as a method for students to develop their own inner awareness, and to include the use of silence in program curriculum.
keywords: silence, silencing, group, group leadership skills, mindfulness

"First create quietness in yourself."
Chinese Proverb

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The Association for Specialists in Group Work (ASGW, 2000) listed group leadership knowledge and skill objectives in its "Professional Standards for the Training of Group Work." The ASGW was quite specific in its recommendation of the core foundation of knowledge and skill competencies group facilitators need to possess in order to properly facilitate group work. However, despite the CACREP and ASGW standards and recommendations and much research over the years (Barlow, 2004; Furr & Barret, 2000; Guth & McDonnell, 2004; Hensley, 2002; Kane, 1995; Paradise, Ceballos, & Hall, 2010; Shumaker, Ortiz, & Brenninkmeyer, 2011; Stockton & Toth, 1997; Stokes & Tate, 1980), many programs still fall short in their preparation of counseling students for becoming group facilitators through developing group leadership skills.

Group Leadership Skills

The group leader is an essential part of what makes the group process work as he or she is a catalyst for change and growth in the group as a whole as well as for each member of the group individually. Corey, Corey, and Corey (2010) provided a list of characteristic qualities deemed important for the group leader to possess, including courage, willingness to model, presence, goodwill, genuineness and caring, belief in the group process, openness, non-defensiveness in coping with criticism, awareness of subtle culture issues, being able to identify with a client's pain, personal power, stamina, commitment to self-care, self-awareness, sense of humor, inventiveness, and personal dedication and commitment. It is also important, if not essential, for the group leader to develop and foster skills that will assist in his or her role as a group leader. Corey et al. (2010) offered the following list of important group leadership skills: active listening, reflecting, summarizing, facilitating, empathizing, interpreting, questioning, linking, confronting, supporting, blocking, assessing, modeling, suggesting, initiating, evaluating, and terminating. One of the greatest challenges for a new group leader may well be related to learning how, when, and to what degree of consideration and understanding he or she will use each skill.

One of the most basic skills of being a competent therapist is the ability to be a good listener (Corey, 2012; Corey et al., 2010; Kivlighand & Tibbits, 2012; Johnson & Johnson, 2003; Pearson, 1985; Rogers & Farson, 2015; Urlic', 2010). In counselor education and training, students are typically introduced to active listening skills early in their program of study. Active listening is a collection of basic skills taught in the vast majority of graduate counselor education curriculum. One of the main goals of using active listening is for the client(s) to feel heard and understood. "Despite the popular notion that listening is a passive approach, clinical and research evidence clearly shows that sensitive listening is a most effective agent for individual personality change and group development" (Rogers & Farson, 2015, p. 3).

In order for active listening to occur, silence on the part of the listener is crucial. One must be silent in order to hear. One must be able to listen to oneself and to sit in one's own silence and simply be before they can sit in the silence of another. Rogers and Farson (2015) stated "To listen to oneself is a prerequisite to listening to others" (p.19).

Silence

While silence or dealing with silence may not be considered a group leadership skill, it is an essential skill for group leaders to develop expertise in dealing with silence. Silence has many meanings and can be both productive and unproductive (Corey, 1981). As with all group leadership skills and abilities one of the most important aspects of silence is knowing when and to what degree to implement it, if at all. According to Lovelady (2006), "Empirical research suggests that learning about the use of silence occurs on the job, from therapists' experience of personal counseling, or in supervision" (p. 9).

Silencing occurs when a group leader "silences" or "shuts down" a group member for a non-therapeutic reason. For example, if the group member begins talking about a topic the group leader is uncomfortable discussing or if the group leader lacks knowledge or skill in a certain

area, he or she may silence or shut down that group member. When used properly silencing can be powerful and often times is constructive, though when misused it can be just as powerful as it leaves a negative trail behind it for a group member, several group members, the group as a whole, and/or the group leader (Brown, 2008; Hill, Thompson, & Ladany, 2003; Lovelady, 2006). This can often be so distracting that the group leader might have to intervene to get the group back on track or to avoid further disruptions.

Productive Silence

According to Greenson (1967), "An important aspect of the art of communicating to the patient is the analyst's skill in the use of silence" (p. 373). Periods of silence in a counseling group occur for many reasons but one of the most productive reasons are when members are taking the time to internally process either something that was said or done within their own work or the work of another group member (Corey, 2012; Gans & Counselman, 1999; Greenson, 1967; Jacobs, Schimmel, Masson, & Harvill, 2016; Kivlighan & Tibbits, 2012; Rogers & Farson, 2015; Deurzen, 2010).

For the group leader, if used productively, silence can be a valuable therapeutic intervention (Greenson, 1967; Jacobs et al., 2016; Vriend & Dyer, 1975). Knowing how to use silence or silencing, being patient during a period of silence, and what you as the leader are doing during this time can be key in utilizing it properly. Corey (2012) discusses Deuzen's (2010) suggested interventions; "There needs to be a breathing space in between dialogue. Therapists have the task of listening with a receptive attitude so that clients can move forward in a way of their choosing" (p. 240). Vriend and Dyer (1975) discussed productive silence and how it "Constitutes a kind of rest and produces a balancing effect after what may have been heavy emotion-laden exchanges. It allows members to return to homeostasis" (p. 3).

Greenson (1967) warns that the leaders' silence is both a passive and active intervention and must be used cautiously. The client has a basic need for the leaders' silence. It is during this time that the processing of thoughts, feelings, and fantasies will emerge. "Our silence also exerts a pressure upon him to communicate and to face his utterances and emotions without distraction. He may feel our silence as supportive and warm, or as critical and cold" (Greenson, 1967, p. 374).

While there is a period of productive silence, in order for it to remain so, it is extremely important that the group leader remain engaged in "active listening" to the silence. Not spending that moment thinking about what profound thing they are to say next, but just being in the moment, being in the silence of the client or group member are all what Urlic' (2010) referred to as attentive listening. Watching nonverbal cues, facial expressions, body movements, or feeling the energy in the room and taking them to another level. Being present with the client and experiencing with them their sense of process or processing in an unspoken manner or method. Wilmer (1995) stated "I think it is fair to say that true dialogue occurs not when we are listening to the stories our patients tell us, or their dreams and words, but when we are listening into their silence" (p. 723).

Unproductive Silence

Unproductive silence can take on many forms and can occur for both the group leader and

group members alike. For example, novice group leaders find silent periods intimidating thus feeling anxious when none of the group members are talking. Often filling the time with talk noise or needless chatter (Gans & Counselman, 1999; Ladany, Hill, Thompson, & O'Brien 2004; Rogers & Farson, 2015; Vriend & Dyer, 1975).

For group members, unproductive silence can rear itself as many faces taking on different unspoken forms. Unproductive silence can present itself as "The unspoken agreement among members 'to go against' the leader refusing to move in directions a leader might indicate for reasons of fear, unwillingness to participate in a group in a structured manner different from what was expected, or due to authority figure resistance" (Vriend & Dyer, 1975, p.3).

Gans and Counselman (1999) discussed member to member silence to include; when egos are involved, when a hurt member retaliates against another member, the residue of a confrontation now left as uncomfortable silence, or even when boundaries are blurred causing a level of confusion and therefore silence. According to Yalom and Leszcz (2005) "The important point, though, is that silence is never silent; it is behavior in the group, has meaning in the here-and-now as a representative sample of the client's way of relating to his or her interpersonal world" (p. 399). Most of the time these issues are resolvable, however, if not dealt with properly by the group leader, the group members will sit in an array of different types of silences and often it is these silences that are heard louder than most words. They become a detriment to not only the silent group member, but to the group as a whole. "The therapeutic task, therefore, is not only to change the behavior (that is essential if the client is to remain in the group) but to explore the meaning of the behavior" (Yalom & Leszcz, 2005, p. 399).

Misunderstood Silence
Silence by group members are often mistaken for emotional or psychological inactivity, attention seeking behavior, manipulation, retaliation against the therapist, dread of self-disclosure, perfectionism, a distance regulator, a way to deal with or avoid dealing anxiety, fear of other members, fear of being accepted (Brown, 2008; Gans & Counselman, 1999; Kivlighan & Tibbits, 2012; Yalom & Leszcz, 2005). Gans and Counselman (1999) also discussed group members who represent shame and those who represent narcissistic mortification. In both cases, the member is often silenced before they realize their own need for acceptance by the group leader and/or the other members. Both of these group members, if not seen for who they are and assisted in their process, may be left in silence and misunderstood.

 Silence can often be misunderstood by group members as well and if misinterpreted, it may lead to negative feelings for the client. "Even though therapists may have benevolent intentions for using silence, clients may perceive silences to be anything from benevolent to intimidating" (Ladany, et al., 2004, p. 87). This may result in negative consequences for the therapeutic alliance between therapist and client as well as the consequential therapeutic work (Brown, 2008; Goodman & Dooley, 1976;
Kivlighan & Tibbits, 2012; Ladany, et al., 2004).

The group leader can also become frustrated with the silent member, misunderstanding the meaning behind his or her silence. It is important for the group leader to keep healthy boundaries using caution to avoid transference or countertransference, keeping the focus on the

group and its members. It is equally important for the group leader to utilize intervention strategies keeping the use of silence productive avoiding those misunderstood silences that can easily become counterproductive (Brown, 2008; Greenson, 1967; Hutchinson, 2015; Jacobs et al., 2016; Urlic', 2010).

Method

The primary focus of this study was to explore the lived experiences of three doctoral students and their progression, or lack of progress, in their development of a group leadership skill, silence and silencing, as they facilitated groups with master's level students over the course of a 4-day residency. The students' learning experiences were explored at the start of the 4-day residency, followed throughout their learning experience, and again explored at the conclusion of their facilitation of the experiential component of the master's level group class. Data collection was guided by the qualitative phenomenological mixed-method design. Data was collected via videotaping, questionnaires, individual interviews, and a focus group.

Participants

The participants in this study were three doctoral students who were teaching assistants who signed up to teach Group Theories and Practice. Part of their teaching experience was to include the experiential group component of this graduate level course. In addition, the students taking the masters level course took part in this study. The doctoral students were the group leaders and the graduate students were the group members. All students who participated in this study contributed to this being a convenient purposive sample. Bernard and Ryan (2010) described purposive sampling as quite valuable when studying a particular or specific population as well as more reliable for its predetermined inclusive criteria. This research took place at the Argosy University, Sarasota campus with the permission of the Institutional Review Board (IRB).

Group Leaders

The three group leaders each brought a variety of background, personal history, professional experience, and levels of education related to group work. Table 1 presents a brief summary of information that was collected with the demographic questionnaire. While it merely represents a glimpse of the group leaders, it may offer a foundation from which to build a group leader. Please note that group leader descriptions are minimal in order to preserve anonymity due to the size of the sample.

Table 1
Group Leader Demographics

Demographic	Leader #1	Leader #2	Leader #3
Gender	Female	Female	Female
Ethnicity	Not answered	Caucasian	Caucasian
Licensed Clinician	No	Yes	No
Employed in MH Field	No	Yes	No
Experience Facilitating Group	Yes	Yes	Yes
Types of Groups Facilitated	Psycho-educational, Psychotherapy, Brief, Outpatient therapy groups	Counseling, Brief, Outpatient, Inpatient, Domestic Violence Therapy groups	Psycho-educational, Counseling, Inpatient, Outpatient, Therapy groups for Med. Ill
How much experience facilitating group?	Moderate	Some	Moderate
Educational training & preparation to facilitate groups	Moderately Prepared	Minimally Prepared	Well Prepared
Own participation as a group member	None	None	Some

Group Members

Just as seen with the group leaders in their demographics, the group members showed an array of experience and preparation regarding group participation. Several interesting facts should be noted: (a) of the 16 master's students none were licensed clinicians; (b) while none of the master's students were licensed four of the 16 students worked in the mental health field; (c) 10 stated they had no experience facilitating groups; and (d) eight of the 16 students considered themselves minimally prepared to facilitate a group, three moderately prepared, and one well prepared. Table 2 presents a brief summary of information collected with a demographic questionnaire provided by the graduate students

Table 2
Group Member Demographics

Demographic	*N*	%
Gender		
Male	4	25.00
Female	12	75.00
Age Group		
25-35	5	31.25
36-46	6	37.50
47-57	5	31.25
Ethnicity		
African American	3	18.75
African Caribbean	1	6.25
Caribbean Indian	1	6.25
Caucasian	9	56.25
Dutch	1	6.25
Hispanic	1	6.25
Licensed Clinician		
No	16	100.00
Yes	0	0.00
Employed in MH Field		
No	12	75.00
Yes	4	25.00
Experience Facilitating Group		
No	10	62.50
Yes	6	37.50

Table 2 (continued)
Group Member Demographics

Demographic	*n*	%
How much experience facilitating group?		
None	10	62.50
Very little	4	25.00
Moderate	2	12.50
Educational training & preparation to facilitate groups. I consider myself:		
Not prepared at all	4	25.00
Minimally prepared	8	50.00
Moderately prepared	3	18.75
Well prepared	1	6.25
Own preparation as a group member		
None	2	12.50
Very little	4	25.00
Some	2	12.50
Moderate	5	31.25
A lot	3	18.75

Note. $N = 16$; Types of groups facilitated = Psycho-educational, Psychotherapy, Outpatient therapy & Encounter groups, Other to include: Prison groups, Grief support, & Parenting.

Procedure

The residency was conducted as one classroom. Six times during the course of the 4-day residency the class was separated into three groups for the group portion of the class. Each group was scheduled to have six group members and a group leader. The groups were randomly chosen in alphabetical order: the first six students on the roster made up Group #1, the next six students made up Group #2, and the final six students made up Group #3. Without any notice, two students did not show up for the residency portion of the class, both of whom were scheduled to report to Group #2, leaving four group participants. There were three teaching assistants (i.e., the doctoral level participants) assigned to this group class. On the first day the class convened as a whole for instructions and lessons. The professor and researcher were careful not to cross any boundaries. For example, the class purposely did not conduct introductions knowing the magnitude of importance this could have for the first group session.

Measures

The instrumentation used for this qualitative phenomenological approach was a combination of data collection procedures. The methodology used in this research study was a qualitative phenomenological mixed-method design. The basis for this approach is to collect

data from participants who have experienced the phenomenon of interest and analyze the collected data. The data was collected using videotapes (i.e., observations), questionnaires, individual interviews, and a focus group. Together, they assisted in providing a foundation of trustworthiness and credibility.

   Triangulation refers to using multiple methods of data collection to demonstrate collaborative strengthening within the credibility of the emerging findings (Bernard & Ryan, 2010; Bitsch, 2005; Creswell, 2007; Golafshani, 2003; Hennink, Hutter, & Bailey, 2011; Merriam, 2002; Olsen, 2004). Each strategy may be worthy on its own, but together they add to the trustworthiness of the study as a whole. In discussing the internal validity of data collection, Merriam (2002) recognized triangulation, which dates back over 50 years ago by Foreman (1948), as the most well-known of the strategies.

Videotaping/Observation. The first type of data collection was videotaping that allowed for observation to occur. According to Merriam (2002), "Observational data represents a firsthand encounter with the phenomenon of interest rather than a secondhand account obtained in an interview" (p. 13). In this study the videotapes were viewed to gain a clear perspective and unbiased opinion about how well the participants utilized silence and silencing in productive, unproductive, and misunderstood ways. Merriam (2002) explained, "Observation is the best technique when an activity, event, or situation can be observed firsthand, when a fresh perspective is desired, or when participants are not able or willing to discuss the phenomenon under study" (p. 13).

Questionnaires. The second type of data collection method was questionnaires. According to Bernard and Ryan (2010), the questionnaire is known to be the most common of instruments for conducting structured interviews. The use of questionnaires gave each participant the opportunity to answer fixed and open-ended questions while minimizing distractions or "response effects" such as feeling put on the spot or that the interview was more of a social event. This type of questionnaire assisted the researcher in gaining insight into delicate or complex subject matter specifically when seeking information into the participants' individual experiences.

Interviews. In following the perspective of transcendental philosophy as Moustakas (1994) explained, knowledge forms experience and experience as one knows it is connected to phenomena. This knowledge or experience is therefore unquestionable evidence in a phenomenal sense that something exists. Brentano (1973, as cited in Moustakas, 1994) stated that without qualification, "Experience alone is my teacher" (p. 44). Golafshani (2003) suggested allowing the phenomenon one is studying to occur naturally as it may in the real world as opposed to a laboratory. In the spirit of phenomenological qualitative research design, this study included six open- ended, structured questions to capture the essence of the experience of the participants.

Focus group. The final method of data collection in this research project was the focus group. The researcher led a group of three participants while providing a safe and comfortable environment for the doctoral students to share their views and perspectives in a group setting where they were not the leaders. Just as in in-depth interviewing, it is important when utilizing focus group interviews to develop a guide to prepare oneself in advance. While structured

questions were utilized with the focus group, the researcher, who also conducted the focus group, needed to be more flexible overall.

Results

Addressing Silence and Silencing

There are many different ways to use silence and silencing in a group setting. After carefully reviewing 22 hours of video taping and 92 questionnaires with direct questions regarding silence and silencing it became apparent that the groups included examples of several different ways of using silence and silencing to include unproductive, productive, and misunderstood. Instances of unproductive, productive, or misunderstood periods of silence were initially identified by carefully watching the video tapes. The responses on the questionnaires, for both group members and group leaders, were then connected with the actual videotaped segment of the group.

Following the identification of instances of silences or silencing from both the video tapes and questionnaires, the examples were coded into one of the 3 categories of either unproductive, productive, or misunderstood. The data also showed that silence and silencing are not limited to the group leader and can be used by one or even a combination of several group members. The following are the more prevalent examples in each category. These examples all came directly from questionnaires, The Group Leader Assessment Questionnaire or the Group Member Assessment Questionnaire utilized during this study. Unproductive silences were silences that group members, and/or group leaders, described in the examples below.

Examples of Unproductive Silence or Silencing

Some of the participant and group leader comments included the following:

"The leader silenced several of the women group members by talking over them."

"A fellow group member had her hand up and this went ignored. Then instead of pulling [a] summary out of group members, our leader summarized her experiences for quite some time."

"When I was sharing, one of the other group members cut me off. I thought it was quite rude. The leader never assisted in getting back to me."

> Many times, the group leader seemed to try and "move on" from what I was saying and include other group members. She didn't seem like she knew how to transition. She just cut me off. I think this is a form of silencing.

"When we needed a moment or two to collect our thoughts or feelings, the leader seemed to nervously fill the time instead of providing a safe place for thinking or feeling."

> This was our third group. We did an exercise that I thought was an icebreaker. The leader kept sharing. I think she shared too much and took up too much time. This

seemed silencing to the group members who didn't get to take part in the group. The group ended abruptly. We ran out of time.

"Leader finished [group member #1's] sentences several times without giving her a chance to finish her thoughts."

"Everyone seemed to be interrupting one another including the group leader."

"Not giving one another a chance to finish."

"A little less silencing than yesterday, but still there."

"I was silenced by another group member and the leader didn't catch it."

"Silencing due to interrupting."

"I was silenced by the group leader who seemed to want to move on."

"I noticed silencing a few times but don't think it was done on purpose however, no one did anything about it."

> One of the members was sharing something heavy and I don't think that the leader knew what to say or do. There was more than a moment of silence. It was extremely uncomfortable. We were silent because the leader was stuck and we all knew it.

"Group leader silenced one of the group members. The group member was in the middle of speaking about her feelings and was cut off. Then the group leader went on to speak for over seven minutes." By utilizing the date and time on the questionnaire the researcher was able to pinpoint this particular group. The leader spoke for 4 minutes and then for 7 minutes, totaling 11 minutes in a 50-minute session.

> Several group members (including myself) were purposely not speaking to give the two other members in our group who really seemed timid, a chance to speak. Instead of them speaking, our group leader spoke for what seemed like a really long time. I believe this is a form of silencing. [By utilizing the data on the questionnaire, the researcher was able to pinpoint this particular group on video. The leader spoke for 6 minutes and then for 3 more consecutive minutes for a total of 9 minutes is a 50-minute session.]

"Raising hands silences."

> "While I was talking, I was interrupted by several group members. The group leader looked at me so I know she knew, but didn't do anything about it. She didn't come back to me either."

> While I was sharing about something that was important (to me) another group member raised her hand. She kept her hand up for a moment or two. I kept sharing. The other group member raised her hand again. This time leaving it up. Eventually, the group leader interrupted me to address the group member who had their hand up. I felt silenced.

> One of the exercises we did involved M&M's. As they were melting in our hands it became very distracting. One group member was talking, and several others were showing each other their hands and laughing. I think we silenced the person that was sharing. During break this member shared with me that she felt like everyone was laughing at her. I tried to explain differently. I don't know how successful I was. She really didn't share much after that.

"Our group leader was crumbling and handing out paper to group members while one group member was sharing about a very intimate topic. The group member stopped mid-sentence and the leader just said, 'thank you' and moved on."

Examples of Productive Silence or Silencing

Some of the participant and group leader comments included the following:
"Silence was only used for reflecting."

"No silencing just silence used for reflection when needed."

"Use of silence when members needed to think about what was just said."

"Some use of silence in the group to gather our thoughts and feelings."

"No silencing – facilitator's use of silence was appropriate."

"I did not notice anyone silencing anyone else, but we did have one period of silence as a group. It felt very reflective because it was near the end."
"Silence was used to help a member get in touch with their feelings."

Examples of Misunderstood Silence or Silencing

Some of the participant and group leader comments included the following:

"We did not have any issue 'silencing' and no silence at all, we were discussing at all times."

"There was no silence during this group session. The group leader filled every minute."

"We were talking for the whole time."

"The group had no problem talking. In fact, today we ran out of time."

"Our group leader called on us if there was no one talking."

Implications and Recommendations for Counselor Education Programs

This study focused upon the development of skill and competency of student's therapeutic use, and abuse of silence in group therapy. It is interesting and perhaps ironic that counselor education and training tends to focus on the content of what is said in counseling, however, some literature suggests that there tends to be little focus on the use of silence (Hill et al., 2003; Lovelady, 2006). How might counselor education programs help counseling students develop greater awareness of their therapeutic use or misuse of silence? What training activities might counselor educators utilize for students to gain greater competency in their therapeutic use of silence? We believe that this process needs to begin within the individual counseling student. That is, before a counseling student can effectively utilize silence in their counseling, they must be able to listen to their own silence (Rogers & Farson, 2015). One method of developing introspective attention that might offer potential benefits in this regard is meditative mindfulness.

Mindfulness

Mindfulness involves bringing into awareness that which an individual is experiencing in the here and now. It involves focusing upon your thoughts and feelings in the moment. According to Williams, Dalgleish, Karl and Kuyken (2014) the most cited definition of mindfulness in the psychological literature comes from Jon Kabat-Zinn. Kabat-Zinn (1994) who defined mindfulness simply as "… applying attention in a particular way, on purpose, in the present moment, and non-judgmentally" (p. 4). Although this is an activity that seems natural to the human experience, we have anecdotally observed that many novice counseling students have expressed limited understanding of how or why they might want to access this inner awareness. Even though there is a great deal of counseling research which supports the conclusion that counselor self-awareness is critically important to becoming an effective counselor, there is often little attention as to how counselors-in-training might develop a greater sense of self. In our experience, many novice counseling students enter their counseling education and training with an outward focus upon the "other" of the client, and lesser awareness of their focus upon the subjective experience of themselves.

It seems reasonable to assume that the counselors' competent use of silence is closely associated with the counselors' development of their "sense of self". More generally, the development of the counselors' awareness of self is a critically important aspect of being a competent and effective counselor (Downs, 2000; MacDevitt, 1987). The use of self in providing therapy has been identified as perhaps one of the most important factors in developing a therapeutic alliance (Andolfi, Ellenwood, & Wendt, 1993, Baldwin, 2000). It is our belief that counselors can effectively increase awareness of self by engaging in mindfulness meditation. The benefits of mindfulness meditation have been studied in both undergraduate and graduate health professions, including medicine, psychology, social work, nursing, occupational therapy, podiatry, dietetics, and physical therapy (Mahmoudzadeh, Mohammadkhani, Dolatshahi, Moradi, 2015; Olson, Kemper, Mahan, 2015). A review of controlled studies in these health care professions has identified positive outcomes of mindfulness in relation to decreasing anxiety,

stress and depression, and increasing positive mood states, self-efficacy, and empathy in health profession students. This body of research indicates that by decreasing stress and anxiety, and increasing self-efficacy, mindfulness-based training has the potential to improve student psychological well-being and to potentially facilitate a more client-centered approach to care, including an increased ability to be present, open, and responsive to clients (Mahmoudzadeh, Mohammadkhani, Dolatshahi, & Moradi, 2015; Olson, Kemper, & Mahan, 2015; McConville., McAleer, & Hahne, 2017).

Research has shown that counselor burnout and compassion fatigue are potential hazards to clinical mental health counselors (Dorian & Killebrew, 2014). Mindfulness training has the potential to address these potential problems, and to help counselors-in-training deal with the stresses that accompany working in the counseling field. Mindfulness training that is offered in counselor education programs could also benefit not only the graduate students, but also the clients that will be working with these students.

In conclusion, perhaps a major difference between counselors who effectively utilize silence, and those that do not, is a function of self-awareness. We believe that student self-awareness is a critical factor in counselor development. The ability of counselors to utilize silence effectively is likely associated with counselor self-awareness (Rogers & Farson, 2015). Rogers and Farson (2015) stated that, "A person's listening ability is limited by his ability to listen to himself" (p. 20). Mindfulness, as a method of bringing into awareness that which an individual is experiencing in the here and now would likely be an effective way of developing self-awareness. As such, self-awareness is a personal attribute that would guide and assist the counselor to understand when and how silence could be beneficial to their clients. We recommend that counselor education programs encourage students to engage in mindfulness meditation. We recommend that the utilization of silence be explored and taught in counseling curriculum. Counselor educators could model the use of silence in experiential courses such as group counseling or individual counseling. The effective use of silence could be integrated into the curriculum and learning objectives. Counselor education programs also might consider offering specific training or courses in mindfulness meditation. At a minimum, the therapeutic utilization of silence needs be an important part of current counselor education.

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