A Portfolio of Research Work

Including an investigation of participants’ experience of the mindfulness practice and course as well as disengagement from their mindfulness practice after completing the Mindfulness-Based Stress Reduction course

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Statement of Anonymity

All names and identifiable information in this portfolio have been omitted or changed to pseudonyms in order to maintain the confidentiality and anonymity of the clients and the research participants.
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I would like to thank my parents who believed in me and ignited my hope and ambition. Rest in peace, I will always miss you.

To my husband, I would have never done this without your support and love.

Also, special thanks to Daisy Cussans, you have always been there for me.
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Abstract

This portfolio consists of a research dossier undertaken as part of the Practitioner Doctorate in Psychotherapeutic and Counselling Psychology training. The research dossier consists of three pieces of research: the literature review and two qualitative studies. The literature review provides an overview of mindfulness practice and identifies areas for future research investigation. In the second year of training the main research focus was on participants’ first experience of mindfulness practice by employing interpretive phenomenological analysis. In the final year a constructivist version of grounded theory was utilised to develop an understanding of participants’ disengagement from mindfulness practice. Both of these empirical studies aimed to develop a greater understanding of the lived experience of participants who embarked on the journey of mindfulness practice.
Introduction to the Research Dossier

The research dossier consists of a literature review and two qualitative studies on mindfulness, conducted as part of the course requirements over the three years. In the first year, a literature review was completed to develop a better understanding of the recent studies that had been done on mindfulness and to determine the gaps in knowledge that required further attention. My literature review gave me an overview of what had already been researched and how mindfulness is difficult to define and measure. Many quantitative studies aimed to measure the effectiveness of mindfulness practice, but little was done to explore the live experiences of participants.

Therefore, in the second year of this course the aim of my qualitative research project was to develop a better understanding of participants’ first experience with mindfulness practice. The method of interpretive phenomenological analysis seemed most suitable, as I wanted to learn more about the idiographic experience of participants with mindfulness practice. The main results showed that many participants struggled to commit themselves to regular practice, which was also highlighted by other empirical studies.

As participants experienced difficulties in committing to regular practice, in the third year I conducted a Grounded Theory study aimed at developing a theoretical understanding of processes that underlie these participants’ difficulties in continuing practice after completion of a Mindfulness-Based Stress Reduction course. The results indicated that the experience of the course, the challenges of the practice and participants’ underlying beliefs about mindfulness can impact their engagement with the practice.
Mindfulness practice: A review of the research and benefits of modern practice

Abstract

This article reviews empirical studies investigating the classical and modern understandings of mindfulness through quantitative and in particular qualitative methods. Due to the difficulties in providing a clear definition of mindfulness, confusion and criticism exist in the research. Modern mindfulness-based interventions within clinical settings are discussed and the psychological benefits are highlighted, suggesting that mindfulness practice reduces emotional reactivity and enhances emotional balance. Different models and theories developed to explain mindfulness are also reviewed. The phenomenological understanding of mindfulness is considered, and the benefit of further qualitative research is highlighted. Suggestions for future research and implications for counselling psychologists within the area of mindfulness are presented.
Introduction

Mindfulness practice was introduced to the Western world by the work of Dr Kabat-Zinn (1982), who conducted clinical trials with clients suffering from physical health problems. Once clients were taught how to practise mindfulness, they gained substantial skills in managing their physical pain. Since then there has been a growing empirical interest in understanding the concept and application of mindfulness and its effectiveness. The results of quantitative studies indicated that in clinical settings mindfulness practice has been shown to be an effective treatment for people with various physical and mental health problems. However, criticisms have emerged in regard to the definition of mindfulness and the distinctive variation between the Buddhist and Western understandings of mindfulness. In particular, the modern practice of mindfulness has been regarded as too simplistic, and as a result practitioners’ development of insight becomes limited compared to traditional meditation practice. The quantitative studies struggle to agree on the definition of mindfulness and the questionnaires designed do not tend to measure what they claim to measure.

Therefore, it has been proposed that since the original mindfulness values are linked to phenomenology, qualitative studies could provide a better understanding of mindfulness practice. Thus, this review will include an examination of (i) a brief distinction between the Buddhist and Western understandings and teachings of mindfulness; (ii) an outline of recent modern mindfulness interventions within clinical settings; (iii) a brief introduction to existing theories on mindfulness; and (iv) a consideration of the link between phenomenology and mindfulness, as a way to develop a better understanding of the experience of the practice through qualitative research. Finally, the future research implications will be acknowledged, and the relevance of mindfulness practice to counselling psychologists will be emphasised.

Mindfulness from a Buddhist perspective

Buddhism has existed for over 2500 years (Keng, Smoski & Robins, 2011). The word ‘Buddhism’ is used by the Western world, whereas the original word that Buddhists themselves refer to is dharma (in Sanskrit) or dhamma (in Pali), which is understood not as a religion but as a teaching that enables the person to work towards ceasing their suffering and developing internal peace. The word dharma can also mean mindfulness, which relates to the word ‘lawfulness’ as in ‘the laws of physics’ or in simpler terms ‘the way things are’, and it also stands for ‘teaching’ which takes place through practice (Kabat-Zinn, 2003:154). Bien
(2006) gave another explanation of the meaning of dharma signifying ‘phenomenon’ or simply ‘thing’, which is a form of teaching that he explained through examples, such as ‘a mountain teaches dharma, a stream teaches dharma, suffering teaches dharma’ (Bien, 2006:33).

In Buddhism the concept of ‘suffering’ is understood as a lack of awareness or ignorance, resulting in a lack of wisdom that comes from not being able to see reality clearly. This idea refers not to the level of education a person may have, but to the way a person perceives their own experiences, and the inability to see them as they truly are (Thera, 1992). The ancient world understood the secret to happiness and peace, which still exists in some cultures. However, through the pursuit of happiness the Western world misses out on the most important parts of life and the peace that people are seeking (Williams & Penman, 2011).

The original mindfulness practice is regarded as ‘the heart’ of Buddhist meditation and it was recorded in the ancient language of Pali, which contains the original teaching of the Buddha (Kabat-Zin, 2003). Mindfulness is associated with the Pali word sati, indicating ‘lucid awareness’, which means being aware of what is happening in the present, and it also can be interpreted as ‘memory’ or ‘remembrance’ (Carmody, 2009; Bodhi, 2011; Gilpin, 2009). The main aspect of the development of wisdom is the practice of sati. In English the acceptable translation of this term is ‘mindfulness’.

As Buddhism spread across different nations, this created a variation in the teaching of mindfulness as a way to adapt to the cultural and social needs of a specific country. Despite this, the teaching of mindfulness is referred to by most Buddhists in the Pali language, since it documents the original teaching of the Buddha. Also, the original theory of mindfulness is shared by the Indian and Tibetan Buddhist customs to a great extent (Rapgay & Bystrisky, 2009). The two traditional Buddhist scriptures, the Abhidhamma and the Vishuddimagga, contain a conceptualisation of mindfulness practice. The Abhidhamma comprises the classical academic collection of Buddhist philosophy and psychology (Kiyota, 1978), whereas the Vishuddimagga outlines the section of the Abhidhamma that refers to the actual practice (Buddhaghosa, 2010).

Traditionally mindfulness has been described as a development of greater awareness of what is occurring in the present. It has also been explained that ‘through the process of mindfulness, we slowly become aware of what we really are down below the ego image... We
train ourselves to see reality exactly as it is, and we call this special mode of perception mindfulness’ (Gunaratana, 2001:32). Mindfulness practice helps to develop one’s own memory and enhance the ability to remember past memories. The practice is viewed as continuous personal development that helps the person to develop a peaceful and contained state of mind, resulting in a reduction of suffering and leading to emotional and psychological wellbeing (Gethin, 2001). Through the practice the individual’s emotional and cognitive states continue to change as they develop a moral and mental awareness of ‘guarding’ themselves by the practice of loving kindness, harmlessness and patience (Gilpin, 2009).

As can be observed, the classical practice of mindfulness includes a detailed understanding of the nature of the practice. Furthermore, in Buddhism the teaching of the ‘Four Noble Truths’ is central to understanding of the practice and the way of being, as well as the cessation of dukkha/suffering. These are:

1. Life is suffering based on lack of satisfaction and incompleteness
2. The origin of suffering relates to attachment
3. The end of suffering is possible
4. There is a way to live to end suffering

The first two truths focus on the origin and nature of suffering, whereas the third and fourth explain how dukkha can be brought to an end (Teasdale & Chaskalson, 2011). The four truths are part of the teaching of the ‘Noble Eightfold Path’, which together constitutes the general idea of Buddhism that was based on the principal teachings of Buddha as a means to ‘enlightenment’ and the end of suffering. An important element of the Noble Eightfold Path is that it serves as a practical guide/discipline in helping the person to develop an ethical mental capacity and ability to let go of personal attachments in order to develop a greater understanding of and insight into reality (Bodhi, 1994; Bien, 2006).

The Noble Eightfold Path comprises eight elements: ‘right understanding’, ‘right intention’, ‘right speech’, ‘right action’, ‘right livelihood’, ‘right effort’, ‘right mindfulness’ and ‘right concentration’. The reason for the seventh element, right mindfulness, is that only through continued practice can one attain a higher level of existence. These eight elements have been grouped into three clusters: ‘ethical behaviour’ achieved through right speech/action/livelihood; ‘meditation’ based on right effort/mindfulness/concentration; and finally ‘wisdom’, which involves right view/intention. The word ‘right’ is understood by
Buddhists as having an ethical and balanced view of a decision such that the correct action has been taken (Bodhi, 1994). This demonstrates that mindfulness practice is not just a technique that serves to eliminate symptoms, but that by practising it the person becomes ingrained in the practice.

In order to describe the practice of classical mindfulness, Rapgay and Bystrisky (2009) broke it down into six functions, which are illustrated in Figure 1. The authors emphasised that in Buddhism mindfulness encompasses two types of meditation practice, ‘concentration’ and ‘insight meditation’. Both are seen as equally important processes that are integrated into mindfulness practice (Thanissaro, 2013b). The first and most important part of the practice of mindfulness is the cultivation of the process through which ‘bare attention’, known as direct experience, is developed. This is where the experience is perceived in its bare form, away from its projective and associative meanings (Rapgay & Bystrisky, 2009). Through extensive and everyday practice of attention and awareness, bare attention can be developed. This is achieved by sustaining bare attention on the in and out breaths, and at the same time being aware of the body breathing (Thanissaro, 2013a). To illustrate this, Thera (1992) gives an example of a police car siren, where through sustained bare attention training the experience of the siren is perceived as a sound based upon the mental activity of ‘hearing’, rather than as an association with an accident or crime.

Throughout the practice of mindfulness, both attention and awareness occur at the same time, which means that attention is at the front, whereas awareness is somewhere in the background. Then once an individual becomes aware of feelings, thoughts or sensations, introspective attention is used to name them before returning the attention to the breath. This practice helps to gain insight into the working of the mind by increasing positive and decreasing negative experiences of feelings and thoughts, and of behaviour. Additionally, the experience of switching constantly between attention and awareness results in perceptual and cognitive regulation. This involves the development of mental flexibility and tolerance to let go of the need to be in control, and exposing oneself to the processing of threatening and unpleasant experiences. This helps one to remain in the present moment (Rapgay & Bystrisky, 2009). Furthermore, during practice once a thought or feeling arises, the practitioner names it, and before returning to the breath a quiet stillness occurs, which is a depth of awareness that is below the level of thoughts and feelings and is within the underlying beliefs and assumptions, resulting in an insight (Rapgay & Bystrisky, 2009).
The above outline of classical mindfulness practice is brief, since a complex and comprehensive understanding of traditional Buddhist mindfulness is beyond the scope of this current paper. For further explanations, refer to the Buddhist scripture the Abhidhamma (Kiyota, 1978), as well as other recent writings of Bodhi (1994) and Goldstein (2002). However, although only a brief description of Buddhist traditional mindfulness practice has been presented, it is worth pointing out that the teaching of traditional mindfulness encompasses not only a method that teaches how to practise, but also a detailed and comprehensive philosophy referring to the ethical component of the practice. This means that the practice of mindfulness becomes part of the person’s identity and their way of existence.

**Figure 1:** Classical mindfulness and its six functions (Rapgay & Bystrisky, 2009:152).

### Classical mindfulness

The repeated practice of divided sustained bare attention and awareness, and the subsequent application of the acquired refined states to observe what triggers and maintains adaptive and maladaptive mental events in order to increase the former and decrease the latter

### Two main objectives

1. Develop varying levels of sustained bare attention and awareness
2. Apply sustained bare attention to develop experiential insight

### Means to achieve the above two main objectives

1. **BARE ATTENTION WITH CONCURRENT AWARENESS**
2. **INTROSPECTIVE AWARENESS**
3. **LABELLING**
4. **PERCEPTUAL AND COGNITIVE REGULATION**
5. **EXPOSURE**
6. **QUIET STILLNESS**
Modern mindfulness practice

Mindfulness practice was adapted and implemented in the clinical setting by Dr Jon Kabat-Zinn at the University of Massachusetts Medical School in America. Kabat-Zinn (1982) introduced mindfulness to evaluate its usefulness with clients whom conventional treatments failed to help. Consequently, in recent years there has been growing attention to mindfulness practice from empirical studies examining the effectiveness of the practice in relation to various psychological and physical problems (Keng et al., 2011). Since traditional mindfulness involved a comprehensive understanding of the practice, Kabat-Zinn’s aim was to make mindfulness simple, understandable and rational for all Western people, so that they could learn to deal more effectively with their physical or psychological suffering. Some of the highly renowned Western mindfulness teachers attempted to define mindfulness practice as follows:

The awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment. (Kabat-Zinn, 2003:145)

Mindfulness is the quality of mind that notices what is present without judgement, without interference. (Goldstein, 2002:89)

These definitions have been verified by Grossman (2011) to describe mindfulness-based intervention (MBI) as well as the Buddhist understanding of mindfulness, as they reflect moment-to-moment experiences with open-minded awareness conducted through systematic practice. Williams and Penman (2011) explained that mindfulness practice can simply involve sitting down quietly and paying attention to the breath and at the same time recognising when the mind wanders off. Once this happens the attention is then brought back to the breath in a non-judgemental way. Kabat-Zinn (1990) explained that this form of practice helps the practitioner to look within themselves and gain self-understanding.

Furthermore, Williams, Teasdale, Segal and Kabat-Zinn (2007) described how mindfulness can also be referred to as ‘heartfulness’, as it is about compassionate awareness. This has been complemented by Kabat-Zinn (1996), who stated that during mindfulness the practitioner needs to be aware of the seven attitudinal factors – which are a beginner’s mind, patience, trust, non-judging, non-striving, acceptance and letting go – and cultivate them during practice. Bien (2006) further explained that mindfulness is about being fully awake,
and not relaxed to the point where one falls asleep and loses one’s awareness. In stress, confusion and procrastination, it is better to remain with these feelings by becoming conscious and accepting of them, than to try to block them out.

This demonstrates that even though the practice seems simple, many different processes take place that help the individual to gain insight and wisdom from their experiences. These processes encompass the whole practice and therefore many researchers struggle to define and operationalise mindfulness in a few words. From the traditional mindfulness perspective this would make sense, because the practice involves many complex elements that are part of the four truths and the eightfold path.

**Quantitative attempts to define mindfulness practice**

Arguably, although the modern definition of mindfulness has been stated by some (Grossman, 2011; Kabat-Zinn, 2003) to reflect some of the classical ideas of mindfulness, Malinowski (2008) has reported that little has been done within Western psychology to achieve agreement in defining mindfulness practice. The modern attempts struggle to provide a precise definition of mindfulness and to operationalise the term because of the complexity of the original definition (Desbordes *et al*., 2015). Carmody (2009) pointed out that in English mindfulness means ‘the quality or state of being conscious or aware of something’ (*Oxford Dictionary*), whereas in the context of the Buddhist understanding *sati* is a subtle construct, which indicates some form of variation from a traditional understanding of the term.

A number of researchers have endeavoured to conceptualise mindfulness within modern Western psychology. For instance, Bishop *et al.* (2004:145) attempted to operationalise Kabat-Zinn’s (2003) definition of mindfulness practice as ‘the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment’. The authors stated that mindfulness is a continuum of mental processes which aims to help practitioners to be more aware of their feelings, behaviours, as well as adaptive and maladaptive thoughts, as this would help people to pay more attention to positive thoughts than negative ones. Therefore, they proposed that mindfulness practice could be regarded as a specific ‘focus of attention’ characterised by the two-component model of ‘attention’ and ‘acceptance’.
The main function of ‘attention’ as the first component relates to providing self-regulation of attention in the present time, whereas ‘acceptance’ as the second component is characterised by being open, curious and accepting of whatever comes. Therefore, it has been concluded that the first component of mindfulness can be described as a mental state or skill, which occurs while the practitioner attends to experiences that happen in the present time, whereas the second component is associated with personality characteristics that highlight a mindfulness predisposition (Bishop et al., 2004). Despite the effort of developing the theoretical understanding of mindfulness, Lau et al. (2006) designed a psychometric mindfulness measure, based on Bishop’s et al. (2004) mindfulness definition, which did not provide enough empirical evidence to support the definition.

Additionally, Hayes and Shenk (2004) criticised Bishop’s et al. (2004) study by emphasising that any mental activities that include ‘acceptance’ and ‘self-regulation of attention’ would not be regarded as a mindfulness technique. Although Bishop’s et al. presentation of mindfulness is very closely represented by the traditional version of mindfulness, they failed to adequately differentiate between attention and awareness as separate states and functions, whereas in classical mindfulness they are the foundation of mindfulness practice (Rapgay & Bystrisky, 2009). Bishop’s et al. (2004) explanation of mindfulness practice as a way of paying attention to the breath and at the same time being open to whatever comes has also been criticised by Brown and Ryan (2003), who argued that it is impossible to sustain attention and at the same time be aware of other experiences.

**Mindfulness-based interventions**

In 1979 Kabat-Zinn designed the Mindfulness-Based Stress Reduction (MBSR) programme in clinical settings as an intervention helping people to cultivate mindfulness in their daily life (Kabat-Zinn, 1982, 1990). Originally, MBSR was designed for people suffering from chronic pain and stress, whereas nowadays anyone experiencing anxiety or stress can participate in these courses. During this eight to ten week course participants learn skills in practicing mindfulness, are educated about stress, and the importance of completing homework tasks. They are instructed to practise their mindfulness skills outside group meetings for at least 45 minutes per day.

During all mindfulness practice, people are asked to focus their attention on their breathing (or other activities like walking) and to remain aware of it in the present moment. When they notice any cognitions, sensations or emotions coming up, they are asked to observe them
without any judgement. In situations when they become aware that their mind is wandering off, they are encouraged to gently return their attention to the present moment as well as to label their thoughts or feelings. Through mindfulness practice people tend to realise that most sensations, thoughts and emotions fluctuate (Baer, 2003).

Research findings show that the MBSR programme has been effective for clients experiencing debilitating and chronic physical conditions and psychological difficulties including stress, anxiety, panic and depression. Positive changes have not only been recognised through people’s feelings, thoughts and behaviours, but also in the patterns of brain activity which underlie negative emotions (Williams et al., 2007).

In the early 1990s, Mark Williams, John Teasdale and Zindel Segal together began to explore a new Mindfulness-Based Cognitive Therapy (MBCT) approach to the treatment of depression (Segal, Williams & Teasdale, 2002). This programme was designed to help people with severe clinical depression and was shown to be as effective as antidepressants, without any side effects. Antidepressants, first introduced around 1970, helped to lift people’s mood, but only as long as they were taken due to relapses, which are reinforced each time a person becomes depressed. During relapse the connection among thoughts, mood and behaviour strengthens, resulting in activating the depressive symptoms more often (Williams et al., 2007). Empirical evidence shows that the practice of mindfulness can assist a person in freeing themselves from stress, anxiety, unhappiness and exhaustion (Williams & Penman, 2011).

MBCT was designed to help depressed individuals to understand and identify cognitive processes that tend to result in rumination, mood swings and relapse (Teasdale, Segal & Williams, 1995). Research evidence confirmed that the MBCT programme became so effective that the UK’s National Institute of Health and Clinical Excellence (NICE) recognised it as one of the preferred relapse-prevention treatments for people suffering from depression (NICE, 2009). MBCT involves mindfulness training (Kabat-Zin, 1990) and Cognitive Behavioural Therapy (CBT) components (Wright, Basco & Thase, 2006). Williams and Penman (2011) emphasised that simple mindfulness meditation helps to prevent feelings of anxiety, stress and sadness from spiralling downwards into a depressive state.

Furthermore, throughout the MBCT training participants learn that the ruminative state of the mind, called the ‘doing’ mode, is preoccupied with achieving goals and reducing the
difference between how things are and how people want things to be in their life. The ‘being’ mode is not interested in achieving any goals, but instead the focus is on accepting what there is in the present moment and not doing anything about it. Only then can the experience of the moment be processed with depth and richness. Mindfulness training aims to help people to become more conscious of their state of mind and learn to engage with the ‘being’ mode (Segal, Williams & Teasdale, 2013).

The term ‘third-wave’ therapies was coined by Hayes and Shenk (2004) for the incorporation of mindfulness and acceptance-based interventions into CBT. Originally there was a behaviourist approach, which focused solely on behaviour and was referred to as the ‘first wave’; then it was recognised that the cognitive aspect was lacking and Beck combined these two approaches into CBT, known as the ‘second wave’. The main difference between the second and third waves is that in third-wave approaches the thinking is not being challenged, but rather the focus is on the relationship the person has with their thinking and how they observe and process those thoughts. As mindfulness meditation training expanded it became integrated into other therapies, including Dialectical Behaviour Therapy (Linehan, 1993), Acceptance and Commitment Therapy (Hayes, Strosahl & Wilson, 1999) and Mindfulness-Based Relapse Prevention (Witkiewitz, Marlatt & Walker, 2005), among others.

Keng’s et al. (2011) meta-analysis of the effect of mindfulness on psychological health revealed that MBIs increase acceptance, self-compassion and behaviour regulation as well as decrease psychological symptoms, rumination and emotional reactivity in participants. Furthermore, a review of neuropsychological studies conducted by Chiesa, Calati and Serretti (2011) provides evidence that MBIs are associated with producing significant positive differences in the way the brain operates, resulting in increased levels of executive functioning, memory and attention. In addition, it has also been pointed out by Brand, Holsboer-Trachsler, Naranjo and Schmidt (2012) that there is a positive impact on sleep and cortisol secretion.

Arguably, despite the increasing evidence on the psychological and neuropsychological benefits of MBIs, a number of researchers, Buddhist scholars, teachers and practitioners have questioned the extent to which classical mindfulness has been integrated into training methods (Chiesa, 2013). Rapgay and Bystrisky (2009) argued that MBSR programmes lack theoretical and philosophical understanding of the Buddhist literature on mindfulness, such as the Abhidharmma (Kiyota, 1978). The majority of the modern teaching of mindfulness
practice has been simplified, and as a result it does not represent the original practice. Some of the key aspects of mindfulness practice, including labelling, cognitive regulation and quiet stillness, have been omitted. Figure 2 provides a summary list of the existing differences between classical mindfulness practice and modern MBSR training.

For instance, mindfulness from the modern perspective has been described as an awareness of whatever comes to the mind at the present time, which the individual attends to without any judgement, whereas traditionally mindfulness has been based on having goals the practitioner aims to achieve, while retaining awareness in the present in a non-judgemental way (Baer, 2003). It is also claimed that in modern mindfulness a non-judgemental awareness does not provide the means to focus on changing maladaptive thoughts, feelings, behaviour and deeply rooted beliefs, but only provides relief from negative thoughts, feelings and behaviour.

Finally, classical mindfulness involves mindful observations of any present, past and future experiences, because a person cannot control what arises to consciousness, whereas modern versions, for instance MBSR, focus only on present-moment experiences (Rapgay & Bystrisky, 2009).

Figure 2: Differences between modern versions and classical mindfulness (Rapgay & Bystrisky, 2009:150).

<table>
<thead>
<tr>
<th>Classical Mindfulness</th>
<th>Modern Versions</th>
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<tr>
<td>• Attention and introspective awareness are key defining features</td>
<td>• Attention and acceptance are key defining features</td>
</tr>
<tr>
<td>• Goal oriented</td>
<td>• Without goals</td>
</tr>
<tr>
<td>• Process and phase oriented</td>
<td>• Not phase and process oriented</td>
</tr>
<tr>
<td>• Perceptual in nature</td>
<td>• Cognitive in nature</td>
</tr>
<tr>
<td>• Present, past and future experiences</td>
<td>• Present-moment experiences</td>
</tr>
<tr>
<td>• Attention and awareness training based</td>
<td>• Not necessarily training based</td>
</tr>
<tr>
<td>• Attention and awareness are differentiated states</td>
<td>• Attention and awareness are not differentiated states</td>
</tr>
<tr>
<td>• Active awareness</td>
<td>• Non-reactive awareness</td>
</tr>
<tr>
<td>• Simultaneous application of attention and awareness</td>
<td>• Sequential application of attention and awareness</td>
</tr>
<tr>
<td>• Mindfulness is free of preconceptions such as values</td>
<td>• Mindfulness is value based such as active acceptance</td>
</tr>
<tr>
<td>• No affective processes</td>
<td>• Affective processing</td>
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On the other hand, although mindfulness practices have been simplified, they have become more accessible, as the structure of the formal practice of daily training and meditation would be too demanding for participants. Therefore, Western mindfulness practice has been
changed from a systemic practice involving a number of processes and perceptual skills to a more simplistic practice of being mindful of present, moment-to-moment experiences (Rapgay & Bystrisky, 2009). It is evident that the theoretical foundations of the concept of mindfulness remain unclear and further clarification of an operational definition is required (Malinowski, 2008).

Furthermore, Chiesa (2013) in his review identified that different quantitative researchers define modern mindfulness as either a ‘single faceted trait’ or a ‘multifaceted trait’, and questioned whether mindfulness is a state or a trait or both, which creates further confusion in defining mindfulness. Based on these two assumptions, Western research psychologists designed MBI scales to measure the efficacy and to operationalise the definition of mindfulness. However, a number of limitations have been raised by the author in regard to the current mindfulness scales, questioning whether they actually measure levels of mindfulness or other attributes. Subsequently, the author questioned whether MBIs actually help to increase mindfulness levels, and if they do whether the increase is a consequence of the mindfulness practice itself, as well as what the likelihood is of being able to agree on a clear definition of mindfulness.

Acknowledging the current concerns that quantitative research faces, the present literature review takes this further by explaining the fundamental difference in the understanding, practice and teachings of mindfulness in Buddhist and Western cultures. Buddhist mindfulness is imbedded in phenomenology and existential philosophy, and when it is approached from a behavioural perspective and via quantitative methods a number of issues occur. Without fully understanding the philosophy and origin of mindfulness, it becomes difficult to define or measure. Therefore, qualitative studies of an exploratory nature could help to make sense of this phenomenon.

**Theoretical background of mindfulness**

Furthermore, there are many models and theories which have recently been developed to explain mindfulness. Sternberg (2000) has outlined three views in which the construct of mindfulness could be explained as a ‘cognitive ability’ because practitioners’ skill in being mindful varies; as a ‘personality trait’ since it is believed that mindfulness is a stable disposition; or as a ‘cognitive style’ relating to the type of thinking that is mostly preferred. The author suggests that even though all these aspects share some characteristics of mindfulness, cognitive style seems to be mostly representative because of many similarities.
However, construct validity is required to test and understand these constructs. Subsequently, Sternberg has also argued that mindfulness needs to be integrated into larger theories of cognition and personality because of the existing links.

Furthermore, Martin (2002) pointed out that researchers tried to explain mindfulness through cognitive theories by changing its notion and understanding, whereas for others mindfulness was regarded as a detached way of attending to and observing experiences. Attempts were also made to describe mindfulness in terms of information processing theory (Wells & Matthews, 1994), explaining that an aspect of mindfulness, which has been referred to as ‘detached mindfulness’, can be used as meta-cognitive monitoring and control over internal processes. Therefore, by focusing on information processing as the basis of mindfulness, this comes more into line with cognitive theory, making the practice relatively scientific (Rapgay & Bystrisky, 2009). However, Thanissaro (1997), in reference to classical literature, opposed this by stating that mindfulness is a moment-to-moment experience involving an active, engaged, non-detached and non-reactive process. In the present moment of one mental event leading to another, an insight occurs. Once the practitioner is actually involved in this process, this is when the real learning occurs. For example, it is similar to learning to ride a bike. One cannot learn just through watching someone, but by actually engaging in the process oneself.

The modern approach associates mindfulness practice with cognitive and affective features, for instance some describe mindfulness as acceptance (Kabat-Zinn, 1996) and others as a meta-cognitive process (Wells, 2002). Buddhists’ view of mindfulness is primarily a perceptual process based on bare attention and awareness. It is believed that cognitive processes hinder the person’s perceptual abilities to develop their awareness and attention during mindfulness practice. According to classical mindfulness, acceptance is understood as a value that stops bare attention from developing, because during attention and awareness practice the practitioner comes with an intention to accept everything. In classical mindfulness the idea is to stay with the things that arise and not to change them in any way the person may want, but to experience them just the way they are. The Buddhist scriptures of the Abhidharmma use a psycho-philosophical model of perception and cognition to describe and understand the notion of mental states in mindfulness. This model explains mindfulness as the main mental factor which is in charge of mental activities; that is, the experience of an object (Rapgay & Bystrisky, 2009).
Recently, Grabovac, Lau and Willett (2011) have designed a Buddhist Psychology Model (BPM) which underlines the change that occurs throughout mindfulness-based interventions. It is based on Buddhist psychological theories derived from a Buddhist text, the Abhidhamma Pitaka. As the analysis of the transcripts is very comprehensive and broad, the authors have simplified the theories to design the BPM. The aim of the BPM is to demonstrate the specific process that occurs while practising mindfulness, and to recognise the main mechanisms that take place during attention regulation and mindfulness practice that may lead to a decrease in symptoms and enhancement in wellbeing. The BPM describes the association among cognitive processes and mindfulness, as well as the modifications of those processes that happen as a consequence of mindfulness practice (Grabovac et al., 2011). A comprehensive understanding of the BPM is beyond this current paper, therefore for further explanations refer to Grabovac et al. (2011).

Some of the existing models of change, for instance meta-cognitive awareness (Teasdale et al., 2000), defusion (Fletcher & Hayes, 2005), reperceiving (Shapiro, Carlson, Astin & Freedman, 2006), decentring (Fresco, Segal, Buis & Kennedy, 2007) or decreasing rumination (Deyo, Wilson, Ong & Koopman, 2009), have been proposed to illustrate physical, psychological and emotional changes based on MBIs, although they only illustrate one or more mechanisms of change. However, Grabovac et al. (2011) argued that none of these models seems adequately to describe the detailed mechanisms that contribute to the process of change, as the BPM does. It is proposed that these models only represent a model of attention regulation alongside acceptance, which leads to decreases in mental activities, as well as improvement of symptoms and wellbeing (Grabovac et al., 2011).

Similarly, Mikulas (2011) explained that Western psychology’s descriptions of mindfulness relate more to concentration practice, and that the advantages of mindfulness practice are a product of training in concentration. Therefore, the BPM explains the uncertainty about concentration and insight practices, emphasising that the decrease in rumination results from both the concentration and the insight practices. The model also illustrates that the insight gained during mindfulness practice leads to a decrease in symptoms (Grabovac et al., 2011).

The authors argue that introducing the key elements of the BPM – that is, insight, acceptance, attention regulation and theoretical transparency – into MBIs may optimise the effectiveness of these treatments. They also encourage future research to develop more precise questionnaires so that components of existing constructs can be differentiated; for instance, to
test how insight in the BPM improves wellbeing. The authors also encourage further studies to evaluate the validity of the BPM.

Finally, Brown, Ryan and Creswell (2007) argued that researchers face a great challenge to develop empirically grounded theoretical models of mindfulness. However, complex investigation of mindfulness is worth the effort, because this can also widen our knowledge of the nature of consciousness. The authors argued that the quality of consciousness depends on mindfulness practice, and as a primary role of human functioning it would be helpful to maximise its effectiveness. However, little attention has been given by psychological research and clinical practice to the study of consciousness. Most psychologists have directed their attention towards the study of the ‘content’ of consciousness, such as thoughts, memory and emotions, instead of the ‘context’ where the content can be described, as it is based on consciousness (Rychlak, 1997).

**Mindfulness as a phenomenology**

Phenomenology is a philosophical approach concentrating on the study of essences, for instance the essence of perception or the essence of consciousness, and in particular it aims to give a direct description of a human being’s experience as it is (Merleau-Ponty, 1992). Bien (2006) has described Buddhism as a ‘phenomenon’ of teaching, and others have stated that traditional mindfulness is based on a systematic phenomenological programme that has been created across thousands of years to examine individual experiences (Grossman & Van Dam, 2011; Grossman, 2011). Similarly, Brown et al. (2007) stated that the notion of mindfulness practice is based on Buddhist psychology and that there are shared ideas with the psychological and philosophical traditions, encompassing the philosophy of ancient Greece such as existentialism, phenomenology and humanism. These approaches explain the importance of what it means to be a human, which is centred around human experience, and mindfulness is embedded in the consciousness through the practice of awareness and attention. Mindfulness practice helps the person becomes more conscious of their internal and external experiences, as well as occurrences as ‘phenomena rather than as the objects of a conceptually constructed world’ (Olendzki, 2005:253). As one famous meditation teacher stated: ‘The difference between the trained and untrained mind is the understood experience’ (Khema, 1989:1).

The most influential phenomenological philosophers are Husserl, Heidegger, Merleau-Ponty and Sartre (Smith, Flowers & Larkin, 2009). A phenomenological method was developed by
Husserl, whose aim was to discover the main characteristics and structures of human experiences by going through a process of ‘reductions’, which helps to think and reason in different ways about the phenomenon. He proposed that one needs to bracket out the abstract attitude of everyday life. This involves putting aside intentions, theory, judgements or assumptions about the ordinary world, so that only the pure immediacy of experience remains. Husserl’s focus was on that which is experienced in the consciousness of a person. This was performed to establish the core of a subjective experience (Smith et al., 2009).

Heidegger was committed to understanding humans as ‘beings-in-the-world’, whereas Merleau-Ponty focused on humans as ‘body subjects’ and their embodied nature as well as their relationship they hold with the world. Both Heidegger and Merleau-Ponty highlighted the interpretive and situated understanding of the knowledge humans have about the world (Smith et al., 2009). In relation to the developmental aspect of human beings, Sartre believed that ‘existence come before essence’ (1948:26), implying that the self is not something that pre-exists and needs to be discovered, because it is constantly in the process of becoming. Heidegger, Merleau-Ponty and Sartre made interesting contributions to the understanding of humans as embedded and absorbed in a world that is made of relationships, objects, cultures, languages and concerns. By moving away from Husserl’s initial interests based on descriptive and spiritual ideas, which he later dismissed, Heidegger, Merleau-Ponty and Sartre began to focus more on the interpretation of human personal experiences in relation to the world and others (Smith et al., 2009; Merleau-Ponty, 1964).

Colaizzi (1978) criticised the traditional experimental methodology, as it lacked involvement with the human experience and only concentrated on developing operational definitions with objectivity recognised as the essential part. Experimentalists defined objectivity as completely independent between observer and observed. However, Colaizzi, a phenomenologist, re-emphasised that the original definition of objectivity is reflected in holding an attitude of openness where reality can be revealed in the way it actually presents. Consequently, methodologies of phenomenology highlight the importance of understanding the person’s unique experiences by rigorously examining their meanings and the assumptions they hold about the studied phenomenon.

Buddhist mindfulness seems to be embodied in phenomenological and existential philosophy, whereas Western mindfulness appears to be approached from a behavioural perspective. Since many quantitative studies faced a number of issues in reaching a clear definition of
mindfulness and developing valid mindfulness measures, quantitative research could provide more understanding in this area. Learning more about people’s initial experiences of the practice could help to develop a better understanding of the different processes that take place.

**Qualitative research in mindfulness**

Arguably, a number of researchers have emphasised the importance of conducting more qualitative studies, whose exploratory nature is based on interview methods (Grossman, 2011; Grossman & Van Dam, 2011; Smith *et al.*, 2009). Since these types of research often include open-ended approaches, a deeper understanding of the psychological experiences of mindfulness practitioners could be derived, as well as developing greater insight into the psychological processes occurring during mindfulness practice. Consequently, this could lead to the discovery of new classifications of psychological effects in relation to mindfulness training (Grossman, 2011). Additionally, one-to-one interaction with a researcher enables greater exploration of semantic complexities and response biases. The qualitative researcher could provide insight and a deeper understanding of how mindfulness practice influences mental processing in practitioners. This type of information could help to evaluate and generate ideas for the development of new mindfulness interventions and teaching.

Furthermore, a qualitative study by Stelter (2009) conducted an in-depth analysis of three participants based on narratives constructed on the participant’s own world. The aim of the study was not to present the evidence for mindfulness efficacy, but to illustrate in what way and how participant’s experiences provided benefit to their health, wellbeing and quality of life.

Kjellgren and Taylor (2008) emphasised that relatively few studies explored the internal and personal experiences of practitioners. Qualitative research tends to be conducted in mental health clinical settings with the aim of investigating the effectiveness of MBIs (Mason & Hargreaves, 2001; Hertenstein *et al.*, 2012; Hopkins & Kuyken, 2012). Morone, Lynch, Greco, Tindle and Weiner’s (2008) qualitative research investigated the effectiveness of mindfulness in older adults with chronic pain. The results showed improvement in wellbeing during and after the course of mindfulness. Similarly, a qualitative study by Mason and Hargreaves (2001) conducted in mental health settings found that the participants in the MBCT programme became more able to break their depressive ruminative cycles, as they were able to distance themselves from their thoughts and feelings and respond to them with a
choice. However, the limitation of the study was that it is unknown whether the changes in mood would remain stable and engagement with the practice would last, therefore future longitudinal studies are required to answer these questions. In addition, the authors also suggested that mixed-methods studies of a qualitative and quantitative nature could provide further insight into the field of mindfulness.

Although these research findings are significant, most explored the early mindfulness experiences of participants in a mental health context (Williams, McManus, Muse & Williams, 2011; Mason & Hargeaves, 2001) or in relation to a specific area of interest, for instance past trauma (Bermudez et al., 2013). Relatively few qualitative studies looked at idiosyncratic experiences of mindfulness practice in non-clinical individuals, who have done MBSR programmes in private settings and were not assigned to any mental health treatments.

Another issue around mindfulness practice, which was pointed out by a number of studies, was that some people find it difficult to engage with the practice following completion of a mindfulness programme, as they lack the dedication and motivation to maintain regular practice (Bermudez et al., 2013; Langdon, Jones, Hutton & Holtum, 2011; Mackenzie, Carlson, Munoz & Speca, 2007; Williams et al., 2011). Empirical studies suggested that to gain long-term psychological benefits consistent mindfulness practice is required (Carmody & Baer, 2008; Kabat-Zinn, 1990; Segal et al., 2002). Sephton’s et al. (2007) research showed that two months after completing an MBSR programme and participating in regular mindfulness practice, around 72% of participants were still committed to the practice. However, Kabat-Zinn, Lipworth, Burney and Sellers’s (1987) follow-up study results indicated that only 56% of participants continued to practise after a year. Similarly, in a study by Finucane and Mercer (2006), eight out of eleven practitioners maintained the practice three months after the MBCT programme ended, but only five members did the practice two to three times a week. The authors highlighted that the factors that are likely to influence people’s practice are a struggle to develop a regular daily routine and not belonging to a group.

Furthermore, Langdon et al. (2011) attempted to understand what contributes to participants’ difficulties in maintain regular mindfulness practice after an MBCT programme conducted in a clinical setting. The authors learnt that participants lacked motivation and discipline, as well as there being a number of mental issues and practical matters impacting their practice. However, most participants in this study managed to re-engage with their practice after a
short break. Therefore, it would be interesting to explore the experience of people from non-clinical populations who completely stopped the practice once the programme ended and did not re-engage with mindfulness practice.

MBCT and MBSR programmes share many similarities, as both are conducted over eight weeks and help beginners to learn to practise mindfulness. The only distinguishing difference between them is that MBCT incorporates elements from CBT, whereas MBSR tends to pay more attention to educating people about stress. Therefore, it would be interesting to see whether these courses vary in how they help to engage people with the practice.

It is becoming evident that some questions remain unanswered as to why some people are able to engage with the practice compared to those who struggle. Knowing what is contributing to these factors could help us understand what it is about Western people’s mentality that prevents them from doing the practice. Is it possible that the lack of thorough understanding behind mindfulness practice based on the Buddhist four truths and eightfold path prevents people from finding out the true value of mindfulness practice? Also, understanding the experience of mindfulness practice by experienced practitioners could also provide understanding on how recent MBIs could be improved to help to engage people in the practice. In addition, further insight could be gained from exploring whether the modern practice of mindfulness is too simplistic and whether a specific practice around attention and awareness needs to be developed. Also, it would be interesting to see whether people gain some kind of insight from the practice as it is taught classically. These findings could provide instructions for future MBI programmes on what could be improved to help new practitioners to understand the value of mindfulness and to engage them with the practice. Hopkins and Kuyken (2012) highlighted that future qualitative research could explore in greater detail the needs and support required by people once they complete an MBI programme, as the practice involves a challenging process that requires dedication and persistence (Crane, 2017).

**Implications for counselling psychologists**

Counselling psychology’s ethos is grounded in an existential and phenomenological philosophical stance, encompassing human idiosyncratic experience at the centre of the therapeutic encounter (Milton, Craven & Coyle, 2010). Mindfulness practice is based on a similar foundation, focusing on the way of *being* with the experience in the present time rather than trying to *do* something about it. Empirical studies have shown that mindfulness
practice can be beneficial for therapists as it can improve their therapeutic relationship with clients (Razzaque, Okoro & Wood, 2015).

One of the essential skills of a counselling psychologist is to become a reflective practitioner, which involves being mindful of one’s assumptions and beliefs during work with clients so that the clinician is more aware of what belongs to them and to the client. As part of personal and professional development, mindfulness practice could help psychologists to develop their reflective skills. Although mindfulness practice is not taught on professional doctoral counselling courses, a number of authors have emphasised the importance of introducing mindfulness into the curriculum (Christopher & Maris, 2010; Greason & Cashwell, 2009). The reasons behind this are based on empirical findings indicating that mindfulness practice enhances a therapist’s empathic abilities towards clients (Greason & Cashwell, 2009), increases clinicians’ self-care (Christopher, Christopher, Dunnagan & Schure, 2006), as well as improving their mental health (Shapiro, Brown & Biegel, 2007). Consequently, it enhances their resilience to professional burnout and decreases stress levels, which can be a characteristic feature of the nature of this work (Shapiro, Astin, Bishop & Cordova, 2005).

Furthermore, since there are great advantages from mindfulness practice, Bhanji (2011) recommends that counselling psychologists integrate mindfulness into their work with clients. He argues that as counselling psychologists are more inclined to work with clients using the ‘being’ rather than the ‘doing’ mode, introducing mindfulness into therapeutic encounters could enhance their ability to ‘be’ with clients. Halliwell (2010) explains that mindfulness practice helps individuals to develop greater insight, improve problem solving, attention and acceptance, and furthers a sense of body–mind integration. Kabat-Zin (2003) also strongly encourages clinicians to practise mindfulness themselves, which could be a personally fulfilling experience and part of ongoing personal development. The practice may also provide them with a better understanding of mindfulness as they will be teaching it to clients (Bhanji, 2011).

In addition, primary and secondary NHS care settings offer mindfulness courses for clients, which are usually conducted by psychologists, as some empirical evidence has shown psychological efficacy in the treatment of depression (Teasdale et al., 2000) and anxiety (Roemer & Orsillo, 2002). However, Crane, Kuyken, Hastings, Rothwell & Williams (2010) recommended that before clinicians decide to teach mindfulness to clients, they need first to explore their own personal experience with mindfulness practice. Therefore, knowledge and
practice of mindfulness would not only benefit psychologists personally, but also could contribute to better clinical outcomes as well as prepare them to teach mindfulness courses.

Conclusion

This literature review has attempted to highlight the difference between Buddhist and Western understandings of mindfulness practice. As can be seen, the modern teaching of mindfulness practice is more simplistic than the Buddhist understanding, which encompasses a richer description of the practice and values based on the four truths and the eightfold path. Since mindfulness practice originates in Buddhism’s complex and descriptive teachings, and modern mindfulness programmes have only recently been developed, it is not a surprise that quantitative research faces substantial challenges in defining, operationalising and measuring mindfulness. Despite the existing methodological limitations, there is clear evidence based on empirical studies that modern mindfulness practices are positively associated with psychological health. Therefore, further studies are needed so that a general agreement can be reached on the nature and meaning of mindfulness. It has also been suggested by some authors that qualitative studies could contribute to richer explanations of the subjective experience of mindfulness practice. Given that Buddhist mindfulness is rooted in phenomenological-existential philosophy and due to the complexity of understanding, it would make sense to approach mindfulness from a quantitative perspective, as both share similar foundations.

In particular, future research is needed to develop a deeper understanding of the early experiences on MBSR programmes of non-clinical participants in the mental health context who are beginning to practise mindfulness, and also to explore the difficulties of individuals who struggle to engage with the practice at all. Mindfulness is an enriching experience of self-discovery and when practised regularly it benefits the person in many areas of their life.
References


An interpretive phenomenological analysis of mental health care professionals’ experience of mindfulness practice and the MBSR course

Abstract

Growing evidence indicates that mental health care professionals benefit from mindfulness practice personally and professionally. The literature also suggests that the majority of psychologists, followed by other mental health professionals, tend to teach Mindfulness Based Interventions (MBIs), but with limited mindfulness training. However, little is known about the mindfulness training these professionals have undergone. Therefore, this current study aims to explore mental health care professionals’ subjective experience of the Mindfulness-Based Stress Reduction (MBSR) course and mindfulness practice using an inductive approach. Mental health care professionals were recruited from a private MBSR course in London. Semi-structured interviews were completed and the Interpretive Phenomenological Analysis (IPA) approach was utilised. Two major themes emerged from the data outlining professionals’ overall ambivalence towards the course and the challenging reality of the practice, which led to uncertainty about their future practice and further mindfulness training. Study implications and limitations of the results are discussed.

Keywords: mindfulness practice, MBSR course, mental health care professional, IPA
“How can one ask someone else to look deeply into his or her own mind and body and the nature of who he or she is in a systematic and disciplined way if one is unwilling (or too busy or not interested enough) to engage in this great and challenging adventure oneself, at least to the degree that one is asking it of one’s patients or clients?” (Kabat-Zinn, 2003, p. 150)

Mindfulness is a recent and emerging form of therapy applicable to a wide variety of clinical presentations (i.e. depression, anxiety, post-traumatic stress disorder [PTSD], eating disorder, substance abuse). Grounded in Buddhist practice, mindfulness is a “way of being” that has been defined as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). Currently there are many different settings where mindfulness is practised, including the health (NHS), education, workplace and criminal justice systems.

There is evidence that the continuous development of mindfulness practice helps to reduce human suffering, leading to a calm and content state of mind, enhanced emotional balance and psychological well-being (Gethin, 2001). Given this, Goldberg (2017) argued that there is a growing need for mental health care professionals (e.g. psychologists, Cognitive Behavioural Therapy [CBT] therapists, nurses, occupational therapists, coaches, physicians, social workers) to deliver Mindfulness-Based Interventions (MBIs; i.e. Mindfulness-based Stress Reduction [MBSR] and Mindfulness-based Cognitive Therapy [MBCT]). However, the literature indicates that mental health care professionals have limited mindfulness training, resulting in a lack of competence and personal mindfulness practice (Goldberg, 2017). There is little knowledge about the quantity and depth of training undergone by professionals, but there is evidence that they tend to refrain from doing specialised mindfulness teacher training because it is costly and time-consuming (Goldberg, 2017). For that reason, the aim of the current study is to explore mental health care professionals’ idiographic experience of the MBSR course and their engagement with mindfulness practice, as well as to learn about their future intentions for personal practice, training and teaching. The latter in particular is important, especially because personal practice and specialised mindfulness training are required before teaching others.

Therefore, to address the current study’s rationale in more detail, this introduction will offer the following. First of all, a brief outline of the literature on the background and efficacy of the MBSR course will be provided. Secondly, attention will be directed towards research on
how mental health professionals benefit from mindfulness practice personally and clinically. Thirdly, the contribution of the current study to counselling psychology will be explained. Fourthly, the governance of mindfulness training will be outlined to further explain the argument for exploring professionals’ internal experiences of mindfulness practice and the MBSR course. Finally, the study’s implications will be provided.

**Background and efficacy of MBSR course**

In 1979, Dr Kabat-Zinn at the University of Massachusetts Medical School in America introduced mindfulness practice to the Western world by designing the Mindfulness-Based Stress Reduction (MBSR) group-based programme in clinical settings, aimed to help with a wide range of chronic pain and stress-related disorders (Kabat-Zinn, 1982, 1990). Since the introduction of MBSR courses, a large number of quantitative studies conducted within clinical populations in mental health settings have continued to show mindfulness to be an effective treatment in the promotion of psychological health and wellbeing for people who need to manage chronic pain (Kabat-Zinn, 1982), stress (Shapiro, Schwartz & Bonner, 1998) and emotional and behavioural disorders (Kabat-Zinn, 1998).

Nowadays anyone experiencing anxiety or stress can participate in this course, which is usually conducted over 8 weeks for approximately 2.5-hour weekly sessions. Participants learn skills in practising different mindfulness techniques (e.g. mindful breathing, movement, eating, walking, body scan) and are introduced to mindfulness theory. The formal practice of mindfulness involves focusing on the breath, while remaining in the present moment. When any sensations emerge they are observed without any judgement, but with an attitude of curiosity and kindness. As the mind wanders off, attention is repeatedly and gently brought to the present moment. Mindfulness practice helps people to learn that sensations fluctuate and through greater awareness understanding occurs, so that altruistic and kind choices can be made (Baer, 2003).

The MBSR course remained the core of other MBI programmes that were specifically modified to manage various clinical conditions. For instance, MBIs were shown to be helpful in managing depression (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, 2000), anxiety (Roemer & Orsillo, 2002), PTSD (Wolfsdorf & Zlotnick, 2001), substance abuse (Marlat, 2002) and eating disorders (Telch, Agras & Linehan, 2001). Therefore, mindfulness became integrated into CBT as MBCT, which was recommended by the UK’s National
Institute for Health and Care Excellence (NICE, 2009) as one of the preferred treatments for people with recurrent depression.

More recently other MBIs have been developed to address specific presentations, for instance eating awareness, childbirth and parenting, as well as mindfulness interventions being incorporated into art therapy, acceptance-based group therapy and mental fitness training (Shonin, Van Gordon & Griffiths, 2013). In addition, due to the increasing interest and scientific evidence outlining the benefits of mindfulness practice, the Mindful Nation UK (2015) parliamentary report highlighted the pervasiveness of mindfulness both within the clinical population and as an intervention for the whole nation. Mindfulness has been shown to build people’s resilience to stressful life situations and to be a cost-effective treatment.

**Personal and clinical benefits of MBIs for health care professionals**

Apart from the benefits for the clinical population, research has shown that mindfulness can also benefit mental health care professionals, personally and professionally, especially as they have to deal with emotionally exhausting, stressful and demanding careers alongside providing good-quality care to distressed individuals (Moore & Cooper, 1996). This can lead to symptoms of burnout (Irving, Dobkin & Park, 2009), which can result in many physical health issues as well as having negative consequences for the quality of care that professionals provide to clients (Hannigan, Edwards & Burnard, 2004).

As a result, attention has shifted to studying the utility of MBIs for health care professionals. Quantitative studies highlighted that after completing the MBSR course, qualified health care professionals reported decreased distress, rumination and negative affect (Martin-Asuero & Garcia-Banda, 2010), increased self-compassion (Boellinghaus, Jones & Hutton, 2012) and better physical and mental health (Irving, Dobkin & Park, 2009), as well as increased quality of life (Shapiro, Astin, Bishop & Cordova, 2005).

As research continues to show many psychological and physical benefits behind mindfulness practice, quantitative study has found that mindfulness can also have a positive impact on the therapeutic alliance (Razzaque, Okoro & Wood, 2015), indicating that the practice can enhance clinicians’ empathic abilities towards clients and lead to an improved quality of care (Greason & Cashwell, 2009). In addition, the cultivation of presence through mindfulness practice has been identified as a key element to the development of a good therapeutic
relationship (Geller & Porges, 2014), which appears to be relevant not only to qualified therapists (Geller & Greenberg, 2015) but also to other professionals. Hunter’s (2016) recent qualitative literature review, based on five relevant studies, showed that mindfulness practice helped midwives and nurses better manage their thoughts and stress levels, resulting in a quiet mental space. Consequently, this led to improved client care, as workers remained more present with their clients and able to listen to them more carefully. However, not all NHS services deliver mindfulness interventions to professionals (Demarzo, Cebolla & Garcia-Campayo, 2015), although it has been argued by Crane and Kuyken (2012) that professionals should be the first to be offered them, so that they can become more aware of what the practice involves and how it can be helpful before offering it to clients.

**The relevance of mindfulness to counselling psychology**

As outlined above, there are many personal and professional benefits of practising mindfulness for psychologists. Therefore, studying mindfulness is arguably of importance to the counselling psychology field. Goldberg (2017) outlined the theoretical and practical overlap between mindfulness and counselling psychology by emphasising the similar values that both divisions share. He claimed that MBIs are psychological interventions, with the main focus being on building strength and learning to accept things that cannot be changed (i.e. thus according with the views of Rogers [1961] and Acceptance and Commitment Therapy by Hayes, Villatte, Levin & Hildebrandt [2011]). Similarly, the focus of mindfulness is also on strength building, with the fundamental assumption being that the person is whole, unbroken and has the ability to heal and recover (Kabat-Zinn, 1990).

Furthermore, counselling psychology as an applied division of psychology has been designed to train counselling psychologists to use a number of therapeutic modalities across their profession. The fact that mindfulness is part of evidence-based practice for certain clinical presentations makes counselling psychologists inclined to know about mindfulness practice and to be able to explain to clients what mindfulness is. Additionally, psychologists seemed to be the main professionals teaching MBIs, so the results of this study may be particularly relevant to them in understanding the experience of the MBSR course and practice, which might be helpful in delivering subsequent courses. In particular, this was evident in Crane and Kuyken’s (2012) study, where it was found that across NHS services the majority of instructors who taught MBCT were psychologists (83%), followed by occupational therapists, social workers, nurses specialising in psychiatry and CBT therapists. The
increasing popularity of mindfulness-based interventions within health and social care, education, business, prison and community centres – all settings where counselling psychologists work – means that there is a growing need for counselling psychologists and other professionals to teach mindfulness practice to clients and clinicians (Crane, Kuyken, Williams, Hastings, Cooper & Fennel, 2012).

Furthermore, since counselling psychologists are very well equipped to provide supervision and training, they could make a valuable contribution in helping to offer some perspectives on core competences for mindfulness trainers, so that clinicians of different disciplines who deliver MBIs can be trained to the highest standards (Crane et al., 2012). Therefore, understanding professionals’ experience of the course and practice might contribute to the way these courses are being implemented by counselling psychologists.

**Governance of mindfulness training**

The preceding discussion indicates that mindfulness is a recent and pervasive therapeutic modality that is of benefit to both clients and professionals. It is therefore of importance to understand how mental health professionals train in and gain knowledge of this modality. Despite so many mental health care professionals teaching mindfulness, Crane and Kuyken’s (2012) study found that some services allowed professionals to teach MBCT without any formal training in mindfulness, as they perceived their core professional education to be adequate to carry out MBCT, even though it did not include any mindfulness training. In addition, the literature also shows that professionals who teach MBIs tend to have various degrees of mindfulness training (Goldberg, 2017), and only a small number of mindfulness teachers received in-depth training (Crane et al., 2012).

Therefore, just as Crane and Kuyken (2012) emphasised the importance of having competence to teach MBI courses, Goldberg (2017) argued that there is a need to determine who is qualified to teach MBI courses. The UK Network for Mindfulness-Based Teacher Trainers has developed and published Good Practice Guidance on standards for mindfulness-based teachers (UK Network for Mindfulness-Based Teacher Trainers, 2015). These guidelines aim to inform teachers about the ethical principles and values of mindfulness-based teaching. There is also a set of requirements to enter specialised teacher training, including the need to have experience of personal mindfulness practice and a professional qualification in health care (Crane et al., 2012).
Currently there are two broad types of mindfulness training: specialised mindfulness teacher training, which prepares professionals to become a teacher of MBIs; and MBI courses (i.e. MBSR or MBCT), which aim to introduce the general population to mindfulness practice. Although MBI courses are fundamentally similar, MBCT has the additional element of CBT, which requires further training.

Kabat-Zinn (2011) emphasised the requirement to have undertaken specialised mindfulness teacher training in order to teach MBIs, because he believed that only experienced and competent professionals who are trained in mindfulness can successfully deliver such interventions to others. However, in either the UK or USA these training courses tend to be very expensive (e.g. the University of Massachusetts Center for Mindfulness charges approximately $10,000) and time consuming, with extensive teaching and a number of retreats (Goldberg, 2017). Due to these impracticalities, many clinicians are unable to attend them, because there are also limited resources within their workplace (i.e. the NHS) to do the required mindfulness teacher training (Crane & Kuyken, 2012).

Goldberg (2017) argued that professionals ended up having limited training in mindfulness, leaving them with a lack of specific mindfulness skills and competences, but the content of that limited training is unknown and whether they are satisfied with that to enable them to teach others. In addition, Moore and Cooper (1996) found that the MBSR courses offered privately or in the NHS tend to attract many different mental health care professionals, who seek support due to work-related stress. However, little has been done to evaluate these more introductory and generic MBSR courses to see how helpful they are in assisting participants with the practice. Therefore, as it is known that professionals refrain from doing the specialised mindfulness teacher course due to financial reasons, it would be worth interviewing professionals from an MBSR course (Crane & Kuyken, 2012).

Given all of these factors, research is arguably required to understand how participants experience training and their future personal and professional intentions regarding mindfulness practice. Additionally an inductive approach appears relevant, as this is a largely unknown area. This would allow the meaning of participant experiences to be considered. Therefore, through this inductive process it would also be interesting to find about their perspectives on why they are doing this course and the practice, their interests or motivations and what their experiences mean to them. Exploring the internal experiences of professionals might help to understand how useful this course is in helping them to learn about mindfulness.
and its practice, and how the course helps or hinders professionals’ engagement with the practice. In addition, it would be important to understand the function the course serves in regard to their profession. These multiple reasons indicate the need for an open-ended inductive analysis.

**The rationale of this study**

In summary, the literature suggests that mental health care professionals can teach MBIs with limited mindfulness training and that little is known about the actual mindfulness training that these professionals have. Therefore, this current research takes an inductive approach and aims to explore mental health care professionals’ subjective experience of the MBSR course and mindfulness practice. The research question is therefore as follows: What is mental health care professionals’ experience of mindfulness practice and the MBSR course?

**Implications of the current study**

Since the current study will be an inductive analysis, it will provide a clearer understanding of what it is like to be in mindfulness training, about which not much is known at present. Consequently, this study may provide helpful insights for psychologists, therapists and other professionals intending to teach mindfulness, as a guide to how to best implement MBSR courses, both in private and in NHS settings, so that mindfulness beginners can be best supported during their first engagement with mindfulness practice. In particular, the findings of the study may lead to more effective use of resources in NHS settings if MBSR courses are run to the best standards, given that health care professionals who engage in and sustain mindfulness practice seem to provide a better quality of client care (Hunter, 2016) and that clients who engage effectively with the practice tend to remain well for longer periods of time and with fewer relapses (Beckerman & Corbett, 2010). In addition, understanding participants’ experiences is relevant, as personal practice is not only beneficial to them personally and professionally, but is also one of the requirements for undertaking specialised mindfulness teacher training (UK Network for Mindfulness-Based Teacher Trainers, 2015).

**Method**

The aim of this study is to broaden the existing literature on mental health care professionals’ engagement with MBSR courses and mindfulness practice, by focusing on their subjective experiences of the course and the practice. Therefore, a qualitative approach seemed appropriate, as it is concerned with understanding meanings and “the quality and texture of
experiences, rather than with the identification of cause-effect relationships” (Willig, 2008, p. 8). This means that the focus is on exploring and understanding how people experience events and make sense of them.

Learning more about professionals’ experiences of the MBSR course could shed some light on whether this type of course is of any benefit to them, and potentially this study’s results could inform clinical practice. For that reason, to explore in detail professionals’ personal experiences of the practice and MBSR course, Interpretive Phenomenological Analysis (IPA) was considered to be the most appropriate qualitative approach. IPA “involves detailed examination of the participant’s lived experience” and exploration of “how participants are making sense of their personal and social world” (Smith & Osborn, 2008, p. 53). The ultimate aim of IPA analysis involves the investigation of the unique meanings that an individual ascribes to their experiences, situations or events (Smith & Osborn, 2008). Therefore, IPA as an inductive approach appeared most relevant because this is a largely unknown area. Since IPA aims to capture the quality and texture of people’s experiences (Willig, 2008) and the literature indicated that little is known about the quality and depth of mental health care professionals’ mindfulness training (Goldberg, 2017), this approach was used to provide a clear understanding of what it is like to be in mindfulness training. In addition, exploring participants’ experiences could contribute in developing an in-depth understanding of the studied phenomenon.

Furthermore, IPA is based on phenomenology, which is concerned with providing a detailed description of a given experience or “phenomenon”. The method is also committed to participants’ idiographic accounts, aiming to examine each case in detail to learn what the experience of being in a relationship, event or process is like for this person and what it means to be experiencing it. Although the focus of the analysis is on individuals, the aim is to understand the general nature of the phenomenon instead of only the individual experiences (Howitt, 2013).

In IPA, symbolic interactionism is concerned with meanings and the interpretation of these meanings. Meanings occur through interaction with the social world, but then these meanings of objects or events become interpreted and acted upon (Willig, 2013). IPA is also concerned with interpretations of accounts and “is informed by hermeneutics, the theory of interpretations” (Smith, Flowers & Larkin, 2009, p. 3). As human beings try to make sense of their experiences, the accounts provided by participants will provide reflections of that
process. However, the access to experiences depends on how far participants choose to share their experiences with the researcher, who then has to interpret them in order to make sense of them. Therefore, IPA “is engaged in a double hermeneutic because the researcher is trying to make sense of the participant trying to make sense of what is happening to them” (Smith et al., 2009, p. 3). This means that the researcher’s role is dual, because they are trying to make sense of the person’s account and to interpret their experiences (Smith et al., 2009). For that reason, the researcher has to maintain a reflexive attitude while interpreting the data, and acknowledge their own assumptions and conceptions that could potentially influence the analysis (Willig, 2001). The role of the double hermeneutic is relevant in particular to the author, who has a background in mindfulness training as a researcher.

In addition, other qualitative methodologies were considered but seemed unsuitable for the aim of the current study. For instance, Thematic Analysis (TA) is concerned with pinpointing, examining and recording themes, which are patterns across the data that mainly organise and describe a phenomenon and address specific research questions (Braun & Clarke, 2006). This approach seemed insufficient to address the aim of the current research, which is to explore and understand in-depth accounts of experiences. Similarly, Discourse Analysis (DA) was also regarded as unsuitable. Although both DA and IPA have in common “a commitment to the importance of language and qualitative analysis” (Lyons & Coyle, 2007, p. 133), the main difference is that IPA is concerned with idiosyncratic meanings. This means that in IPA the focus is on finding out what participants think and believe about the topic under investigation, whereas DA is more focused on analysing how language is used to communicate meaning.

Similarly, the Grounded Theory (GT) approach was also unsuitable for this study’s aim, as its focus is on generating a theory that is grounded in the data. In addition, GT was too theoretical for the goal of reaching an in-depth account of the sample. Since the aim of this study is to closely examine participants’ experience of the mindfulness course and practice, IPA seemed most suitable because it is concerned with understanding in detail people’s experiences of reality, to develop an understanding of the phenomenon under study (McLeod, 2001).
Epistemology

Counselling psychologists’ ontological position is humanistic, which views human distress as subjective experience and not as medicalised psychopathology. This ontological position means that a critical stance is taken towards the possibility that there are mental diseases that exist in and of themselves. Counselling psychology instead prioritises the subjective experience of distress, which counselling psychologists aim to understand and find out what it means, while they also focus on getting to know the person. This is linked to the critical realism position, which takes a view that there is some kind of reality, but that it can only be accessed through different subjective perspectives (Willig, 2008). As a trainee counselling psychologist, the author ascribes to this view.

IPA can complement a critical realist ontology because it is interested in an individual’s subjective experience, and it also assumes that people can experience the same situation in quite a different way. This is because “people attribute meanings to events which then shape their experiences of these events” (Willig, 2001, p. 66). IPA does not question whether what happened to participants was “true” or “false”, but instead is interested in how individuals experience what happened to them. IPA also recognises that the meanings individuals attribute to events are a product of social interactions, thus many of the assumptions to which this approach leads relate to the social cognition paradigm in social psychology (Willig, 2001). IPA subscribes to a relativist ontology.

The ontology of counselling psychologists and critical realism also complements how IPA views epistemology as an approach to knowledge. In IPA it is not possible to access things in themselves; instead, knowledge is built by carefully describing how a phenomenon reveals itself. The study of phenomenology is concerned with the content of consciousness and the person’s experience of the world, which originates from Husserl’s work (Larkin & Thompson, 2012). In IPA the researcher generates data and allows meaning to arise through coding, patterns of meaning and themes. The data is not an objective reality and the meanings that emerge need to be closely monitored by the researcher.

The epistemological position of IPA is an interpretive (a.k.a. hermeneutic) phenomenology, which aims to develop an understanding of how people see and experience their world through the meanings they make (Larkin & Thompson, 2012; Willig, 2001). Therefore, IPA is based on the subsequent assumptions. For instance, “an understanding of the world requires an understanding of experience” (Larkin & Thompson, 2012, p. 102), which implies
that the researcher is encouraged to engage with people’s accounts in such a way as to gain an insider perspective, meaning their thoughts and beliefs on the studied topic. In addition, an idiographic approach helps to create a detailed focus on participants. IPA acknowledges that it is impossible to gain direct access to the participants’ world, except for the researcher’s intersubjective meaning-making. This is because it is impossible for the researcher to suspend all the influences and presumptions on the data while undertaking a phenomenological analysis. To engage with participants’ experiences, the researcher needs to carry out a critical examination of pre-existing knowledge, experiences and assumptions about the studied phenomenon, which is particularly relevant to the hermeneutic version of phenomenology (Larkin & Thompson, 2012; Willig, 2001). Although “the phenomenological analysis produced by researcher is always an interpretation of the participant’s experience” (Willig, 2008, p. 57), as opposed to the objective reality, it is important for the researcher to reflect on their role in making these interpretations and to make sure that they are supported by participants’ quotes. Therefore, the knowledge produced by IPA analysis involves a phenomenological approach to presenting participants’ view of the world, and an interpretative approach influenced by the researcher’s own ideas and position, which requires a reflexive manner (Willig, 2001).

Participants

In IPA a sample size of six to eight participants is consistent with Smith and Eatough’s (2007) recommendations, as it “provides enough cases to examine similarities and differences between participants, but not so many that the researcher is in danger of being overwhelmed by the amount of data generated” (p. 40). The recruitment of participants in IPA is based on purposive sampling, which means that the researcher aims to recruit a homogeneous group of participants who shared experience of a specific event, situation or condition being studied (Willig, 2008). The sampling criteria involved recruitment of mental health care professionals (e.g. psychologists, CBT therapists, nurses, occupational therapists, coaches, physicians, social workers) who were enrolled on an MBSR programme, and had not previously done any MBIs. The sample fits these criteria, as the aim was to explore professionals’ experience of this mindfulness course. In addition, the recruited sample also met the criteria for an IPA study.

The participants were six women who described themselves as White British, aged between 41 to 60 years, and all of whom were enrolled on the same private MBSR course in London.
Most participants found the course through a Google search and some searched for the name of the teacher who runs these courses. All participants were qualified and experienced working professionals who intended to complete the course as part of their personal and professional development. All participants had previous experience of working in the NHS, but at the time of the interview they were working for private organisations, for instance either school, university or within their own business. Participants’ occupations were as follows: two psychologists, two coaches, one hypnotherapist and one occupational therapist. Predominantly participants worked with clients with mental health issues on a one-to-one basis and some also did group work. Participants’ characteristics are shown in Table 1.

Table 1: Participants’ demographic information

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Gender</th>
<th>Age group</th>
<th>Ethnicity</th>
<th>Occupation</th>
<th>Work context</th>
<th>Home practice</th>
<th>Week of interview*</th>
<th>Place of interview &amp; duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Hypnotherapist</td>
<td>Private practice</td>
<td>Regular</td>
<td>Week 4</td>
<td>In one of the course rooms, 45 mins</td>
</tr>
<tr>
<td>Zoe</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Coach</td>
<td>Private practice</td>
<td>Irregular</td>
<td>Week 5</td>
<td>At her home, 42 mins</td>
</tr>
<tr>
<td>Maya</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Coach</td>
<td>Primary school</td>
<td>Regular</td>
<td>Week 6</td>
<td>Surrey University Library study room, 63 mins</td>
</tr>
<tr>
<td>Kate</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Counselling psychologist</td>
<td>Secondary school</td>
<td>Irregular</td>
<td>Week 6</td>
<td>At her home, 62 mins</td>
</tr>
<tr>
<td>Silvia</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Clinical psychologist</td>
<td>University and private practice</td>
<td>Irregular</td>
<td>Week 7</td>
<td>At her workplace, 54 mins</td>
</tr>
<tr>
<td>Emma</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Occupational therapist</td>
<td>School for children with special needs</td>
<td>Irregular</td>
<td>Week 7</td>
<td>At her workplace, 62 mins</td>
</tr>
</tbody>
</table>

* The MBSR course included four sessions run once every two weeks. The first three sessions lasted four hours, whereas the final session involved a whole day of practice lasting six hours, excluding lunchtime. The first course session was in week 1, the second course session was in week 3, the third course session was in week 5 and the fourth course session was in week 7.

**Procedure**

Six participants were recruited from a private MBSR course in London. The course details were found through a Google search and this particular MBSR course was chosen as it was run at the weekends by a qualified mindfulness university lecturer. The investigator was enrolled on the same course as the participants. Verbal permission was granted by the MBSR course teacher to conduct the study at the beginning of the second course session. Then during a break, the researcher approached randomly fourteen group members, who included males and females, and six expressed interest in participating in the study. Participants’
Contact details were collected and prior to the interview participants were emailed a copy of the “Participant Information Sheet” together with a consent form (see Appendix B), so they could familiarise themselves with the nature of the study and their right to withdraw from it. They were also informed that as a token of appreciation, they would receive a £5 Boots voucher. Following that, the interviews were arranged.

**Interview process**

The researcher conducted non-directive semi-structured interviews based on eight open-ended and non-leading interview questions (see Appendix C) used to explore the research question. Some of the interview questions were what mindfulness meant to participants; why they wanted to practise mindfulness and what was their experience; what mindfulness could offer them, if anything; what place it had in the future, if any; and whether they would recommend it to a friend. The interview questions provided a guide for the interview, while some further questions and prompts assisted in following each participant’s unique experience. The interviews took place at a convenient time for the participant, either at the participant’s house or workplace, in a Surrey University library study room or in one of the course centre rooms. Each interview was audio-recorded and ranged between 42 to 63 minutes in length (mean 54.66).

Before the interviews began, participants were briefed about the aim of the study, which was to ascertain their early experience of the course and mindfulness practice. They were also informed about confidentiality, the right to withdraw from the study or to take a break when required, and available psychological support if needed. Participants were then asked to sign a consent form prior to participating, after which demographic information was collected. In IPA interviews are led by participants, who are approached by the researcher as experts on the topic under investigation. The interviews were done with great sensitivity and empathy, taking into consideration that an interview involves human-to-human interaction (Lyons and Coyle, 2007).

Once the interview ended, participants were debriefed on how they felt about the interview process, any remaining questions were addressed and a Boots voucher was handed to them. None of the participants expressed a need to seek counselling support. Following each of the interviews the researcher made notes on any non-verbal observations and reactions to the interviews, to become more aware of how this might influence the analysis process (Smith et
al., 2009). The interviews were transcribed as soon as possible so they remained fresh in the researcher’s memory.

**Analytical procedure**

Once all the interviews were transcribed, the data was analysed using IPA’s rigorous six-step procedure adapted by Smith et al. (2009), which is summarised below. As recommended by Smith, Jarman and Osborn (1999), and in order to maintain the commitment to an idiographic approach, the researcher first examined in detail the transcript of one participant before the other cases were analysed and incorporated (see Appendix E for a copy of the first two pages of the interview transcript of the participant called Emma).

Step 1: Reading and re-reading of the transcript. The researcher immersed herself in the first written transcript, reading and re-reading it to become actively engaged in and familiar with the text.

Step 2: Initial noting. Then line by line the researcher aimed to conduct a close analysis of the first transcript, by making detailed and comprehensive notes and exploratory comments in the left-hand margin. An open-minded approach was used to make notes of anything that was interesting within the data. This was to identify how participants talked about, understood and thought about emerging matters.

The explanatory notes included descriptive comments, “which have a clear phenomenological focus, and stay close to the participant’s explicit meaning” (Smith et al., 2009, p. 83). This was done by describing the content and making note of any key words, phrases and explanations. Attention was paid to linguistic comments, which are concerned with how participants used language to communicate meaning, for instance pauses, laughter, repetition, tone or metaphors. The explanatory notes also involved conceptual comments, which “focused on engaging at a more interrogative and conceptual level” (Smith et al., 2009, p. 84), resulting in interpretations.

In IPA, the researcher aims to attend to the idiosyncratic aspect of each participant’s experience and to present their accounts in both a descriptive and an interpretive way (Smith & Eatough, 2007). The researcher paid specific attention to the role of the double hermeneutic while making interpretations, and tried to base them on participants’ words instead of outside ideas. In order to become more aware of the phenomenon, the researcher reflected on her own experiences and assumptions (Willig, 2008), so that they did not become
incorporated into her interpretation of participants’ experiences. During that process the author was aware of the assumptions that participants would have similar experiences to the researcher and that they would experience strong emotions during the practice.

Therefore, because the author was on the same course as the participants, she had to be aware of her pre-existing mindfulness knowledge and experiences prior to conducting the interviews. By being aware of these experiences, she tried to focus only on the interview content. The author’s background as a trainee counselling psychologist predisposed her to pay specific attention to how the course could be improved, instead of staying close to the data. Supervision became helpful in addressing these diversions and bringing the author back to the content of the data. The other influence that might have had an impact on the analysis was pre-existing knowledge of the mindfulness literature.

Step 3: The development of emergent themes. In the right-hand margin of the first transcript, emergent themes were elicited from the explanatory comments. This process helped to reduce the amount of detail and capture important aspects of the data, including psychological concepts and abstractions (Smith & Eatough, 2007), “whilst maintaining complexity, in terms of mapping the interrelationships, connections and patterns between explanatory notes” (Smith et al., 2009, p. 91).

Step 4: Developing connections between emergent themes. A list of the emergent themes was written on paper in chronological order, and the emergent themes most relevant to the research question were clustered together to point out significant aspects of participants’ experiences. Themes were checked against the original text in an effort to maintain a clear connection between the themes and interpretations of the text, to enhance credibility (Yardley, 2000). While conducting the analysis the researcher kept a reflexive diary to record any thoughts, processes and observations during the analytical work.

Step 5: Analysis of the next transcript. This involved systematically analysing the next participant’s account by repeating steps 1 to 4. Particular attention was paid to maintaining the IPA idiographic approach by treating the next participant’s account individually, which meant “bracketing the ideas emerging from the analysis of the first case while working on the second” (Smith et al., 2009, p. 100). A similar process was carried out for the remaining four participants.
Step 6: Finding patterns across accounts. Once all the transcripts had been analysed, the final stage of the analysis involved reviewing all the themes from the transcripts and selecting the most predominant to become the superordinate themes across cases (Smith & Eatough, 2007). The remaining themes became part of the subordinate themes. A table of both sets of these themes was created with supporting extracts from the transcripts. Throughout the analysis, supervision was used to check the validity of the themes and subthemes against the supporting extracts.

**Ethical considerations**

To assess any potential harm to participants in this study, a written application was submitted to the University of Surrey’s Faculty of Arts and Human Sciences Ethics Committee before any research was conducted. Once the ethics application had been approved (see Appendix A), the recruitment process began. The participants were fully consenting adults and experienced working mental health care professionals, who either had private or work supervision. They enrolled on the MBSR course as part of their personal and professional development. There was also no deception in this study. While conducting the research the author complied with three codes of practice, the British Psychological Society Code of Ethics and Conduct (2009), the Health Professionals Council Standards of Conduct, Performance and Ethics (2008) and the University of Surrey Ethical Guidelines for Teaching and Research (2011). Further reflections on ethical considerations, including power relations, compliance and social desirability, are included in Appendix D of this study.

**Research credibility**

To ensure credibility, this study aimed to follow guidelines identified by Yardley (2000) on sensitivity to context; rigour, commitment, coherence and transparency in all aspects of the research process; and taking into account the importance and impact of the research findings. Therefore, the study acknowledges the researcher’s previous knowledge and experience of mindfulness. In addition, the social context of the relationship between the investigator and participants meant that transient friendships developed before the interviews, which may have had an impact on the answers. Subsequently, the study aimed to ensure rigour and transparency by recording and transcribing the interviews, while also outlining in detail the method employed. The analysis of the findings was supported throughout by sufficient illustrative quotes from the transcripts.
Furthermore, the investigator was aware of her own presumptions during the interviews and analysis, and also reflected afterwards on the limitations this held for the study. During the analysis of the results, an attempt was made to show a clear distinction between the investigator’s own interpretation and those of the participants. Thus, the reader should be able to evaluate the arguments and come to their own conclusions.

In the results section below, the quotations include ellipsis points (...) indicating that material has been omitted, whereas information inside square brackets [ ] provides additional explanation to the quotes.

**Results**

Data analysis revealed two superordinate themes which related to the research question: “Ambivalence towards the course” and “Reality of the practice and the future”. The first theme is about participants’ experience of the MBSR course, which is formed of four subordinate themes (see Table 1 for the outline of superordinate and subordinate themes). These themes contributed collectively to the understanding of many positive aspects of the course that were shared by participants, as well as some criticism that they also outlined. Participants appreciated having a credible teacher, the course being secular, and the group being homogeneous and supportive. However, a commercialised course, which offered limited theoretical knowledge, was too infrequent and lacked drop-in meetings, created ambivalence towards their overall experience of the course. The course turned out to be too basic to meet participants’ professional expectations that they would become ready to teach others mindfulness.

The second superordinate theme encompasses participants’ experience of their engagement with mindfulness practice. This main theme was formed of four subordinate themes (see Table 1 for the outline of superordinate and subordinate themes). These themes together described a number of learning struggles participants went through in engaging with mindfulness practice. Despite having good intentions to do mindfulness, the majority of participants struggled to engage in regular practice during the course. However, their irregular practice seemed to result in some benefits. Surprisingly, half of participants expressed no intention to carry on with the practice in the future or with further mindfulness training, despite wanting to teach others mindfulness.
Table 1: Outline of superordinate and subordinate themes

Superordinate Theme 1: Ambivalence towards the course
- Why do the course?
- Being cautious
- The importance of shared experiences
- Frustrations

Superordinate Theme 2: Reality of the practice and the future
- The challenges of learning
- The struggle of daily practice
- Transformative experiences
- Future uncertainty

Ambivalence towards the course

Why do the course?

Participants’ motivation to do the course was discussed in terms of personal needs, which included being closer to their family and improving their self-care with regard to their life stressors. They also spoke about professional needs, which involved an expectation that the course would prepare them theoretically and practically to teach others mindfulness. In addition, participants were convinced to do mindfulness by its recent popularity and the scientific evidence.

A common personal wish that the majority of participants shared was to form a closer relationship with their family members. For example, Zoe, in the quote below, spoke about the importance of being “more present” with family members, which would make her happy. However, she also feared the possibility of not achieving this, leading to feelings of regret or loss. Participants seemed to be hopeful that mindfulness practice through the cultivation of awareness would teach them this skill. It is interesting to know that within mindfulness, being present means paying attention to something with full attention and without any judgement. Similarly, Sylvia defined presence as to “really listen and engage and notice” the other significant person, which possibly could make them feel important. It appears that for Silvia and Zoe, being present meant being more around people in a connected way. The deeper
level of connection was important to participants. They wanted to make changes to their lives by first prioritising their family life.

**Zoe**: Ahh increasing awareness, I have two children,... and if I don’t actually be more present and enjoy the time I have with them, soon it will be over and I will look back with great regret. So that’s a big driver just right now is really feeling that I want to enjoy the time with them while they’re here.

However, what seemed to get in the way were very demanding and stressful work responsibilities and busy family lives, which resulted in a fear of having a “breakdown”, “burnout” (Kate) or going “mad” (Maya). Connected to this, Silvia’s use of the word “space” below seemed to imply the need to prioritise self-care. Making a space relates to a need to take time for oneself, which is a form of self-care. Within mindfulness, self-care concerns self-compassion. Through greater awareness participants become more aware of their needs and the need to take care and be kind to themselves.

**Silvia**: I need to create a space for myself, to nurture myself, otherwise I think I’d get,... easily become stressed... like breakdown. I really think I could.

Some participants also linked “space” to hope and aspirations for resilience, especially as becoming resilient is also another form of self-care. For example, Kate (below) seemed to be hopeful that mindfulness would help her deal with stress more effectively and become a stronger person.

**Kate**: I think, in terms of mindfulness can give us a robustness..., let’s put it like that my resilience to the more acute stress will grow. That’s my hope.

The decision to do this course was also based on professional benefits. Most participants intended to teach mindfulness practice once the MBSR course ended, despite being strongly discouraged by the teacher from doing this. The majority of participants wanted to “integrate” mindfulness into their clinical practice as a tool for relaxation or development of awareness, and also in combination with other therapies, for instance CBT. In particular, Maya and Kate intended to teach groups. Participants seemed to recognise mindfulness not only as being beneficial for themselves but also for their clients, as exemplified in the quote below.
**Tara:** I think on the one hand sort of professionally I deal with a lot of people who their issues are around stress... And I could see that it [mindfulness] would integrate very well into what I do, as well, with clients... I don’t know if I’d teach the whole mindfulness experience, you know, but I think there’s certain techniques that could be used and adapted.

Interestingly, Tara’s use of the words “the whole mindfulness experience” implies expectation of wanting the “whole deal”, meaning that she intended to know mindfulness theory and practice well enough after only four course sessions and to be able to teach mindfulness practice to others. The word “whole” captures this problem. However, this course could only introduce participants to personal mindfulness practice; due to its limited time-frame it could not offer the whole of the knowledge and experience required, but only a part of it.

Another reason for wanting to do this course seemed to be based on the increase of convincing scientific evidence of the benefits, which contributed to mindfulness practice becoming more credible, popular and socially acceptable. Most of the participants admitted that they were either “convinced by the science” or the recent popularity, resulting in them becoming more accepting of mindfulness practice and wanting to do the MBSR course. This implies that participants were not accepting of mindfulness before they did the course, possibly because historically mindfulness was socially unacceptable to some people. Zoe’s acceptance of mindfulness is exemplified by the words “accept” and “science” below.

**Zoe:** So it was a combination of me sort of being ready to accept mindfulness, because I have been convinced by the science.

Consequently, with this recent popularity some participants appeared to feel compelled to do the course because they did not want to be the only one at work who did not know what mindfulness practice is. They wanted to be up to date with the latest psychotherapeutic innovations. For instance, in the quote below Silvia used the words “What are they doing that I don’t know?”, which communicate concern and anxiety at not wanting to be left behind her work colleagues and appear incompetent because she does not know what mindfulness involves or is not using it clinically. This implies a sense of pressure and a rather antithetical attitude towards mindfulness.

**Silvia:** I think it’s [mindfulness practice] become popular, and everyone’s trying it... [is] Fashionable... Cos I think if everyone else is doing it, I should be doing it... What are they doing that I don’t know?... I went for mindfulness because it’s the fashion.
In addition, both Silvia and Emma used the word “fashion” for mindfulness, which implies more than popularity or interest. “Fashion” communicates wearing something that is in vogue or up to date. Since fashion is associated with something that is currently important and recognisable, it also indicates the status and reputation involved in appearing attractive, whereas mindfulness is not about appearance but serious and dedicated practice and commitment. The current popularity and fashion may be creating a culture around mindfulness that tends to draw people into mindfulness courses as the ultimate solution to life’s problems. There is something interesting about participants’ response to this cultural “zeitgeist” or “spirit of the time”. Emma in particular expressed, in the quote below, a concern with and ambiguity over this recent fashion for mindfulness, and questioned whether it is a trend or real progress into a new way of being.

**Emma:** It’s [mindfulness is] just the thing, isn’t it?... I ponder sometimes about the fashion for mindfulness... I sort of feel like we were here about ten years ago with CBT... And now it’s mindfulness! But you know, maybe that’s just progress, and we look a little bit more sort of carefully at things.

**Being cautious**

“Caution” captures the difficulties participants had with finding a course that felt right and covered all the aspects that they were looking for. The several tensions within the aspiration to do the course included participants deciding to do the training because it was “trendy” and everyone needed to do it, wanting a teacher who has status but not wanting someone who wears a red robe, preferring a small intimate group instead of a seminar that felt like a “business”, but then not being happy with either the MBSR course or Buddhist meditation due to its being either too simple or too complex. Participants’ preferences were not always met by the course, which illustrated the difficulty of further mindfulness training and what it is like to do this new course.

The majority of participants expressed some caution when selecting an MBSR course. Their caution may also have been linked to trust, especially as participants’ preference was placed on credentials and familiarity when finding a teacher. This lack of trust is conveyed in Zoe’s words below: “I wasn’t really very trusting of the people”. Maya and Zoe were only attracted to a teacher who had a good reputation and was known to them, whereas Emma preferred a “knowledgeable” and Tara a “very professional” trainer. These qualities communicated to participants the trustworthiness and credibility of the teacher and the course, but also a sense
of status, in that they were taking an important course with someone who is qualified and professional, possibly regarding this as a significant and valuable experience as part of their professional development. The concern for trust is exemplified below by Zoe.

**Zoe:** I wasn’t really very trusting of the people who would be teaching it [mindfulness course]... But... I had previously been aware of [trainer’s name]... [and] I have met him... I knew of [teacher’s name] reputation in the area, and then he had recently written a book about it [mindfulness]... So I was much more attracted to a programme run by [teacher’s name] than by anybody else... that’s why I signed up for it.

A Western trainer, who is also a university mindfulness lecturer, appeared to play a very significant role in helping participants to trust him with mindfulness and to accept the idea of doing the course. Half of the participants communicated appreciation that the teacher, although a Buddhist, made the course secular and not too Buddhist, implying that the caution about mindfulness practice might be linked to its origin. Mindfulness practice derives from the Buddhist faith based on the teaching of particular values, which together can be perceived as a religion. This indicates that these participants were not interested in practising or learning Buddhism or becoming a Buddhist. They did not want to know the religion, but only the practice. In particular in Maya’s quote below, it is evident that she did not want to be connected with anything spiritual or to be influenced by the Buddhist faith in any way, as she appeared to be closed off from “anything higher or external”. The remainder of the participants did not mention anything about the course being secular, but they also did not complain about this either.

**Maya:** I was interested in the mindful aspects of meditation, but I wasn’t necessarily interested in becoming a Buddhist... I really appreciate what [teacher’s name] is doing, detaching it for us, but my aspiration with any form of meditation is not to get in touch with anything higher or external.

Participants’ cautiousness towards mindfulness might also be based on the idea, as Emma and Silvia explained, that in the 1970s there was a culture of meditation that was associated with “hippies” and “laziness”. These negative attitudes and assumptions about mindfulness might still be shared by society. Emma and Tara questioned whether mindfulness could make them too “laid-back”, as illustrated in the quote below. This implies a fear of being perceived by others as lazy, especially as the practice could change them into something less desirable. This is another example illustrating the tension that influenced participants’ caution towards
mindfulness and the course, as they preferred a secular approach over Buddhism, and worried that mindfulness would make them too lazy.

**Emma:** would mindfulness make you too laid-back... that you never... sort of get anywhere.

Furthermore, another form of cautiousness towards the Western mindfulness approach was expressed by Zoe and Silvia in a form of criticism about the MBSR course, which was considered to be commercialised into an eight-week course. It is possible that the course was perceived like a “business” or seminar rather than a small intimate group, because it consisted of a large number of people, approximately 25, who were more difficult to support individually. The words that capture this criticism are “formulaic” and “commercial”, which mean that the course lacked “authenticity” in comparison to the original Buddhist meditation, possibly because most of the theory had been removed, leaving it simpler or “diluted” as well as structured into an eight-week course. Zoe captures this problem below, and her use of a rather strong word, “resisting”, implies a period of a lack of any interest or regard for this mindfulness course, since she holds negative attitudes towards it.

**Zoe:** I had been resisting it [mindfulness] for a while because it seems a bit formulaic the eight-week program,... and so that seemed to me to be rather commercial actually this kind of eight-week program.

However, this criticism contradicted some participants’ preference for a “secular” and “structured” (Zoe) course, which suggested that they initially preferred doing the MBSR course over Buddhism meditation. In particular Silvia, in the quote below, expressed very clearly that Buddhism meditation “would drive me crazy”, even though she still thinks that the MBSR course is “fake”.

**Silvia:** in my mind [mindfulness is] it’s not truly authentic to where its roots are from... just becoming diluted... it can be in danger of becoming less... Buddhist meditation seems authentic, and wise, and deep, and putting this extra layer of science on it doesn’t, it seems a bit fake... just to me... I suppose because we’re Western... so people will think it’s hippie, leftie, you know, rubbish. [To practise pure Buddhism.] No. It would drive me crazy. I don’t think so. I mean, when he [the teacher] talked about going off to a retreat,... It’s too much.

This indicates that some participants were dissatisfied with both approaches. They appeared to reject Eastern meditation due to its being “too much”, as well as the Western course due to its being “diluted”, too simple and not enough. As stated above, negative attitudes towards
Buddhist meditation could contribute to the caution expressed by some participants, and possibly this created confusion in understanding the difference or similarity between Buddhist meditation and mindfulness. It is evident that there was a tension here between the different aspects that participants were looking for and how hard it was to get a balanced experience that would suit them.

**The importance of shared experiences**

Despite all these tensions, participants had decided to do a mindfulness course, and there seemed to be something significant about the shared experiences of a homogeneous group. At least half of participants preferred being in a group where members have something in common. Silvia and Maya liked that the group was “like-minded”. In particular Maya, as expressed in the quote below, appreciated being surrounded by committed professionals, who had signed up for the course out of their own initiative and interest, as compared to those “who’d been forced” or were “prescribed” mindfulness, possibly implying NHS patients.

*Maya:* I felt I was in the company of a group of people who were on a similar kind of enquiry, and qualification award, not as me. You know, it wasn’t like there was a load of people there who’d been forced to consider mindfulness, it wasn’t like it was a prescription, but there were people there with a level of curiosity and engagement.

For Emma, despite the group consisting of some young people, she was pleased that the majority were middle-aged, whereas Tara learnt that sharing the group with a family member who was much older created extra “responsibility” for her. This type of group homogeneity indicates some participants’ preference for middle-aged working professionals, with whom common experiences might be more easily shared. In comparison, NHS patients who are “forced” to consider mindfulness may bring more challenges to the group (i.e. interpersonal conflicts like outbursts of anger, difficulties engaging with the group, socio-economic problems), which could result in reduced progress and stress for others. Therefore, it seems that being part of an in-group that shared similarity, familiarity and possibly status was more acceptable to participants, rather than sharing the course with out-group members (Walton, Cohen, Cwir & Spencer, 2012).

Furthermore, some participants greatly appreciated being part of the course group, because it enabled them to share their experiences of struggles and successes with the practice. This appeared to be possible because the group was experienced as “supportive”, “kind”,


“thoughtful” and “sensitive”. These group conditions created a supportive environment for participants to relate to and learn from each other, and, as Maya said below, even if the experiences were different, she found them valuable and helpful because she learnt something from them. For instance, the other members’ struggles helped her get in touch with her own painful feelings.

**Maya:** I always found what other people said really helpful, even if they would start describing their experience, and I’d start out thinking that didn’t relate to my experience at all, it always taught me something anyway... They would be helping me to name the bits that weren’t quite so easy.

In addition, some participants hoped that being part of a group would serve as external motivation, which would help them to engage with the practice. Interestingly, this demonstrates that from early on some participants lacked internal motivation to do the practice and instead wanted to rely on the group for support and motivation. This is conveyed in Zoe’s quote below, where she seems to understand the importance of the practice, but admits her motivational limitations because she lacks “patience”. Interestingly, she is also using money to gain motivation – “if I pay” for a course – which indicates her intention and desire to practise, but also that she is her own barrier to helping herself.

**Zoe:** I would not have the patience I would not make myself do it, and so I felt if I pay to go on a programme that might give me a bit more motivation to actually to do the practice because I know that knowing the theory is not enough and actually you have to do it for it to work.

Although being part of a group was important to some participants, only Emma expressed interest in drop-in meetings after the course ended, especially as the course teacher promised to arrange them but did not do so. The literature shows that drop-in meetings are beginning to be an important aspect of MBI courses, and more details will be presented in the discussion. The reason some participants did not speak about them might be because the course teacher mentioned them after the interviews took place. Only Emma and Silvia were interviewed after the course ended, so they knew that the drop-in meetings were not organised. Emma’s words below, “it would make me do a bit more practice at home”, illustrate her interest in attending the drop-in meetings, and show that the group dynamic might have a positive influence on her and others’ behaviour towards the practice and how important it was to form drop-in groups, described as “the main thing”.

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Emma: he [the teacher] was talking about um having sort of monthly sessions that you could... drop in to. And I think, I mean, it’s always good to have something to aim for... when I do find out about that, I think I will do that... I think it would make me do a bit more practice at home. That’s probably the main thing.

Once the course ended, participants were on their own with the practice and were without the social support of a group that shared a similar interest. Belonging to a group tends to create a sense of loyalty that could help participants to be reminded of the practice, motivate them to engage with regular practice and to commit to the practice and maintain it, especially as participants desperately looked for external support. Instead, once the course ended, Kate and Silvia supported each other by texting whether they had done the practice, and Silvia arranged to meet a Buddhist friend to create an opportunity to practise mindfulness. This indicated participants’ willingness to be in a group to build their external motivation. Interestingly, participants did not try to form a drop-in group themselves, possibly because their desire to teach immediately prevented them from being able to work better together with group members.

Frustrations

Another criticism expressed by half the participants involved the course having limited theoretical mindfulness knowledge, and predominantly focusing on the practice. These participants expressed their frustration and disappointment that they did not find the course “cohesive” and “intellectually” (Kate) stimulating, especially as both the theory and practice were equally important to them. Therefore, the course did not meet participants’ expectations of becoming theoretically ready to teach mindfulness to others once it finished. This criticism is exemplified in Kate’s words below, “I want to have everything”, which communicate a strong expectation, as the intention was to become a mindfulness teacher after only four sessions. There seemed to be a discrepancy between what participants wanted and the reality of what the course could offer. Given that the theory is largely based on Buddhism the course had mostly stripped this away.

Kate: I think one of the criticisms I would have that it’s very personal to how I learn, is that I didn’t find it [the course] cohesive. And..., it wasn’t even intellectually. I didn’t feel that it gave me enough information. I think it’s a lot of practice, it’s very experiential, but I wanted more... I need more than just the practice. I suppose also because ultimately I will train as a mindfulness teacher, so I want to have everything.
Therefore, this indicates that overall half of participants felt that the promise of mindfulness had been broken for them by attending the course. They had great hopes that mindfulness held promise for the future, and would open all sorts of doors for them, either personally or professionally, but after attending the course this did not appear to happen and they were disappointed and ambivalent about the course experience. However, given that the course’s aim was to introduce participants to the practice, which can be a challenging process, this would also justify the teacher’s rationale for focusing on the experience of the practice more than the theory.

The reality of mindfulness practice and the future

The challenges of learning

Initially, based on the course description, participants perceived mindfulness practice as a simple relaxation method. However, in reality nearly all participants experienced it as “hard” (Tara, Emma), not enjoyable (Tara, Zoe) and painful (Maya). For instance, Kate in the quote below emphasised that the practice can be “confronting”, “uncomfortable” and can result in negative feelings like anger.

Kate: After the mindfulness I noticed an upsurge in anger... it’s not all pretty, some of it’s actually very uncomfortable, very painful... it’s very confronting, mindfulness, it’s not gentle.

Participants’ overall experience of the practice turned out to be a complex and struggling process, as they tended to complain of their mind wandering off, falling asleep, daydreaming, being distracted by passing thoughts and difficulties in settling down due to physical discomfort. During the practice participants were exposed to sitting with their “darker side” or “darker experiences”, which previously they might have preferred to avoid. Surprisingly, only Maya and Kate spoke about having the opportunity and space to be in touch with their negative feelings during the practice, which was a challenging experience that they chose to face rather than keep on avoiding. For instance, Maya in the quote below explained an experience of a sudden and overwhelming feeling and by being interested in it she did not let herself avoid it, despite it being painful. It seemed that mindfulness was helping her to come to terms with her pain, and her mindfulness vocabulary appeared to communicate her understanding of the practice and the rationale for why it is best not “to fix it” but “let[ } it
Surprisingly, the rest of the participants seemed either not to have experienced negative emotions as yet or chose not to speak about them.

**Maya:** I have had occasions where I’ve suddenly been overwhelmed by sadness when I’m meditating... The process is really interesting. You know, sometimes it’s saying to myself ‘I feel incredibly sad. Where is that feeling? What does it look like in me?’ and I have quite a kind of powerful visualisation of like holes in me... it’s not easy to sit with that, but it’s better than trying to avoid it. I’ve found it very painful in terms of grief, you know, mindfulness as an approach to grief. And because you’re not trying to fix it, you’re letting it be.

The phrase “letting it be” is part of mindfulness practice, which also relates to what Tara expressed in the quote below, that despite the practice not always being enjoyable, she learnt to accept it. She was learning not to resist her struggles but to welcome them.

**Tara:** It’s not always enjoyable to sit down and do the practice... I do find that my mind is still really quite distracted, you know, but I think the positive thing is that I think I’m becoming more accepting of that.

The acceptance of challenging experiences appeared to be an important part of the learning process for most participants. For instance, the practice seemed to make Tara more accepting of the struggles, their being “the positive thing”. Mindfulness practice is a challenging learning process requiring time, patience and effort. During this process participants appeared to get in touch with exactly what they needed, which possibly made engagement with the practice more difficult for them. However, since this is precisely the process that it takes to get used to the practice, participants need to be able to experience and understand it so they know how their clients are going to feel when practising it.

Furthermore, in particular the early stages of the practice consisted of many insecurities and worries of wanting to “get it right”. This indicates that some participants had a tendency towards perfectionism, as they tried very hard to stop their mind from wandering off, being distracted and falling asleep, resulting in disappointment. They appeared to have a certain idea in their mind of how the practice should be done. Maya and Emma’s quotes below illustrate this tendency.

**Maya:** I began to ask myself. Am I being too hard on myself... when I say I’m not doing it right?
However, the course teacher’s specific phrases served an important function of supporting participants during that time, for instance “Let your experience be your experience” (Maya), “you don’t have to enjoy it” (Kate). While doing the practice these phrases reminded participants to be gentle and kind with themselves, which became the alternative to their perfectionist tendencies. These supportive phrases helped participants to learn to trust and accept their individual practice experiences and to keep going. As participants began to be more kind to themselves, their self-compassion started to develop. For instance, Maya began to question her relationship with herself – “am I being too hard on myself” – and Emma changed the way she treated herself by deciding to give herself “permission to not always get it right”, in the quote below. Participants found the phrases very helpful, especially as they came to do this training because they struggled with being aware of their needs and having compassion for themselves. Therefore, it can be concluded that the teacher’s encouragement to be kind and gentle with themselves through the supportive phrases initiated the process of participants’ cultivation of self-compassion, whereas continuous mindfulness practice appeared to reinforce it.

**Emma:** I think the best thing that anyone said to me... I think [trainer’s name] said it,... that there is no good or bad mindfulness practice. The only bad practice is the one that you don’t do. So I think that does give you a bit of permission to not always get it right... although I think that’s really hard at the beginning.

**The struggle of daily practice**

However, not all phrases were helpful. Silvia was the only participant who found the phrase “just do it” unhelpful, as it created a “taboo” or silent rule in the group not to bring up the issue of lack of commitment towards the practice, as the teacher was not interested. The majority of participants struggled to continue with their practice at home, but Silvia and Zoe in particular found it “really hard” to do it at all. Interestingly, in the quote below, only Silvia elaborated on this difficulty and attributed her struggle to the teacher’s lack of support, whereas Zoe and the rest put the responsibility on themselves. In this quote Silvia expressed her irritation and disappointment that the teacher did not support her and the group with their home practice.

**Silvia:** I was quite aware of trying to say, to break the taboo, and say “Well, I didn’t practice all week”, you know, and... I found it really hard... when I asked how do you actually get it into your practice, or when other people did, he said “Well, just do it, just do it”... I found it
really frustrating. Yeah, very irritating, because especially how I was trained in clinics, is to set people up on how to do it... So there was no space for that, to discuss the struggles.

Forming a habit of mindfulness was the key to regular practice, but the majority of participants seemed to procrastinate with finding a suitable time during the day, indicating that change is not easy. Although participants experimented with their time, the morning was too early, the night was too late, whereas at lunch they were too busy with work to do the practice. Interestingly, some participants admitted having a lack of discipline and commitment in creating a routine. For instance, Silvia said “I’m lacking discipline” and “I don’t want to get up twenty minutes early”. In addition, some also seemed to lack desire, which was reflected in Emma’s words below, “you have to really want to do it” for yourself. This implies that a strong internal need is required to do the practice.

**Emma:** I don’t consider myself to be very disciplined... I think it’s one of those things that you sort of do for yourself... [you] have to really want to do it, because it’s quite a commitment.

However, in Buddhist teaching one does not need to have a desire to succeed, because this need for something can create stress. Instead, the focus is on perseverance, continuing with regular practice to develop a habit (Chen, 1999), with which the majority of participants struggled. In addition, from a psychological perspective Gilbert (2009) explained the lack of motivation using three major emotion-regulation systems being the threat, drive/motivation to succeed, and soothing systems. The threat system focuses on danger and it aims to keep people safe. The drive system focuses on achievement and competition, as it motivates and directs people towards important resources and achievement towards desires and goals. The soothing system helps to develop a sense of safeness and contentment, and it aims to regulate the threat protection and drive systems. When the three systems work together in harmony and within the right proportions, the person remains in balance. However, when one system is used more than the others or when the soothing system is unused, dysfunction can occur. There might have been many different reasons why participants lacked motivation to engage with the practice, but one of the explanations can be that in the face of struggle the use of soothing system can be very helpful to get through difficult time. As it became evident, some participants struggled to self-care, and it is possible that they had limited ability to self-soothe and also to be compassionate towards themselves during this mindfulness practice struggling process.
Furthermore, most participants seemed to be aware that they lacked discipline not only with mindfulness but also other tasks that involved self-care, for instance sports activities like jogging, and acknowledged their awareness that the obstacle to change lies “with me” (Silvia). In addition, Tara, in the quote below, spoke of “resistance” to practising, which she seemed to be fully aware of since she chose to forget her practice at times because “change is hard” to new and unfamiliar things. It is important to add here that this “resistance” when participants “didn’t really feel like doing it” might allow them to have more empathy with their patients who apparently want to change, but do not seem to feel like it, which is also part of the learning process of mindfulness practice. Interestingly, the teacher did not encourage participants to overcome this by just staying with that resistance while doing their practice, which is another part of mindfulness practice.

**Tara:** I just decided I just didn’t really feel like doing it. Perhaps a little bit of rebellion there. I do my homework to a degree but I kind of chose to forget... I think there was a bit of resistance there, because change is hard. We’re comfortable to stay the same, even if that in itself isn’t particularly great, but I think it’s familiar, and I think it’s difficult for people to change.

**Transformativex experiences**

Despite their ad hoc practising, all participants reported some benefit from doing the course and the practice. The majority of their initial hopes to be closer to their family, look after themselves and worry less seemed to happen for most. There were also experiences of feeling calmer, relaxed, more positive, organised and proactive. Others reported improved concentration, being less over-reactive and being more aware of different perspectives when dealing with stressful situations.

**Emma:** I suppose... sort of worrying less. Well, it’s not worrying, it’s ruminating, really, isn’t it? That sort of turning things over in your head all the time. I think maybe just feeling a bit more positive... a bit more relaxed.

Furthermore, participants seemed to take better care of themselves by recognising the benefit of doing one thing at a time instead of multitasking, resulting in achieving more with greater satisfaction. Emma recognised this as “a key part of mindfulness” and in the quote below she uses the word “permission”, which implies that she is allowing herself some space to do things and not to rush them, which is an example of self-care.
Emma: giving yourself permission to do just one thing at a time. Or to remind yourself that you’re not in a life or death situation.

Presumably greater awareness of their own needs also resulted in learning to be compassionate towards themselves and others. For instance, Emma became “better at separating work from home”, Maya was gentler with herself, Silvia stopped “berating” herself that she was not practising, while Tara was more forgiving of herself. Some participants also became more aware that they had a choice about how they responded to a stressful situation, which came from their understanding of mindfulness practice. Maya in the quote below spoke about a personal experience of a stressful situation and how mindfulness practice helped her choose how she wanted to respond. Mindfulness enhanced this skill, which appeared also to have a positive impact on her relationships with significant others.

Maya: my [daughter] was at home, and I was on my way home, but she didn’t answer her phone, and... when I was able to get hold of her, I wasn’t cross with her,... I was able to be very kind of gentle with her... and there was this whole other thing going on that I’d had no idea about, and that was partly why she was avoiding the phone, but... if I’d reacted by shouting at her about my distress... I would have just become part of her problem.... So this idea of becoming more skilful, I like that. And giving yourself a chance to have choices.

Consequently, some participants’ family members perceived them as calmer and less reactive. In the quote below, Kate exemplifies this change. Some participants began to listen more carefully to their family, which, for instance, made Silvia feel “grounded and empowered”. Kate spoke about being more “available” and “engaged”, which resulted in feeling she was a better “wife” and “mother”. Although these changes are significant, it is unknown how long they will last, especially as the course was ending and their regular practice was limited.

Kate: Cos I notice that my husband said to me the other day “I don’t recognise that!” because I was really calm with our son.

Future uncertainty

Despite many benefits, more than half of participants expressed uncertainty as to whether they would continue with the practice, even though personal practice is one of the requirements to enter specialised mindfulness training, which prepares clinicians to teach MBIs. Interestingly, none of the participants mentioned anything about being interested in
doing the specialised mindfulness teacher training. This raises the question of how participants are going to teach mindfulness to others if they have not been able to experiment with and maintain regular personal practice first.

Maya and Tara were the only participants who engaged with regular practice during the course, but then only Maya showed a clear intention to continue with her future practice to maintain her mental wellbeing. Tara took her personal practice very seriously and dedicated time to go through this learning process first before she taught others. However, in the quote below, she expressed uncertainty about whether mindfulness will be helpful to her and for how long the practice would be important for her to do. Her approach to mindfulness reflected a journey that she was willing to explore, at least for the next “few months”.

*Tara*: I hope this will help me. And I will give it, you know, a few months... But, you know, you don’t know, do you? You go through life and do so many different things, things that at the time seem incredibly important, you think you’re going to do them forever.

Even though all participants wanted first to do their own personal practice before they introduced mindfulness to clients, most struggled to maintain their practice. Despite that, the majority still intended to incorporate mindfulness into their clinical work with clients in the near future. In addition, Maya was interested in doing some further training through the Mindfulness school project, whereas Emma wanted only to link with that organisation for now. Tara was unsure whether she would do more training. Silvia, in the quote below, admitted wanting to do the MBCT course so she knew how to incorporate mindfulness into CBT in her clinical practice.

*Silvia*: I sort of chose the wrong course... So I think I should probably book in next time, cos it’s a journey. MBCT... Rather than Stress Reduction... although it’s been really useful, I also need to think about how to introduce it to the cognitive therapy that I do.

Silvia and other professionals no longer saw mindfulness practice as a simple relaxation technique but a “journey”, meaning a process involving much struggle, effort, time and persistence.
Discussion

In the following section the main themes will be critically presented in relation to the current literature, followed by the implications of the results for counselling psychologists and other mental health practitioners, and finally the limitations of the study with suggestions for future research will be highlighted. The main aim of the study was to gain a better understanding of mental health care professionals’ experience of the MBSR course and mindfulness practice. This is particularly relevant as practitioners tend to teach MBI courses with limited training and skills, because many refrain from doing specialised mindfulness teacher training due to its being expensive and time-consuming. Therefore, the extent of the limited mindfulness training that most practitioners have is unknown (Crane & Kuyken, 2012; Goldberg, 2017).

Interpretation of the data resulted in two major themes, ‘Ambivalence towards the course’ and ‘Reality of the practice and the future’, highlighting that participants’ expectation of the MBSR course and mindfulness practice turned out to be different than anticipated, resulting in feelings of ambivalence about the course and no intention to maintain future regular practice by most participants. Despite that, participants still intended to teach others mindfulness.

Ambivalence about the course

The first theme captured participants’ experiences of the course, including their motivation to do this training, but also frustration and disappointment because some desired outcomes were unmet. An interesting observation was that participants signed up for this course due to some external motivating factors, including fashion, popularity and scientific evidence. The recent cultural “zeitgeist” of mindfulness meant that this cultural phenomenon was recognised as the ultimate solution to their problems (Purser, Forbes & Burke, 2016). Due to this popularity participants seemed to be also driven by work-related social expectation to appear knowledgeable of and competent in the new modality to their colleagues at work. Therefore, this illustrated a sense of status and faddishness with an antithetical attitude towards mindfulness, which is different to a committed and dedicated practice. Another reason for wanting to do this course related to professional expectations of desiring “the whole mindfulness experience”, which turned out to be only partial, resulting in a tension between what they expected and what they got. The themes suggested that some participants were quite pragmatic, meaning that they were willing to teach others mindfulness, but they were
not so keen on practising it themselves or doing specialised courses. This indicates that there was uncertainty and confusion about the state of this new modality within therapies.

Participants struggled to get a balanced experience of the course, and despite many positive aspects of this training, for instance a knowledgeable teacher and a secular course, some criticism was also expressed. In line with previous qualitative studies, group support has been regarded as one of the important aspects of participants’ experience of MBSR courses (Dobkin, 2008; Irving et al., 2014; Mackenzie, Carlson, Munoz & Speca, 2007). Participants appreciated learning from each other’s experiences, sharing and normalising their struggles and being supported, as they hoped that the group would become their external motivation. In addition, some participants expressed a preference for a homogeneous group of middle-aged working professionals, which they associated with themselves, instead of NHS patients, where common experience might be more difficult to find. In-group members seem to adapt to the goals of those around them, and especially when they feel close to them a sense of loyalty is formed and they are more motivated to work harder (Walton et al., 2012).

The major criticism of the course related to the limited theoretical knowledge of mindfulness, leaving participants unprepared to teach mindfulness. In Buddhism it takes a long time to become a teacher, whereas participants anticipated achieving this within the space of four sessions. Participants’ high expectations seemed to influence their experience of this course and their outcome of the practice, because from the beginning they were doing the course for the wrong reason. In Buddhist teaching and according to Segal, Williams and Teasdale (2002), expectation of desired outcomes tends to have a negative impact on a person. Therefore, it is possible that participants were not focusing their attention simply on learning about mindfulness practice but on their desired outcomes, resulting in frustration, disappointment and disengagement from the practice. Similar results were also found in Williams, McManus, Musel & Williams’ (2011) study, where mindfulness had a greater impact on those with flexible expectations and accepting attitudes. In addition, those with a higher motivation to engage with the practice were more accepting of the commitment and the need for regular practice.

Furthermore, drop-in sessions have been found helpful in supporting people with their practice (Hopkins & Kuyken, 2012; Langdon, Jones, Hutton & Holt tum, 2011), whereas a lack of group support has been shown to hinder participants with recurrent depression and anxiety during ongoing practice after completing the MBCT course (Finucane & Mercer,
The participants in the current study expressed a need for follow-up sessions after the course ended. The drop-in sessions were not organised, however, and some participants had to rely on the support of their friends. The literature shows that after completing the MBCT course within a primary care setting, reunion meetings conducted every three months were effective and valuable in supporting and maintaining the formal practice of participants with recurrent depression, especially when the environment was experienced as safe, containing, accepting and compassionate (Hopkins & Kuyken, 2012). However, the group needs to be perceived by members as supportive, otherwise it will not be regarded as helpful. Therefore, due to these course limitations, participants in the present study felt ambivalent about the overall course experience.

**Reality of the practice and the future**

The challenges and outcome of mindfulness practice are captured by the second theme. Participants realised that mindfulness was a learning process involving experiences of frustration and distress, which were also reported by previous studies of MBSR courses (Kerr, Josyula & Littenberg, 2010; Moss, Waugh & Barnes, 2008; Mason & Hargreaves, 2001). Similarly, the struggle with mindfulness practice was echoed by Bermudez et al.’s (2013) study, where women with post-traumatic stress disorder found the practice draining because they were processing their past emotions and experiences. In particular, the early stages of the practice were the most difficult as participants appeared to struggle with the tendency towards perfectionism, reflected in a need to get the practice “right”, which was also a familiar feature in previous research (Irving et al., 2014; Mason & Hargreaves, 2001).

What seemed to help participants in the current research was the teacher’s supportive phrases. They encouraged participants to trust their own individual process, and while being kind and compassionate towards themselves, they also became more accepting of their practice experiences. However, for Silvia the phrase “just do it” was not enough, as she needed more support with the practice from the teacher. Interestingly, in Langdon’s et al. (2011) study, participants who suffered from depression, anxiety and chronic health problems and completed the MBCT course did find this phrase helpful. This difference might be due to the way the message was put across and explained to participants, for instance by providing extra information and discussion on how to maintain a regular practice.

Despite a lack of regular practice, surprisingly all participants in the current study reported some positive outcomes from mindfulness, which is in line with the literature indicating that
there are beneficial results from practising mindfulness (Williams et al., 2011; Teasdale et al., 2000; Roemer & Orsillo, 2002; Mason & Hargreaves, 2001). One of the most significant benefits experienced by the majority of participants, which is also in line with previous studies (Allen, Bromley, Kuyken & Sonnenberg, 2009; Williams et al., 2011), involved MBIs having a positive impact on participants’ relationships with close family members. Some other benefits were participants being more aware of their needs and beginning to take greater care of themselves by being gentler, less critical and more forgiving. This indicates that mindfulness developed participants’ awareness, resulting in an increase of self-compassion, with similar results being reported by Irving’s et al. (2014) study of mental health care professionals. This finding is in line with Buddhist practice, indicating that the practice of mindfulness can result in the development of self-compassion (Feldman, 2005) and lead to a potential mechanism of change in MBIs (Williams et al., 2011; Kuyken et al., 2010; Williams, Teasdale, Segal & Kabat-Zinn, 2007).

Despite all these benefits, it is still unclear why the majority of participants struggled to engage with the practice, which has also been evident in other studies (Langdon et al., 2011; Williams et al., 2011), especially as initially they had many personal and professional hopes for it. Possibly, the challenges might have influenced their engagement with and commitment to the practice. Regular practice is necessary before the process of change can occur with lasting psychological benefits (Carmody & Baer, 2008; Kabat-Zin, 2003; Segal et al., 2002). Unfortunately, the professionals in this study expressed uncertainty about future mindfulness practice. Therefore, the “ad hoc” approach to mindfulness practice that many found themselves following, meaning doing this simple course to teach others, creates a demand for mindfulness after qualifying in specialised mindfulness training.

**Implication for counselling psychologists and other mental health care clinicians**

Personal mindfulness practice is of benefit to counselling psychologists and mental health care professionals both personally and professionally (Boellinghaus et al., 2012; Hunter, 2016). There are also clinical benefits where mindfulness can enhance professionals’ therapeutic alliance (Razzaque et al., 2015), listening skills (Hunter, 2016) and empathic abilities with clients, leading to an improved quality of care (Greason & Cashwell, 2009). However, the majority of professionals in this study struggled to maintain the practice, even though regular practice is required to achieve the desired benefits.
Therefore, the findings suggest possible adaptations of the existing course. For instance, when setting up a mindfulness course it is important for counselling psychologists and other professionals to dedicate some extra time during the course to problem-solve difficulties and to help participants establish a suitable time to do the home practice. The teacher’s support seemed to be essential to help motivate people to establish a habit for their practice. It might also be vital for the teacher to clearly explain the main objectives of the course and the limitations of the theoretical background, and to refer participants to the course booklet for further reading. Finally, to prevent future MBSR courses from being perceived as “commercial”, the total number of participants could be reduced, possibly to 10, to make the group an intimate and familiar learning space. Eight weekly sessions rather than four fortnightly sessions might also help to create greater consistency for home practice. Drop-in sessions should be an important consideration when setting up future MBSR courses, to help participants maintain their practice through social support.

The current study’s findings add further to the literature by indicating that participants attended the MBSR course not only with the intention to learn mindfulness practice, but also with the expectation of completing the course and being prepared practically and theoretically to teach others mindfulness, either individually or in a group. This implies that they chose the simplest route to learning about mindfulness through this introductory MBSR course.

Since the majority of mindfulness trainers across NHS services are psychologists (Crane & Kuyken, 2012), counselling psychologists, who are skilled in providing training and supervision, could make valuable contributions in delivering MBIs, so that these could be conducted with the highest standards (Crane et al., 2012). However, counselling psychologists need to be specifically trained in mindfulness, because they are only qualified to work within applied psychology models (e.g. person-centred and CBT) and psychotherapeutic models (e.g. psychodynamic), unless they are qualified to carry out other modalities. The present study is an example of mental health care professionals, including counselling psychologists, trying to work within a mindfulness modality without the required training.

Interestingly, this study found a “grey area” of practice, where professionals do introductory training and then call themselves a mindfulness practitioner, for instance while they are also a psychologist or a nurse. This sort of practice seemed to result in participants feeling confused, frustrated and unclear about this type of therapy, especially as mindfulness practice turned
out to be trickier than anticipated, with challenges involved in learning the practice and keeping it going. This basic MBSR course had many limitations, which resulted in unmet expectations. However, it is important to add that there is a great difference in becoming, for instance, a psychotherapist compared to a mindfulness teacher. While training as a psychotherapist there is no expectation outside the therapy room of sitting and mindfully practising being a therapist, or doing so while in a car or when going for a walk. In contrast, mindfulness expects practitioners to commit to regular practice all the way through life. In addition, not all participants liked the practice or found it easy to do. Therefore, a lot of frustration seemed to be about making this commitment, and many participants struggled with the practice.

It was interesting to see how being in this unknown and messy grey area affected participants and led to great uncertainty about future practice, especially as the majority of participants expressed doubt over continuing with the practice and none mentioned any intention to do specialised mindfulness teacher training. Despite that, they all had the intention to integrate mindfulness into their clinical practice or to teach it. Therefore, there is a need for future professionals qualified to teach MBI courses to inform novice practitioners of the guidelines for teaching mindfulness-based courses (UK Network for Mindfulness-Based Teacher Trainers, 2015) and the personal practice and training requirements before they introduce mindfulness to their clients.

**Limitations**

The nature of the qualitative method is that results encounter limitations, because the themes that emerge from the data reflect the subjectivity of the researcher, and only one of many interpretations of the complexities can be generated from participants’ experiences (Lyons & Coyle, 2007). In particular, it is difficult to generalise findings beyond this current sample, but they could be transferred to contexts of a similar nature if considered suitable (Willig, 2008).

While doing IPA it is important to notice the role of the double hermeneutic, meaning how the author’s assumptions might have influenced the interpretation of the data and how they have been negotiated. The author’s assumptions were that the participants would have similar experiences of mindfulness practice to her, and that participants would experience strong emotions during the practice, in just the way she did. Aware of these assumptions, the author tried not to influence the interpretation of the data, but this might not always have been
possible. In addition, the author’s personal experience of mindfulness practice and previous knowledge of mindfulness gathered through writing the literature review might have influenced the dataset. During the data interpretation and writing the results section, the author addressed these influences in supervision. For instance, surprisingly, while writing the analysis supervision helped the author to notice being drawn at times to practical things, such as how the course should be designed or “fixed” in the future, instead of focusing on participants’ experiences. Therefore, the author learnt not to be too distanced from the data, but instead to try to bracket out this tendency and pay closer attention to the meaning of the participants’ words. Additionally, the author, as a trainee counselling psychologist, came from a similar environment to the people in the sample. Therefore, this role as a trainee also contributed in thinking about how to improve the training.

The other limitations include that the current sample consists of exclusively Caucasian women, thus the findings may have limited applicability to a more diverse sample, and in particular research exploring men’s perspective on mindfulness is required. It appeared to the researcher that most participants were open and willing to share their personal experiences, except for one participant who was less willing to open up and explore further her personal experiences and psychological struggles. This might have been due to a reluctance to disclose personal information to a stranger.

In addition, the author could improve the validation process by giving the codes back to the participants to see what they thought of them, but due to the limited time-frame of the research project it was impossible to do that. Another limitation involved interviewing participants from a course conducted over four fortnightly sessions instead of eight weekly sessions, which might produce different findings and experiences, as the course would have more consistency. Additionally, it might have been better to interview participants from a course of which the researcher was not part, and also to interview them at the end of the course, as this might have allowed the professionals to develop more in-depth reflections on their experience of the programme. As a result of these limitations, caution needs to be applied when interpreting and applying the findings of this research.

**Future research**

To build on the present study’s findings, it would be interesting to find out whether other mental health care professionals also tend to do this MBSR training with the intention to teach others. Since the present study did not interview any male participants, future research
that interviewed participants from this population could also be helpful. In addition, a study focusing only on one profession might build on these results to understand whether there are any specific needs relevant to that specific profession.

Furthermore, the results of the present study indicate that participants struggle to start and maintain mindfulness practice. Therefore, future research is needed to learn more about participants’ attitudes to mindfulness, and to find out what contributes to their difficulty or helps them to engage in regular practice. In addition, little has been done to evaluate mindfulness-based courses to find out how helpful they are to participants in engaging with the practice. Future research would thus be helpful in evaluating the structure and implementation of these interventions. Additionally, Irving et al. (2014) suggested that further research is needed to explore different elements of the course, in particular the impact of drop-in classes on health care professionals, in order to lead to the improvement of mindfulness courses.

To build on the current study’s findings, it would be interesting to focus specifically on why professionals undertake brief and specialised mindfulness training. The results concern what it is like to do post-qualifying training, and the MBSR tester courses can set professionals up to start practising, but since the training is very brief, people come out of the course with very different experiences. The findings emphasise the need to do pre- and post-training questionnaires to find out what people make of MBI courses. The current research findings inform what questions could be asked, for instance what professionals’ expectations of the course are, why people are doing these courses or what they intend to gain from that. Carefully worded pre- and post-training questionnaires might help reveal more about participants’ experiences, expectations and satisfaction with the training.

**Conclusion**

Counselling psychologists and other professionals intending to teach MBIs should refer to the teaching guidelines on mindfulness, otherwise they may end up in a grey area of practice, resulting in frustration and disappointment. The MBSR course is only suitable for personal practice, and since mindfulness practice is a challenging process requiring commitment, dedication and persistence, there is a need for qualified and skilled teachers who can support participants throughout the course to help them create a habit. Since group support seemed to be an important factor in supporting participants during their practice, drop-in sessions might help participants to continue with their practice once the course ends.
References


Appendix A

Letter of research approval by the University of Surrey’s Faculty of Arts and Human Sciences Ethics Committee
Chair's Action

Proposal Ref: 966-PSY-13
Name of Student/Trainee: KATARZYNA SZYCHIEWICZ
Title of Project: The Initial contact with mindfulness: A beginner’s experience through IPA inquiry
Supervisor: DR DORA BROWN
Date of submission: 18TH NOVEMBER 2013
Date of confirmation email: 13TH JANUARY 2014

The above Research Project has been submitted to the FAHS Ethics Committee and has received a favourable ethical opinion from the Faculty of Arts and Human Sciences Ethics Committee with conditions. The conditions stipulated after ethical review have now been addressed and the relevant amended documents submitted as evidence prior to commencement of your study.

The final list of documents reviewed by the Committee is as follows:
Protocol Cover sheet
Summary of the project
Detailed protocol for the project
Participant Information sheet
Consent Form

This documentation should be retained by the student/trainee in case this project is audited by the Faculty Ethics Committee.

Signed: [Signature]
Professor Bertram Opitz
Chair

Dated: 13/01/14

Please note: If there are any significant changes to your proposal which require further scrutiny, please contact the Faculty Ethics Committee before proceeding with your Project.
Appendix B

Information Sheet for Participant

and Consent Form
~ The experience of mindfulness ~

You are being asked to take part in a research study on mindfulness, conducted by Katarzyna (Kasia) Szychiewicz, as part of the requirement for her Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. The study is being supervised by an academic researcher, Mrs Dora Brown, and it has been approved by the Psychology Research Ethics Committee.

Before you decide whether you want to take part, please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information, please let me know.

Purpose of the study: The main aim of this study is to gain a better understanding of your individual early experiences of mindfulness practice.

What will the study involve? The study will involve taking part in an approximately 1 hour auto recorded interview, during which you will be asked to talk about your early and current experiences of what it is like to practice mindfulness. The interviews will take place either at a mindfulness centre or at the university in a private room at your convenient time.

You have been asked to participate in this study because of your current experience of practicing mindfulness, which is specifically relevant to this research project. As a token of appreciation of your participation you will receive a £5 Boots voucher.

Participants’ rights and confidentiality/anonymity: Your participation in this study is voluntary. You have the right to withdraw from the research up to the point at which data analysis begins; that is, up to one month after the interview. This will be without prejudice and you can question the investigator if any concerns arise. You have the right to omit or refuse to answer or respond to any question that is asked of you.

The data you provide will be anonymised, to retain your confidentiality. This means that the data will not be linked with your personal information. The recording will be stored in a secure location and will be erased as soon as it has been used for the assessment.

The results will be presented in the research report. They will be seen by my supervisor, a second marker and the external examiner. The report may be read by future students on the course and the study may be published in a research journal.

Possible disadvantage of taking part:

I do not foresee any negative consequences for you in taking part. It is possible that talking about your experiences in this way may cause some distress. If you become distressed in any way during the interview, you will be free to pause for a break or withdraw at any time without giving a reason.

At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact your GP, University counselling centre, the counsellor at your work place, or The Samaritans on 08457 90 90 90.

For further information: My supervisor or myself will be glad to answer your questions about this study at any time. You may contact us by e-mail: k.szychiewicz@surrey.ac.uk or d.brown@surrey.ac.uk. If you want to find out about the final results of this study, you may contact me on my email above.
CONSENT FORM

As part of her Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey, Katarzyna (Kasia) Szychiewicz is required to use an audio recording of a semi-structured interview as part of her course assessment.

Katarzyna has briefed me to my satisfaction on the research for which I have volunteered and I give my permission for the interview to be recorded. I understand that I have the right to withdraw from the research up to the point at which data analysis begins that is up to one month after the interview. This will be without prejudice and can question the investigator if I have any concerns.

I understand that Katarzyna will attempt to protect my anonymity and treat the recording in the strictest of confidence and store it in a secure location. The recording will be erased as soon as it has been used for the assessment.

I understand that if I experience distress as a result of the interview I am aware that I can seek support from; my GP, my University counselling centre or contact the counsellor at my work place.

If you are in agreement with the information above please sign below.

Participant’s name: .............................................................

Participant’s signature: .......................................................... Date: ..................................
Appendix C

Semi-structured Interview Schedule

1. Would you like to tell me what the term “mindfulness” means to you?

2. What made you opt for practising mindfulness?

3. Why do you practise mindfulness?

4. What is it like to be practising mindfulness?

5. What do you think mindfulness will offer you, if anything?

6. What place, if any, does mindfulness have for you in the future?

7. How would you recommend it to a friend?

8. Is there anything you would like to add about your experience of mindfulness practice?
Further reflections on ethics issues

To safeguard participants’ confidentiality and for data storage purposes, their names were replaced with pseudonyms. Anonymity was enhanced by not providing lengthy quotes and not including any specific personal demographic details of participants. Prior to the interview, participants were sent by email an information sheet and consent form to read. During the recruitment stage, each participant was briefed in advance on the nature of the study, as well as their rights to confidentiality and anonymity, before they agreed to take part in the study. The researcher’s dual role, as a trainee therapist and a researcher, was also explained, by informing participants that as a researcher the intention is to listen to their experiences and not to address issues or explore change (Thompson & Chambers, 2012).

Before the interviews proceeded, participants were asked to sign the consent form, and were informed that if they became distressed in any way during the interview, without asking they would be free to pause for a break or withdraw at any time without reason, or even to stop the recording equipment. At the end of the interview a debriefing was conducted to check how they were feeling and to answer any questions.

The author experienced challenges with the recruitment process, which resulted in recruiting participants from the same course of which she was a part. The current research project’s time span was only one year, during which all the analysis and writing up had to be completed. As a result, the researcher anticipated that finding suitable participants might be a challenging process and decided to sign up for an MBSR course, so that participants could become familiar with the researcher and be more willing to participate in the study. Consequently, the ethical issues of power relations, compliance and social desirability need to be considered. However, before doing this it is important to add that the researcher had monitored her own experiences of the course to prevent undue influence on the interview process. This was done by using a diary to reflect on her own experiences of the practice and the course, involving any reactions and surprises. In addition, some issues about the author’s assumptions and possible influences on the interview and data were taken to supervision.
Participants initially were approached with great sensitivity, care and respect so as not to exert power. After the author introduced herself and briefly explained the nature of the mindfulness study, she then asked participants if they would like to take part in this research. This was communicated in an open and inviting way, as the author did not want to put any pressure on them. Once they expressed interest, the author explained what the whole process would involve in detail, how and where the interviews would be conducted and for how long. The information about the study and interviews was emailed to participants.

During the interviews the researcher tried to be aware of the power relations between the interviewer and interviewee, especially as participants are placed in a position of disclosing personal experiences, which can make them feel more vulnerable. In qualitative research participants are asked to talk about and reflect on their experiences, which might stimulate upsetting thoughts and feelings in participants that would not come up otherwise or that they prefer to keep out of conscious awareness. A researcher’s role is to listen to their experiences and ask questions, and to disclose very little or no information about themselves. Therefore, the researcher tried to reduce power differences by encouraging authenticity, building rapport and mutual trust by being empathic and non-judgemental, and providing reflective comments (Karnieli-Miller, Strier & Pessach, 2009). This is why Coyle (1998) emphasised the importance of a researcher having basic person-centred counselling skills to develop good rapport with participants and to be able to manage affect.

The researcher tried to be sensitive and asked for consent to continue with the interview if any distress or emotional reaction was noticed. In addition, the researcher offered encouragement and reassurance to participants that she was interested in learning about their unique experiences and that there were no right or wrong answers. During the interview the researcher was mindful of the effect the interview was having on the participants, especially as it might not always be possible to deal with unintended consequences. Therefore, it was important for the researcher to be aware of other forms of support (Willig, 2008), which were included in the information sheet, plus the participants were informed about them prior to and after the interview.

Due to a number of possible emotional reactions to the interview process, Thompson and Chambers (2012) argued that stating whether or not the participants are vulnerable is not as helpful as reflecting on how the specific research topic being addressed might result in participants’ vulnerability. Towards the end of the interview, the researcher created space to
discuss whether any emotional distress encountered throughout the interview had reduced and to reflect on the overall experience of the interview. Although most participants spoke about personal matters, none reported experiencing them as too distressing, which would have required counselling intervention. Instead, all participants commented on finding the interview helpful to reflect on their mindfulness experiences and practice.

In addition, the recruitment of participants from the same group of which the researcher was a member potentially could have resulted in an issue of compliance, meaning that those participants who were approached by the researcher could have felt obliged to take part in the study because they knew the researcher from this group. Fourteen members were approached to take part in the research, but only six agreed, which suggests that the majority were able to refuse to take part. However, it is not known whether those who agreed to take part were influenced by the fact that the researcher was known to them through this group, and whether they would have made a different decision if the researcher had not been part of the same group.

This also leads to another issue, social desirability, where people have a tendency to want to appear to others in the best light, and there are some participants who want to make a positive impression on the researcher (Collins, Shattell & Thomas, 2005). It is possible that some participants might have agreed to take part in the study because they wanted to appear helpful to a trainee researcher. During the interview some participants seemed to prefer to explain different theoretical understandings of mindfulness rather than focus on their own personal experiences, suggesting that they might want to appear knowledgeable and educational to the trainee researcher. This might have been reinforced by the fact that they knew the researcher from the course. It is possible that the need to appear knowledgeable could be due to a power imbalance, especially as the relationship between researcher and interviewee was unequal, as one had to talk about their personal experiences and the other did not. As a result, the researcher tried to maintain an empathic and curious stance while conducting the interviews.
Appendix E

The first two pages of Emma’s interview transcript
Res: Thank you, [name of participant], for giving me that time of yours, and first of all I would like to ask you what the term ‘mindfulness’ is to you?
Int: Oh, that’s a good question –
Res: Yeah—
Int: -um...I think it means – um – being able to pay attention to what’s actually happening for you, right now, -
Res: uh-huh –
Int: - and I suppose I think that to me it means being able to enjoy yourself, now, without always sort of having lots of other things worrying you at the same time.
Res: Sounds like being in the present, enjoying the present –
Int: Yeah, yeah, definitely. Um ... and I think there’s something about - um – I think there’s something about finding a bit of peace, as well, in there, sort of ... um ... some calmness –
Res: mmm mmm
Int: - for me, too, so –
Res: mmm. And what made you opt in for practicing mindfulness, what was it?
Int: Oh, well, a real combination of things actually, so – um - it’s partly personal, partly sort of professional, so – um – at work here we do quite a lot of work on anxiety with students with autism, and so I’ve been using quite a lot of different relaxation techniques and things, and which I’ve used over the years with different groups, but ... it’s a really big issue here, and we’ve really been looking for some evidence-based stuff that we can use with our students. So that’s what started us sort of looking at mindfulness. Now, I still don’t really know whether we’re going to be able to use it that much here, but, you know, I was quite interested in it, and I was really interested in the fact that – um – in order to be able to use mindfulness with other people, you basically have to experience it yourself, and I know that they’re very keen on making that clear all through. Um, so – but I was quite keen to do that myself actually, and so, when I ... it just didn’t take me very long to look up the courses and see what was involved and how long – how much time it was going to take, and it seemed like really easily manageable, so I thought that I would - um – that I would try it.
Res: Did you hear something about mindfulness, or it happened that people were just –
Int: Oh, I’d heard people mentioning it before, and I had heard about the ‘mindfulness in schools’ projects as well, and had a little look at the stuff that they were doing ... um ... so I would say that it is one of those phrases which is ... I suppose since I signed up for it I’ve just heard everybody talking about it (laughs). It’s just the thing, isn’t it?
Res: Yes, yes, it’s... Int: So I think I hadn’t heard that much about it before I actually decided to do it, but once I had decided to do it, I just seemed to hear people talking about all the time, and – um – it is used in quite a few schools in [name of suburb] as well, in some form or another. I mean, they’ve got it on their website. I don’t know exactly how it’s used, how it’s used there. So, yeah, I think it’s just one of these things that you start hearing about from a number of different sources, and then all of a sudden it just seems to be very present.
4mins1sec
Res: So you said that you tried to apply it with some of the children, especially with some with anxiety, and was that one-to-one or in a group?
Int: Um, yeah, well I haven’t done any specific mindfulness stuff with them yet, but yes, it’s in a group, it’s really always in groups, yeah.
Res: mmm. So that was one thing that you mentioned, the –er – in relation to your work that you could use mindfulness, and then you also said about the personal. Would you be willing to tell me more about that?
Int: Yeah! I mean ... um ... I think ... um ... I mean, more than anything, I sort of was just interested, and I thought it might be a little treat for me (laughing) to do something, you
know, which was just me, going away from home and doing something different on a Saturday, so – I have to say that I did quite like that aspect of it! – um – but also – um – I mean – um – there’s quite a lot of anxiety in my family, and, I mean, I sort of consider myself to be a bit of a worrier, but nothing more than that. But – um – my – one of my daughters who’s nearly twenty, she does have anxiety and depression, and she was diagnosed about two years ago, and - I mean, as well as her worrying through that, I spend a lot of time worrying about her.

Res: Yeah, yeah, as a mother –
Int: Yeah – um – yes! So I thought well maybe I ... I thought I would enjoy it. I also thought, well, this might actually be really useful for her, and, yeah --- so –
Res: mmm. Are you thinking of introducing her to that or to her by yourself?

6mins4secs
Int: No, I mean, she’s – she’s interested in it, and in fact she’s – um – she told me about one of those iPhone apps, you know, the ‘Smiling Minds’ thing, have you heard of it?
Res: No.
Int: All right. It’s an Australian – well, you should look it up. Um, and – um – it’s – she’s got it on her iPhone, and it’s like it takes you through these meditations, and it’s sort of like a game, so you have to do a bit every day for so long, and then you get onto the next level –
Res: Brilliant! intervention –
Int: Yes, so – I haven’t got an iPhone, and so I haven’t (both laugh), but I have looked at the website. And so she is interested, um, and I think ... I think it’s – you know, I’ve said to her I think it might be useful to her to do sometime, but I have to say I think it is something particularly good for people who’ve got a bit of life experience, and I think if she was to do something like it, it would be better if she did it in a group with her – with her own age, maybe a group that was more – um – sort of targeted towards –
Res: - like for teenagers –
Int: Yes, teenagers or young adults. I mean, I know we had a couple of young people in our group, but I – but I do feel that – um – probably like lots of those sort of self-improvement things, it’s a bit of a middle-aged thing.
Res: Yeah.
Int: You know, maybe just that particular group –
Res: Especially in that group you would receive –
Int: - and I mean, you know, I don’t think it was difficult –
Res: As a teenager she might find it difficult to –
Int: Yeah, more difficult to participate, and – maybe more difficult to – make the time for it. So I think it’s something that definitely she’ll think about in future, but – um – you know, I’m not sure ... I’ve said to her not to do this just right now.,
Res: Yes, yes. And I was wondering, how was the practice? How did you find it?
8mins9secs
Int: Practicing at home?
Res: Yes. How did you find that? The course, the beginning, the whole process, the end, and now continuing – how did you find that?
Int: Well, um – I have really enjoyed it actually, I’ve really enjoyed those times, um –
Res: What was it about that enjoyment –
Int: I think for me it was just that - er – stopping, just stopping ... and ... just being.
Res: Pausing a little bit?
Int: Just pausing, yeah, just for a little bit –
Res: -and reflecting back on yourself, and –
Int: Yeah.
Res: Time to yourself. I think you mentioned –
Research dossier: Year 3 Grounded Theory research project

Disengagement from practice: A grounded theory study of mental health care professionals who do not engage with regular mindfulness practice after completing the MBSR course

Abstract

Aims: The aim of this research was to explore and provide a theoretical understanding of mental health care professionals’ lack of engagement with mindfulness practice after completing the Mindfulness-Based Stress Reduction (MBSR) programme. Method: Semi-structured interviews were implemented with six participants who completed the mindfulness course within the last five years, but struggled to practise. The constructivist Grounded Theory approach was utilised (Charmaz, 2006). Results: Four main categories were identified that formed the basis of “The underlying struggles of the mindfulness practice model”. The first category involved participants’ “Initial hopes of mindfulness practice” that motivated them to sign up for the course. The second category, “The struggle begins with the course experience”, included participants’ perceived experience of the course and the trainer, as well as acknowledgement of their needs. The third category, “The struggle continues with the challenges of motivation”, included a detailed description of the mindfulness practice being ‘hard’ and not motivating in itself. Finally, the fourth category involved participants’ beliefs about mindfulness and awareness that “Mindfulness practice can change me” into something less desirable. Discussion: The struggle to engage with mindfulness practice involved a complex process, which was influenced in particular by the course experience, practice being challenging and participants’ negative beliefs about mindfulness. Study limitations and implications for counselling psychology are discussed.

Keywords: mindfulness, MBSR, grounded theory, struggles with practice, motivation
If the practitioner knows his own mind clearly he will obtain results with little effort. But if he does not know anything about his own mind, all of his effort will be wasted.

(Zen Master Thuong Chieu, cited in Nhat Hanh, 2011)

This research project aims to explore the nature of the struggle of qualified or in-training mental health care professionals (e.g. psychologists, Cognitive Behavioural Therapy (CBT) therapists, nurses, occupational therapists, coaches, physicians, social workers) to maintain a regular mindfulness practice after completion of the Mindfulness-Based Stress Reduction (MBSR) course. This study is an extension of the previous research by Szychiewicz and Brown (2014) investigating participants’ first experience of mindfulness practice, where the results indicated that participants’ journey of mindfulness practice and the course experience turned out to be more challenging than anticipated, resulting in feelings of ambivalence about the whole course experience. As the majority of participants struggled to create a routine around their practice, future research was suggested to explore reasons behind this phenomenon, especially when there are so many benefits of the practice. First, a brief description and understanding of the effectiveness of mindfulness practice will be described, following a literature review outlining the rationale of the study. Then, the aims and objectives of the study will be presented, and finally the relevance to the counselling psychology field will be outlined.

Mindfulness and its effectiveness

Mindfulness practice has been defined by Kabat-Zinn (2003, p. 145) as “The awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment.” In 1979, Dr Kabat-Zinn introduced mindfulness practice to Western clinics by setting up an MBSR course for people with chronic pain and stress-related conditions, whose suffering had not responded satisfactorily to conventional treatment (Kabat-Zinn, 1982, 1990). Since that time, mindfulness has begun to generate vigorous interest in the scientific world in investigating its effectiveness and an understanding of how and why it works (Baer, 2003). Studies undertaken from a quantitative perspective showed Mindfulness-Based Interventions (MBIs), including MBSR or Mindfulness-Based Cognitive Therapy (MBCT), to be effective in reducing a variety of psychological and physical conditions within clinical health settings. These conditions
include managing chronic pain (Kabat-Zinn, 1982), emotional and behavioural disorders (Kabat-Zinn, 1998), depression (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, 2000; McCarney, Schulz & Grey, 2012), anxiety (Roemer & Orsillo, 2002), stress (Shapiro, Schwartz & Bonner, 1998), and post-traumatic stress disorder (PTSD; Wolfsdorf & Zlotnick, 2001).

Rationale of this study

Although these interventions are effective, research indicates that some participants struggle to maintain regular mindfulness practice following the completion of an MBI course (Bermudez et al., 2013; Langdon, Jones, Hutton & Holttum, 2011; Mackenzie, Carlson, Munoz & Speca, 2007; Mason & Hargreaves, 2001; Williams, McManus, Muse & Williams, 2011). A relatively small number of qualitative studies exist exploring mental health care professionals’ experiences of mindfulness practice.

Furthermore, it has been highlighted in the literature that in order to gain long-term physiological benefits, engagement in regular mindfulness practice is required (Carmody & Baer, 2008; Kabat-Zinn, 1990; Segal, Williams & Teasdale, 2002). In a study by Sephton et al. (2007), results showed that 72.4% of members continued to maintain regular practice two months after an MBSR course ended, whereas after a year only 56% of participants were still engaged with the practice (Kabat-Zinn, Lipworth, Burney & Sellers, 1987). The results of Finucane and Mercer’s (2006) study indicated that the factors which seemed to influence people’s commitment to practice relate to a struggle to create a daily routine and not having group support. In addition, although eight out of eleven members continued to practise three months after the course finished, five participants practised only two to three times a week. Therefore, Hopkins and Kuyken (2012) suggested that further research could examine the needs and support that participants require after the completion of an MBI course, as mindfulness is a challenging activity that requires consistent practice (Crane, 2009).

Similarly, a recent qualitative study conducted by Szychiewicz and Brown (2014) indicated that participants also experienced difficulties committing to regular practice. The study explored the experience of six beginners with mindfulness practice while they were completing an MBSR course. The main theme that emerged from the study showed that, despite having many positive aspects, the course had some limitations, which prevented participants from achieving their professional expectations and resulted in a feeling of ambivalence about the whole course experience. In addition, mindfulness practice turned out
to be more challenging than participants anticipated, and the majority of participants struggled to maintain regular practice during the course and after it ended. However, it was unknown why so many professionals struggled to engage with the practice.

Equally, Langdon et al. (2011) described participants’ challenges in maintaining regular post-course mindfulness practice. These authors attempted to understand the processes by which participants continued or decreased mindfulness practice after completion of MBCT, which incorporates mindfulness into CBT. The researchers’ findings suggested that participants experienced a lack of motivation, effort and discipline, and that their practice was also affected by practical matters and issues relating to their mental state. However, the difference between this current study and that of Langdon et al. (2011) is that most participants in the latter study motivated themselves to re-engage with the practice, even though they took some short breaks. By contrast, the focus of the present research is to explore the experiences of qualified or in-training mental health care professionals who completely disengaged from mindfulness and were unable to maintain regular practice after the course ended. In addition, although the MBSR and MBCT courses are similar, since both teach people how to practise mindfulness and are conducted over eight sessions in a group, the distinguishing difference between them is that only MBCT includes CBT elements, as it has been designed to prevent depressive relapses in people who have suffered from severe depression (Segal et al., 2002). In contrast, MBSR programmes intend to assist people to learn to deal with stress, anxiety, pain and illness (Kabat-Zinn, 1990). Thus, it would be interesting to see whether new findings would emerge if these differences were taken into consideration.

Theories relating to mindfulness practice

MBI courses which incorporate mindfulness practice are based on the cultivation of awareness of presence, which represents a “being mode” instead of the “doing mode of mind” (Kabat-Zinn, 1990). According to Segal’s et al. (2002) cognitive theory, during negative emotional states (e.g. depression, anxiety) people tend to engage in a “doing mode” of rumination and worry as an attempt to solve their problems mentally, which tends to worsen their condition. Therefore, mindfulness practice can help people to learn to remain in the “being state” and disengage from the “doing mode”. However, Segal et al. (2002) emphasised that formal regular practice after the course ends is required to develop the “being mode” and positive outcomes (Carmody & Baer, 2008). Other theories of health behaviours, including the theory of planned behaviour (TPB; Ajzen, 1988, 1991) and
motivation interviewing (Miller & Rollnick, 1991), seem to be relevant to the understanding of the maintenance of regular practice. TPB explains that the attitude a person holds towards a particular behaviour, subjective norms and perceived behavioural control appear to influence how much they will engage with that behaviour. In addition, motivational interviewing has also been regarded as an effective intervention in helping to assess individuals’ willingness to change a particular behaviour (Langdon et al., 2011).

Although these theories are helpful in providing a useful explanation of engagement with mindfulness practice, it has been suggested by Langdon et al. (2011) that mindfulness appears to be more about “being”, which reflects an approach to life more than the achievement of a particular behaviour with a desired outcome. Therefore, as these theories do not fully explain what influences individuals to discontinue practice, the current research aims to develop a theoretical model that can help explain the subjective views of individuals and their difficulties with maintaining mindfulness practice.

**Rationale for the qualitative approach**

To fulfil this aim, the study adopted a qualitative approach. Qualitative research is said to be concerned with the meaning and understanding of people’s subjective and idiographic descriptions of their experiences (Willig, 2008). This study adopted an interview format as a way of data collection and a grounded theory (GT) approach was utilised for data analysis. Interviews, and more concretely semi-structured interviews, are based on open-ended questions, which are ideal for exploring people’s experiences and the meanings they attach to these experiences. However, the process requires sensitivity and rapport between the researcher and interviewee (Willig, 2008). Furthermore, GT was utilised since it captures the complexity of subjective experience and is used as a way to discover social and psychological processes (Charmaz, 2006). GT is a systematic and flexible method for collecting and analysing data to develop a theoretical framework that is “grounded” in the data.

**Aims and objectives of the current study**

The aim of this study is to examine and provide a theoretical understanding of participants’ lack of engagement with mindfulness practice using the GT approach, and to gain some insight into the experiences that hinder and assist their practice. As there are gaps in knowledge of the understanding of failure to engage with mindfulness practice, this leads to the formulation of the following research question: “What do mental health care professionals
who do not engage with regular mindfulness practice have to say about their disengagement?"

Relevance to the counselling psychology field

Understanding this phenomenon is particularly relevant to the clinical practice of counselling/clinical psychologists, who are also the future facilitators of mindfulness groups, especially within NHS settings (Crane & Kuyken, 2012). The results aim to develop awareness and to inform psychologists or other mental health care professionals who utilise mindfulness in their clinical work with clients of the potential engagement issues with mindfulness practice, and to provide a useful insight into future MBI implementations. This is important to know, especially as maintenance of regular practice tends to lead to many psychological benefits (Teasdale et al., 2000).

Method

Methodology

GT was considered to be a suitable method to meet this study’s aims, as it is an exploratory approach which focuses on developing a theory that will help to explain what contributes to participants’ difficulties in maintaining regular practice (Willig, 2008). In addition, the GT approach involves systematic and flexible guidelines for collecting and analysing data to acquire an understanding of phenomena grounded in the data, without relying on already existing theories. Through the inductive process of GT, the researcher allows the theory to emerge (Charmaz, 2006; Payne, 2007).

Epistemology

Classic GT was designed by Glaser and Strauss (1967) to analyse a social phenomenon at a great depth, especially when there was a small amount of information available on the subject under investigation. It also aims to offer a broad explanation of the social process that is being studied (Glaser, 2001). GT has been described by Glaser and Strauss (1967, p. 1) as an approach involving “the discovery of theory from data”, which indicates that the researcher will discover something that is already there. This also implies that the categories and theory will “emerge” from the data while following the descriptive step-by-step method. However,
this approach to GT seemed to represent a positivist epistemology, which does not reflect the idea of qualitative methods (Willig, 2008).

Consequently, Charmaz (1990) has introduced a modern version of GT with the epistemology embedded in constructivism, which reflects the philosophical nature of pragmatism that is informed by symbolic interactionism and recognises society, reality and the self as constructed though dynamic and interpretive human interactions that are based on language and communication (Charmaz, 2006). Thus, the constructivist GT approach suggests that when the data is being analysed by the researcher, categories and theories do not only “emerge” from the transcribed interviews, but are also “constructed” by the investigator while they are involved in studying the data (Willig, 2008). “The researcher creates an explication, organisation and presentation of the data rather than discovering order within the data. The discovery process consists of discovering the ideas the researcher has about the data after interacting with it” (Charmaz, 1990, p. 1169). This indicates that the researcher shapes the study process and the findings by their own personal, philosophical and theoretical background. Therefore, the researcher is required to take a reflexive stance and reflect on how they may influence the interpretation of participants, and how they are personally involved with the research topic and procedures. Subsequently, the theory that a researcher produces through the GT method represents only one of many ways of understanding the data and not the one “truth” (Willig, 2008).

GT from a constructivist point of view “is concerned with the texture and quality of the participant’s perspective rather than its social context, causes or consequences” (Willig, 2008, p. 45). GT does not capture social reality, it assumes reality to be socially constructed through social interactions (Charmaz, 1990). The ontology and epistemology of constructivism reflect the philosophical nature of pragmatism that is informed by symbolic interactionism and recognises society, reality and the self as constructed through dynamic and interpretive human interactions that are based on language and communication, through which a shared meaning of the world is created (Appleton & King, 2002; Charmaz, 2006). This explains that knowledge is not constant, but is continually emerging and transforming through the interpretation of an individual and their observer. Therefore, this current study utilised Charmaz’s (2006) constructivist approach to GT.

In addition, as a researcher my preferred philosophical approach is reflected by social constructivist assumptions, since I aimed to explore with interviewees their definitions of
terms, situations and events as well as the meanings of their experiences (Charmaz, 2006). This also relates to my pluralistic stance as a future counselling psychologist, indicating that there is no one “truth” but many different explanations to make sense of human experience. Similarly, this reflects the counselling psychology mode of relating and understanding human beings, which is ontologically rooted in “humanistic and existential-phenomenological psychology”, involving a search for understanding and meaning, based on “engagement with subjective experience, values and beliefs” (Strawbridge & Woolfe, 2003, p.5).

**Reflexivity**

Reflexivity is an important part of qualitative research. The researcher needs to remain mindful of their own contribution to the way they construct meanings while implementing the study, and to acknowledge the difficulties in being objective and not influenced by their own subjectivity during the research process (Willig, 2008). Due to my own personal interests in mindfulness, as well as having completed the MBSR course and struggling to maintain regular practice, it is possible that these personal experiences may have influenced the interviews, the identification of categories in the data and the interpretation of meaning. For instance, some participants were able to become vulnerable with me to explore their experiences in depth and gain insight, but others refrained from doing that to protect themselves. Thus, for some participants I had to think extra hard to make sense of their experiences in order to develop interpretations of their implicit descriptions, which could have been coloured by my own perception of what gets in the way of practising mindfulness. Despite trying to remain aware of the differences and similarities between my own and their experiences, during the interviews I might have unconsciously attended more to participants’ experiences which resonated with mine. Reflexivity in qualitative studies is important, as it enables others “to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research” (Nightingale & Cromby, 1999).

**Participants**

The sampling inclusion criteria involved qualified and in-training mental health care professionals (e.g. psychologists, CBT therapists, nurses, occupational therapists, coaches, physicians, social workers), who have completed the MBSR course within the last five years and have not been practising mindfulness since the time the course ended.
Six participants were recruited, including five females and one male. One participant was aged between 21 and 30, and the remaining five participants were between 41 and 60 years old. All participants were adults who described themselves as White British, and were either qualified or in-training mental health care working professionals who completed the MBSR course as part of their personal and professional development. They also had regular private or work supervision. None of the participants was pursuing this course in order to alleviate a “clinical”-type presentation (e.g. a diagnosis of depression). Half of the participants completed the course privately by finding it online, whereas for the remaining half the course was provided by their workplace. The occupations of interviewees were one occupational therapist, one coach, one counselling psychologist, two psychology trainees and one psychology assistant. Most participants had completed the course within the last five years, and all of them stopped practising soon after the course ended. To preserve participants’ confidentiality and for data storage purposes, their names were replaced with pseudonyms. Participants’ characteristics are shown in Table 1.

Table 1: Participants’ demographic information

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Gender</th>
<th>Age group</th>
<th>Ethnicity</th>
<th>Occupation</th>
<th>Work context</th>
<th>Time and place MBSR course completed</th>
<th>Time since last time practised</th>
<th>Place of interview and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Occupational Therapist</td>
<td>Primary school</td>
<td>1 year ago in a private setting</td>
<td>1 year</td>
<td>At her workplace, 74 mins</td>
</tr>
<tr>
<td>Gail</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Coach</td>
<td>Private practice</td>
<td>1 year ago in a private setting</td>
<td>1 year</td>
<td>At her home, 44 mins</td>
</tr>
<tr>
<td>Zara</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Counselling Psychologist</td>
<td>Secondary school</td>
<td>1 year ago in a private setting</td>
<td>1 year</td>
<td>At her home, 44 mins</td>
</tr>
<tr>
<td>Victor</td>
<td>M</td>
<td>41–60</td>
<td>White British</td>
<td>Counselling Psychology Trainee</td>
<td>Psychology clinic</td>
<td>5 years ago at work</td>
<td>5 years</td>
<td>Surrey University Library study room, 52 mins</td>
</tr>
<tr>
<td>Emily</td>
<td>F</td>
<td>21–30</td>
<td>White British</td>
<td>Psychology Assistant</td>
<td>Psychology clinic</td>
<td>2 years ago at work</td>
<td>2 years</td>
<td>At her home, 46 mins</td>
</tr>
<tr>
<td>Sophie</td>
<td>F</td>
<td>41–60</td>
<td>White British</td>
<td>Counselling Psychologist Trainee</td>
<td>Psychology clinic</td>
<td>2 years ago at work</td>
<td>2 years</td>
<td>Surrey University Library study room, 52 mins</td>
</tr>
</tbody>
</table>

Procedure

The main criteria for sample selection were professionals who have completed the MBSR course but did not continue with their mindfulness practice. The third-year research project was a continuation of the second-year research project, which meant that some professionals from the second-year study met the criteria to be interviewed again. This created an
opportunity to see how some of these participants were getting on. The decision on whether to interview the same participants again was thoughtfully made between the author and the supervisor. This is not an unusual approach, since a previous study by Hoover and Morrow (2015) re-interviewed participants through a follow-up to learn about their experience of the initial interview. However, the researcher’s reflexivity remained a crucial aspect of this process, in which participants need to be approached with full awareness of any assumptions based on the first interview, and instead interview them as if they are being interviewed for the first time.

Four participants from the second-year study were emailed and asked whether they would be willing to take part in a new study interested in understanding participants’ struggle to engage with mindfulness practice after completing the MBSR course, especially if they had not continued with the mindfulness practice since the course ended. Only three participants agreed to take part in the study.

The main reason for doing this was because the author had already built rapport and trust with these participants, and it was believed that they would find it less challenging to open up during the interviews to someone who was familiar to them. Consequently, it was believed that they might be more inclined not only to speak about their experiences, but also to reflect on the meaning of these experiences and other underlying contributions that led to their struggles with maintaining mindfulness practice. Indeed, the author recognised that during these interviews, participants were more reflective and open about their experiences. However, in having to interview the same participants again, the author acknowledged that certain ethical issues needed to be reflected on in the “Ethical considerations” section.

Once these three participants expressed interest in taking part in the study, they were emailed a “Participant Information Sheet” (see Appendix A) together with a consent form (see Appendix B) to become familiar with the nature of the second study. Then the interviews were arranged.

The other three participants were recruited through friends and friends of colleagues, which created a “snowballing” effect. The author verbally and through email informed friends and colleagues that she was looking for participants with a psychology background to take part in her mindfulness study, who had completed an MBSR course within the last five years but had not been practising mindfulness since then. The friends and colleagues then contacted people they thought would meet the criteria to ask them if they were happy to take part in the study.
and to be contacted by the author to provide them with more information about the study. Once interest was expressed, participants were contacted by email, in which they were invited to take part in the study, and a “Participant Information Sheet” (see Appendix A) together with a consent form (see Appendix B) was sent out. As soon as participants agreed to take part in the study, interviews were arranged.

Interview process

The researcher conducted a non-directive, semi-structured interview of open-ended and non-leading questions to address the research aims. The interviews took place either at the participant’s house or workplace or in a Surrey University Library private room at a convenient time for the interviewee. Each interview was audio-recorded and ranged between 44 and 74 minutes in length (mean 52 minutes).

Before the interview began, each participant was given some time to read the “Participant information sheet”, which included information about the study. They were also given a consent form to read and the opportunity to ask any questions they might have. Then participants were briefed about the nature of the study and the right to confidentiality was explained. They were assured that their details would be anonymised and the recording retained securely. The interviewees were advised that if they became distressed during the interview, they could pause for a break, or withdraw from the interview at any time without reason. They were also informed that if they became distressed during the interview they could seek therapeutic support, and the information on how to do that was provided in the information sheet. Finally, participants were asked to sign the consent form prior to participating, and then demographic information was collected.

Following the interview, a debriefing was conducted to check how participants were feeling about the process of the interview, and to answer any questions they had. None of the participants expressed feelings of distress at the end of the interview or the need to seek counselling support. Following each interview, the researcher made notes on non-verbal observations, reactions and the rapport established with interviewees (Charmaz, 2006). The interviews were transcribed as soon as possible so they remained fresh in the researcher’s memory.
Ethical considerations

Ethics, defined as “the science of morality or of duty” (Palmer-Barnes & Murdin, 2001, p. 2), has been argued by Olsen (2010) to be at the centre of counselling psychology practice. Fast-track ethical approval was received for this project from the Ethics Committee at the University of Surrey. No further request was made by the Ethics Committee to proceed with a more detailed ethical application. While submitting the ethical application, the author together with the research supervisor took into consideration the following issues. Attention was paid to how far the current study’s topic could make participants vulnerable. Although mindfulness does not seem to be a sensitive topic, the researcher took into consideration that while reflecting on their mindfulness practice participants could be in touch with painful experiences, and if they chose to discuss them during the interview this could result in some form of distress and vulnerability. Therefore, the researcher provided counselling information in the information sheet for participants and undertook the interviews with great sensitivity and care.

In addition, recruited participants were fully consenting adults and working or in-training professionals, who decided to take part in the MBSR course as part of their personal and professional development. They also received regular supervision either at work or privately, which could provide them with extra support and guidance if needed. The interviews were conducted in a safe location, the research did not involve any risk to participants’ health and there was no deception in this study.

Throughout the study the researcher continued to adhere to the four ethical principles of respect, competence, responsibility and integrity (BPS, 2009), as well as complying with three ethical codes of practice: the British Psychological Society Code of Ethics and Conduct (2009); the Health Professional Council Standards of Conduct, Performance and Ethics (2012); and the University of Surrey Ethical Guidelines for Teaching and Research (2015).

Ethical issues need to be considered in depth in qualitative research especially, because such interviews include disclosure of personal experiences, feelings or painful events. Although mindfulness is not a sensitive topic, the author remained aware of any signs of distress. In addition, during the interviews the author aimed to develop a trusting and safe environment in a quiet room at the participant’s convenient place. Throughout the interview the author tried to establish a collaborative relationship with participants that was based on respect, empathy, genuineness, honesty and validation of their feelings. She tried to conduct the interview with
an open, flexible, non-irritating, sensitive and gentle matter, as well as respecting participants’ wishes if they did not want to explore some things in detail. All participants were able to correct her if she misunderstood them, showing that they felt comfortable in her company. The participants trusted the author enough to “open up” and reflect on their experience. There was also certain information the participants asked the author not to put into the report and she respected that. The author attempted not to hold demanding attitudes or biased assumptions about individuals, but to treat participants with respect by listening carefully and maintaining a polite, professional demeanour and using everyday language. After each interview ended the author considered thoughtfully any ethical implications. No participants appeared to express any signs of distress that needed attention during or after the study. Throughout the interviews the author was sensitive to what they were saying and aware of their reactions, as their wellbeing has priority over this study’s results.

In addition, while conducting these interviews the following issues on power relations, compliance and social desirability needed to be taken into consideration. In regard to power relations, just before the interview the author explained to the participants her dual role as a trainee therapist and a researcher, indicating that as a researcher her intention was to listen to their experiences and not to address issues or explore change (Thompson & Chambers, 2012). In addition, participants were approached with great sensitivity, care and respect in order not to exert power. The author was very aware that participants can feel more vulnerable because they are placed in the position of disclosing personal experiences, whereas the researcher divulges very little or no information about themselves. Therefore, Coyle (1998) argued that it is important for the researcher to have basic counselling skills to develop a good relationship with participants and to be able to manage affect. In addition, to reduce the power difference, during the interview the author first focused on developing rapport and building mutual trust with participants by being empathic, non-judgemental, encouraging and authentic. The author also reassured them that she was interested in learning about their unique experiences and that there were no right or wrong answers. During the interviews the author provided reflective comments to communicate that she was listening and interested in what interviewees were saying (Karnieli-Miller, Strier & Pessach, 2009).

Furthermore, the second-year project’s findings resulted in the need for further research to continue to explore participants’ experiences of their practice struggles in more detail. This meant that re-interviewing some of the same participants was of benefit to the third-year research project, because they already met the criteria. The main reason for interviewing
three participants again was because the researcher had already built rapport with these participants, and it was believed that they might find it less challenging to open up and talk about their experiences in depth to someone they had already met. Consequently, the author recognised that more reflections were made by these participants than during the initial interview. However, researcher reflexivity was a key aspect while re-interviewing some participants, as the author tried not to assume things based on the last interview but to interview participants as if for the first time. Reflexivity is an important process that the researcher needs to attend to throughout the research to address any distortions or preconceptions that might unintentionally arise (Etherington, 2004).

Moreover, the issue of compliance needed to be taken into consideration when interviewing participants, especially as some were recruited from an MBSR course of which the author initially was a part and they were being interviewed for a second time. Since they knew the researcher, this might have contributed to them feeling obliged to take part in the study. Participants were approached with great sensitivity and no pressure was placed on them when an email invitation was sent to them to take part in the study. Since one participant was able to decline this invitation, this suggested that they were doing this out of choice. Despite that, it is unknown whether those who agreed to participate would have made that decision if they did not know the researcher.

The issue of social desirability also had to be taken into consideration. This is when people have a desire to appear to others in the best light, and want to make a positive impression on the researcher (Collins, Shattell & Thomas, 2005). It is possible that some participants decided to take part in the study because they wanted to appear helpful to a trainee researcher. The main thing that the researcher noticed was that the participants gave more in-depth reflective details of their experience the second time round. This might have been because they were familiar with the researcher. Due to these issues, the researcher maintained a sensitive, empathic and curious stance. She also provided reflective comments to communicate that she was listening and understanding what the participants were saying.

Additionally, to make sure that the author monitored her personal experience of mindfulness practice, she kept a reflective diary, to make note of her reactions and on the similarities or differences in participants’ experiences. In this way the author was more aware of what belonged to her and what was from the participants. The author also had to monitor her pre-
existing mindfulness knowledge coming from the literature review to be able to focus on the interview context.

Analytical procedure

After each interview was completed, the data was transcribed and analysed using the GT method described by Charmaz (2006) (see Appendix D for the first two pages of a transcript based on interview 5). Before proceeding with the analysis of any transcript, the author familiarised herself with the transcript by reading and re-reading the data. The analytical process began by doing open/initial coding on the left-hand side of the first transcript. This involved line-by-line coding, consisting of identifying all the code words that were key points from the transcript and related to the research question. Some codes were objective to reflect what was in the text, whereas others involved abstract ideas from the researcher. There were also in vivo codes, which are symbolic markers confirming significant meanings of the participants’ reality reflected in their words or phrases (Charmaz, 2006, 2008).

The second stage of coding, focused coding, involves collecting concepts, which form the most significant and frequent codes that categorise the data. Focused coding synthesises and explains large amounts of data, and was noted on the right-hand side of the transcript. The technique of constant comparison, one of the main processes in GT, is done at every level of analytical work, between codes and categories, and within the transcript and between the other transcripts. This enables categories to be elaborated and refined as well as compared for similarities and differences (Charmaz, 2006, 2008).

Finally, the theoretical coding phase involves drawing potential relationships between categories identified through the process of focused coding. The relationship between categories leads to core theoretical categories, which constitute the new theory (Charmaz, 2006). In addition, throughout the analysis the researcher made memos (analytical notes) about the emerging codes, categories and comparisons, as well as processes and assumptions. This assisted in processing the data and ideas grounded in the study (Charmaz, 2006). It is also important to note that the meanings that have been observed and defined throughout this study’s analysis were influenced by the researcher’s viewpoint and interpretation. Therefore, it was important for the audiotapes to be transcribed by the author, as this helped her to pay closer attention to participants’ meanings and not to base the analysis on assumptions (Charmaz, 2008). Writing memos that continue the comparison between codes and categories helped to refine ideas and ground the researcher in the data.
Furthermore, during the recruitment of participants theoretical sampling was conducted, which involves a process where the researcher systematically selects new participants or data which are most significant for the research being undertaken. Subsequent interview schedules aimed to narrow the focus so that specific categories were elaborated and refined in the emerging insight and theory (Charmaz, 2006). The first interview involved open questions regarding mindfulness experiences on the course and in practice. However, after transcribing and analysis, the author recognised that these questions needed to be modified, reorganised and made more specific to understand participants’ obstacles to regular practice (see Appendix C for all the questions in the interview schedules).

Therefore, some questions were deleted, for instance “What is it like to practise mindfulness?” and “What are your thoughts on the course?”, whereas other questions were re-phrased and re-prioritised to make them more specific. Priority was given to finding out more about participants’ course experience, motivation, the challenges of the practice and whether there was anything they needed that was lacking. In addition, the author also realised from the first interview that an additional question was needed about mindfulness course follow-up sessions.

The new set of questions was implemented during the second and third interviews, which gave the researcher more specific information about follow-up, participants’ beliefs about mindfulness practice, challenges with the practice and limitations of the course. After analysing these interviews using the method outlined above, the researcher concluded that the only thing that needed to be changed was the order of question six about follow-up meetings, which was moved down to be the second last question. Therefore, the remaining three interviews were completed using this new question outline, and because these interviews were not producing any more new information the questions remained the same.

Moreover, during the process of theoretical sampling the researcher also wanted to discover whether the time since the course ended had any impact on participants’ understanding of their lack of practice. Since the first three mental health care professionals completed the same course within a year, the last three professionals were recruited from different MBSR courses that ended more than a year ago, but within the last five years. In addition, the recruitment of further professionals from a different MBSR course enabled the author to explore whether the category of unhelpful beliefs about mindfulness was also evident in those participants. This proved to be very helpful, because all participants said something about
their mindfulness beliefs, but in particular the second to last participant, called Emily, elaborated in great detail about her own beliefs about mindfulness practice and how she associated it with her Quaker parents.

Similarly, the main category of participants with certain unhelpful beliefs about mindfulness seemed to be evident during the interviews from the beginning. Specific questions were not created around that issue, because the researcher already had questions that resulted in participants starting to think more deeply about their own perception of mindfulness, for instance “What have you found most challenging about mindfulness?”, “What is motivation?” and “What is it that you need that would help with your practice?” In addition, the author prompted more questions when participants started to think about their reasons for not practising.

Furthermore, in the GT approach there are no strict criteria for sample size, and the data collection ends when the analysis reaches theoretical saturation, which is achieved when the data does not produce any new insights on the categories or the relationship between categories (theoretical coding; Charmaz, 2006; Willig, 2008). During theoretical sampling, the last three interviews continued to show similar categories to previous participants. For instance, professionals continued to talk about their hopes of mindfulness, what they found practical about the course and what has hindered their practice (i.e. unsupportive teacher, no follow-ups); they also spoke about their limited motivation towards the practice and fears of how mindfulness could change them into something less desirable. As categories were starting to be repetitive across the dataset, and no new patterns were emerging that needed to be explored in more detail, no further interviewees were recruited. This also possibly suggested theoretical saturation.

However, the author cannot be certain that theoretical saturation was reached in the present study because she only recruited six participants, and she would need to move on to ten or more to see more repetition of categories. Due to the time-limited nature of the research, it was not possible for the author to continue to recruit more people and to return to the dataset. While doing this research project in the context of a Practitioner Doctorate, there was only a year to complete this study, which made it difficult to go back to the dataset in the time allowed. Therefore, this became one of the limitations of the study.

Furthermore, Willig (2008) outlined two versions of GT, the full one and an abbreviated one. The full version involves doing the analysis through initial open coding, finding tentative
relationships between categories and undertaking theoretical sampling. This involves going back to the participants to find more information and collecting more data by interviewing new participants with specific questions in mind. The full version of GT aims to develop categories that are detailed and differentiated, which “gives the researcher confidence that theoretical saturation is being approached” (Willig, 2008, p. 39).

The abbreviated version of GT “works with the original data only” (Willig, 2008, p. 39). The transcripts with any other documents are analysed based on GT principles, which include all the different types of coding and the constant comparative method. However, “theoretical sensitivity, theoretical saturation and negative case analysis can only be implemented within the texts that are being analysed” (Willig, 2008, p. 39). The researcher lacks the opportunity to return to the data and to expand and refine the analysis. Nevertheless, the abbreviated method is only done in exceptional circumstances “where time or resource constrains prevent the implementation of the full version of grounded theory” (Willig, 2008, p. 39). On this basis, the present study can only be considered to follow the abbreviated version, because the author could not confirm with all confidence that theoretical saturation was reached.

Credibility

To ensure credibility, this study aimed to follow guidelines identified by Yardley (2000) on sensitivity to context, rigour, commitment, coherence and transparency throughout the research process, as well as taking into account the importance and impact of the research findings. The study aimed to ensure rigour and transparency by recording and transcribing the interviews, while also outlining in detail the method employed. Analysis of the findings was supported by sufficient illustrative quotes from the transcripts.

Furthermore, the researcher was aware of her own assumptions during the interviews and analysis, and reflected on the limitations this represented for the study. During analysis of the results, an attempt was made to show a clear distinction between the investigator’s own interpretation and those of the participants. Thus, the reader should be able to evaluate the arguments and come to their own conclusions.

Finally, the proposed research has practical and theoretical usefulness for counselling psychologists who intend to use mindfulness practice with clients in the clinical setting. In addition, this research project’s findings contributed to the researcher’s personal development as a trainee counselling psychologist.
Results

The analysis of the data produced “The underlying struggles of the mindfulness practice model”, which was based on four main categories emerging from the participants’ perceptions of their mindfulness practice (see Table 1).

Table 1: Summary of the four main categories

1. Initial hopes of mindfulness practice
   - Practicality of the course
   - Anonymity and group size
   - Personal characteristics and attitudes of the teacher
   - Teacher’s support with early practice engagement
   - Belonging to a follow-up group

2. The struggle begins with the course experience
   - Preference in mindfulness techniques
   - Mindfulness is hard work
   - Excuses for procrastination

3. The struggle continues with the challenges of motivation
   - Practicality of the course
   - Anonymity and group size
   - Personal characteristics and attitudes of the teacher
   - Teacher’s support with early practice engagement
   - Belonging to a follow-up group

4. Mindfulness practice can change me

Captured within the main category of “Initial hopes of mindfulness practice”, participants described their preliminary hopes and beliefs regarding how mindfulness could benefit them. Due to these hopes, they signed up for the MBSR course to help them achieve the desired internal change. At this stage they were not aware of any challenges the practice might involve. However, “the struggle begins with the course experience”, which involved the next stage of the process where participants were in touch with the reality of what it involves to practise mindfulness. This second main category captures how participants found the “practicality of the course” accommodating. “Anonymity and group size” had an impact on their experience, as they generally preferred to be in a smaller group with strangers. In addition, the “personal characteristics and attitudes of the teacher”, including a lack of warmth, acceptance, connection, interest and faith in the participants, resulted in them being discouraged and unsupported throughout the course, which had an impact on their willingness to practise. Participants’ suggestions of having the “teacher’s support with early practice engagement” and “belonging to a follow-up group” could have improved the overall experience of the course and provided more support with the practice.

After the course ended, participants embarked on an even harder road alone, and “the struggle continues with the challenges of motivation”. This third main category acknowledges
participants’ “preference in mindfulness technique” that helps them to maintain their practice only for a short time, but the main issue with the practice is that “mindfulness is hard work” and consequently results in “excuses for procrastination”, which lead to a struggle to maintain a long-term mindfulness practice.

All the main categories were fundamentally linked to the final main category, “mindfulness practice can change me”, which provided the overall understanding of why participants struggled to commit to regular practice. The initial positive benefits of mindfulness, the lack of teacher support during the course and weak participant motivation are influenced by the underlying meaning and negative beliefs each participant held about mindfulness practice. Thus, the participants seemed to avoid the practice because they feared changing into something less desirable, which ultimately threatened their identity.

The dynamic processes that influenced participants’ experience of mindfulness practice were based on the data and are illustrated in Figure 1.

![Figure 1: The underlying struggles of the mindfulness practice model](image-url)
Initial hopes of mindfulness practice

The participants in this study took part in the MBSR courses because they were initially motivated by the perceived personal benefits that mindfulness practice could bring them. All participants’ motivation to do the course was based on a similar hope of wanting to experience internal change that would lead to the development of a healthier relationship with themselves and others. The internal change for them represented being more relaxed, self-aware, self-contained and compassionate towards themselves.

For example, Victor’s idea of the benefit of mindfulness practice was to learn to “trust my internal processing” as he strove for “internal peace” by becoming more “compassionate” towards himself and having the ability to “contain... your own and others’ anger”. Similarly, Emily’s expectation of mindfulness practice was to develop a greater awareness of her self-critic and herself. She wanted to be more aware of “automatic... [negative] thought processes” and have control of her emotions, such as “anger”, to be less reactive in relationships and to “pause and to make different decisions”.

Zara’s unique and personal gain from mindfulness practice was based on the idea that it would help her with “challenges I experience in the world, of being quite self-conscious and... a bit inhibited, in a way”. For Amy, it was important to become “better at dealing with stresses”, especially at work.

At this stage there are no struggles, only a lot of hopes. Participants did not seem to be aware that “change” can be an uncomfortable and unfamiliar experience that people may be reluctant to engage with.

The struggle begins with the course experience

When the MBSR course began, it involved becoming familiar with mindfulness practice. The course brought mixed experiences for participants and several factors seemed to influence the process of mindfulness practice. Even though the participants said that the course experience had many positive practical elements, the lack of anonymity and intimacy of a large group seemed to create a feeling of being “uncomfortable” within the group. In addition, the most important factors were the teacher’s personal characteristics and attitudes to the group members. The teacher’s lack of “connection”, “interest” and “support” seemed to have an impact on participants’ willingness to continue with the practice.
Practicality of the course

Overall, most of the participants expressed feeling happy and having a positive experience of the course. For Zara, “it’s like being part of something that makes sense to me”. Gail said that the course was “excellent... [and] the handbook was well resourced”. Sophie, Amy and Gail said that the course “had a good balance of practice and theory”. Amy in particular liked the idea of homework exercises that were set after each session, which gave “a choice of different things [mindfulness techniques]”, which she seemed to find very helpful. The only practical improvement that Zara and Amy would have made to the course was to have the sessions weekly rather than fortnightly. Despite this, they liked the fact that the course was run on at the weekend.

Anonymity and group size

Having anonymity and being in a small group seemed to be important factors for participants in feeling comfortable and intimate within the group. Two of the participants knew other members in their group personally or professionally. Based on the experience of these two, anonymity was an issue, as knowing people made them feel “uncomfortable” in the group. They preferred members who were complete strangers. For Zara it was a mixed experience, as she preferred not to know anyone on the course, but then at the end the experience of her friend being there made her feel “happy”.

“I was a bit disappointed when [friend’s name] was there, coz it’s quite nice to be in an anonymous space.... But actually being there with [friend’s name] was a really happy thing for me.” (Zara)

While Zara’s experience was contradictory, for Emily being on the course with colleagues and supervisors was simply “weird” and “odd”, making her feel “uncomfortable” and “intimidated”. This indicates that anonymity was important for participants to feel comfortable.

In addition, the group size mattered to participants. The majority gave positive as well as negative feedback about course size. All participants expressed a preference for being in a smaller group consisting of 7–10 people held in a pleasant location.

“When I got there on the first day, I thought, oh there’s too many people here... I was a bit surprised... I thought there might be ten people there... I thought they would keep the group
smaller... because... some people are going to be talking about some... personal things.”

(Amy)

Amy appeared to eventually get used to the bigger group size. However, she acknowledged that for her it would have been easier to talk about something personal in a smaller group. This indicates that group size mattered in being intimate with others and getting the most from the MBSR course. Similarly, Gail confirmed that a small group was preferable to a big group because “you do not feel like an active participant”. Overall, being in a smaller group seemed to be more intimate, where participants could more easily relate to one another and share their experiences.

*Personal characteristics and attitudes of the teacher*

The importance of intimacy and relating to other members in the group is further explained when participants described the course trainer/teacher’s lack of some admirable qualities. The majority of participants stated that the trainer was very “experienced” and “supportive”, but lacked a relational connection with group members. Zara said that “he [the teacher] taught well”, but she did not find him “nurturing” or “warm”. She believed that, although the course did not have spiritual connotations, the trainer was “a bit Zen” and “Buddhist” for her, as he kept a distance from everyone, and he seemed “not interested” in forming a “connection” with members or to become involved with the group.

“I didn’t think he [the teacher] was that interested in us, as people... In connectedness between people... and mindfulness is about being connected.” (Zara)

Having a connection with a teacher seemed to represent for Zara a shared experience and interest in her learning, which possibly meant support and encouragement as a “trainee” of mindfulness practice. She wanted the teacher “to have a relationship with them [group members]” that says “I’m here with you now”. Zara expressed disappointment that the teacher came across as “blasé” as to whether he would see the group members again. Despite the lack of engagement with the teacher, Zara said that “it didn’t stop me learning” about mindfulness practice: “I would have practised whoever the teacher was.”

Interestingly, Gail had a similar experience of the same teacher. She found the trainer “supportive” and “very experienced”, because he provided space for discussion about any concerns and was able to skilfully bring group members back to the conversation. Gail also believed that “the relationship is very important to our brains/minds”. She seemed to want to
have a closer relationship with the teacher and group members, but felt that his attitude to the
course was like a “business” and that he refrained from forming relationships with the
members. Gail believed the teacher was “quite good being like Teflon”. By distancing himself
from others, he wanted to avoid the situation where people “latch on to him and have some
sort of dependency and expectation on him”. She said that the course was “a bit too mass
[big],... [and there was] no real sense of attachment”. She preferred “some sort of
meaningful trusting relationship”.

Gail also felt that the teacher had an “embedded message” that he had very little faith in
participants carrying on with the practice. Her understanding of the role of a teacher is that “it
is hard to do it [mindfulness] anyway but if you do not think that your teacher believes in you
that you can do it, then you kind of think it is inevitable that you will fail”.

The teacher’s “connection” with and “faith” in the participants appeared to be important
factors during the mindfulness training as a way to offer shared experience, encouragement
and “support”. This indicates an interesting ideology that the teacher has an influence on
participants’ engagement with the practice, because if the teacher does not believe in the
students, then it is more difficult for the students to believe in themselves.

Emily confirmed a similar view that the teacher needed to be willing to engage with
participants and be more “accepting of people who weren’t able to do it [practice]”. She
experienced her teacher’s approach to the course as “it was a bit like business-y” and by the
end of the training she was in “a group of ten strangers”. Emily thought the course would be
“reflective” but it was very “structured”. She expressed feeling disappointed and discouraged
due to her trainer’s “very high expectations”, as well as a sense of “superiority’ as her teacher
expected that the course members would practise mindfulness every day for 45 minutes
instead of 20 minutes or less. Emily stated that the teacher’s attitude seemed to communicate
an undermining silent message.

“The message that I got [was that]... if you can’t do it [practice], then what’s the point? You
know, I’m [teacher] better because I can do it.”

It seemed that her teacher’s strict attitude affected Emily’s willingness to practise, because
she learnt that if she does not do 45 minutes then it “isn’t worth it”. It was nevertheless
somewhat contradictory when Emily said that the lack of acceptance from the teacher was
“very discouraging”, but then that “it didn’t put me off [practising]... I kind of felt like, oh, I
didn’t give it as much as I could have given,... which is disappointing.” Her sense of
disappointment seemed to be directed towards the teacher and herself, and influenced her
lack of motivation to carry out mindfulness practice because there was a lack of support and understanding.

However, Amy appeared to come from a position that everyone is responsible for their own practice and where she did not have any expectations of the teacher helping her with the practice during the course.

“I don’t think it [the course] was meant to be too supportive, because I felt like it was very much for people who could take responsibility for themselves and their own well-being.”

(Amy)

Gail, Zara and Emily wanted a relationship with the teacher, whereas Amy seemed to find the teacher’s presence good enough and she did not require a closer relationship with him.

The MBSR course is the first encounter with mindfulness practice. This is where participants get familiar with the practice and become aware of the struggles that it brings. Overall, the relationship seemed to be very important to most of the participants, as they hoped that sharing their experience of mindfulness practice would make their journey less challenging.

Although they made it clear that a lack of support from the teacher did not prevent them from practising, it did have an impact on their motivation to persist with the practice and deal better with their struggles. As this is the initial stage of gaining enough courage to persevere with the practice long term in order to achieve the desired benefits, it was important to the participants to receive enough support to get used to the practice. All participants were able to think of some helpful strategies that teachers of the course could have offered.

Teacher’s support with early practice engagement

Since all the participants struggled to engage with and maintain regular mindfulness practice, Amy and Zara suggested that the teacher could introduce “a little more discussion of how we engage with outside practice” early on in the course. Most of the participants experienced the teacher’s attitude of “just do it” difficult to accomplish. The teacher’s lack of “acceptance” of this struggle was also perceived as unsupportive.

“[The teacher] wasn’t as accepting... if you haven’t done your homework, I don’t want to know.” “I think that being a trainee, being in training, is hard.” “I think practice is ‘just do
it’. But if you’ve never given away all your possessions and sat on a mountain for three years, just doing it can be quite hard” [and is] “missing... that being just human [means] struggling with that.” (Zara)

Zara was wondering “how do we soothe ourselves” in this process of engagement. This indicated that the participants required more support from the trainer in the early stages of the practice.

**Belonging to a follow-up group**

In addition, the majority of participants believed that belonging to a mindfulness follow-up group could have enhanced their motivation to practise. They also said that they would have found it supportive and encouraging if the teacher had organised follow-ups with familiar members.

Gail believed that the follow-up groups should be led by a “local teacher” who would hopefully be more interested in members and would foster links between people. It would be important to form “a group of people who liked each other and had some loyalty, who wanted to do it,... [then] it would be easier for the teacher to actually believe in them”. The group has to be “sufficiently small and cohesive” and there has to be “the right level of commitment”. “If it were a group that I felt some affinity with then I would feel a sense of obligation that I am letting the group down.” Gail also said that if the group was at a regular time, “then I would find the time and prioritise it and do it”. Belonging to a group seemed to be an important motivating factor that could help members to commit to the practice.

The majority of participants explained that a drop-in group should include familiar members and a trainer, because only then would it become “socially rewarding” and potentially more encouraging to continue the practice at home. Similarly, Emily felt “uncomfortable” and “discouraged” when she attended a follow-up meeting that was full of strangers, some of whom were judgemental.

All of the participants expressed willingness to attend follow-ups with familiar members, but they disagreed with how often the meetings should be held. For instance, Gail and Sophie preferred having them “once a week”, as mindfulness can be an isolating practice. Emily and Amy wanted the meetings to be “flexible” so that people could attend when needed, whereas Zara preferred them to be “monthly”.


In addition, the participants suggested that having a mindfulness app could help members to feel that they belonged to a group. Zara said that having “the [mindfulness] app helps” because it connects her with others and she likes the app because it gives her a “shared experience” with the world. Similarly, Amy and Gail also said that the teacher could provide a “cheap” and “easy... online tool” through which people could form groups or be linked to each other. The sense of belonging to a group appears to be important to the participants as a way to motivate members to do the practice. Overall, this indicated the need for internal and external support with development of participants’ motivation.

The struggle continues with the challenges of motivation

Throughout the course and once the course was completed, the participants began the lonely process of trying to maintain regular practice. Everyone seemed to be struggling with the practice and finding it difficult to motivate themselves, at the cost of the initial benefits that they hoped to achieve. As Emily explained, she “absolutely see[s] the benefits of it, but I also completely struggle to do it myself”. All of the participants struggled with practice because they found it an “effort”, “unpleasant”, “intimate”, “not sociable” and without an immediate positive benefit that would encourage them to keep going. It seemed that the participants procrastinated over finding the time to practise because the practice was unpleasant. Even having favourable techniques was not motivating in itself to continue the practice long term.

Preference in mindfulness techniques

Mindfulness practice involves many different techniques, and each of the participants had their own preference. The more favoured techniques seemed to facilitate participants’ engagement with the practice, but only for a short time, as it required effort. The body-scan mindfulness technique was the least preferred among the participants. Sophie and Amy described it as being “too long” and Amy had a tendency to “fall asleep”.

“I hated the body-scan... it was boring. I found it really difficult to notice the feeling [body sensations].” “[It was] frustrating and discouraging.” (Emily)

Emily found herself feeling “annoyed” and she would give up the practice before it ended. However, she and Amy found mindful movement more enjoyable and helpful to reduce stress and improve back problems. Emily said, “I think there was something else to be thinking about... [and] concentrating on.” Amy also enjoyed mindful sound, whereas Kate preferred
mindful walking in nature. Despite some of the techniques being more enjoyable than others, the struggle with the practice seemed to be associated with mindfulness being hard work.

**Mindfulness is hard work**

When the participants were asked to define “motivation”, none of their descriptions seemed to match their level of willingness to engage with their mindfulness practice regularly. For instance, Emily defined motivation as a “desire to do something, and a continued effort... to achieve some kind of goal”. However, Emily, as well as the remaining of participants, experienced mindfulness as hard work requiring efforts with no immediate positive change and no social reward. Emily said that it did not make her feel relaxed, it felt like “work... that’s why I don’t do it, cos it’s not... nice”. She compared mindfulness with going to the gym, where there is no “immediate gain” and you have to work hard to get anything.

This seems to suggest that it is not easy to get used to this new routine and a way of being. Van de Geyn (2017) has written about mindfulness practice as a way of training the brain to develop greater awareness of the presence, one’s own feelings and to be able to have more control over the emotions. The metaphor that was used was one of people lifting weights to get stronger. Mindfulness practice is portrayed like sport activity, because by engaging with daily practice this creates exercise for the brain to get stronger. Similarly, the Mindfulness School Project has used a metaphor of a puppy to explain how the brain needs to be trained to do what we want. The puppy might be bouncing around and be all over the place but with practice, patience, kindness and determination we can teach it to settle down. In the same way when practicing mindfulness by focusing the attention on the breath or physical sensation, one is helping the brain to settle down and be more present and focused (Mindfulness in Schools Project, 2016).

For Gail, motivation meant “accountability” and “purpose meaning why that matters”. Although when she practised she experienced “peace” and “balance”, she described mindfulness as not a pleasurable experience compared to “a glass of wine”. Both Gail and Emily agreed that there was no sense of satisfaction or social element.

Amy defined motivation as having a good reason why you want to do something. However, she did not expect herself to practise regularly because otherwise “I would be disappointed”. She struggled with the practice because it involved no fun and did not give a sudden positive
change, but required facing difficult emotions, which were hard and not motivating on their own.

“Keeping yourself sane by doing other hobbies which gives us excitement, fun and stimulation, whereas mindfulness, you have to face feelings, things, it is hard to maintain stillness and be quiet.” “Mindfulness is different because... you’re not kind of blocking things out, you’re sort of facing them.” “It’s equally valid [to other sports activities]... but... it's less of a hobby.”

Furthermore, for Victor and Sophie motivation is internal and has to come from within. Sophie also said that the activity has to be interesting, “easy” and “flexible”. However, Zara highlighted that “mindfulness is very intimate”, and Sophie described the practice as being “hard” because it exposed her to becoming more aware of her emotions and to sitting with them. She experienced difficulties in letting go of her emotions at first but, when once she had, Sophie said that she felt “calm” and “relief”. Sitting with the discomfort seemed not to be rewarding or motivating, and as Emily said, the day is already full of hard work and she does not want to come home to practise staying with more struggle. There appeared to be reluctance in commitment to the practice because there were no immediate positive or pleasant results from it.

Although there are no immediate visible physical signs after practicing mindfulness, the neurological research confirms changes in neuroplasticity of the brain. Siegel (2010) explained that “neuroplasticity is the term used to describe the capacity for creating new neural connections and growing neurons in response to experience” (p.34). From the time a person is born, neuroplasticity, being the shaping of the brain, occurs as a result of internal and external experiences. During emotional arousal, focused attention and repetition stimulate the firing neurons with connections being reinforced and new pathways built (Siegel, 2010).

According to Baer (2010) regular mindfulness practice strengthens and stabilises neural networks in the medial prefrontal cortex. The changes in the brain have been also confirmed by a number of studies conducted in the Waisman Laboratory for Brain Imaging and Behavior at the University of Wisconsin-Madison, where the Dalai Lama helped to recruit Tibetan Buddhist monks (Davidson & Lutz, 2008). Based on this research it was found that long-term practice altered the structure and function of these monks’ brains. These monks
spent many hours practicing meditation and this confirms that the brain structure changes as a result of the meditation practice.

Moreover, Holzel and colleagues (2011) conducted a controlled longitudinal study examining inexperienced mindfulness participants’ pre and post changes in brain gray matter concentration after they completed MBSR course. The results from anatomical magnetic resonance imaging (MRI) images were compared to a wait-list control group. Completion of MBSR course was associated with changes in gray matter concentration in brain regions responsible for emotional regulation, learning and memory processes, self-referential processing and perspective taking. In addition, other neuroimaging studies showed that mindfulness practice can also change amygdala function and structure, which is responsible for emotional processing and fight/flight stress response ( Arnsten, 2009). Subsequently, lower resting state amygdala activity was noticed in more experienced mindfulness practitioners ( Way, Creswell, Eisenberger & Lieberman, 2010). Many brain regions, for instance the cerebral cortex, subcortical white and grey matter, cerebellum and brain stem are activated while practicing mindfulness, which led to a conclusion that the practice seemed to result in large-scale brain networks ( Tang, Holzel & Posner, 2015).

Furthermore, according to Greeson’s (2009) literature review findings demonstrate that after practicing mindfulness changes occurred not only in the brain but also in the mind (psychological distress reduces), the body (improved immune system) and health behaviours (improved sleep, decreased binge eating, reduced substance abuse), resulting in promoting the whole-person health. The cultivation of awareness and presence through mindfulness practice results from reduced emotional distress (being less depressed, anxious and worried), greater positive state of mind and improved quality of life ( Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007; Greeson, 2009; Grossman, Niemann, Schmidt, & Walach, 2004). A recent randomized controlled trial study by Barnhofer and colleagues (2015) illustrated that, in patients with a history of suicidal depression, after completing the MBCT the association between depressive symptoms and suicidal thinking had weakened. It has also been shown that their tendency toward suicidal depression had also decreased.

Although MBSR course requires a home practice of 45 minutes, Tang and colleagues’ (2009) study findings showed that five days of 20 minutes integrative body-mind training (IBMT) increased attention and self-regulations as compare to relaxation training. IBMT involves
aspects of mindfulness and meditation training, based on the traditional Chinese medicine. In comparison to the relaxation group, a more significant positive health change was noticed during and after the IBMT group, including improved physiological reactions in heart rate and respiratory amplitude and rate. This suggests that practicing for a shorter period of time can also produce positive changes.

Excuses for procrastination

Since mindfulness was experienced as hard work, all of the participants seemed to procrastinate over scheduling the time and making a daily routine to engage with their practice. Amy had many excuses, “I’m a bit of a procrastinator”, and struggled to make the practice “a habitual thing”. Zara explained that “there are lots of things that can intrude on it [the practice]”, like busy work and home life. Gail struggled with finding the time, as mindfulness is not her priority, “I don’t do it because I always feel there are more urgent things that I need to get on with doing... so obviously my motivation is not especially strong to do that.”

In particular Sophie and Victor, due to busy family environments, struggled to find a quiet space at home to do the practice. Victor said, “I get distracted at home”. Sophie also believed that she “could be mindful and practise... in complete external noise”. She said, “I think I am limiting myself... as to when I think I can do it”. Despite poor time management, Victor also explained that he had an internal struggle: “I have a block against doing something that actually would be good for me”. This made him feel “sad” that he “blocks [himself] being healthy” and that he struggled with being consistent. It appears that the participants’ inability to make time was sabotaging their chance of self-care and the development of self-compassion.

Mindfulness practice can change me

The final main category of “mindfulness practice can change my identity” is linked to the other main categories and subcategories. The initial benefits of mindfulness and the motivation to do the practice are influenced by the fear of identity change. Before the study interviews were conducted, a majority of the participants had no deeper understanding of what gets in the way of them practising, and most of them related their lack of practice to practical things, for instance poor time management or the practice being hard and boring. However, their internal struggles to motivate themselves to do the practice seemed to be
influenced by their individual belief system of what mindfulness really meant to them. For the majority of participants, mindfulness was associated with becoming a “hippie”, “selfish”, “self-indulgent”, “lazy”, but also changing for the better by becoming more “compassionate” towards oneself.

Thus, the interviews provided an opportunity for the participants to learn what mindfulness represented for them and how it could change their identity if they continued to practise, which was not something they appeared to be ready for. In particular, Emily came to understand the main reason why she struggled to maintain the practice. It seemed that mindfulness reminded her of her Quaker parents. Every Sunday they would sit silently and worship. Emily appeared to fear becoming like her parents or a hippy: “would it [mindfulness] change my identity if I start to practise”.

She also associated people who practise mindfulness with hippies, wearing youth pants and having dreadlocked hair. They pretend to be peaceful and non-judgemental, but in reality they are “politically active... [and] are willing to go to protests” and are “less accepting”, and she did not want to be like them. When she attended a follow-up group she was criticised by a “hippie” woman who said that mindful movement is not good enough on its own. This confirmed her belief that all people who practise mindfulness become hippies and are judgemental.

Emily understood that mindfulness requires commitment, and that it is possible that it would change her identity, and “I don’t know if that’s what I want”. She felt ‘ambivalent’ about practising regularly despite the benefits and admitted that she most likely would practise intermittently.

For Gail, mindfulness meant becoming a selfish person. She discovered that the reason why she did not practise was based on a paradoxical idea. On one hand she believed that practice would make her selfish and self-indulgent, which is something she did not want to become. She found it hard to do mindfulness because she had a strong tendency “to do things for other people, that is a strong drive for me”. When she practised on her own there was “no shared motivation or accountability for it... Because a lot of things I do, I am doing for other people”. On the other hand, she realised that the practice would help her become a better companion to her family, friends and other people, as she would be “calmer” and more able to contain her irritation or impatience.
“[I need to] reframe how I think about mindfulness, as being a service to other people, other than a selfish thing that I am doing, taking time for myself.”

She came to the conclusion that if one looks after oneself first, then one will be better with others. However, as her strong drive to help others is so embedded in her, knowing this might not be enough, as her motivation seemed to be external and she said that she required a group of people who together would keep her going.

Similarly to Gail, Amy also struggled to look after herself first. Amy associated mindfulness with being less “socially valid” compared to “swimming” or “singing”, and thought that others might perceive mindfulness as “slightly weird” and “I think they’d think you were a bit lazy if you did that”. She knew people who had practised meditation for years and “I would describe them as being quite selfish... [and] switched off from other people’s needs... they look very much at themselves first”. This indicated that for Amy mindfulness would make her selfish and people would judge her for that. She held a personal belief that “taking a bit of time for yourself is... selfish”, which hinted at her concern with becoming too absorbed in herself. As Amy expressed having a very strong work ethic, she appeared to find it difficult to put herself first.

For Sophie, mindfulness meant “rigidity” and adherence to regular practice, whereas she preferred flexibility and described herself as a “rebel”. She seemed to associate mindfulness with “commitment”, which she feared, as it represented a sense of not being in control, having to “give my all to it”. She explained that if she committed herself to regular practice she feared not being able to cope with her emotions and then not being able to “function” and carry on with her life. She struggled “to let yourself go... completely”, because mindfulness meant for her you are either “all-in [or] all-out”. In the same way as other participants, Sophie also found that mindfulness represented “selfishness” to her, as it “does revolve around the self” and she did not want to be regarded as selfish and indulgent. She said that she would practise mindfulness during her work with clients, but she also seemed to require a group that would keep her going. Similarly, although Victor was fascinated by traditional Buddhist meditation and he hoped that mindfulness would help him become “more compassionate to myself”, he seemed to struggle to shift from that position because his self-critic was far too familiar.

The various negative meanings the participants held about mindfulness practice created a fear of a potential change of identity should they continue to practise. The initial positive hope of
what they would gain from mindfulness practice seemed to become less important as the practice was shown to require effort and commitment, especially when there was a fear that it would change their identity to something they felt was less desirable.

Discussion

The main purpose of this study was to develop a theoretical concept of the processes that hinder the commitment to and maintenance of a regular mindfulness practice following completion of the MBSR course. The study yielded four main categories that formed the basis of “The underlying struggles of the mindfulness practice model”. The final category of “mindfulness practice can change me” was fundamentally linked to the other three categories, indicating that participants’ conscious or unconscious perceptions, assumptions and beliefs about mindfulness practice influenced their engagement process at all stages. During the interviews, most participants gained insight into what hinders their motivation to practise mindfulness. It emerged that for every participant, practising mindfulness meant a change into something less desirable, including becoming perceived by others as selfish, lazy or a hippie; and for some, change in itself was a difficult process that required commitment to the practice so that they could become more compassionate towards themselves. Consistent with existing research, participants’ beliefs about mindfulness influenced their process of engaging with the practice (Langdon et al., 2011).

The participants’ journey began with a fantasy stage, represented by the first category of their “initial hopes of mindfulness practice”. Participants’ motivation to sign up for the course was influenced by their desire and hope for the personal benefits that mindfulness practice could bring, and how it could help them to change for the better. For instance, Amy wanted to learn to “switch off” from her worries. At this stage she did not seem to be aware of her own belief that mindfulness for her meant becoming selfish. This is a paradox that did not exist in her mind at this stage of the process. The next stage involved becoming in touch with the reality, reflected in the second category of “the struggle begins with the course experience”. The course became the lived experience of the practice, and participants’ early struggles did not seem to be supported by the course environment. They would have preferred to be in a small and intimate group with a teacher who was warm, accepting, supportive and had interest and faith in them to carry out the practice. A lack of these qualities in the teacher resulted in them feeling discouraged. In addition, the participants stated that an early talk about the struggles
and how to overcome them would have been helpful. This is in line with Segal’s et al. (2002) recommendations and Thurston and Green’s (2004) findings suggesting that people engage better with a practice if it becomes incorporated into their lifestyle.

The course experience seemed to be the most important time for participants to engage with the practice. However, the trainer’s words “just do it” were perceived by the participants as not helpful. This is a contradiction of Langdon’s et al. (2011) findings where people have found such words helpful. In addition, Segal et al. (2002, p. 119) advised people that “you do not have to enjoy it, you just have to do it”. Thus, it might have been more helpful if the trainer explored with participants their struggles and beliefs about mindfulness, as well as the idea of the change that could occur as a result of the practice. Motivational interviewing could have been helpful in overcoming any resistance to mindfulness practice, especially as the next stage of the practice represented a lonely road once the course ended, which included the third category, “the struggle continues with the challenges of motivation”. This was in line with Langdon’s et al. (2011) study, where participants also lacked motivation and effort to practise.

Since participants found the practice “hard”, “unpleasant”, “intimate”, “unsociable” and “without sudden positive benefits”, it was even more difficult to motivate themselves, resulting in procrastination and disengagement from it. The initial benefits became overridden by the lack of pleasure from mindfulness practice. Participants emphasised that the support from the course was not enough because, once the course ended, belonging to a familiar follow-up group would have given them a sense of obligation and commitment to continue. This was consistent with existing research also indicating that group support tended to help with the practice continuing (Langdon et al., 2011; Thurston & Green, 2004).

It is interesting that mindfulness meant something to each participant. For instance, during the interview Emily stated that for her mindfulness represents being a rebellious and judgemental hippie and reminded her of her Quaker parents, which was not something she wanted to become. She wondered whether practising mindfulness would change her identity, which indicates that there is a fear of changing into something less desirable. However, as Gail pointed out, it is more about how we say things to ourselves. For her, practising mindfulness meant becoming selfish, but she also realised that once she was able to take better care of herself, she would be better at caring for other people.
This brought this study to the conclusion that the struggle to engage with mindfulness practice involves a complex process. Participants seemed to be influenced in particular by the course experience, the fact that the practice was “hard” and the fear that mindfulness would change their identity, which in turn was influenced by the beliefs/meanings they attached to mindfulness practice, resulting in a lack of motivation. However, these strong assumptions and beliefs about mindfulness practice also reflected participants’ personal difficulties over change.

**Limitations and future research**

The current study faced a number of limitations, involving limited time frame, the high demands of doctoral training and difficulties in accessing this population group to carry out lengthy interviews. During theoretical sampling, six participants were interviewed and at a certain point no new information was emerging and the categories continued to repeat themselves, possibly indicating that theoretical saturation had been reached. Some of the categories included hopes about practising mindfulness, practicality about the course, the experiences that hindered professionals’ practice (i.e. unsupportive teacher, no follow-ups), limited motivation regarding the practice and fears about how mindfulness could change participants’ identity into something less desirable.

However, the author cannot be certain that the study did reach theoretical saturation, because only further sampling could have led to this conclusion with certainty. Due to the time-limited nature of the study, it was difficult to go back to the dataset to collect more data and to return to the same participants to ask more specific questions about their mindfulness experiences (i.e. beliefs about mindfulness or the teacher being unsupportive), which became a limitation of this study and thus its findings would need to be interpret with caution. For those reasons, the present study can only be considered as an abbreviated version of GT, which is also regarded as a limitation. Therefore, to build on this study’s results, future research is needed to conduct further theoretical sampling to check if theoretical saturation was met.

In addition, as the sample of the group was mostly women, a study focusing on men’s struggles with mindfulness practice might reveal whether there is a difference between the genders. In addition, future qualitative studies could investigate how people who engage with mindfulness practice manage to sustain a regular practice. The findings could be compared to
the results of this study to find out what it is that motivates people to practise, or whether there are any other factors involved that this study could not uncover.

Finally, the research findings highlighted some relevant processes that led to participants’ struggle with mindfulness practice. In particular, what stood out was that participants held their own individual perception or attitude towards mindfulness, of which some were not aware. Thus, qualitative research could focus in greater depth on this matter to understand it in more detail and find out what different assumptions people hold about mindfulness. These assumptions influence their motivation to practise and cause them to worry about mindfulness practice possibly changing them as people, and altering their identity in a negative way.

**Implications for counselling psychologists**

Mindfulness practice is of particular relevance to the practice of counselling psychologists, since in recent years mindfulness has become a popular psychological intervention used across a variety of clinical presentations as an effective treatment, for instance anxiety (Roemer & Orsillo, 2002) or depression (Teasdale et al., 2000). Nowadays mindfulness is practised in many different settings and in particular the Mindful Nation UK (Mindfulness All-Party Parliamentary Group [MAPPG], 2015) government report has emphasised the importance of introducing mindfulness practice to various sectors. These include health, education, the workplace and the criminal justice system, especially given the growing amount of scientific evidence indicating many benefits of improved mental and physical health, and increased creativity and productivity. Consequently, there is a growing need for mental health care professionals (e.g. psychologists, CBT therapists, nurses, occupational therapists, coaches, physicians, social workers) to conduct MBIs (Goldberg, 2017).

Nevertheless, important questions have been raised by the Mindful Nation UK (MAPPG, 2015) report about who teaches mindfulness, how the integrity of the model can be maintained and the importance of accreditation for courses. Specific attention was paid to the need to have qualified teachers with personal experience in mindfulness, especially since mindfulness can be deceptively simple but challenging in practice, requiring skilled and experienced teachers. Therefore, counselling psychologists need a critical overview of the mindfulness model, to which the findings of the present study can contribute.
Although the government wants to have a mindful nation because of many empirical benefits, the current study’s results indicate that six mental health care professionals have not been able to maintain their practice after completing the MBSR course. The reality is that mindfulness practice is challenging, resulting in little motivation for participants; the course can have too many people attending with limited support from the teacher; and the practice can become a lonely journey once the course ends if follow-up meetings are not organised. In addition, professionals’ negative beliefs about mindfulness affected their motivation to practice. As a result, these limitations of the course contributed to the hurdle of maintaining a regular practice. Therefore, this study’s findings aim to inform counselling psychologists and other psychotherapeutic professionals who incorporate mindfulness practice into their therapeutic interventions of the possible ways in which people will avoid actually doing the practice.

Therefore, in line with the current study’s findings, counselling psychologists are recommended to make extra effort to support beginners during these courses to increase their motivation and to help them develop a habit of their practice, possibly through motivational interviewing. It is essential to help participants develop a routine around the practice by creating an open dialogue with them about any struggles they have and ways to overcome them. Smaller mindfulness groups of no more than 10 people seem to make the space more intimate and supportive. Organised follow-up groups after the course ends are also essential, as they could potentially help to motivate members to maintain the practice.

Subsequently, fundamental to this support is also the exploration of mindfulness and the perceptions people hold about it. That involves thinking about the beliefs people may have and their idea of change, or even how mindfulness practice could shape their identity. It is hoped that these findings will also help clinicians/trainers to reflect on their own mindfulness practice as well as on their clinical practice when conducting MBIs.

Additionally, it is important to have experienced and knowledgeable teachers who are able to develop a caring, supportive and encouraging therapeutic alliance with members. Interestingly, a quantitative study found a positive relationship between mindfulness practice and the therapeutic alliance (Razzaque, Okoro & Wood, 2015), indicating that the practice can improve professionals’ empathic abilities towards clients and lead to an improved quality of care (Greason & Cashwell, 2009). This is because professionals became more present with their clients and were able to listen to them more carefully.
Therefore, personal mindfulness practice, as a form of self-care, is particularly important for counselling psychologists and other mental health care professionals, both personally and clinically. While working with distressed individuals their work can become emotionally exhausting and stressful (Moore & Cooper, 1996), which can lead to symptoms of burnout (Irving, Dobkin & Park, 2009) and physical health issues (Enochs & Etzback, 2004). Work stressors can also have negative consequences for the quality of care professionals provide to clients (Hannigan, Edwards & Burnard, 2004). Quantitative studies showed that after completing the MBSR course, qualified and in-training health care professionals reported decreased distress, rumination and negative affect (Martin-Asuero & Garcia-Banda, 2010), increased self-compassion (Boellinghaus, Jones & Hutton, 2012) and improvement in their physical and mental health (Irving et al., 2009).

In addition, engagement in regular mindfulness practice is especially important because it is one of the requirements for entering specialised mindfulness teacher training and being able to teach MBIs. The findings of the study by Szychiewicz and Brown (2014) showed that mental health care professionals (i.e. counselling psychologists, nurses, coaches) enrolled onto MBSR training with the expectation of later teaching mindfulness to clients, either individually or in groups. They preferred to do the simpler MBSR course because it was less expensive and ran for a shorter period of time. However, this created a “grey area” of practice, because participants felt unprepared to teach mindfulness, which resulted in confusion, frustration and being unclear about this type of therapy/intervention. Despite professionals intending to teach clients, most expressed uncertainty about continuing regular personal practice in the future, and none showed interest in doing specialised mindfulness teacher training. Mindfulness practice is a way of being and it has been referred as a form of therapy because there are certain models of therapy (e.g. MBCT) that have been developed within a mindfulness foundation.

In particular, counselling psychologists are qualified to work within applied psychology models (e.g. person-centred and CBT) and psychotherapeutic models (e.g. psychodynamic), as well as being qualified in other modalities, and often they are not trained to work with mindfulness. As has been emphasised in the Mindful Nation UK report (MAPPG, 2015), there is a need for qualified mindfulness trainers, including counselling psychologists and other mental health care professionals, to teach MBI courses. These professionals need to inform clinicians of the requirements covered by the good practice guidelines for teaching
mindfulness-based courses, before they intend to teach their clients (UK Network for Mindfulness-Based Teacher Trainers, 2015).

Although mindfulness appears to be a simple relaxation method, in practice it is very challenging, requiring practitioners to go through many struggles. Mindfulness practice is about developing greater awareness of the present moment, which involves a process of ‘falling awake’ rather than being in a relaxed state of ‘falling asleep’. The biological explanation why people might feel relaxed during the practice is because the parasympathetic nervous system (the soothing system) responsible for controlling stress reactivity and digestion is activated, hence the feeling of calm and relaxation can occurs as a consequence of the practice (Gilbert, 2010; Greeson, 2009). Since the practice involves many hurdles, it is extremely important for it to be taught by a qualified and experienced mindfulness teacher, who engaged in regular personal mindfulness practice before becoming a teacher.

Currently qualified mindfulness teachers do not undergo an accreditation process and anyone, whether qualified or unqualified, can teach an MBI course. Therefore, there seems to be a need for the government to move towards accreditation of mindfulness teachers. Although the author contacted the NHS Sussex Mindfulness Research Centre for information and conducted a search on the internet, no information was obtained on such accreditation. What was found was that the UK Network for Mindfulness-Based Teacher Training Organisations (2018) represents organisations that teach mindfulness in the UK and defines, maintains and disseminates practice standards for training teachers, university trainers and supervisors. The UK Network has developed and published Good Practice Guidance on standards for mindfulness-based teachers (UK Network for Mindfulness-Based Teacher Trainers, 2015). These guidelines aim to inform teachers about a set of requirements to enter specialised teacher training and inform them about the ethical principles and values of mindfulness-based teaching.

Therefore, future mindfulness trainers need to be informed by professionals of these guidelines and the requirements to gain appropriate training to teach others. Furthermore, the UK Network has created a listing of mindfulness-based teachers, as a way to publicise and verify their credentials through an application process. This is to help people find an appropriately qualified and competent mindfulness teacher, who is committed to continuous professional development and is engaged in regular supervision for their teaching. This
listing might be a step towards making qualified mindfulness teachers become professionally registered (MAPPG, 2015).

Overall, mindfulness is relevant to counselling psychologists personally and also professionally. Its growing popularity creates a need to deliver MBIs, although qualified and skilled mindfulness trainers are required to do so. However, before counselling psychologists can conduct these interventions, they need specialised mindfulness teacher training, to ensure that they teach this rather challenging modality with full capacity. The current study’s findings contribute to the way in which these interventions can assist novice practitioners in supporting their early engagement with mindfulness practice at a practical and psychological level. What remains challenging for counselling psychologists is to find ways to motivate and support people, and to overcome the idea of “would it [mindfulness] change my identity if I start to practice” (Emily).
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PARTICIPANT INFORMATION SHEET

~ Mindfulness ~
You are being asked to take part in a research study on mindfulness, conducted by Katarzyna (Kasia) Szychiewicz, as part of the requirement for her Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. The study is being supervised by an academic researcher, Mrs Dora Brown, and it has been approved by the Psychology Research Ethics Committee.

Before you decide whether you want to take part, please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information, please let me know.

Purpose of the study: The main aim of this study is to gain a better understanding of your difficulties in maintaining regular mindfulness practice.

What will the study involve? The study will involve taking part in an approximately 1 hour auto recorded interview, during which you will be asked to talk about your experiences of mindfulness practice. The interviews will take place either at your home or at the university in a private room at your convenient time.

You have been asked to participate in this study because of your current experience of completing a Mindfulness-based intervention programme, which is specifically relevant to this research project.

Participants’ rights and confidentiality/anonymity: Your participation in this study is voluntary. You have the right to withdraw from the research up to the point at which data analysis begins; that is, up to one month after the interview. This will be without prejudice and you can question the investigator if any concerns arise. You have the right to omit or refuse to answer or respond to any question that is asked of you.

The data you provide will be anonymised, to retain your confidentiality. This means that the data will not be linked with your personal information. The recording will be stored in a secure location and will be erased as soon as it has been used for the assessment.

The results will be presented in the research report. They will be seen by my supervisor, a second marker and the external examiner. The report may be read by future students on the course and the study may be published in a research journal.

Possible disadvantage of taking part:
I do not foresee any negative consequences for you in taking part. It is possible that talking about your experiences in this way may cause some distress. If you become distressed in any way during the interview, you will be free to pause for a break or withdraw at any time without giving a reason.

At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact your GP, University counselling centre, the counsellor at your work place, or The Samaritans on 08457 90 90 90.

For further information: My supervisor or myself will be glad to answer your questions about this study at any time. You may contact us by e-mail: k.szychiewicz@surrey.ac.uk or d.brown@surrey.ac.uk. If you want to find out about the final results of this study, you may contact me on my email above.
As part of her Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey, Katarzyna (Kasia) Szychiewicz is required to use an audio recording of a semi-structured interview as part of her course assessment.

Katarzyna has briefed me to my satisfaction on the research for which I have volunteered and I give my permission for the interview to be recorded. I understand that I have the right to withdraw from the research up to the point at which data analysis begins that is up to one month after the interview. This will be without prejudice and can question the investigator if I have any concerns.

I understand that Katarzyna will attempt to protect my anonymity and treat the recording in the strictest of confidence and store it in a secure location. The recording will be erased as soon as it has been used for the assessment.

I understand that if I experience distress as a result of the interview I am aware that I can seek support from; my GP, my University counselling centre or contact the counsellor at my work place.

If you are in agreement with the information above please sign below.

Participant’s name: ............................................................

Participant’s signature: .......................................................... Date: ..........................
Appendix C

Interview schedules

Schedule for interviews 1

1. What does practising something, like a sport, mean to you?
2. You have trained in “mindfulness”, what is your experience of it?
3. What is it like to practise “mindfulness”?
4. What are your thoughts of the course?
5. In your own words, what is motivation?
6. What have you found the most challenging, if anything, about mindfulness practice?
7. What is it that you needed, if anything (from yourself or the course), that would help you with the practice?
8. What would need to change for you to do the practice?
9. Would you recommend the practice to a friend? Why?

Schedule for interview 2

1. You have completed the course in mindfulness, what was your experience of it?
2. In your own words, what is motivation?
3. Since the course ended, have you been practising mindfulness?
4. What have you found the most challenging, if anything, about mindfulness practice?

5. What is it that you needed, if anything (from yourself or the course), that would help you with the practice?

6. What are follow-ups? What can you tell me about the follow-up/drop-in sessions?

7. Other participants have compared mindfulness practice with other activities/hobbies, would you mind doing it too and let me know what you think?

8. Would you recommend the practice to a friend? Why?

Schedule for interview 3 to 6

1. You have completed the course in mindfulness, what was your experience of it?

2. In your own words, what is motivation?

3. Since the course ended, have you been practising mindfulness?

4. What have you found the most challenging, if anything, about mindfulness practice?

5. What is it that you needed, if anything (from yourself or the course), that would help you with the practice?

6. Other participants have compared mindfulness practice with other activities/hobbies, would you mind doing it too and let me know what you think?

7. What are follow-ups? What can you tell me about the follow-up/drop-in sessions?

8. Would you recommend the practice to a friend?
Appendix D

A transcript based on Interview 5

Res = Researcher  Int = Interviewer
Res: Righto, so just to check, how long ago was it that you completed the course?
Int: Um, it was ... not last December ... it was - I finished –
Res: - like a year ago?
Int: Yeah, it would be about a year, a year and a few months, yeah.
Res: Uh-huh. Okay. And what was your experience of the course?
Int: I found it a bit odd. It was a bit funny anyway, because it was just colleagues, so it was a bit different to if it had been sort of with a more stressed group. We were strangers, but they were, um, they were from the same Trust. So, I’d never met them before, apart from my supervisor - went to the same course as me, which was weird, which was quite odd, um, but then she kind of dropped out after a little while anyway.
Res: Oh!
Int: I think she got bored, and actually had other things to do which had to be finished. Too – you know – too much of a commitment. And, um, I feel ... I kind of ... I think, I don’t know it kind of was more of a reflective course, and the course that I went on was a bit like ... it might have been sort of the facilitator, but it kind of felt really structured – ‘Now we do this, and now we do this’, and there was a set time when we could talk about stuff, and then we had to move on. Um, and I –
Res: So, what sort of message was that giving you? How that impacted on you? What was going on for you?
Int: I guess I kind of feel like I didn’t, um ... I guess it kind of shut down conversation quite a lot, so it kind of free and natural-like conversation that might – that might have happened had there been more time. Um, ‘cos often when some people said something, I mean that kind of gets things ticking, doesn’t it? And then people start thinking about it and have other things to add.
2mins 16secs
Res: That’s interesting, really.
Int: Yeah. Whereas it was like ‘Now we’re talking about this now, and we’ll talk about that later.’ Next scene.
Res: Did that have an impact on you when it comes to practicing mindfulness?
Int: Um, I don’t think. Less so with the practice than engaging with the group, I think. Um ... I wasn’t very good at the practice, to be honest, on the course. I found that aspect of it quite challenging, because it did ask for so much, straight away. And although, you know, I knew that when I signed up for it, it wasn’t until she actually said ‘forty-five minutes.’ Forty-five minutes!
Res: Forty-five minutes of practising?
Int: Yeah.
Res: Every day? That’s what they expected?
Int: Every day! That’s what they expected, like straight away. And I thought, you know, ‘That’s a lot of time.’
Res: Wow! That *is* a lot! Yes. I haven’t come across that. I’ve come across twenty minutes
Int: Twenty minutes. Twenty minutes would probably be doable. Forty-five minutes. And the rationale that she gave was because forty-five minutes is long enough to give like – so that you get uncomfortable with it and so that you want to quit. So it’s long enough to raise all those –
Res: Procrastinations?
Int: Yes. Yes.
Res: So how was that, then?
Int: Hard!
Res: Have you managed to do it –
Int: I did!
Res: – or did that completely discourage you? You didn’t want to really –
Int: See, the first exercise that we had to do was a body scan, and I hate, I hate it, I hate the body scan! So much! And so that wasn’t a particularly good start for me. Because I find it really ... I hate ... I just find it real boring, and I find it really difficult to ... to notice the feeling, I just don’t ... I just don’t feel anything in my feet, and it’s not, you know, I just ... I do feel stuff in my feet, but you know what I mean. 4mins 34secs
Res: Yes, because you don’t know, you don’t feel anything much in our bodies, and it’s hard to get the feeling –
Int: It’s hard to connect with that, so I don’t know what they want me to do. ‘Goodness, why are we doing this?’ I’m just getting very, very frustrated, very early on, and I –
Res: I guess discouraged, maybe?
Int: Discouraged, yes. So, that was the first week. So I felt quite discouraged straight away. And it wasn’t until –
Res: And have you been able to do some practice, or that was just –
Int: I did some, but I switched from using the CD that she gave us – which was forty-five minutes long – to doing one that was fifteen minutes –
Res: That was quite wise! *(both laughing)*
Int: - because I just couldn’t – there was no way I was going to be able to do it. Yeah.
Res: What about other people? What did other people find? Have they been honest enough to express how they feel about this?
Int: They said in the group that they just went to sleep.
Res: Uh-huh.
Int: So they fell asleep almost immediately, like straight away, so they really liked it because some of them were really struggling to sleep, and they found that they were really relaxed and just kind of went off to sleep. And I had that experience as well, sometimes, that I would just fall asleep, but a lot of the time I’d just give up before I got there, ‘cos I got so annoyed. And yeah, so ... it wasn’t until we moved on, I can’t remember which week it was, but it was a movement one which was essentially yoga, but that was quite nice, and I managed to do the forty-five minutes, because I think there was something else to be thinking about, something else to be concentrating on