CLINICIANS' JOURNEY OF BECOMING MINDFULNESS PRACTITIONERS

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others

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ABSTRACT

Introduction: Growing interest in the use of mindfulness-based interventions and increasing empirical evidence for its effectiveness suggest that more clinicians may become interested in mindfulness. Although there are studies on clients, as yet, there are no published studies exploring trajectories and experiences of clinicians developing as mindfulness practitioners.

Objectives: This study aimed to explore mental health professionals' experiences of becoming mindfulness practitioners in order to enrich our understanding of what facilitates and hinders development in this area.

Design: Since this was a new area of investigation, an exploratory qualitative study was used to gain information. A method focused on generating rich accounts of participants' experiences, seemed most suitable methodology.

Methods: Six clinicians with previous experience of mindfulness meditation were interviewed. Interpretative Phenomenological Analysis (Smith, Flowers & Larkin 2009) was used to examine the transcripts and generate superordinate themes.

Results: Clinicians reported several benefits from the development of mindfulness practice in both, personal and professional lives. Main supportive factors in the development and maintenance of mindfulness practice were presence of like-minded others, certain flexibility towards mindfulness use and expected gains, and integration of mindfulness into one's personal and professional life.

Conclusions: Experiences of mindfulness reported by clinicians were congruent with those found in clinical and non-clinical populations, in previous studies using both qualitative and quantitative methodologies. Findings were consistent with the framework described by Kristeller (2004). Additional research is needed to further investigate the developmental trajectories of mindfulness practitioners.

LIST OF TERM AND ABBREVIATIONS

MBI	Mindfulness-Based Interventions
MBCT	Mindfulness-Based Cognitive Therapy
MBSR	Mindfulness-Based Stress Reduction
CMPR	Centre for Mindfulness Research and Practice
ACT	Acceptance and Commitment Therapy
DBT	Dialectical Behaviour Therapy
Sangha	Community of mindfulness practitioners
IPA	Interpretative Phenomenological Analysis
GT	Grounded Theory
TPB	Theory of Planned Behaviour

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CHAPTER 1: INTRODUCTION

In the last 20 years there have been a number of studies investigating the effectiveness of mindfulness-based interventions (MBIs), most of which focused on patient populations and employed quantitative methods (e.g. Baer, 2003). Those studies targeting health care professionals (Manocha, Gordon, Black & Malhi, 2009; May & O'Donovan, 2007), mostly investigated the effects of mindfulness practice on coping with stress or on clinical effectiveness (e.g. Shapiro, Astin, Bishop & Cordova, 2005; Shapiro, Brown & Biegel, 2007; Grepmair, Mitterlehner, Leow, Bachler, Rother & Nickel, 2007). Investigating clinicians' experience with mindfulness seems particularly important given the overwhelming interest in the use of MBIs (Cullen, 2011), especially as regular practice is considered essential in enabling the facilitator of MBI to successfully convey the essence of mindfulness and to teach through embodiment of mindfulness (e.g. Crane, 2009; Stauffer, 2008; Woods, 2009; Crane, Kuyken, Hastings, Rothwell & Williams, 2010). Considering that many clinicians who practice mindfulness themselves use it in their clinical work, I wanted to explore clinicians' experience of the process of becoming regular mindfulness practitioners. I met the concept of mindfulness about six years ago and used it since in my private and professional life. I am aware it has had and continues to have a great impact on me as a person and as a mental health professional. Having experienced difficulties in maintaining my own regular practice I was interested to explore other clinicians' experiences and their understanding of their journeys in mindfulness practice.

In the first three sections of this chapter I provide information on mindfulness and its use as both a clinical and non-clinical intervention, review the guidelines and practice requirements for mindfulness practitioners, and discuss the relevance of mindfulness practice for mental health professionals. I then outline typical obstacles to regular mindfulness practice and discuss psychological theories and models relevant to the understanding of difficulties in maintaining mindfulness practice. Lastly, I outline the focus and methodology of the project.

Preparing the literature review I did electronic searches through ScienceDirect, PubMed and GoogleScolar using terms such as: mindfulness and clinicians, therapists, non-clinical populations, counsellors, therapeutic relationship and then followed up references from papers and discussions with colleagues. I set up alerts from several journals (e.g. Mindfulness, Contemporary Buddhism) and updates on articles and books from the Mindfulness Research Guide website, a comprehensive electronic resource and publication database that provides information to researchers and practitioners (http://www.mindfulexperience.org/newsletter.php). Throughout this document I will interchangeably use the following terms: practice, mindfulness, meditation and mindfulness meditation.

DEFINITIONS AND BROADER CONTEXT

Definitions

Mindfulness is a way of directing and paying attention originating in Eastern meditation practices, defined as a process of "non-judgemental observation of the ongoing stream of internal and external stimuli as they arise" (Baer, 2003, p.125) or as a state of "awareness that emerges through paying attention on purpose, and non-judgementally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p.145). The core skill of mindfulness lies in maintaining a mental posture of acceptance toward each experience as a passing phenomenon without acting on it, judging it, or trying to fix it. Traditionally, cultivation of mindfulness involves regular (daily) formal and informal practices such as mindfulness of breath in sitting meditation, body scan meditation, mindful walking, and mindfulness of thoughts and feelings.

Group approaches

Two group programmes known as Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn, 1990) and Mindfulness Based Cognitive Therapy (MBCT) (Segal, Williams & Teasdale, 2002) are the most widespread and researched applications of mindfulness skills development (Keng, Smoski & Robins, 2011). Both are 8-week programmes of 2-2.5 hour weekly meetings, with daily home practice of at least 45

minutes. The aim is to observe thoughts, feelings and sensations, without becoming absorbed in their content. Courses promote attitudes of acceptance, letting go and non-striving.

MBCT is a variation of an established MBSR program, developed specifically to promote relapse prevention in depression (Segal, Williams & Teasdale, 2002). The programme's emphasis is on teaching participants to recognise and disengage from the modes of mind characterised by negative and ruminative thinking ("doing mode") and to access and use the mode of mind characterised by acceptance and "being" (Williams, Teasdale, Segal & Kabat-Zinn, 2007). Participants practice different mindfulness meditation skills formally and through daily activities, including practice between sessions. In all mindfulness practices, they are instructed to focus attention on the target of observation (e.g. breathing, walking, body sensations) in a non-judgmental way. An intended consequence of mindfulness practice is the realization that sensations, thoughts and emotions fluctuate and are temporary (Kabat-Zinn, 1990). Participants are encouraged to relate to thoughts and feelings as passing mental events rather than to identify with them, or treat them as accurate representations of reality.

Mindfulness in individual therapy

Mindfulness has been incorporated into Cognitive Behavioural Therapy (e.g. Brantley, 2003; McQuaid & Carmona, 2004); psychodynamic therapy (Epstein, 1995; Rubin, 1985; Cooper, 1999; Fromm, 1993); Cognitive Analytic Therapy (CAT: McCormick-Wilde, 2008); Acceptance and Commitment Therapy (ACT: Hayes, Stroshal & Wilson, 1999); Dialectical Behavioural Therapy (DBT: Linehan, 1993); narrative therapy (Lieblich, McAdams & Josselson, 2004); and marital and family therapy (Goodman, 2005; Wachs & Cordova, 2007). Practitioners have integrated mindfulness meditation practice into individual therapy although there is little empirical support. Germer, Segal and Fulton (2005) differentiated three different ways of integrating mindfulness into individual therapeutic work: a therapist may practice mindfulness personally to cultivate a more mindful presence in psychotherapy; a therapist may employ mindfulness-informed therapy by using a theoretical frame of reference derived from mindfulness

literature or Buddhist psychology, but not explicitly teach patients mindfulness; and a therapist may utilise mindfulness-based approaches or meditation as a primary component of individual treatment to complement and facilitate traditional interventions. Some therapists meditate before starting a session; others start sessions with meditation practice; and those who use time for meditation in therapy sessions reported that it increased the value of the remaining time (Bell, 2009). Several authors discuss impact of mindfulness on therapeutic relationship and different ways it can be incorporated into individual clinical work (Bien, 2006: Hick & Bien, 2008).

Clinical applications of mindfulness

The use of mindfulness as a clinical intervention is common and growing (Cullen, 2011). The Royal Australian College of General Practitioners recognised the clinical benefits of mindfulness meditation and the growing body of scientific evidence supporting its use in clinical practice, offering Continuing Professional Development points to General Practitioners (GPs) for several mindfulness meditation courses in Australia (Limprecht, 2008). The National Institute of Clinical Excellence guidelines for depression (NICE, 2004) recommend MBCT for relapse prevention and a recent report by the Mental Health Foundation (MHF, 2010) advocates global availability of MBIs in National Health Service (NHS) settings. The MHF conducted a survey which revealed that of GPs, 72% thought it would be helpful for their patients with mental health problems to learn mindfulness meditation skills and 68% thought that it would benefit their patients in general (MHF, 2010). This suggests that mindfulness practice will be increasingly recommended and sought as a clinical intervention, and mental health practitioners expected to develop skills in providing mindfulness-based approaches.

The majority of studies on MBIs, with both patient and clinician populations, report information from routine service evaluations or pilot studies and often do not use adequate experimental design. Usually sample sizes are small, often there is no control group, though some studies use a waiting list control groups. Information on the training of group facilitators and adherence to the manual is sometimes omitted.

Although published literature relating to mindfulness practice is characterised by methodological limitations, highlighting a need for more robust studies, recent reviews and meta-analyses of MBIs indicate that there is a sufficient evidence base for the successful application of MBIs in the domains of physical and mental health and in a variety of patient populations (e.g. Keng, Smoski & Robins, 2011; Baer, 2003; Greenson, 2009; Bohlmeijer, Prenger, Taal & Cuijpers, 2010; Chiesa & Serretti 2009; Hofmann, Sawyer, Witt & Oh, 2010) and among mental health professionals (Irving, Dobkin & Park, 2009; Davis & Hayes, 2010). Therapist studies are often included in the reviews and meta-analyses on effects of mindfulness practice and therapists are a subset of participants. The next two sections present a review of the rationale for clinicians using mindfulness to develop skills in mindfulness practice.

REQUIREMENTS AND GUIDELINES FOR PRACTITIONERS

Although there are no formal requirements for beginning mindfulness practitioners, there are conventions held by experienced practitioners. The Centre for Mindfulness Research and Practice guidelines recommend that the teacher should be able to teach out of his or her own process and immediate experience; articulate and embody the essence of formal and informal mindfulness practice in ways that emerge from the teacher's own experience; and reflect the spirit of the approach (CMRP, 2010: Crane, 2009). A minimum of one year's daily mindfulness meditation practice is required to qualify for the teachers' training at Bangor University (CMRP, 2001-2010). Because mindfulness requires an experiential element for its understanding, Crane and Elias (2006) urged practitioners to prioritise the development of in-depth personal practice before explicit integration of mindfulness into individual clinical work.

Walsh (2006) stressed that experiential information is often conveyed non-verbally, therefore if the instructor lacks experience then their tone of voice, gesticulations and affective expressions may not be congruent with the verbal message. This may significantly impact on the instructor's ability to competently relate to unpleasant affects or experiences of the other person, and undermine the potential for modelling, as in the

case of the non-swimmer leading swimming classes (Walsh, 2006). Personal experience of meditation can also aid therapists in understanding its value as a therapeutic resource for their clients.

Although this subject is currently being addressed (Crane, Kuyken, Hastings, Rothwell & Williams, 2010), there are no formal qualifications or certification processes which regulate competency in teaching mindfulness-based approaches. The CMRP has developed good practice guidelines for teachers of mindfulness-based approaches, emphasising ongoing commitment to personal mindfulness through daily formal and informal practice and attendance on retreat; engaging in regular supervision as well as peer feedback on teaching practice; ongoing commitment to personal learning of mindfulness through connections with mindfulness teachers and regular reading of books on mindfulness.

Not everyone however advocates such stringent practice for instructors. Smith (2004) argued that the commitment required by MBSR and MBCT may be needlessly long, risking alienating clients and potential therapists. He concluded that "such demands appear to be based on Buddhist religious tradition rather than scientific evidence" (p.149). In ACT (Hayes et al., 1999) or DBT (Linehan, 1993), personal formal practice is not required but therapists are required to practice mindfulness informally in their daily lives. Dimidjian and Linehan (2003) suggest that personal practice is a private decision, outside the bounds of what can be required by the use of a particular therapeutic model.

Findings from a recent worldwide survey of 52 counsellors or psychotherapists who were "mindfulness experts" supported the notion that regular personal practice is an important part of developing the competence to train others in mindfulness methods (Stauffer, 2008). A mean of 1.56 years of regular or active mindfulness practice (range = 0 to 5 years) was recommended for counsellors and psychotherapists new to mindfulness before they started training others. Personal practice related to both formal practice and informal practice. Most of the respondents (63%) recommended initially practicing at

least daily, and 25% recommended practicing several times a week. Majority of respondents (60%) also recommended between 15 and 34 minutes per practice period.

This survey also suggested that formally practicing mindfulness for years may be less important for being competent in instructing others than persistent and active practice in integrating mindfulness into daily life (Stauffer, 2008). Although it has not been established whether the frequency of practice is a cause or an effect of the perceived benefits of the technique (Carrington et al., 1980), Pardhan et al., (2007) observed a significant positive association between improved psychological symptoms and frequency of home practice (days per week), but not total practice time (minutes per week), supporting the notion that regularity is more important than duration of practice. Thompson and Waltz (2007) found little relationship between level of mindfulness during meditation and ability to be mindful in everyday life; the authors suggest that regular meditation practice is more important for cultivating daily mindfulness than how mindful one is during the practice.

BENEFITS OF MINDFULNESS PRACTICE FOR CLINICIANS

Benefits of regular mindfulness practice have been discussed in theoretical writings and evaluated through research (e.g. Shapiro & Walsh, 1984; West, 1987): this section will review findings and suggestions from the literature relevant for mental health professionals. However, this list is not exhaustive.

Personal-professional development through self-awareness

Psychotherapists' personal development is intrinsically important for achieving professional success and expansion of self-awareness has been identified as an essential component of professional development (Baker, 2002). Hardy and Laszloffy (2002) emphasise that engaging in self-exploration and developing self-awareness are lifelong processes for therapists. Research findings also indicate that a key aspect of developing as a therapist consists of developing self-awareness (e.g. Aponte & Winter, 2000; Baker, 2002). Although therapist self-awareness has been linked to therapeutic efficacy and

positive therapy outcome (Mahoney, 1997; Strupp, 1996), personal therapy remains the main training recommendation in spite of mixed evidence (e.g. Ladany, 2007; Wheeler, 1991).

Meditation has been recognised as a legitimate means for cultivating self-awareness and recommended to therapists for developing their personal, spiritual, and professional lives (Wittine, 1995). Results from a study surveying well functioning therapists (Coster & Schwebel, 1997) suggest that self-awareness preceded therapists' regulating their way of life. Increase in self-awareness may be responsible for the lower prevalence of emotional exhaustion among therapists (May & O'Donovan, 2001). Crane and Elias (2006) advocated mindfulness practice to increase therapists' awareness of internal processes. They recommended that to achieve self-awareness, therapists must practice tuning into and confronting their own needs, desires, and limitations. In this way practitioners develop a deeper and more congruent relationship with themselves through an increasing intimacy with their internal patterning. This can be seen as similar to offering Roger's (1961) core conditions of congruence, empathy and unconditional positive regard to oneself; of being fully and unconditionally present with all that is in consciousness and body as it occurs. Robbins (2008) argued that in a mindful state of being we discover the consciousness that is the ground of our experience and no longer identify with the contents of that experience; we become the "hovering attention" which Freud (1912) proposed to be at the heart of healing - a psychotherapeutic stance capable of holding all of the contents of our own and others' experience with compassion, clarity and acceptance without identifying with any position.

Enhancement of therapeutic skills

Practicing mindfulness indirectly benefits service users (Singh, Lancioni, Winton, Wahler, Singh & Sage, 2004) with the additional advantage of enhancing communication between patients and clinicians (Epstein, 1999), which has been linked to improved patients' outcomes (e.g. Stewart, 1995). Mindfulness practice has been proposed as one of the means of clinicians' professional development (e.g. Bennett-Levy & Thwaites, 2007; Davis & Hayes, 2010; Bruce, Shapiro, Constantino & Manber, 2010).

Many advocate mindfulness practice as beneficial for therapists' development and effectiveness, however the evidence is not yet sufficiently reliable to categorically confirm it. One study found greater symptom reduction in patients whose therapists in training were practicing mindfulness (Grepmair, et al., 2007), but another (Stratton, 2005) did not find a correlation between therapist mindfulness and client outcomes. A recent pilot study of MBCT among a group of 20 trainee clinical psychologists indicated that personal benefits and positive effects on clinical work were possible effects of the intervention. There was, however, no control group so that it cannot be concluded that observed changes were attributable to MBCT (Rimes & Wingrove, 2011).

Wexler's study (2006) revealed a significant positive correlation between therapists' mindfulness and the quality of the therapeutic alliance. Other studies directly examined the impact of mindfulness practice on cultivation of empathy among psychotherapists and medical students and showed similar positive correlations (Shapiro, Shwartz & Bonner, 1998; Aiken, 2006; Wang, 2006). In a qualitative study of psychotherapy practitioners with over 10 years of mindfulness practice Aiken (2006) found that mindfulness contributed to therapists' ability to achieve a felt sense of client's inner experience; communicate awareness of that felt sense; be more present to the pain and suffering of the client; and help clients to be present to and give language to their body sensations.

Mindfulness practice has been proposed as a means to develop therapeutic presence (Childs, 2007; Geller & Greenberg, 2002); wholehearted attention (Horney, 1945); empathy (Block-Lerner, Adair, Plumb, Rhatigan & Orsillo, 2007; Sweet & Johnson, 1990, Lesh, 1970); and congruence and acceptance (Fulton, 2005). Additionally, it has been found to increase therapists' perceptions of clients' states (Nielsen & Kaszniak, 2006; Williams, 2008). It is worth noting that these qualities contribute to positive alliances and therefore indirectly probably also to therapy outcomes (Ackerman & Hilsenroth, 2003). Wingrove and Humphreys (2007) found that coping with negative thoughts and feelings in counselling and psychotherapy may be facilitated by mindfulness training.

Fulton (2005) offers detailed discussion of how practicing mindfulness meditation can enhance “common factors”, help with establishing and maintaining a strong therapeutic alliance and increase one’s ability to sit with and understand the transient nature of uncomfortable emotions and situations. Mindfulness is also advocated as a common factor in therapy (Martin, 1997). Bell (2009) posited that regular meditation practice may be the most important thing therapists can do to enhance the effectiveness of their therapeutic practice because it enhances all therapeutic skills. He explained that mindfulness practice leads to increased clarity in the therapist’s listening and conceptualization processes. In addition, mindfulness may assist therapists to be more open to their own emotional exploration, rather than avoiding or suppressing emotions, which may be detrimental to the quality of the therapy they provide (Teyber, 2006).

According to Gehart and McCollum (2007) the therapist cultivates a mindful presence by learning to respond to whatever clients present from a position of non-attached yet fully engaged witnessing. Practicing mindfulness has been proposed to aid practitioners’ groundedness, the ability to contain high affect (own and patient’s) and to experience negative events with less reactivity (Fulton, 2003). Shapiro, Carlson, Astin and Freedman (2006) described a model explaining the mechanism behind mindfulness as a clinical intervention. These authors propose that ’intention’, ’attention’, and ‘attitude’ specific to mindfulness practice enhance emotional, cognitive and behavioural flexibility, self-regulation and clarification of values. Practice in bringing accepting attention to the current moment may help therapists to be more aware of transference and counter-transference issues, influencing the outcome of therapy (Safran & Muran, 2003).

Well-being, resilience building and burnout prevention

A systematic review of studies on occupational stress in clinical psychologists showed that four of ten practitioners experienced clinically significant levels of psychological distress (Hannigan, Edwards & Burnard, 2004). Therapists are more prone to burnout in the first few years of career development (Vredenburgh, Carlozzi, & Stein, 1999), therefore it is not surprising that mindfulness training is being used as a tool for

promoting self-care and well-being amongst trainee clinicians in medicine, nursing and psychology with many training programmes incorporating mindfulness into their curricula (Irving et al., 2009).

MBSR is acceptable to staff and an effective means of increasing healthcare workers' ability to cope with the stresses and strains of working life (e.g. Cohen-Katz, Wiley, Capuano, Baker & Shapiro, 2004; 2005; Cohen-Katz, Wiley, Capuano, Baker, Deitrick & Shapiro, 2005; Manocha, Gordon, Black, Malhi, 2009). Weiner, Swain, Wolf and Gottlieb (2001) found that physicians who engaged in wellness-promotion practices, including mindfulness meditation, were more likely to report higher scores of global well-being. A recent survey by the Mental Health Foundation (2010) found that 64% of GPs think it would be helpful for them to receive mindfulness skills training themselves. A recent review of mindfulness-based programmes aimed at enhancing well-being and coping with stress in health care professionals indicated that participation in MBSR yielded benefits for clinicians in mental and physical well-being (Irving, et al., 2009).

Mindfulness meditation has been reported as one of the ways to prevent burnout and improve well-being (Rothaupt & Morgan, 2007; Brown & Ryan, 2003) and more generally as an important factor in developing resilience (Wicks, 2008). The evidence suggests that meditation has been used to enhance the ability to deal with work-related stress (e.g. Lehrer, Woolfolk & Sime, 2007; Carrington, et al., 1980).

Research found significant correlations between mindfulness and a range of wellbeing indicators, including life satisfaction (Madjumdar, Grossman, Dietz-Waschkowski, Kersig & Walach, 2002), positive mood states (Chang, et al., 2004) and self-esteem (Brown & Ryan, 2003). May and O'Donovan (2007) studied a therapist population and found that more frequent experiences of present-centred attention and nonjudgmental awareness were associated with a greater sense of accomplishment at work, reduced feelings of emotional exhaustion and reduced negative, depersonalised feelings and negative attitudes towards clients.

The emotional health of therapists is not just of personal importance, but appears to be a fundamental part of their professional effectiveness. A consistent correlation has been found between successful outcomes of therapy and therapist well-being and positive psychological adjustment (Beutler, et al., 2004). Therapists themselves attest to the fundamental importance of personal well-being for their professional effectiveness (Coster & Schwebel, 1997) and recognise that their therapeutic effectiveness can decline when their level of personal distress increases (Sherman & Thelan, 1998; Guy, Polstra & Stark, 1989).

Smith (2005) emphasised that mindfulness meditation is a particularly important stress management skill, because once taught, it can be practiced independently and at will, to both reduce acute stress and serve as a buffer against ongoing and chronic stress. It is not uncommon for therapists to engross themselves so deeply in the care of others that they neglect to take care of their own mental well-being. Mindfulness practice can give therapists the initiative to slow down their lives and take time to reflect.

MBIs are becoming increasingly popular among clinicians and, although there are no formal requirements for beginning mindfulness practitioners, most of the well-known teachers and scholars in mindfulness have been practicing for many years. The effects of mindfulness practice on the clinician are presumed to occur after practicing mindfulness regularly and for some (undefined) period of time. Therefore it may be desirable to engage in one's own mindfulness practice, albeit not easy.

OBSTACLES TO REGULAR MEDITATION PRACTICE

This section starts with a Buddhist perspective, since the practice of mindfulness meditation originated in Eastern cultures, followed by a developmental perspective, embedded in current secular applications of mindfulness and a review of the limited research findings.

The Buddhist perspective

In Buddhism, obstacles to regular practice have been extensively discussed over its 2500 years history. Buddhist scholars describe five main barriers (desire, aversion, lethargy, agitation and self-doubt): to overcome them one needs to adopt the right attitude and see these difficulties as integral to practice and opportunities to learn (Gunaratana, 2002). The strategy for dealing with difficulty is simply to examine it. Mindfulness never exists by itself; it always has some object, and one object is as good as another. One can be mindful of distractions as one can be mindful of breath. The key is in remembering that the purpose of mindfulness is not to concentrate on the breath, but to develop uninterrupted mindfulness. The ability to cope with troubles arising in meditation is expected to translate into one's ability to deal with problems in the rest of life.

From the religious perspective in Buddhist meditation, Schomberg (1996) explains that the obstacles are usually born from irregular practice and emphasises regularity as more important than duration of sitting. He discusses several typical problems: striving or trying too hard; greed to understand and control or having specific expectations about what should be experienced; lack of faith; not aiming for the meditation to be part of everyday life. Morgan (2002) pointed to our narcissistic nature as the biggest obstacle. He went on to explain how students want to consider themselves as bright and fast-learning, with control and understanding: in reality we have to face that it is not all about ourselves, but about seeing the limit of will-power to control what emerges in awareness. Trying to understand it intellectually is just another form of resistance and avoidance of uncomfortable truths that things are constantly arising, coming and going and even 'self' is a fluid entity, constructed moment-to-moment. Williamson (2003) described "mindfulness practice" as a lifetime journey, which is hard to pursue consistently because it runs counter to so much that is prized in our fast-paced culture: for the majority, it will always be a process that one commits to and not some "wished-for-state" that one can achieve.

Developmental perspective on adherence to meditation

Salmon, Santorelli, Sephton and Kabat-Zinn (2009) discussing the elements of an MBSR intervention promoting adherence to mindfulness practice argued that missing daily mindfulness practice can be seen simply as a new opportunity for practice. They argue that reframing events in this manner enables a position beyond linguistic terms like lapse or relapse, which inhibit seeing new possibilities for adaptation, growth and change, whereas growth and change are in fact dynamic, nonlinear processes that involve cycles of regression, restructuring and reintegration.

Kabat-Zinn (2005) described meditation practice as "scaffolding" used to develop the skill of mindfulness: when Western practitioners attempted to extract the essence of mindfulness practice from its original religious and cultural roots, they lost the original aim of enlightenment and compassion for all beings.

Shapiro (1992) explored the intentions of meditation practitioners and described a shift from 'self-regulation', to 'self-exploration' and finally to 'self-liberation' as natural stages in intentions towards learning mindfulness which develop as meditators continued to practice. However, these findings need to be interpreted with caution, because the results were correlational and based on cross-sectional design with a population of only 27 practitioners.

Maintenance of practice beyond training

Few studies have assessed patients' maintenance of practice beyond the 8-weeks course. In a four-year follow-up study of individuals with anxiety and panic attacks only about half of participants reported continued use of meditation practice, and most of that was irregular (Miller, Fletcher & Kabat-Zinn, 1997). Long-term follow-up of chronic pain patients revealed similar patterns: about half of participants available for follow-up continued use of breath awareness through three years, with 30-40% reporting regular sitting practice at least three times a week for 15 minutes or more (Kabat-Zinn, Lipworth, Burney & Sellers, 1986).

Analyses of patients' homework adherence in a recent study revealed that after the 8-week course, the use of longer, formal meditation decreased over time, while the frequency of brief and informal mindfulness practice remained unchanged over 14 months (Bondolfi, Jermann, Van der Linden, Gex-Fabry, Bizzini & Weber, 2009).

The commonly accepted definition of compliance is regular daily practice of the meditation technique in question (Carrington, 2007). However, various strategies are used to report this. Some recorded overall number of minutes spent in meditation practice (both formal and informal), others recorded number of days per week (e.g. Davis, Fleming, Bonus & Baker, 2007; Roth & Robbins, 2004) and most often compliance refers to the daily practice during the 8-week course (e.g. Rosenzweig, Greenson, Reibel, Green, Jasser and Beasley, 2010).

Carrington et al. (1980) reported that meditation practice stabilised within the first three months. Thereafter, while people may shift from frequent to occasional practice, they are unlikely to stop practicing entirely. This study found no significant differences between frequent and occasional practitioners with regards to benefits gained in stress management over a follow up period of 5.5 months.

It is unclear if a sample of healthy professionals would report similar difficulties in maintaining mindfulness practice. To date, there has been only one unpublished long-term follow-up study to investigate whether meditation practice is maintained among clinicians (De Zoysa, 2006). This study found that 78% of 23 participants kept up some form of meditation practice at 18-month follow-up. The percentage of participants practicing formally dropped 24% and informally 7%. Median length of practice per week dropped by 87 minutes between the end of MBCT course and three-month follow-up. However, between the three-month and 18-month follow-ups it decreased only by a further 14 minutes. This seems to be congruent with the outcomes reported by Carrington et al. (1980).

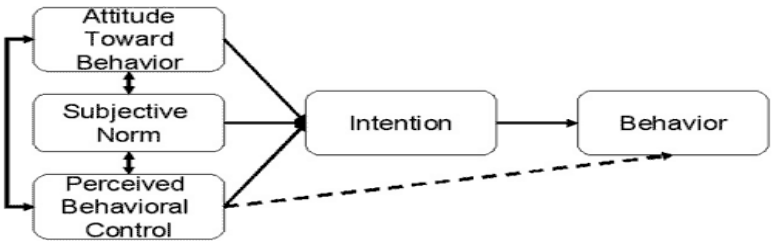
THEORIES EXPLAINING CONTINUATION WITH INTENDED BEHAVIOUR

This section will introduce psychological theories and models that are of relevance to the understanding of clinicians' experiences in developing and maintaining mindfulness practice.

Theory of planned behaviour

Theorising about intended behaviour change has been dominated by social cognition models developed to predict, explain and modify behaviours (Horne & Weinman, 1998). The most well-known and researched are the Theory of Reasoned Action (Ajzen & Fishbein, 1980) and its extension the Theory of Planned Behaviour (TPB, Ajzen, 1991). These models are motivational: an intention or a goal to perform behaviour is theorized to be the most important proximal predictor of that behaviour. According to the TPB (Figure 1), behaviour is a linear function of intention and perceived behaviour control, while intention is hypothesised to be a linear function of perceived behaviour control, attitudes towards that behaviour and subjective norms about that behaviour, each based on beliefs (Ajzen, 1991).

Figure 1. Schematic representation of the Theory of Planned Behaviour (TPB).



Over 1000 studies have utilised the TPB and similar social cognition models (Noar & Zimmerman, 2005) and this has proven to be a useful framework for understanding initiation and maintenance of a variety of health-related behaviours such as healthy eating, participation in exercise regimens, and adherence to medical recommendations. However, meta-analytic reviews (Armitage & Conner, 2001; Godin & Kok, 1996;

Hagger, Chatzisarantis & Biddle, 2002; Conner & Sparks, 1996) have revealed that intentions account for only 30% of the variance in subsequent behaviour.

Forgetting to initiate action has been demonstrated as one of the most prevalent reasons for intention-behaviour discrepancy (Sheeran & Orbell, 1999). Sheeran (2002) found that the majority of intentions to adopt new behaviours do not result in actual behaviour change unless they are operationalised by making explicit plans for adherence to new behaviour (where, when, and how) as specified by the theory of Intentional Behavioural Change (Sniehotta, 2009) and planning in advance can improve memory for action initiation.

Chatzisarantis and Hagger (2007) found that mindfulness moderated the intention-behaviour relationship, such that more mindful individuals were more likely to enact their intentions than less mindful individuals. Additionally mindfulness has been found to protect physical activity intentions from counter-intentional habits. Qualities such as rumination, absorption in the past and social anxiety which characterise less mindful individuals (Brown & Ryan, 2003) divide and detract attention from a particular plan, thus resulting in a weaker intention-behaviour relationship (Chatzisarantis & Hagger, 2007).

The TPB has also been criticised for overlooking emotional variables. However, recently Mohiyeddini, Pauli and Bauer (2009) examined the role of emotion in bridging the intention-behaviour gap and found that the way people felt about exercise, and their intent to exercise, affected whether they actually exercised. The emotion towards intention to exercise was directly correlated with duration and frequency of exercise. They concluded that emotion variables should be added to traditional TPB models in order to better predict health behaviour.

Alternative theories

Horne and Weinman (1998) reviewed theoretical models predicting treatment adherence and argued that the TPB, as a cognitive processing model, is limited to explaining

rational decision making, especially single-point decisions rather than maintenance of new behaviour. Changes in behaviour over time are more comprehensively addressed by stage models i.e. the Transtheoretical Model (Prochaska & DiClemente, 1983), which describe the non-linear process of change, emphasising that an individual can leave and return to new behaviours many times before they are successfully established and that lapses and relapses are an expected and normal characteristic of behaviour change. According to Marlatt and Gordon (1985) a "lapse" describes a process, behaviour, event or re-emergence of a previous habit, which may or may not lead to the state of relapse, and more importantly, when a slip or mistake is defined as a lapse, it implies that corrective action can be taken, not that control is lost completely. Marlatt and Gordon (1985) proposed social support as a component of relapse prevention and a predictor of long-term success. Cohen and Syme (1985) also believed that social factors are crucial in the behaviour change process. However one of the criticisms of stage models is that they do not account for how motivation to continue with behaviour is maintained (Horne & Weinman, 1998).

Self-regulation theories stress the crucial role of ongoing self-monitoring and comparison of current behaviour against goal standards and emphasise that continued behaviour depends on continued motivation (Leventhal, Zimmerman, & Gutmann, 1984). Self-regulatory acts, like awareness of standards, self-monitoring, and self-regulatory efforts have been successfully integrated in predictive models which include social cognitions and planning (Sniehotta, Scholz & Schwarzer, 2005).

Maintenance of recommended behaviour

Difficulties with the maintenance of recommended behaviours are common and have been researched in other areas. Activities involving sustained effort for a period of time, for example exercise or physiotherapy, seem relevant for comparison. Research into adherence to exercise recommendations (Jones, Harris & McGee, 1998) provides some insight into a range of reasons for discontinuation of intended behaviours. These include lack of time; the routine of new behaviour being disrupted, e.g. by holidays or illness; having unrealistic expectations regarding potential benefits; lack of specific aims and

plans for behaviour; low self-efficacy beliefs; and not having a chance to regularly think and discuss plans with others.

One qualitative study into reasons for non-compliance with physiotherapy recommendations found that initial compliance was related to loyalty to the physiotherapist, while continued compliance was related to the ability to accommodate exercises within everyday life and perceptions that physiotherapy was effective in bringing about expected outcomes, a finding similar to other studies of the subject (Campbell, Evans, Tucker, Quilty, Dieppe & Donovan, 2001).

How the reviewed theories may apply to mindfulness

A fully valid TPB indicates that people would be more likely to adhere to a mindfulness practice program when they have a positive attitude towards this activity, perhaps based on the belief that mindfulness will improve their life or work and a view that this outcome is important to them. However, this may be modified by a belief that mindfulness practice is unpleasant. They will be more likely to adhere if their social context (for example social pressure or official requirements) requires the activity. Also, the more mindful a person becomes the easier it may be to maintain the behaviour (in this case meditation practice). Having positive emotions about mindfulness in general and about own personal intent to practice could have direct impact on how long for and how much people would practice.

SUMMARY

The impact of mindfulness meditation on mental health professionals is varied and widely discussed in academic and research writings. Review of the literature suggests several benefits of mindfulness by health care professionals and recommends personal use of mindfulness for those who are teaching it to others. Psychological theories explaining continuation of intended behaviours emphasise the importance of attitude and subjective norms regarding that behaviour. This might translate into at least two distinct motivations that clinicians may have for engaging in practicing mindfulness: for

personal reasons or with a view or using it with future clients. Consequently this could have an impact on the ability to maintain the regular practice. The writings from the Buddhist perspective and general insights from contemplative studies offer some explanation of difficulties with regular practice. Similarly, research into behaviour change and non-compliance with medical and psychological procedures offers some light into why professionals may lapse or discontinue mindfulness practice after completion of the 8-week course.

Qualitative studies into experience of mindfulness

The value of 8-week courses has been assessed mainly through quantitative research methods. Whilst this work appears necessary to support its integration into the NHS, some authors question whether this restricts our view of these approaches and what is useful about them (Kabat-Zinn, 2003). Mindfulness is a way of experiencing the world with the phenomenological dimension intrinsic to its essence. Therefore, a more complete understanding of mindfulness requires some exploration of this territory.

Qualitative studies are emerging (Mason & Hargreaves, 2001; Ma, 2002; Finucane and Mercer, 2006; Ozcelik, 2007; Rothaupt & Morgan, 2007; Allen, Bromely, Kuyken & Sonnenberg, 2009), but the majority focus on patient populations. Roberts and Johnston (2007) investigated the experience of mindfulness among counsellors and psychotherapists in primary care who completed the MBCT program, (this was a component of Wingrove and Humphreys (2007)). To date, no published study has specifically focused on the difficulties faced by clinicians in maintaining regular mindfulness practice or on the experience of becoming a mindfulness practitioner among clinicians.

Research aims and questions

The aim of the present study was to explore mental health professionals' experience of becoming mindfulness practitioners. I hoped to identify specific strategies, attitudes or factors that may impact on the adherence to mindfulness practice beyond the 8-week course. The following research questions were posed:

1) How do participants describe their development as mindfulness practitioners?
2) How do they describe the experience of maintaining regular practice?
3) What motivations do they describe in relation to mindfulness practice?
4) What difficulties and benefits do they experience along the way?

CHOICE OF RESEARCH METHODOLOGY

Since meditation is a personal activity it was hoped that exploring participants' lived experiences could provide data from rich and detailed accounts that may have been missed with quantitative methods. Qualitative approaches are particularly good for studying complexity, novelty and processes (Smith, 2008) especially in areas where elucidation of particular processes could lead to better designed quantitative studies (Richardson, 1996). A qualitative methodology was in line with the stated aim of exploring and capturing the clinicians' experience of mindfulness practice from their own point of view.

Ontological and epistemological positions: reflexivity

Willig (2001) argued that the methodology and methods of researchers should be congruent with their ontological and epistemological position. In terms of ontological assumptions (i.e. "the nature of the world" and "what there is to know") I was brought up to believe "that there are structures and objects with cause-effect relationships", consistent with the realist position (Willig, 2001 p.13). However, through my training as a psychologist and cognitive behavioural therapist I came to believe in "the diversity of interpretations that can be applied to reality", corresponding with relativist positions (Willig, 2001, p.13).

The epistemological position is concerned with our way of knowing (i.e. "what can be known and how") (Willig, 2001, p.12). Using Madill, Jordan and Shirley's (2000) classification as a guide, I believe that my epistemological position can be best described as somewhere between critical realist and contextual constructionist positions.

Discussing objectivity and reliability in qualitative analysis, they explained that within critical realist positions the perception of facts partially depends on our beliefs and expectations and therefore assumes subjectivity in the production of knowledge; the contextual constructionist position assumes that there is no "one reality that can be revealed through the utilisation of correct methodology" (Madill et al., 2000, p.9). I believe that people's accounts tell us something about their thoughts and feelings, which are linked to their experience; on the other hand I recognise that my understanding of a person's thoughts and feelings is influenced by my own thinking, assumptions and concepts and is therefore an interpretation. I recognise that people attribute meanings to events and that this subsequently shapes their experience of these events as well as their behaviour; the perspectives or realities of each person are continually shaped and re-shaped by the cultural, social and linguistic contexts in which they live so that different perspectives can generate different insights into a researched phenomenon.

Rationale for the use of Interpretative Phenomenological Analysis (IPA)

Willig (2001, p.147) described IPA's epistemological position as a "contextual constructionist approach" therefore IPA was identified as appropriate, considering the fit between the method's and my own philosophical assumptions. This study aimed to explore participants' experiences: as IPA is concerned with experience and the meanings attached to that experience this method seemed appropriate. As I am an enthusiast of mindfulness who struggles to maintain regular practice, it was important to choose a method that acknowledges the impact of the researcher's own knowledge, beliefs and assumptions about the subject, as IPA does (Willig, 2001).

Features of IPA

IPA has three characteristic aspects. First, its phenomenological focus means it is "concerned with exploring experience in its own terms" rather than "attempting to fix it in predefined or overly abstract categories" (Smith et al., 2009, p.1). IPA focuses on experience and in searching for meaning in accounts to go beyond any objective truth or reality (Reid, Flowers & Larkin, 2005). Discussing the phenomenological element of IPA, Willig (2001, p.51) explained that "meaning is not something that is added on to

perception as an afterthought: instead perception is always intentional and therefore constitutive of experience itself".

The second feature of IPA is interpretation. Making sense of participants' experiences is achieved through interpretation and can never be complete (Smith et al., 2009). The origins of this process lay in the theory of interpretation and work of Heidegger (1962). The concepts of *double hermeneutics* and *hermeneutic circle* are inherent to IPA. Analysis is a two-stage process in which a researcher is making sense of participants' sense-making activity (Smith at al, 2009). The *hermeneutic circle* means that the process of interpretation is iterative, therefore involves moving there and back through transcripts in a "dynamic, non-linear style of thinking"; assuming that "to understand any given part one needs to look to the whole and to understand the whole one looks to parts"; and involves considering the context, so "the meaning of the word only becomes clear when seen in the context of the whole sentence" (Smith at al. 2009, p.28). Reid et al. (2005, p.20) explain that "these interpretations may be drawn from a range of theoretical perspectives, provided that they are developed around a central account of the participants' experiences".

The researcher's interpretation of participants' experiences can be complicated by their own preconceptions and IPA theorists recommend the use of *bracketing.* This concept was developed by Husserl (1927) who was concerned with way in which people can move closer to the essence of experience. IPA accepts that total bracketing of one's own ideas and assumptions is not possible but recommends reflecting on one's own beliefs to facilitate moving closer to the participants' own experiences (Smith et al., 2009).

The third feature is the idiographic focus, aiming to reveal something of the experience of each participant. Smith et al. (2009, p.29) refer to Harre (1979) to explain that "idiography does not eschew generalizations but rather prescribes a different way of establishing those generalisations". This idiographic focus of IPA is evident through the commitment to detail and the depth of the analysis and understanding of the phenomena "from the perspective of particular people in a particular context" (Smith et al., 2009,

p.29). In consequence, the IPA researcher initially analyses data on a case-by-case basis before making comparisons across cases.

Alternatives

Other methods originally considered for data analysis included Template Analysis (King, 1998) and Grounded Theory (Glasser & Strauss, 1967). Template Analysis (King, 1998) which is both inductive and deductive in nature, starts with a predetermined list of themes identified from previous research or theoretical literature. Due to lack of other research studies investigating clinicians' experiences of developing mindfulness practice this method of analysis was excluded.

Although the inductive aspect of IPA is also characteristic of Grounded Theory (GT) (Glasser & Strauss, 1967), GT is generally used to provide an exploration of the 'social processes' experienced by the participants to develop a theoretical understanding of the phenomenon (Willig, 2001; Smith et al., 2009) and therefore is less idiographic in its focus than IPA. Additionally, Larkin, Watts and Clifton (2006, p.104) argue that IPA gives the researcher the opportunity to deal with the data in a more interpretative way ("to think about what is meant for the participant to have made these claims and to have expressed these feelings and concerns in this particular situation") and that these aspects of interpretative work may be informed by direct engagement with existing theoretical constructs such as those discussed in the literature review section (for example TBP or Buddhist writings referring to meditators' progress). Smith and colleagues (2009, p.201-202) also advised that, although GT now exists in a number of different forms, it "generally sets out to generate a theoretical-level account of a particular phenomenon" and "often requires sampling on a relatively large scale". This study aimed to provide more "detailed and nuanced analysis of the lived experience of small number of participants with an emphasis on the convergence and divergence between participants" so there was more advantage in the use of IPA over GT.

CHAPTER 2: METHOD

This chapter provides information on the ethical approval and considerations, summarises participants' characteristics and details the process of recruitment, data collection and analysis.

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Leeds Institute of Health Sciences Research Ethics Committee, reference number: HSLT/09/035 (Appendix A). Since participants were not recruited through the NHS there was no need for NHS ethical approval.

Interviews were conducted at participants' homes or other private premises. I contacted a peer for reasons of safety before and after each interview and informed them of the location and expected duration. Although participants consented to share private experiences I prioritised participants' well-being and was ready to terminate the interview if required through distress. In practice, this was not necessary. In order to reduce anxieties and encourage participants to be open, at the beginning of the interview I informed them about the opportunity to review and remove any parts they were not comfortable with after the interview finished. This option was not used.

The interviews were digitally recorded and labelled with a code to protect confidentiality. Participants' personal details were deleted from transcripts. All but the pilot interview were professionally transcribed. While transferring data between researcher and transcriber, it was stored on a password protected flash disk. Data was kept in a locked cabinet in accordance with the Data Protection Act (2000). During the transcription and analysis phase of the study, data were stored on a secure university server. On completion of the project, the Research Officer at the University of Leeds will act as custodian of the data, which will be stored for five years, after which it will be destroyed. Participants were asked in both the information sheet (Appendix B) and consent form (Appendix C) not to give names or any identifiable data if referring to their patients, and none was mentioned.

RECRUITMENT AND DATA COLLECTION

Sampling

Two routes for generating potential participants were adopted. The project was advertised among the mental health professionals registered with the Newcastle Mindfulness Core Group, an independent body providing mindfulness courses since 2005 in the North East of England. At the time of sampling there were 94 listed on the database, all of whom had completed an 8-week course a minimum of 12 months before, but not all of these had email addresses, leaving 44 contacts. The project was also advertised at local and national mindfulness conferences and workshops in the period between September 2009 and May 2010. 55 potential participants came forward through conferences and workshops, but several were not eligible to participate, resulting in 37 contacts. The following criteria were adhered to with the aim of recruiting a relatively homogenous sample.

Inclusion criteria:

- mindfulness course completed at least 12 months prior to interview;
- qualified mental health professionals by a recognised professional body;
- predominantly working as psychological therapists; and
- having a period of mindfulness practice.

Exclusion criteria:

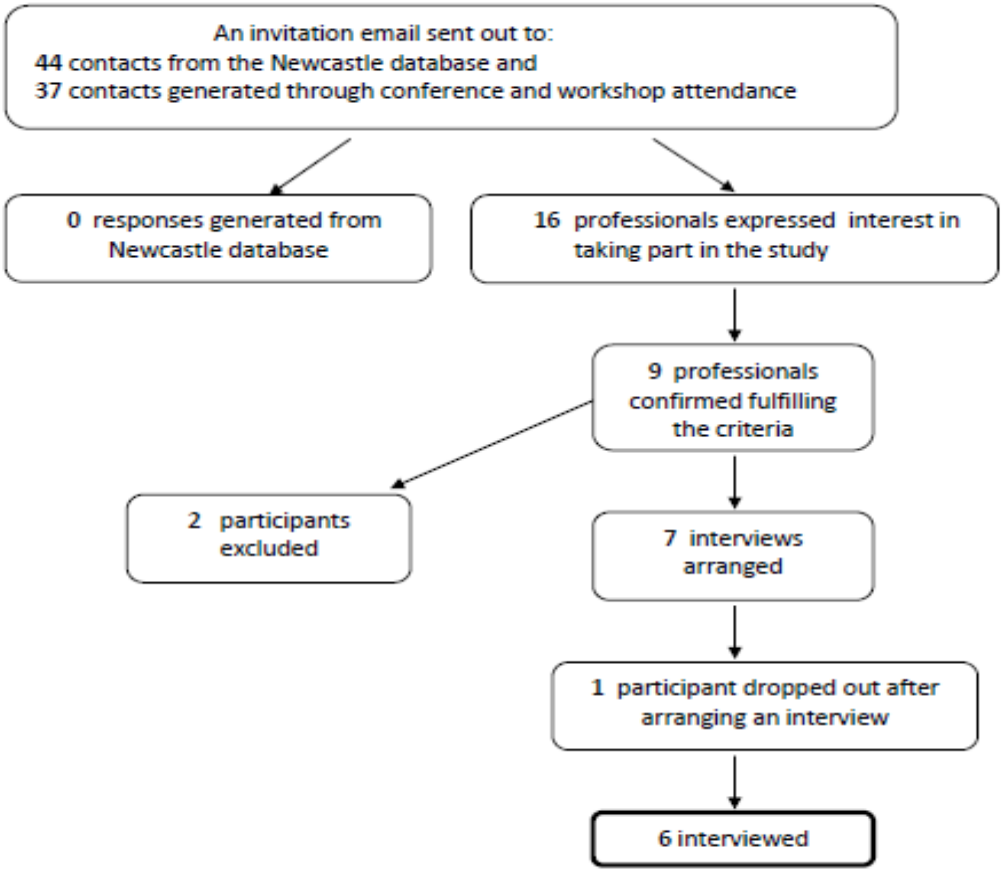
- professionals interested in or practicing mindfulness and who have never participated in an MBSR/MBCT course; and
- mental health professionals without a clinical or therapeutic component in their job, e.g. managers.

IPA studies generally use small samples to allow in-depth analysis of each participant's data (Smith et al., 2009), for professional doctorate projects they recommend between four to ten participants. I aimed for between five and seven participants, so that the study would have a valid amount of data for similarities between participants to emerge. In the end six participants were interviewed.

Recruitment Procedure

Once a pool of willing potential candidates was established, emails with an information sheet were sent out to potential participants. Respondents were requested to reply to this email to express an interest in participating, confirm they understood the research and provide information relevant to the inclusion criteria. There were no responses from the Newcastle list, although a second email was sent out a week after the first perhaps because the email addresses were no longer current (Figure 2 provides a representation of the recruitment process).

Figure 2. Flowchart of recruitment process



From the conference contacts I received 16 replies. I excluded one person I knew too well, and one because the journey time to interview would have been prohibitive. After arranging the interview one participant dropped out for personal reasons. Information about the final sample is summarised in Table 1 (p.38).

Table 1. Summary of the participants (These are pseudonyms)

Participant	Alice	Bob	Chris	Dana	Eli	Fay
Age range	40-50	60+	40-50	40-50	40-50	60+
Gender	female	male	male	female	female	female
Years since starting mindfulness	2-3	14	5	5	2-3	2-3
Years meditating	15	35+	12+	5+	2+	45+
Profession	Psychotherapist & Counsellor	Clinical psychologist	Counsellor	Counselling psychologist	Psychotherapist & Counsellor	Counsellor
Personal practice formal	yes	yes	yes	yes	no	yes
informal	yes	yes	yes	yes	yes	yes
Completed Mindfulness Teachers training	yes	yes also trained on 3-4	yes	yes	no	yes
Professional use with: individuals	yes	yes	yes	yes	yes	yes
groups	yes	yes	yes	yes	no	no
Number of courses run or assisted	3	20+	several	8+	none	none

Data collection process

Data was collected through interviews. Robson (2002) suggests that the strength of the semi-structured interview lies in its flexibility. This type of interview structure affords the interviewer the opportunity to 'move' with the interview and to adapt questions to suit the pace and mood of the interviewee. An interview schedule was developed and was used as a guide (Appendix D).

To allow the researcher to gain familiarity with this method of data collection a pre-pilot interview (Gillham, 2005) was conducted with a fellow mindfulness practitioner who did not fulfil the inclusion criteria, in order to receive feedback from the respondent about the questions, procedure and process of the interview. A pilot interview was

carried out with a colleague who met the sampling criteria, but this was not included in the analysis because I knew the participant too well.

Feedback from both interviews was positive. As a consequence one question was excluded as it seemed to confuse interviewees and the order of questions was slightly changed. Smith and Osborn (2003) emphasise the importance of establishing good rapport in one-to-one interviews, so I took time at the beginning of the interview to explain the purpose of the study, the format, the expected duration of the interview and restated the participant's right to withdraw.

Each participant was interviewed once at a time convenient to them, three in their homes, and three in their non-NHS work premises. Interviews lasted between 1h09min and 2h08min (average time: 1h22min). In addition to digital audio-recordings, notes were made after the interview to summarise the content of the participant's account, to note non-verbal behaviours and to record my reflections.

In order to ensure the quality of the account and to prevent participants from feeling pressured to provide a socially desirable answer regarding regularity of meditation practice it was emphasised that research aimed to elicit clinicians' experiences of common difficulties in maintaining practice rather than to judge them on regularity of their practice. None of the participants avoided talking about the difficulties with maintaining practice.

DATA ANALYSIS

After interviews were transcribed I listened to the recordings with transcripts in order to check for accuracy and to anonymise the data. Names and identifying details were altered or omitted. Interviews were analysed individually in chronological order. I followed the procedure documented by Smith et al. (2009), which outlines six steps: 1) reading and re-reading; 2) initial noting; 3) developing themes; 4) searching for connections across themes; 5) moving to the next case; 6) looking for patterns across

cases. To support the transparency of the process a detailed description of the analysis stages is presented below with extracts from different stages of the process included in Appendices E to I.

Analysis of individual transcripts

Steps 1-3 (reading and re-reading; initial noting; developing themes)

I first read each transcript while listening to the recording in order to engage with the text and bring back the memory and felt sense of the interview. I kept notes during that process to facilitate the process of *bracketing*, which is transcending one's own assumptions as much as possible to become closer to the participants' lived experience (Husserl, 1927, in Smith et al., 2009). At that stage I noted my reactions to the text and reflected throughout on the interviews and my assumptions. Although the interpretation of participants' own interpretation of experiences is a process inherent to IPA, the *double hermeneutic* (Smith & Osbourne, 2003), I attempted to reduce bias.

I commented on each interview using a combination of three different categories of initial noting (descriptive, linguistic and/or conceptual comments) as suggested by Smith et al. (2009). Codes were often descriptive, using wording from participants, and noting their emotional reactions and language. Notes were made next to any statements that appeared relevant or interesting with respect to participants' experiences of becoming mindfulness practitioners and maintaining mindfulness practice. These notes took the form of summaries, questions, descriptions, associations and interpretations and formed a basis for emerging themes.

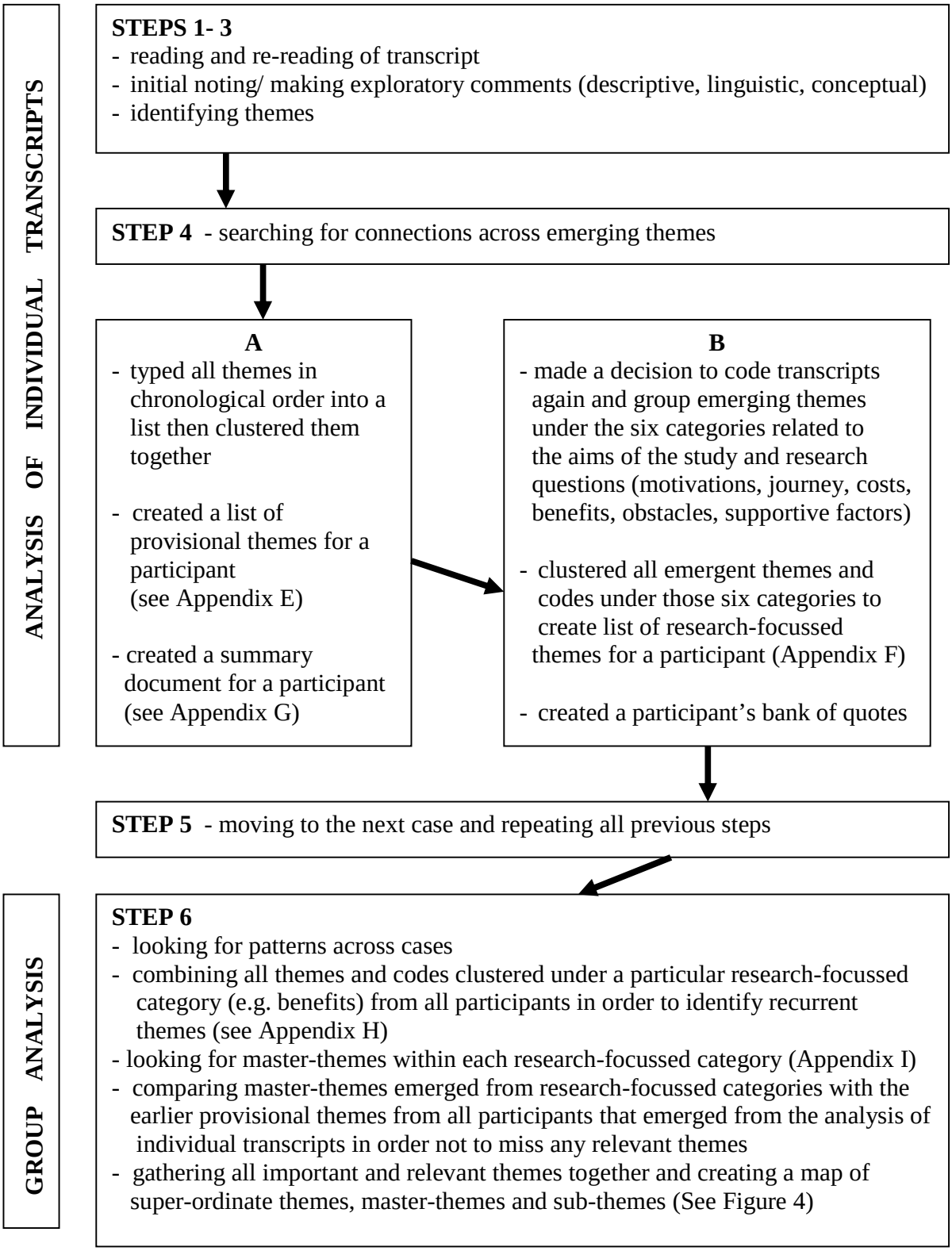
Step 4 (searching for connections across themes)

The analyses of individual transcripts continued through two stages of clustering. In the first stage, codes were collected together and typed into separate documents. Each was given a provisional theme name. This process led to a number of provisional themes (range = 8 to 38) for each participant. See Appendix E for examples of themes from the first stage. In searching for connections across themes I followed the guidance given by

Smith et al. (2009, p. 96), who recommend that “not all emergent themes must be incorporated into this stage of analysis, {which} in part depends upon the overall research question and its scope”, therefore the second time transcripts were coded, the emerging themes were clustered under categories related to the aims of the study and research questions. This formed a second list of emerging themes for each participant. These emerging themes were grouped into six broad categories: costs; benefits; motivations; journey; obstacles; and supportive factors in developing as a mindfulness practitioner. See Appendix F for examples of themes emerging under one of these research-focussed categories. There was a significant overlap between the themes generated in both ways of clustering. To further clarify and rationalise the level and process of coding a schematic flowchart of steps and decisions taken at different stages of analysis is presented below in Figure 3 (p.42).

In addition, a summary document was created for each participant consisting of my reactions to the participant and different aspects of the participant’s story that stood out, including frequently used descriptions of mindfulness and reported helpful strategies and barriers in developing practice. For an example of such document see Appendix G. These notes were later used to create participants’ pen-portraits. Smith et al (2009, p. 99) also suggest “compiling transcript extracts to make files of emerging themes”. Passages that represented particular themes were therefore extracted from the transcript into a separate document for each participant (“a participant’s bank of quotes”). Each such document contained extracts grouped into those six research-focussed categories.

Figure 3. Flow chart of the analysis process



Step 5 (moving to the next case)

I followed the same procedure for each case before moving on to the group analysis. An illustration of coding and clustering of codes into themes is shown in Table 2.

Table 2. Examples of emerging themes from Dana's account

Extracts	**Initial noting and emerging themes**	**Clustering of themes with research questions in mind**	**Master Themes**
…in the beginning I would have to discipline myself to practice. Now I really miss it if I don't practice…	Initial discipline	Supportive strategy: try harder at the beginning Journey: becomes part of you	Importance of good foundations
I would say it's much more integrated now. I'd say it was more kind of "oh it's meditation, got to do twenty minutes oh, is twenty minutes up?" wanting to do a shopping list or whatever, whereas now I guess I'm just that much more used to it, more settled in it.	Accumulation of practice means practice is more part of life rather then a thing to tick off from a daily list of things to do	Supportive strategy: make it part of life Journey: becomes part of you	Good foundations help with commitment
I think that comes from practice, you don't get it just because you do half an hour once a month [ ] The more you do it, the more habitual it becomes.	Commitment and persistence pays off Self-discipline easier with time	Supportive strategy: importance of regular practice, ongoing effort	Accumulation of practice
I think it's quite intentional. It doesn't happen just because… you think it's a good idea. So I think it's a process, and you kind of, erm… integrate it more and more. The more you do it the more you know your way around it.	You need to be disciplined and committed to it It gets easier and more natural	Supportive attitude: you need to be disciplined and committed to it Journey: it becomes part of you	Accumulation of practice

Group analysis

Step 6 (looking for patterns across cases)

After each account was analysed, I gathered all themes within a particular research-focussed category (e.g. benefits) from all the participants into a new document, (for extracts from this document see Appendix H). I then clustered the themes into master-themes across participants into a separate document: "themes from benefits" (for extracts from this document see Appendix I). The same procedure was then repeated for the remaining five categories, forming the basis of the group analysis. The initial provisional names for themes were then compared with the transcripts and if necessary refined to better reflect the content and to ensure that the new clustering fitted with participants' accounts.

In the next stage, all master-themes identified from all six research-focussed categories were considered together to form super-ordinate themes with master themes and sub-themes beneath. Different groupings of themes were tried and checked against transcripts before the final pattern of themes for the group was settled. In line with Smith et al. (2009), who recommend reporting themes present in half of the accounts or more, themes were included both by their relevance to the research questions and how well themes were represented across participants. At times, when a theme offered by less than half the participants was significantly interesting and had potential clinical and research implications, it was included. Tables reflecting the presence of themes across individual accounts were developed to increase transparency.

At the stage of writing the discussion chapter the "felt sense" of participants' journeys took its final shape after going back to the literature to make sense of the findings. The results appeared to gain a new significance when I used one of the models proposed in the literature (Kristeller, 2007) to structure my thinking about the effects of mindfulness practice on participants' functioning. The mapping of their development is presented in the form of tables in the Appendix J and elaborated on in the discussion chapter.

Quality checks

To ensure the quality and reliability of findings I carefully considered the criteria specifically developed to ensure high standards of qualitative research (Elliott, Fischer & Rennie, 1999; Yardley, 2000). Multiple credibility checks were conducted in order to decide whether the interpretations and claims made were reasonable in light of the evidence available from the data. My research supervisor read all the transcripts, the first two in detail. I reviewed and discussed the interpretations drawn from transcripts, coding, emerging themes, participants' summary documents and participants' banks of quotes documents with my academic supervisor on a case-by-case basis before moving onto the group analysis.

In addition, two independent clinicians reviewed and audited the fit between coding and quotes at different stages of the process. One audit was conducted before the codes were clustered into themes and the second after the full list of themes was developed. After discussion, no significant points of disagreement were reported. Although in qualitative research there is no single right or wrong way of coding or interpreting the data, the independent auditors were asked to check if I had made sense of the data in a credible way. They both reported that they could make sense of the codes and themes developed. Additionally, peer supervision was also sought throughout the analysis process and the first attempt at mapping all group themes together was discussed at our Qualitative Research Methods Support Group.

The first draft of the results chapter with the full list of themes and extensive number of illustrative quotes for each theme was discussed with my research and field supervisors and a researcher and clinician with relevant expertise. As a result, I regrouped some themes and refined the selection of illustrative quotes.

Use of reflexivity

Reflexivity is defined as "thoughtful self-aware analysis of the inter-subjective dynamics between researcher and the researched" (Finlay & Gough, 2003, p. ix). Lowenberg (1993, p.59) suggests that the "interpretive research perspective recognises the

importance of the interpretive processes of the researcher in all the research undertakings". A reflexive researcher needs to acknowledge personal beliefs. The themes that emerged from the data were certainly influenced by my own clinical background, knowledge of the subject and personal experience with mindfulness. I also commented on each transcript in a reflexive way, upon first listening to the recording, during the process of coding and while reading and re-reading the transcripts. Collecting these reflexive memos facilitated the congruence and transparency of my engagement in the project throughout the research process. Comments on how reflexive memos influenced the research process, throughout the data collection and analysis, are presented in Table 3.

Table 3. Use of reflexivity

Extracts from a memo dated 11.01.10	**Commentary**
I am interested to know if mindfulness practitioners' experiences are the same as those advocated in the literature.	Although a significant part of discussed literature, including most qualitative theses and Kristeller's (2004) meditation effects model, were accessed only after the analysis part of the study was completed, I was pleased to find a significant overlap in mine and others findings. This reassured me that the findings were not dictated by ideas proposed earlier.
I am a strong supporter of mindfulness and may want to draw others attention to the potential benefits of practicing mindfulness and may have a tendency to pay more attention to the benefits than difficulties or negative results of practice	Because of this assumption I tried to pay equal attention to benefits and difficulties reported and in presenting the results I tried to focus on struggles related to practice effects and sharing experiences of mindfulness with others.
I may want to popularise the fact that people do struggle with formal practice, like myself, and possibly learn how to deal with the lapses in my own practice and how to help others including patients. I could be really surprised to hear that my participants did not struggle.	Not all of my participants reported difficulties in maintaining practice or not to the extent I was expecting. It was interesting to hear the attitude of acceptance towards their own experiences with maintaining practice. That was a significant learning point for me personally because I realised that I earlier assumed "not struggling" to be a sign of superiority or some special strategy.

Etherington (2004, p.30), in explaining the difference between self-awareness and reflexivity, emphasises that "reflexivity implies a difference in how we view the 'self': as a 'real' entity to be 'discovered' and 'actualised' or as a constantly changing sense of our selves within the context of our changing worlds". I believe that my understanding of mindfulness and my own experiences with it are not static. I was changed by the research process in the same way as my participants were inevitably changed by the process of the interview. Over the last three years I have been growing and maturing not only as a person, clinician or researcher, but also as a mindfulness practitioner and this development was influenced by my understanding and interpretations of participants' experiences. For example, even though I did not have strong views about the necessity of daily practice, I recognised the value in regular practice. Although I struggle to maintain my commitment to daily practice, I did not want to assume that others faced similar difficulties. I was very curious to hear about other practitioners' experiences and attitudes, especially if different to my own.

Table 4. Writing conventions

…	= short pause
……	= long pause
[ ]	= material omitted (including repetitions, *erms*, *you knows* and encouraging remarks from interviewer)
NOW	= exclamation or emphasis by the participant
[practice]	= text added to make the passage more understandable without the context
{when?}	= interjection by interviewer
(laughs)	**=** description of participant behaviour

CHAPTER 3: RESULTS

In this chapter I will introduce each participant as an individual and present the group analysis results.

PEN-PORTRAITS

Alice

Alice's initial interest in meditation was personal and related to healing, seeking calmness and the right way to live life; what followed was an interest to work as a therapist. She had a period of reduced practice following a very intense practice period (of 45 minutes a day for a year) and a difficult situation faced in her private life. She continued to practice since, but in a "less prescriptive, less rigid" way. During the interview she was very open about her own experiences, especially with regards to difficulties, uncertainties and changing attitudes, but also aware of her own self-criticism; she gave a sense that she had not yet distanced herself from the process, or edited the journey, but was very careful about, and conscious of, using certain words and giving out certain impressions. She saw the interview as an opportunity to reflect and clarify her own mind. She has great respect for the power of mindfulness because of personal experiences with it, and is very careful who to accept onto an 8-week course. She attends retreats yearly. She is aware of mindfulness as "fashion", but trying to distance herself from its "industry". She sees mindfulness and meditation as a way of developing the self and as a spiritual and very personal endeavour.

Bob

Bob's initial interest in meditation was in tune with the times ("personal growth movement of the seventies"). Initial experiences of softening and opening up to un-known aspects of the self made him realise that certain part of himself was missing and motivated him to maintain regular practice as a way of feeling more alive, discovering himself and softening his own "neuroses". For the first 8-10 years he practiced in a meditation community, then had a break of about eight years with only sporadic

practice. He started re-establishing practice only during his clinical psychology training after having realised that meditation could be therapeutically helpful in his work. He has continued to practice since. He attends retreats regularly. He appreciates the therapeutic power of mindfulness and gets a sense of reward and encouragement to follow up patients who attended his courses over the years. He also emphasised mindfulness as a way of enhancing therapeutic skills. Due to earlier experiences with a meditation community he maintains links only with non-sectarian groups of practitioners. He sees mindfulness as a self-care and self-discovery strategy, a way to lead a healthier, simplified life and be "awake".

Chris

Chris's initial interest in meditation was personal, in the context of looking for a lasting solution to his own problems with anxiety and depression. He got to know mindfulness in spiritual context through a Buddhist group. Since beginning practice he had several periods of regular daily practice followed by lapses. In the last four years his practice has been more regular, and he has attended several retreats. During the interview he was very open about own experiences, difficulties in understanding mindfulness, dilemmas about its use and translation into Western culture. He was interested in research and saw the interview as an opportunity to reflect and "clarify his own mind". In a clinical work context he is very careful not to lead people into expectations or to promise solutions. He sees mindfulness and meditation as a way of developing the self and managing tendencies of one's own mind towards depression and anxiety. He feels that the time needs to be right for one to benefit from mindfulness. He is in the process of developing self-acceptance and acceptance of his own experiences and he sees mindfulness as spiritual and something "all-encompassing".

Dana

Dana was attracted to mindfulness as a way of connecting different parts of private and professional life; she was establishing practice in the context of going through a difficult period in her personal life. She appreciates the greater self-awareness, sense of groundedness and peace that mindfulness offers and how well it fits with her spiritual

beliefs and general attitudes regarding the importance of regular self-care activities and taking time to reflect. She did not mention any lapses, but said that over the years she experimented with finding right time and place to practice regularly and if needed changed daily routines. She is very careful who to invite to an 8-week course and has respect and admiration of the power of mindfulness because of personal and professional experiences with it. She feels very much at the beginning of her journey and is aware of the need to cultivate practice to benefit from it and for the effects to accumulate, for herself and patients equally. She is also convinced that mindfulness is not for everyone and one needs to have a certain personality to take to it and the time needs to be right. She sees teaching mindfulness as sowing the seeds.

Eli

Eli was introduced to mindfulness in the context of doing her Masters degree. She was attracted to it because it fitted well with her spiritual beliefs and general attitudes of non-judgement, acceptance and congruence of a counsellor, but also saw it as a useful approach for the clients she worked with. She has never established regular formal practice (she described “periods of practice which faded away”); she plans to establish formal practice soon by joining a local Sangha. Initially, she found it quite difficult and almost artificial to practice mindfulness in the group and in a building; she prefers to engage with her own experiences in natural surroundings and enjoys timeless moments of connection with nature. She seems to be somewhat selective in her practice, focuses on applying a mindful and accepting attitude during daily activities rather than formal sitting practice. She has embraced the philosophy of mindfulness and tries to engage only with current experiences as a way to lead less stressful life. She feels very much at the beginning of her journey as a mindfulness practitioner and is aware of the need to cultivate practice for the effects and benefits to accumulate. Occasionally she has integrated mindfulness into one-to-one work with clients, however she feels it is not right to do this without personal practice.

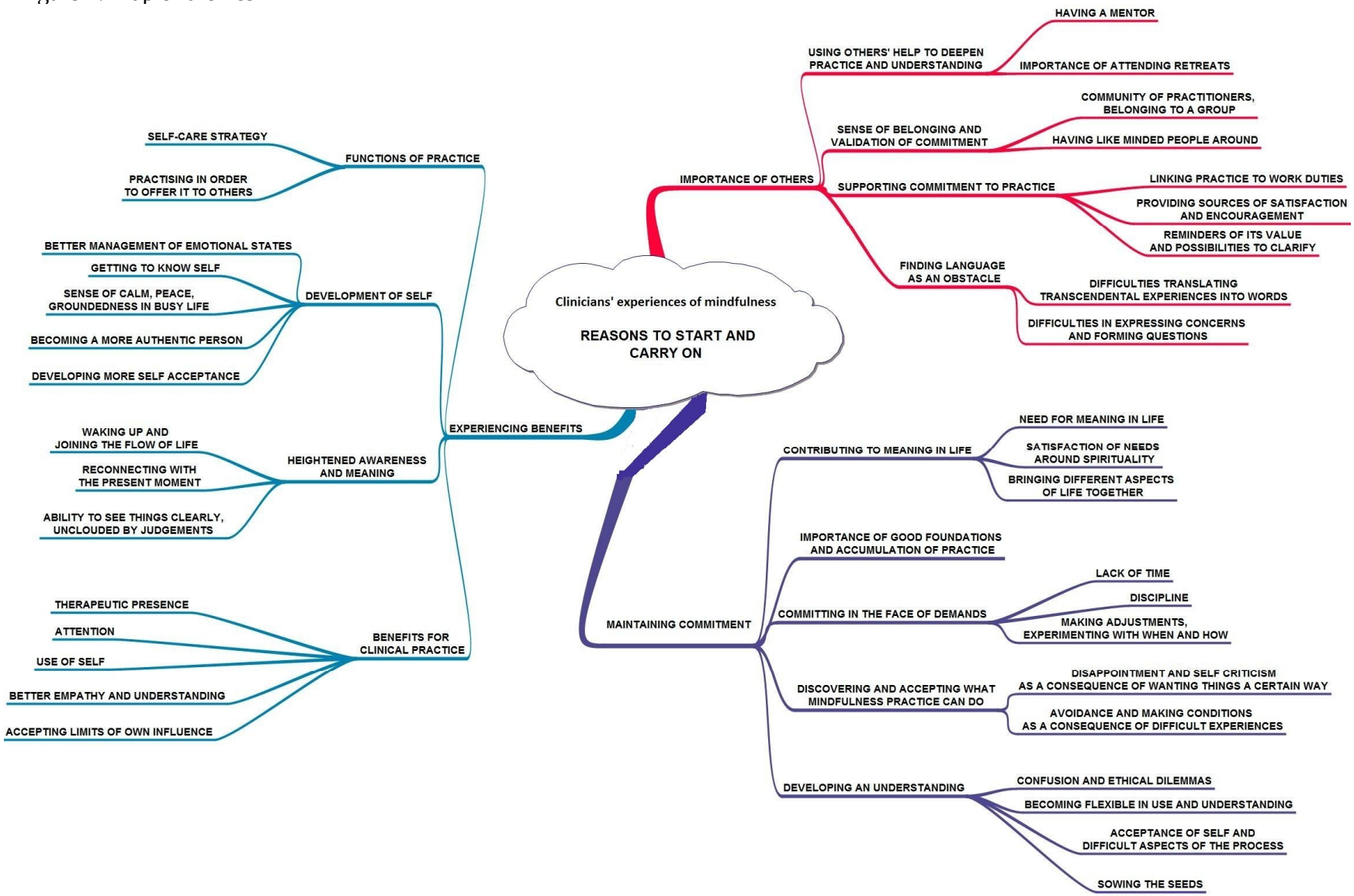
Fay

In her mid-20s Fay joined spiritual community for seven years, now she is aware that she initially used spirituality as an escape from difficulties in her life. She continued to practice throughout her life in various forms and settings including Buddhist centres, meditation workshops, and retreats. She discovered mindfulness almost accidentally in the context of a personal development strategy, but sees it as fundamentally the same as the spiritual practice she cultivated over the years. She is aware that it fits well with her life-long commitment to looking for meaning and purpose of life. When using it professionally she assumes that people may not take to it straight away or ever; she sees it as a way to model groundedness in the face of difficulties and anxiety. She appreciates mindfulness as a way of joining the flow of everything, connecting with the essence of life, becoming aware of the changing nature of things, being in touch with the moment and with oneself, and therefore does not consider it useful to distinguish between spiritual and practical use of meditation, as both are beneficial and help one to live and experience life. Due to earlier experiences with meditation communities she rejects the hierarchical or dictatorial side to some practices or organisations and values flexibility and independence in meditation.

FINDINGS

The results are grouped into categories reflecting some of the research questions. There are three **SUPER-ORDINATE THEMES** and thirteen **master-themes**, each containing various number of ***sub-themes***. The complete list of themes is presented in the form of a map (see Figure 3, p.50). Each theme is described in a separate section and illustrated with excerpts. Each section starts with a table presenting distribution of sub-themes in individual accounts. “X” indicates whether the theme was present in a participant’s account.

Figure 4. Map of themes



EXPERIENCING BENEFITS

All participants spoke of benefits from mindfulness practice. Benefits seemed to play a major part in supporting the commitment to regular practice. As Bob put it: *It needs to be rewarding for one to carry on*. The four master themes and the sub-themes are presented in Table 5.

Table 5. Experiencing benefits.

	A	B	C	D	E	F
Functions of practice						
- self-care strategy	x	x	x	x	x	x
- practising in order to offer it to others	x	x	x		x	
Development of self						
- better management of emotional states	x	x	x		x	
- getting to know self	x	x	x	x	x	
- sense of calm, peace and groundedness in busy life	x		x	x	x	x
- becoming a more authentic person	x	x		x		
- developing more self-acceptance			x	x	x	
Heightened awareness and meaning						
- waking up and joining the flow of life		x		x	x	x
- reconnecting with the present moment	x				x	x
- ability to see things clearly, unclouded by judgements	x	x	x		x	
Benefits for clinical work:						
- therapeutic presence	x	x	x	x	x	x
- attention and listening	x	x	x		x	
- use of self	x			x		x
- better empathy and understanding	x	x				
- accepting limits of own influence			x			x

Functions of practice

All participants described a positive start to mindfulness. The interpretation of these descriptions helped to understand the participants' motivations to learn and reasons to keep practicing mindfulness or meditation.

Self-care strategy

All participants spoke about different ways in which mindfulness helped them to deal with life. Chris was very explicit and could clearly identify his own dissatisfaction with how he felt as the reason behind getting into meditation:

I developed anxiety, panic attacks in '98. That's where I was just trying to find ways to help myself and then going through a period of depression again in 2004, [ ] and going on the meditation courses because I wanted to help myself in a more natural way, [ ] I wanted something that was more lasting so I think that's what's driven [ ] So it's been through my own, trying to find solutions to my own, my own problems. (Chris)

Although Alice was less certain, she was also aware of initially seeking relief or support through meditation:

…when I first met meditative practice, [ ] without knowing it, or realising it, I think I was perhaps, but I don't know, using meditation to become calm or to achieve a state of calmness… (Alice)

When I first started [ ] it was about inner resources [ ] hope, I think or something [ ] to do with me healing, becoming whole. (Alice)

Fay was aware that for many years meditation was satisfying certain needs and in general she saw it as helpful in going through life:

… the difficulties are only [ ] part of living and going through, you know, and mindfulness is, the practice is integral, you know, integral to help deal with that. (Fay)

Eli, who was the only participant currently without regular practice, seemed to be aware that for her mindfulness functioned as an antidote to stress:

I think it enables me to cope… with pressure, usually, better than I would otherwise do, not always erm because I'm not a regular practitioner [ ] I just think life would be more enjoyable and less stressful [ ] if I had regular practice which at the moment I don't. (Eli)

Practising in order to offer it to others

The other common motivation was a desire to make it available to others. Four participants, after having experienced some benefits from mindfulness meditation themselves, thought that it could benefit others and wanted to facilitate that:

Once I, kind of, discovered mindfulness and found out more about it, [ ] it occurred to me that it's one of those beneficial practices that should be accessible for [client group] [ ] so I wanted to incorporate it into the work that I do, and so I took the opportunity of going on an eight-week course. (Eli)

Wanting to help others was also an element in motivation to re-establish practice:

…and then started training as a clinical psychologist and I thought "hmm? Actually, that meditation, which helped me a lot" and I'd never forgotten that, "would be so relevant for many of my clients" and that got me meditating again. (Bob)

Participants recognised the importance of embodying mindfulness and speaking from experience in order to competently pass it on to others:

I didn't have enough of depth to be able to pass on. It's more to do with… "but I'm only a beginner", and "so what do I have to pass on except just the top layer". [ ] I'm getting more and more people on the spectrum referred to me [ ] And the knock-on effect of that is, that I need to become more practiced in mindfulness… (Eli)

Bob spoke about how his first experiences of teaching made him feel a bit *inept and clumsy*, which motivated him to develop; he also emphasised his need to be congruent:

…I use the word hypocrisy, which is rather strong, but it does feel like that at times, [ ] If I'm not doing it.., because I tell them I do this too. Erm… (Bob)

Development of self

Other benefits refer to participants' development as individuals, rather than clinicians.

Better management of emotional states

Four participants spoke about becoming less anxious. For some, it meant greater familiarity with their own emotions, which helped to manage moods and be less reactive to them:

I think I'm much more aware of my own mood. And I think then that makes me [ ] less fearful probably, of feeling a bit down, because I think "oh well, you know, it's just the way it is". (Chris)

Eli spoke specifically about better managing her own reactions in relationship with her children:

…it makes me less unnecessarily concerned or er… what's the word, constricting maybe. [ ] So there's a, kind of, more measured, I guess, less immediate reaction about something, more considered. (Eli)

Bob was much more general in describing how he benefited from mindfulness meditation:

…this had helped me a lot. Emotionally, I went from being a very uptight person who didn't know that I was a very uptight person when I was quite young, to being much more open... [ ] I am still very often completely unmindfully angry or irritable or judgemental, but not as much as I was. (Bob)

Getting to know self

Five participants talked about developing self-awareness as a result of mindfulness practice:

…I can remember being shocked [ ] realising how much of my mental activity and space was about the presentation of self and caring what the other thought, or how the other regards me. (Bob)

For some the insights emerged after a few days spent in a retreat and although uncomfortable they were appreciated:

I learned something about myself from that. I didn't learn it until several days in (laughs) while I was externalising and blaming and not seeing that was what I was doing. But then I did, so that was really valuable, because I suppose if I don't have that sort of awareness then there'll be some smugness about, thinking "I've gone past all that". (Bob)

There was also an acknowledgment that the process of getting to know one's self required commitment and took time:

…if I wasn't doing mindfulness, or I wasn't being mindful, a better way of saying it, I wouldn't be as aware. [ ] I just find it's like layers, you know, I just feel very much that I'm still at the beginning… (Dana)

So over the past, what is it, three years, by developing this more, you know, there's a better sense of awareness of myself... [ ] a deeper sense of knowing [ ] who I am, how I am, at any given point really. (Chris)

Sense of calm, peace and groundedness in life

This sense of calmness was a benefit that was referred to by five participants on numerous occasions:

…being forced to retire, you know, was very helpful for me to do the practice through that time, because it helped to ground me and [ ] not get too caught up in what my boss was doing or saying or, you know, nonsense like that. Helped me to stay calm… (Fay)

Some participants referred to it in the context of specific practices like Body Scan:

…there's something about dropping into your body, dropping into your experience [ ] if you have a water, and you drop beneath the water there's a quiet stillness and above the water the wind swirls around and there's something about mindfulness where you drop into that water and there's a… just a serenity that isn't on the top. (Dana)

Others referred to a sense of calmness at specific times such as after returning from a retreat:

I must say that when I came back, [ ] I felt this enormous shift. [ ] I just felt good and didn't feel frustr… just, you know didn't feel ruffled by anything, felt this peace, inner peace, inner calmness. Erm..not kind of this, not any of the normal sense of tensions or frustrations. (Chris)

Becoming a more authentic person, true to yourself

This benefit seemed especially important for Dana, who spoke about feeling more connected with herself and therefore more sincerely and authentically connected with other people:

I think what it's done is, it's made me more [ ] connected with myself, more connected with other people as who I am. [ ] ...being somebody who integrates mindfulness, it's quite a strong personality, but it's very gentle, if that makes sense. It's not pushy it's not forceful, it's erm… and it doesn't mean it's necessarily kind and easy, but it's sincere. (Dana)

Two other participants talked about mindfulness helping them to open and become more authentic:

…to let go of, or dissolve some of my own armour… (Alice)

…I heard this funny noise, and it took me [ ] a little time to realise that it was me crying, because I hadn't cried for so long I didn't recognise what was going on. So the opening up part was very much needed and felt very healthy but of course painful at times. (Bob)

Developing self-acceptance

Greater self-acceptance was also reported. Participants described that they were more accepting of unnecessary distress or the presence of self-judgemental thoughts:

The kind of accepting "okay this is how I'm feeling right now" or "these are the thoughts I'm having about this", rather than "I shouldn't think that" or "I mustn't feel this". (Eli)

I suppose one of the things is, I'm aware, say this morning coming in to work it was raining, miserable, bit late… If I wasn't aware I would get in quite a state about, you know, stressing and yet I just say: "well that's how it is", not all the time, (smiles) but it's a process. (Dana)

… a sense of being more at ease with myself as a, as a person, yeah. (Chris)

The process of developing self-acceptance sometimes took a long time. Although Chris had been meditating for 12 years, he said he started feeling this benefit only once his practice became more regular:

…from deepening the practice of late, it's much more, a much deeper understanding of the acceptance, of things and er……. acceptance of myself? Yeah, this is where I am. This is, this is who I am… erm… you know, I could always change but, you know, this is who I am and yeah more of an acceptance of myself and where I am in the world. (Chris)

Heightened awareness and meaning

Waking up and joining the flow of life with its full experiences

Four participants talked about *just experiencing* the world, and how through mindfulness they were being open to both good and bad moments in life, becoming aware of the impermanence of everything and appreciating and cherishing all experiences fully:

It's like the, you could look out there (points to the window) people think it's very grey, windy and might be even wet, [ ] That's the quality of right now, right this moment and then there's every

other quality as well and mindfulness puts you in touch with that, so nothing is trouble really because, nothing is going to last [ ] mindfulness [ ] makes you just know that, the impermanence of everything and the change of everything and that in itself, to be able to go with that is really wonderful. [ ] …everything that we experience, you know, "seize the day and the night" the dark, the light. Every opposite and, every movement and every stillness, you know, everything is part of it. (Fay)

I'm quite sure if you were, if I had wonderful time most of my life I wouldn't be mindful, but (laughter) it's sort of noticing that, from time to time and coming back into it. (Dana)

Bob and Fay talked about the overall meaning of mindfulness for them:

Waking up. We're walking up dreaming a lot of the time, missing our lives. When I wake up, and it isn't always pleasant, but it's real. Feels like this is right. (Bob)

…if you can even for a moment just disconnect and join the flow of everything, then it's a wonderful moment. I think. (Fay)

Reconnecting with the present moment

Participants described how beneficial it was for them to be engaged only with the direct experience of the present:

…through mindfulness you can say "Okay, let's just stop for a moment" and "okay what's going on". Let's just be for a moment" and then what comes after that [ ] is often a more thoughtful next thing… (Fay)

…washing the dishes in order to wash the dishes [ ] Bringing that kind of engagement into daily tasks [ ] I found, that it doesn't become a chore, it stops being a chore. [ ] if you actually engage with it as an activity it just changes the whole nature of it. (Eli)

One of the main themes in Eli's individual account was about how a mindful attitude helps her to reduce stress by reconnecting with current experiences and not thinking too much ahead:

And it's not that I stop myself thinking about it, it's simply that I bring myself into NOW. [ ] "THAT's going to be THEN and it isn't NOW". "So I can't engage with THAT, I can only engage with NOW. When THAT is NOW, then I will engage with it and it will be fine". (Eli)

…it's the anticipation of it that's the problem, not the thing itself. [ ] It's taken the "chore" label off things [ ] …it's the burden bit of it that's gone. (Eli)

Ability to see things clearly, unclouded by judgements

Four participants valued the ability to see things more clearly:

Seeing things differently actually, physically seeing things slightly, seeing things literally, seeing things as if it was the first time but they're still the same as they, but they also look very different. [ ] I can't really describe it, but you look more intense, maybe more vivid, feel more connected to it. (Alice)

Some participants tried to make sense of the mechanism behind it. It seemed to be linked with the ability to distance oneself from one's own evaluations:

We look at so many things and don't see them because we're looking, it's looking through them like these glasses, I don't see them most of the time, I'm looking through them. Sometimes we're wearing a filter and [ ] that's just the way the world is and then we realise "Oh, that's my filter glasses". (Bob)

Eli quoted her favourite metaphor for illustration:

…we are the sky and our thoughts and feelings are the clouds that pass, [ ] we are the thing that experiences those [ ] it means that we're free to be, rather than being confined by that description or this description or, it just frees us from that. (Eli)

Benefits for clinical work

Therapeutic presence, just being with

All participants reported being more able to be with their clients, or as a consequence of being more mindful, noticed when they were not:

I'm very familiar with the feeling of knowing that I've actually just been present with my client. And how much better the session has gone and the client will feel it too. And those sessions when I've not been able to get my mind just into the consulting room and I've been thinking about all these other things that should have been done, have to be done, or something else. And I know and the client feels it that they haven't had my full attention. So my mindfulness practice helps me to be more present, to be, to listen better, to speak more thoughtfully and less. [ ] but first and foremost it's my presence in the room. (Bob)

Alice, Dana and Fay spoke about the way mindfulness made them appreciate that sometimes therapeutic presence is what counted the most:

…to be in the room with someone is just a very powerful, you don't have to say anything, you just, it's a question of your presence. (Fay)

…I think I do less perhaps. I acknowledge, rather than try and help, I think maybe I do less than I did, through mindfulness, than before, maybe use less technique… (Alice)

Attention

Therapeutic presence is inherently linked with attending to the patients and some participants emphasised attention along with the presence:

…however non-judgemental you may be, you can still be very aware of the time, of the fact that you've got another client afterwards [ ] I think mindfulness really helps to [ ] be with the client in that moment, with what they are saying. (Eli)

For some, a better ability to attend to the client's process and needs was linked to increased self-awareness:

I think I'm probably much more in tune with people's finesse of avoidance, because I'm aware of my own so much more than I was before [ ] there's more of a subtlety in my awareness of people's [ ] longing to move away from suffering... (Alice)

Use of self

Three participants talked about going back to self as a resource during sessions, modelling groundedness for others who were anxious:

…when these supervisees are in a very anxious state [ ] I think I can model, that there's a way of conducting oneself and holding oneself in the face of anxiety and not knowing… (Fay)

For some it translated into trusting oneself more as a therapist, and through mindfulness practice becoming more *solid* and *containing*:

I will go back to myself more confidently in a session with a client. I will feel, I will come back to my body, I will come back to my breath, I will pause more, [ ] than I used to and I feel comfortable with that, so therefore I'm probably more solid, and perhaps more containing maybe, I don't know. (Alice)

There was an acknowledgement that the self was part of the therapeutic process and mindfulness became part of the self:

…I bring more and more of who I am. And so with mindfulness [ ] it's part of who I am, so it's part of all my interactions. [ ] I think it's not something I could leave outside the door. (Dana)

More empathy and understanding

Mindfulness helped participants to be even more understanding, empathic and compassionate towards their clients.

… when I am practicing mindfulness and being mindful and, then I am more able to stand in my clients shoes. I'm also more able to be compassionate, more genuinely compassionate. (Bob)

Accepting limits of own influence

Two participants also referred to becoming more aware and accepting of the limits of their therapeutic influence. Fay was clear how mindfulness helped her to be aware of the limits of her own influence, which in turn helped her to act more calmly:

I had that thought "yeah this could be, he may kill himself" and I thought, I quite calmly thought "Okay, he may", you know and mindfulness will help me to hold, not panic, not rush around. I can't stop him if he's really... [ ] I've talked other people out of dying in my work, but I've also had patients that have killed themselves, [ ] doesn't always work. So I don't have any illusions about my power. Sometimes I might help, sometimes I might not but what will be, will be. (Fay)

Chris talked about how through applying mindfulness in an addiction service he started appreciating what acceptance meant, especially given that his earlier job as a general nurse involved *fixing people*:

…I can't just domineer and change people and stuff, I've got to sit back. So there's been that kind of discipline with it. (Chris)

THE IMPORTANCE OF OTHERS

The importance of others was a broad theme. All participants spoke about seeking or having support from others in different forms, and emphasised the need for a forum to share experiences. For all except Eli and Fay it was a major theme in their accounts. The following four master themes capture the main functions *others* have in participants' journeys (Table 6).

Table 6. The importance of others.

	A	B	C	D	E	F
Using others' help to deepen the practice and understanding						
- having a mentor	x	x	x			
- importance of attending retreats	x	x	x			
Sense of belonging and validation of commitment						
- community of practitioners, belonging to a group	x	x	x	x	x	x
- having like-minded people around		x	x	x		x
Supporting commitment to practice						
- linking practice with work duties	x	x	x	x	x	x
- providing sources of satisfaction and encouragement	x	x			x	
- reminders of its value and possibilities to clarify	x	x	x	x		
Finding language as an obstacle						
- difficulties translating transcendental experiences into words	x	x	x	x	x	x
- difficulties with expressing concerns and forming questions	x					

Using others' help to deepen practice and understanding

Having a mentor

Three participants referred to the importance of *having somebody guide you* as a way of facilitating and enhancing one's progress as a mindfulness practitioner. Based on her difficult experiences with mindfulness Alice took an opportunity to give advice to fellow meditators:

Don't go on it on your own. I think it's very important to have teachers and to have a spiritual guide or to have, to have somebody to hold your hand really, or somebody wise that is there. I think that's really important. (Alice)

On several occasions she talked about her own confusion about her experiences and how many of these had only settled once she had found a mentor:

…she understood it within a spiritual context, which I think it was within, so, so it's been people like that, it's been meditation teachers, who have helped me, and I think without that I would probably have really struggled. (Alice)

Bob talked about the value of having a supervisor when developing as a teacher of mindfulness courses. Although he appreciated that a personal mentor could help him see things he could not see in himself or his practice, at the time of the interview he was not sure whether he wanted to link up with a particular teacher:

I've considered long, and been going back and forth about whether I ought to link up with some individual teacher as my mentor or whatever. And may or may not do. [ ] if I could find someone who I could train with, that might help, you know what therapists do, we spot what people haven't seen in themselves and how can I do that by myself (laughs). (Bob)

Importance of attending retreats

Three participants emphasised the need for attending retreats and how, in various ways, it supported their process of self-discovery and development.

…we do so many things to distract ourselves, there are so many distractions, but being in a silent (retreat) you discover, you you're just there with yourself. (Chris)

I go to a retreat and he delivers some talk on the various hindrances that can arise in meditation and [ ] "My God, I never looked at the stuff that's going on in my mind in that way before!" and that's really handy, it'll help me to spot it, to not be hooked by it. (Bob)

Alice spoke about *crying and breaking down* and *discovering own suffering* and how the retreat helped her to feel supported and not distracted during this sometimes difficult process:

I've been on meditation retreats or mindfulness retreats [ ] that intense practice is held by the place, and the people that are teaching, and the community that you're in, and the fact that people feed you, and you've got nothing else to do and that intensity practice I've also found helpful. (Alice)

These participants also spoke about the retreats giving them the opportunity to deepen their experiences and understandings, arrive to certain insights or counteract their own avoidant tendencies:

There's a certain tendency for me to feel safe with my meditation [ ] I might well, have got quite good at avoiding some things (laughs). [ ] so when I go on a more intense retreat, for a longer, perhaps with a teacher I don't know and certainly a group of people I don't know, I don't know what's going to come up. (Bob)

It was an intense seven day retreat with periods of silence and a whole day of silence in it and I think, you know, that's when I began to shift that it was just about the practice, it was just about the sitting. There is no looking for something. (Chris)

Sense of belonging and validation of commitment

Community of practitioners, belonging to a group

Communicating and practicing with other people was important for all participants for various reasons. For some it was about sense of belonging, for others a strategy in not getting onto a wrong track.

I was trying to do something about my lack of connection with others, and that I was really meditating on my own for a long time and I knew from how I'd started out, meditating on one's own one can make many errors and get off track. So I was doing something about it. I went to a short meditation workshop cum retreat at one university in 1998 and erm, started to read more and try to link up with others… (Bob)

Bob described how it helped him in developing his practice:

Erm, one way I helped myself was by making contact with people who are, were a bit ahead of me and were immersed in this, and then spending time with them. And that's just so important for me [ ] to be part of a community. [ ] retreats, making time to communicate with other people... (Bob)

Alice noted that not having access to a local group of practitioners hindered her growth:

I think one of the things I feel the lack of, as a mindfulness practitioner, there isn't local group of people, a Sangha or community that practices and I have to travel about an hour to go away to practice with other people, and I think practicing with other people is important for me... (Alice)

Fay talked about the loss when leaving a group of fellow meditators:

…we had a peer group. [ ] not only was it beneficial to be with practitioners who've been doing it for a long time, it was also very meaningful [ ] We were taking it in turns I was able to use some of the skills that I'd learnt on that five day practitioners course, so there's a real loss. (Fay)

Some emphasised the importance of being part of a group at the beginning of the journey. Eli gave several different reasons (it being easier to share her experiences knowing that others are beginners too or having her own experiences normalised). She also talked about her plans to join a local Sangha of practitioners in order to re-establish her formal practice, to feel that mindfulness was *more embedded in her life* and to facilitate her commitment in terms of having an external focus:

…it helped too, to be with other people who were also new to this and who were [ ] were sharing their ideas in this kind of setting for the first time, like me… [ ] I think initially what helped, was knowing that there was a regular class, which I was expected at. I think that helped. [ ] And what I'm hoping is, that when I join this Sangha, that it will become a focus each week… (Eli)

Some, because of their past experiences, became very specific about the kind of group they wanted to be part of:

…I had become very sensitive to anything that smacked of a cult and so I was particularl.., I was really looking for a very non-sectarian approach and it wasn't until I got in touch with the MBCT, MBSR community that I found it, so that's another important thing for me. (Bob)

Having like-minded people around

One of the supporting factors identified was being in regular contact with people who understood or practiced themselves:

Well I've got a partner that's very, she doesn't practice herself, but she's very sympathetic to kind of, the Buddhist philosophy and practicing meditation and, you know, encourages me to do that, because she knows I get benefits from it. (Chris)

Dana spoke about many close people in her life having completed an 8-week course: her partner, dad, sister, cousin and many friends:

…probably all of us practice it in some way [ ] so that supports it.. [ ] in my world, there are also quite a few friends who teach mindfulness now [ ] of my close group of friends I would say… lots of them have done it. (Dana)

Participants spoke a lot about the importance of feeling that their efforts were validated and encouraged in their work environments:

…being in an environment this environment, where my mindfulness practice and the mindfulness work I'm trying to do is actively encouraged and my managers are really into it… (Chris)

…there are now three of us here who now practice mindfulness, who teach mindfulness [ ] so that supports it... (Dana)

Participants also seemed to indicate that being around like-minded people was inspiring, motivating and almost exciting:

…it was amaz.., it was good to go there just to look at this room full of people all interested in the idea of [ ] spirituality within psychotherapy and I thought it was very hopeful [ ] I thought "This is really nice". And I felt the same at [ ] the one you went to, the two day one, the same feeling there, you know. [ ] oh yes! (laughter) it's lovely (Fay)

Supporting commitment to practice

Two processes that supported participants in their commitment were linked to organising their lives in a way that it created more chances of being in contact with mindfulness skills and philosophy.

Linking practice with work duties

All participants incorporated mindfulness with their work in different ways: in one-to-one contact, running groups or using it for self, between or before therapeutic sessions:

…before we start the work, we just sit, we just do a meditation in the beginning. That's really good. (Fay)

…I think I use mindfulness with every client that I work with, pretty much in some way or the other. (Alice)

Some participants spoke about consciously making it a part of work responsibilities. This allowed them to bring mindfulness practice to work time, creating more occasions to practice and external expectations to keep the commitment going:

I'd been practicing with some Buddhist groups and [ ] I could see the application and I was able to talk to my managers and they were quite interested [ ] and I was able then to go and study the mindfulness course. [ ] and then later went to do the mindfulness instructors course. (Chris)

Bob had most experience of applying mindfulness at work and running MBCT/ MBSR groups. He had worked mainly as a mindfulness teacher for over the ten years. The need for support seemed obvious to him and he felt certain that his work situation enabled him to cultivate a habit that was beneficial to him personally:

I'm glad I've been able to place it as central at work, [ ] And I'm glad that I haven't had to leave it out of my work [ ] I've been very fortunate to get paid to do things that help me (laughter) to connect with my own reality and practice [ ] something that's good for me. (Bob)

Linking mindfulness with work took a slightly different form in Eli's account. She was the participant with no current formal practice, but even she noticed the link between her counselling work and mindfulness. For her, it was the philosophy behind it which she readily adopted and recognised as similar to the attitudes inherent to, and consistent with, those of working as a counsellor. She spoke about mindfulness as something that overall reinforced her therapeutic training:

It felt more like… a picking up on something that might have been there already... so kind of resonated with ways I tended to think about things anyway, so, I find when I'm reading about people talking about mindfulness, it doesn't feel like a strange, different thing. It seems absolutely right… (Eli)

Providing sources of satisfaction and encouragement

Sharing mindfulness with others gave some participants a sense of feeling helpful to patients and satisfaction of seeing it being effective:

…it was quite rewarding when, not all of the clients, but some of the clients said that they had, with encouragement, had adopted this, say on the commute into work, and they had found that it enabled them to start work in a more relaxed frame of mind than they would otherwise have done. (Eli)

Bob talked about how rewarding and therefore encouraging it felt at times when he was just experimenting with teaching it to others and receiving positive feedback. He also openly referred to gaining personal satisfaction from seeing others benefit from it:

I come to reunion meetings and things in my area [ ] seeing how this has developed for people and seeing whether they did any practice or still finding it had been valuable, but didn't do their practice. [ ] Yeah that sort of things, are very interesting to me, and of course rewarding. Rewarding is only half the... and encouraging, it keeps one going. (Bob)

Participants talked about how positive feedback from the members of the first courses they ran encouraged them to carry on:

…perhaps because I've had the experience of people saying that they valued the course, that they, the scores that they did before and after showed great improvements… (Alice)

Reminders of its value and possibilities to clarify

Teaching others was a broad theme. Participants considered it as supportive in several ways. For Bob and Dana it was about constant reminders of the value of mindfulness:

…it's just constant reminders, and connections [ ] If I'm leading a meditation, then I'm not "un-meditative" (Bob)

Sharing it with other people, teaching it to other people [ ] a practice with people in the session [ ] it just constantly weaves it into my life. (Dana)

…because as I'm teaching it to other people I'm teaching it to myself… (laughs) (Dana)

Participants also talked about an opportunity to identify confusions, clarify aspects of practice or experiences:

… [running groups] it kind of strengthens it if anything, because the work that I do helps to develop this sense of [ ] mindfulness of what's going on for people, what's going on for me, how am I feeling [ ] It all feeds in. (Chris)

…without teaching it I couldn't really experience what those doubts were, were they intellectual doubts, not the experiential doubts… (Alice)

…it [teaching others to teach] makes me really consider and reflect on, [ ] sometimes clarifies things about how to sit, how to, just to be present when all sorts of things are rattling around in your mind and how to regard them [ ] And sometimes somebody just says something and I realise "Oh, I didn't realise I hadn't been assuming that". Erm, "Oh I never thought about that" and so on (Bob)

Finding language as an obstacle in communicating with others

The significance of being able to communicate and share experiences is important to development regardless of whether it is through learning, teaching or just talking with fellow practitioners. Mindfulness is not an easy concept and perhaps it is not surprising that all participants had some difficulties with expressing themselves precisely or explaining certain processes.

Difficulties translating transcendental experiences into words

On many occasions, all participants took time to find the most appropriate words to describe their experiences or sometimes they just openly said that they didn't have words for something:

…I felt really, calm isn't the way to put it, but very sort of…… hmmm, I suppose calm is the only way I can kind of describe that, so calm erm, unruffled, nothing really bothered me. (Chris)

…it's very difficult. I don't know how to put it into words. (Eli)

In this context, language itself can be seen as a barrier to deepening the understanding of one's own experiences. Discomfort with the use of language was a very strong theme in Alice's account and many of her quotes illustrated some of the difficulties experienced by other participants:

…the language can be quite restrictive and become quite meaningless [ ] people use words and you read things about erm, space and erm and softness and softening and turning towards and non-striving and these are all huge concepts and sometimes I think POSSIBLY when someone says them in a sentence, they don't really mean anything. (Alice)

…so sometimes there's like an esoteric use of language, which I think [ ] can be..distancing rather than inclusive. And…if it's learnt language and not experiential then it's…it's just so much not… (Alice)

Most participants felt that they needed to explain or make sense of this difficulty and tried to give reasons for it:

…mindfulness is in some ways kind of beyond words. The trouble is you're using words as a concept to try and point to something that is beyond words [ ] it's very difficult for… to explain that. (Chris)

I think it's too subtle to explain well. I think it's too subtle almost to explain verbally… (Alice)

…it's so difficult to put it into words because it doesn't come in words, it comes in a kind of logic, that doesn't have to do with, what I can say in words. (Eli)

Difficulties with expressing concerns and forming questions

Alice spoke about having undefined questions, doubts, concerns and waiting until she found a way to express herself:

I'm leaving it to ferment or bake or.. I'm leaving it maybe until I know what my… er, [ ] until I understand what my question is but I just know there's a question, that's not formed… (Alice)

It seemed that the frustrations participants described with the difficulty of finding the right words were possibly present at other times. Difficulty in explaining their confusion or forming a question when speaking with other meditators or teachers may have impacted on their ability to receive appropriate guidance at times:

…might say "Well I feel a discomfort within myself when you did this and I feel it here or I feel this is, I feel a resistance to that" then sometimes what you get back is "Hmm" (laughter) and "that's very interesting, that you notice that". And you think: "Well actually I'm really asking a question, it's more than that just really interesting" it's so.. I've not really got anywhere with it… (Alice)

MAINTAINING COMMITMENT

This super ordinate theme clusters all themes referring to the factors, mechanisms, strategies and attitudes impacting on the maintenance of regular practice. See Table 7 for the distribution of each sub-theme.

Table 7. Maintaining commitment.

	A	B	C	D	E	F
Contributing to meaning in life						
- need for meaning in life	x		x			x
- satisfaction of needs around spirituality	x		x	x	x	x
- bringing different aspect of life together	x	x	x	x		x
Importance of good foundations and accumulation of practice		x	x	x	x	
Committing in the face of demands						
- lack of time		x		x	x	x
- discipline	x	x	x	x	x	
- making adjustments, experimenting with when and how	x	x	x	x	x	x
Discovering and accepting what mindfulness practice can do						
- disappointment and self-criticism as a consequence of wanting things a certain way	x	x	x		x	
- avoidance and making conditions as consequences of difficult experiences	x	x	x		x	x
Developing an understanding						
- confusion and ethical dilemmas	x	x	x			
- becoming flexible in use and understanding	x	x	x	x		x
- acceptance of self and difficult aspects of the process	x	x	x	x		
- sowing the seeds			x	x		x

Contributing to meaning in life

This master theme comprised different aspects of mindfulness practice that seem to motivate participants both initially to develop the practice and then to maintain it.

Need for meaning in life

Three participants spoke about the deep need for having meaning in life. For some it was a factor that attracted them to meditation:

…there's a sense of longing… [ ] which is what got me into meditation in the first place I think. [ ] a sense of longing that this is the way [ ] this is the way to live… (Alice)

At the time it served a very [ ] deep need because I'd been searching for ages probably, from the age of about thirteen, I'd been searching for something to help me understand life, or make meaningful contribution or conduct myself appropriately. (Fay)

Mindfulness was satisfying an ongoing need to give meaning to their experiences or connect with living life in an accepting way:

It just makes meaning for, of life, which otherwise could seem quite chaotic, quite arbitrary, quite unfair, quite hostile or quite beautiful or quite wonderful [ ] but mindfulness is just like the waves going up, [ ] it's the rhythm of life if you like, just going along, the meaningfulness while we're experiencing it. (Fay)

Satisfaction of needs around spirituality

Spirituality was another factor in maintaining commitment to practice. Some participants appeared to have a pre-existing need for spirituality and mindfulness seemed to have filled that need in their lives:

I came to it through a more spiritual guidance and I suppose things just came, developed within their own time. (Chris)

… after the difficult experience I had [with mindfulness practice], I still have, [ ] the answer (is) to touch something beneath all of that, which is what happened when I first started meditating… (Alice)

For some participants it also fitted with the ongoing need to connect with people on a spiritual level and gave new shape to habits and traditions lost over time or in unfavourable current circumstances:

That's why I went back to talking about when I used to go to church, because I think that's what I appreciate about it. It's a non-religious spiritual experience, with other people… (Eli)

… my family's lives all over the world and when I was younger [ ] I used to go to mass every Sunday, and that was like one constant, something that remained part of my life. [ ] I think what mindfulness did was it linked [ ] to a sense of connectedness. [ ] In a way with loving kindness meditation you're connecting with other people, which is the same with prayer, but it's different [ ] I think for me spirituality is incredibly private erm… and I think [ ] our society has become really secular and doesn't allow for that very easily… (Dana)

Alice spoke about a spiritual component to her meditation practice:

I wanted to connect to the divine within me because that's really what I think meditation or mindfulness [ ] does in some way [ ] so it's always been a very deeply personal and spiritual thing… (Alice)

Fay did not want to make a distinction whether the spiritual side to mindfulness was more important to her than the practical support it gave in coping with life:

…the old practice was considered to be a form of spirituality. [ ] I don't really want to make those separations because to me it's all one, it's all part of just living in this life. [ ] whatever helps us to cope… (Fay)

A joining element between different aspects of one's life

Another important factor in maintaining practice for five participants was considering mindfulness to be a link between different parts of their lives:

…because it brings so many parts of my life together. (Bob)

For some joining different parts of life together was a conscious decision taken to facilitate regular practice:

…when I realised that my meditation practice was dropping off [ ] I found out that there was a way of applying mindfulness meditation in therapy I thought it would bring those two things together and help me as an individual reignite or re-found, re-find my own practice… (Alice)

I read the article, and it was very much drawing together different strands, sort of, strands of… spirituality, cognitive psychological techniques and also mindful movement. And so I went off to all day training session with Mark Williams at the end of 2005 and then went from there. (Dana)

On the contrary Chris seemed to see it as a telling coincidence, but nevertheless he believed that it was something that helped him to cultivate his interest and make it effective:

...I think, because a lot of things came together [ ] that Jungian sense of synchronicity. Now I don't know, if that's true or not, but things came together and things developed, but then again, I had an interest and I took that forward and cultivated an interest. (Chris)

It seemed that those with the longest history of practice, over the years came to see it simply as central:

…this is central. I'm glad I've been able to place it as central at work, because it is central to life, as far as I'm concerned. (Bob)

… it's absolutely integral to the essence of my life, really. [ ] ultimately I think that only mindfulness is meaningful, really, because it's about life and breath, and you know, it's just, we're only here for a short while. (Fay)

Accumulation of practice and importance of good foundations

Four participants spoke about the importance of good foundations. For some cultivating formal practice was especially important at the beginning in order to build up some *critical mass* of it, while for others it was a condition to developing further:

…the eight-week course is so good because you, you get a really good dose of mindfulness and I think if you, you need to just get a thin little base that you can build on and if you don't get that enough… it can disappear. (Dana)

Walking in the country yesterday, it wasn't difficult to be mindful. Obvious enough, but if I don't give myself enough time to do those things, then well actually I'm not going to be able to deepen my practice in the way that I would like… (Bob)

For others accumulation of practice was an important factor to being able to feel the benefits more and also made it easier to motivate oneself to do the practice:

So there is, there has been that benefit that has accumulated, [ ] there is that level of mindfulness that's developed. I'm much more aware of what is going on with myself, how I'm feeling physically and mentally [ ] just on a daily basis, yeah. [ ] the benefit of accumulated practice, [is also] that I do realise it's there rather than just it being [ ] "Oh well I sort of can't be bothered". (Chris)

Eli, who said that her *formal practice was fading away* even though *the day to day experiential thing didn't*, referred to the need to build a big enough collection of experiences, also to feel more competent in sharing it with others:

I think it's to do with not having a solid enough foundation myself, in.. erm, regular practice. I don't know why that should be, but I think that's where it comes from. [ ] *I want to establish well, the feeling of solidity in my grounding. It doesn't feel right otherwise. {before you start sharing it again, right?} Yeah. (Eli)*

Committing to practice in the face of demands

Lack of time

All participants talked about problems with maintaining regular practice or cultivating it in their preferred way. The first type of problem identified was related to external factors in a stressful life, e.g. busy work schedules and temporarily difficult life circumstances.

I think without the focus [of having a regular class] what tends to happen, I think, is that life just rushes in and, the practice isn't maintained. (Eli)

…all the turmoil, like what's just happened with my son (he had to move in with her 4 days before), you know my son and my space. Actually my space is a problem because I like to have space. [ ] I haven't been able to [ ] at least not in the way I like to do it, [ ] just be there, just come into myself and [ ] he's around, he's in my space, you know, it's hard. (Fay)

Discipline

Lack of time seemed to be only half of the picture. Some participants said that they found discipline and commitment to be a problem rather than unfavourable external conditions:

I think one of the hardest things is keeping up your own practice. That's what I find hard, having the discipline to do it and finding the time to do it [ ] It's having the discipline that's one of the most difficult things... (Chris)

…they're all superficial things like I mentioned about time and my own lack of commitment. [ ] one needs a very strong commitment to get up very early in the morning when you're tired [ ] I need my sleep. (Bob)

Contrastingly, some participants talked about having too much commitment, especially at the beginnings of their journeys:

Buddha said, [ ] "Watch and accept yourself". So he gave those two things equal weight, and I didn't know that, [ ] it's always been my tendency to go towards the "rigour" and not to emphasise the compassion enough. (Bob)

At first I practiced because I was doing as I was told and I was practicing every day [ ] looking back at it, either that was the attitude that I embraced or that was the attitude that was it was given I don't know, mixture of both. (Alice)

Making practical adjustments, experimenting with when and how

Finding a way to practice that suited a particular person or lifestyle seemed to be another element of building a commitment and establishing regular practice. These adjustments related to length, frequency or form of practice:

…rather than focus on the breathing as a kind of starting point [ ] to have a concrete object just makes it easier... (Eli)

I aim to do [ ] some practice every day, whether or not it was formal sitting. You know, maybe, it was walking up the road, maybe it was between waiting for one patient to come [ ] moment standing at a bus stop, whatever, that kind of thing. Going to bed er before going to bed… (Fay)

At first I practiced [ ] every day, a certain form of mindfulness meditations [ ] after about a year or so I stopped doing that because I felt I was I was making myself practice in quite a rigid way and so, I softened to myself and I softened how I practiced and I think my practice became eventually [ ] more natural and it's more weaved into my daily life. (Alice)

Some participants experimented with the time of day and location:

I actually used to practice here. [ ] I mean now I actually get up twenty minutes earlier, but I used to find I would do twenty minutes at lunch time and then I wouldn't go outside and that was really BAD because I need to get fresh air. [ ] So I stopped doing it here and I do it at home... (Dana)

Others tried different postures or positions:

…I find it really helpful to my clarity and alertness [ ] I'm more disposed to practice when I can sit on that stool, if I did sit in a chair I find myself more likely to drift off…. (Bob)

…it was okay [ ] in a completely different position [ ] I was sitting up maybe. Never done a body scan in the cross-legged position but I did… (Fay)

Discovering and accepting what mindfulness practice can do

All participants had been introduced to mindfulness at least two years prior to the interview. All of them were able, therefore, to compare and reflect on some of their practice and attitudes over time and were aware of misunderstandings or mis-invested hopes.

Disappointment and self-criticism as a consequence of wanting things a certain way

The theme of wanting something specific in terms of outcomes, or how the practice should feel, was present in most accounts. It seemed to be most characteristic during the initial stages of the journey and undoubtedly represented an obstacle to development as a meditator:

…it's taken me a long time with practice to realise [ ] we're not searching, but to begin with I wanted something to happen. I wanted an enlightenment experience or this feeling of calmness or… (Chris)

…what people say in the books, and they say "this will happen, you will become more self-aware, in times of difficulty it will be love and kindness and it will all be ok" It's not true. That was not my truthful experience of it… (Alice)

Not expecting difficulties and wanting to feel the steady progress in developing the skill was another example of an unhelpful attitude to maintaining practice:

…and you're thinking "well I didn't do very well, did I" and so, it's not that it's dispiriting, but there's… I think the mind is geared to look for progress and I don't think this does that in the same way, because it's a different thing than learning a skill and I think that's what makes it hard. (Eli)

When the hopes or expectations of how one should be were not fulfilled, it led to frustration, doubts and self-criticism This did not help to sustain the commitment in personal practice and in teaching mindfulness:

…when I first started to meditate and I'd understood that this is about, among other things, keeping one's mind in the present moment. That's how I thought, not being in this moment, but keeping one's mind in the present moment. And so I tried to do that, and of course I found that my mind was unruly and instead of thinking [ ] we're built that way, [ ] I just thought [ ] "I should be able to do this better" and I got really annoyed with myself. (Bob)

Chris also talked about his tendency to want to make it perfect for people so that it was effective, and sometimes being disappointed in himself:

…yes there's an urge to explain it. [ ] this is the expectation thing. I want it to work, whatever that is for people, so there is always a little bit of, a kind of, a sense of failure I suppose, if it doesn't if people are not getting it… (Chris)

Some participants talked about still *wanting things* during meditation, especially for it to feel a certain way:

…it's just that catching on, again and again to: "Aah, I'm looking for something"……. [ ] and it happens in so many ways [ ] and er realising perhaps that I had a nice time meditating yesterday and I'm just thinking about how I might be able to get that again. (Bob)

Avoidance and making conditions as consequences of difficult experiences

It seemed that these early frustrations might discourage one from formal practice or at least make one want to avoid it when it was difficult. Some participants indicated that they may have been avoiding practice because of things that were revealed:

It may be that some of my desultory practice is about resistance… [ ] But I tend to think that now that's not likely to be much of a factor because my practice is now more often rewarding than not and I'm also less shocked by the things I find (laughter). (Bob)

I mean it's much easier to do this kind of thing, I find, if you're walking on the seashore, if you're in beautiful surroundings because then you can, there's nothing that you wouldn't want to engage with… (Eli)

It appeared that some participants developed an almost conditional attitude towards formal practice as a consequence of initial difficulties:

I think mindfulness is something that's really really difficult only ever to do on your own, in that kind of formal meditation thing. [ ] it's the day to day experiencing that I don't need a group for. What I need a group for, I guess like most people, is for that formal pattern. (Eli)

Another consequence of difficult experiences was using mindfulness for what they felt were the wrong reasons or in a wrong way. Some participants at times used it as an escape:

…unfortunately, it was a way of not facing up to the difficulties in my past hmm. I can only say that from the perspective of now. (Fay)

If I set out to use mindfulness in order to calm myself then I'm already contradicting myself aren't I, focussing on the future in order to be in the present [ ] And we all keep doing it…(Bob)

Developing an understanding

Confusion and ethical dilemmas

As they continued, participants made sense of their own difficult experiences with mindfulness practice and they thought about things more deeply and read more about its origins. These issues were present in the stories of the first three participants. Bob for example, talked about a time years ago when he was in a meditation community and did

not agree with certain directives. He described how he experienced feeling confused and uncertain and how it had impacted on his practice at that time:

It didn't stop me practicing, we were meditating quite a lot, but what happened in the meditation was certainly affected. So there was a lot of anger and confusion, uncertainty, erm doubting myself, because [ ] one's doubts, even if well-founded, are seen as… erm…"well you just need to surrender a bit more", "You're just resisting" and so I would look at myself and question. (Bob)

Others were battling with unresolved questions at the time of the interview; these formed major themes in their individual accounts. These seemed to impact on their development, and caused uncertainty and confusion. Chris was not comfortable with taking mindfulness out of its original context and was not sure if it was adequate to use it as a technique rather then a philosophy for life:

I find that quite difficult and I find that that's the paradox with it [ ] we're almost taking it [mindfulness practice] out of the context of a religious, of a spiritual all encompassing practice which comes with a philosophy, to kind of approach in a secular way as a treatment, [ ] "Well, do these practices couple of times a day then you'll feel better", without any kind of [ ] background [ ] we know it's effective because it's been researched and found to be effective. But I do think that [ ] we're very conscious of trying to teach it in a secular way. We don't want to lead people or indoctrinate people or whatever into a certain approach. (Chris)

Trying to make sense of his concerns he talked about cultural issues and difficulties in translating certain concepts into a Western mindset:

I do practice with a Buddhist group [ ] so I'm trying to take that within context. Erm, but I know how difficult that can be within the culture that we live in. [ ] it's very difficult and I find that very difficult… (Chris)

Although he said that he *had been there too* he was uncertain whether using mindfulness as a *technique*, a *means to an end*, was the right way to go:

…through meditation practice I was looking for something, some sort of breakthrough, and I think that is difficult, and I think there's so many people from the West er, wanting that [] it runs counter to what we're trying to do, [ ] I think there's a big tension. [ ] people have had a problem and they want, you know, a solution. And I think we're in a culture where we've been used to being offered quick solutions to things. (Chris)

Alice also wondered if mindfulness could be taken separately from its roots:

…it's been taken out of Buddhist tradition, it's been set separately, but then [ ] can you really do that? Can you really take something? It's like taking prayer out of perhaps out of the Christian church and saying "well we're going to pray, but we're not going to talk about the religion that it's come from". I don't know there's something, there's something there. [ ] Some dishonesty maybe?, not dishonesty, maybe some… non-declaration? (Alice)

Others were aware of the issue and although they shared similar concerns they did not want to advise other people on their ethics:

I am quite interested in, and acutely aware of, the oddness of offering such a non-sectarian course within the NHS, to the extent that it's divorced from its ethical underpinnings. [ ] It is implicit in the MBCT and the MBSR, an understanding that you can become more aware without having the ethical implications. But yes, there's something funny about not teaching that, but on the other hand I wouldn't feel comfortable teaching it. It certainly couldn't be done within the NHS, but also I er… I'm not a Buddhist and I would be very wary of trying to tell anybody what their ethics should be. (Bob)

Becoming flexible in use and understanding

A factor which seemed to be important in maintaining regular practice was a certain degree of flexibility in the use and understanding of mindfulness. The two participants with the longest meditative practice were not strict in terms of their beliefs about what was the right format to learn or practice. They were also flexible about the name for mindfulness practice:

I don't have any thing in my head that says that these courses are the best way to meditate [ ] erm… my my personal practice doesn't stick with that, but it wouldn't be a bad thing if it did. (Bob)

It was called [ ] Spiritual Narratives in Therapeutic Practice, or some important sounding name (laughter). And there were people doing mindfulness, okay it wasn't called mindfulness but that was mindfulness. [ ] As I said it doesn't bother me too much. (Fay)

It seemed that for Fay (who had practiced for over 45 years), one of the supportive factors was the flexibility of what she understood as mindfulness and her ability to focus on the similarities in different approaches:

I tend not to notice the differences between things. I'd rather see the commonalities. [ ] I've been involved in different things but for me, they're all one and the same thing and yes I've dipped in and out of them along the way. (Fay)

Alice said that she felt quite uncomfortable with the initial attitude she brought to her practice. She reported that recently she *came out of formula* and has started being freer with her practice again, after being advised to do so by one of her mentors:

…after about a year or so I stopped [ ] I felt I was making myself practice in quite a rigid way [ ] and I think my practice became eventually, and is now, [ ] more natural and it's more weaved into my daily life. (Alice)

Alice found it off-putting to see others being too certain and rigid in their understanding of mindfulness. In developing her practice she felt more comfortable around teachers who were *less certain* and found them more helpful:

…some people talk about mindfulness [ ] with a great deal of assurity as to "this is what it is and this is how it's done" and I think I find that… I don't have the same assurity and I think I perhaps

DID before I started studying. [ ] And as I study it I see a lot of contradictions in how people talk about it… (Alice)

…one would have thought that in this context one would be more okay with not knowing things. That hasn't seemed to have been my experience. [ ] there are teachers at the university and there were supervisors, and some have been really really helpful, and others seem to be terribly certain of what they're doing and what they're saying [ ] And that disquiets me a little bit really. (Alice)

All participants used it flexibly in their individual clinical work.

…a one to one sort of format, so that's very improvised [ ] "if you can only do ten minutes sitting, then do ten minutes sitting, just experiment with it". (Chris)

…it doesn't just need to be the eight-week course, [ ] I take little snippets that feel relevant to people. (Dana)

Out of four participants who were trained to deliver mindfulness training in groups, two were already flexible and happy to experiment with it to a degree:

…wanting to stick to the format, but not being too rigid… (Chris)

And I'm now doing a four-week introductory course with students, which is very different [ ] but I'm really enjoying that and it feels quite nice to have created something. Sure it's totally out of the eight-week course and it's a reduced version but… (Dana)

While all participants already used it flexibly in one-to-one work, in an 8-week course some were not yet comfortable with diverting from the original format:

…possibly what will happen is that if I continue to teach it, I will adapt. I will find that I will be comfortable making adaptations… (Alice)

Acceptance of self as a meditator and teacher and the difficult aspects of the process

Participants accepted that developing formal mindfulness practice was a long and not always pleasant process, but an ultimate aim was for it to translate into everyday life:

…sometimes it's better than others and that's just what it is. (Chris)

…pleasing, displeasing, it doesn't matter, just do the practice, you don't have to like it. (Bob)

…it takes many years to build a daily practice… (Alice)

…it's not doing this for say twenty minutes a day or forty minutes a day [ ] it is a more philosophical and life approach. [ ] it's about applying this mindfulness, this acceptance, to every day life… (Chris)

In some ways there was a sense of acknowledgment among participants that experiencing difficulties was somehow part of the process and leads to a valuable outcome. However, it did not take away the pain and complications that all these insights may have caused.

Alice talked about a very difficult period in practice, but overall she seemed to appreciate that it happened:

What was happening is I was beginning to do some grieving for things that had happened in the past that I hadn't grieved for [ ] so in that way I'm very grateful for the practice to have opened that up. I think it just did it with a bit of a hammer rather than a tap… (Alice)

Dana spoke about how mindfulness helped her to realise what she valued and face uncomfortable truths about her life situation. This pushed her to take some difficult decisions:

I think doing the practice made me [realise] [ ] my marriage was so at odds with that [things she valued] [ ] it was really excruciating and I remember doing a practice one day and thinking "You don't have a choice. It's like the frying pan or the fire". I was terrified of leaving the marriage, terrified of the uncertainty of that, but it felt like if I didn't a part of me was going to die… (Dana)

Bob talked about discovering that meditation practice was difficult, and felt disappointed in himself which, although very uncomfortable, he used as an opportunity to learn about himself:

I suppose when that happened, [ ] I felt I shouldn't be like that [ ] perhaps for a long time I held on inwardly [ ] to that feeling "Well that might be for everybody else, [ ] but I'm actually a bit special" [ ] that's been eroded away quite a lot. So I might actually become ordinary one day and know it (laughter). (Bob)

Alice seemed to indicate that increased self-awareness when working as a therapist was not initially pleasant, but she started to appreciate it:

…I think as a therapist I became more aware, I was, of my own er body of my own anxieties, which I might have denied having before and I think that's a good thing to be aware of [ ] it can be meaningful [ ] it can be helpful rather than something that needs to be avoided, which again it was. So it's been helpful in that way. (Alice)

Chris only recently stopped being self-critical, developing self-acceptance as a meditator:

…and it's only since later studies, I mean in the past few years, that that's alright, you know you can kind of just sit there and that's fine, it's kind of noticing what's going on. (Chris)

Fay talked about becoming accepting of difficult or strange sensations while meditating:

…seemed to be a disconnected from the sort of thigh down which I found quite strange. Anyway I just accept that's how it is (laughs). (Fay)

Bob also talked about becoming less critical of himself, for him it referred to becoming more accepting of himself as a teacher and learning that teaching does not have to be perfect to be effective:

I was feeling quite inept erm and made lots of mistakes and some practical things went wrong on the course and did not matter. So people [ ] were able to focus on what was important [ ] I learned a lot from that, that was affirming. (Bob)

Sowing the seeds

Another factor that seemed to support the commitment to practice, perhaps more in teaching, was developing the acceptance that it did not have to be helpful for everyone at that particular time because *mindfulness happens in its own time*. Chris talked about realising how mindfulness could have a delayed impact and how in teaching it was just about giving guidance:

…it's something that maybe after eight weeks they go away and don't do it again, [ ] you might have planted a seed for something later on, and developed some sense of mindfulness for it to carry on (Chris)

Also Dana and Fay spoke about their accepting attitude to teaching because of the belief that things need to happen in their own time:

When I teach the course I just view it as an invitation for people to take it wherever it goes and it might be something that they don't get involved with, but who knows in ten years time maybe they'll do. (Dana)

I used to do little exercises with people [ ] but sometimes it isn't easy, because they say "My mind is racing and I can't, you know, I'm just thinking about how awful it was..". [ ] it doesn't matter. Maybe on another occasion they will be able to, so it's like implanting a seed and the seed that may not grow immediately. It might grow, but [ ] some seeds don't grow so, you know (laughs) {acceptance} yes. That's how it is. (Fay)

CHAPTER 4: DISCUSSION

This chapter contains a summary of the aims and findings; a comparison with the findings of recent unpublished qualitative theses; discussion of the findings of the present study from the perspective of the meditation effects model (Kristeller, 2004); strengths and limitations of the study; clinical implications; recommendations for further research; personal reflections; and conclusions.

RESEARCH QUESTIONS AND THE SUMMARY OF FINDINGS

The overall aim of the study was to explore mental health professionals' experiences on the journey of becoming mindfulness practitioners and to understand how they understood the factors impacting on the maintenance of regular mindfulness practice. The following sections summarise the findings in relation to the specific research questions posed:

How do participants describe the experience of maintaining a regular practice?

All participants talked about difficulties in maintaining practice, but none referred to these as "lapses", which may suggest they have come to see occasional breaks in practice as part of the process. Those with the longest practice referred to several periods of no practice or reduced practice over the years. The multiple benefits experienced at earlier stages seemed to motivate them to re-establish practice or to increase efforts to practice more regularly. One factor that seemed to help in maintaining practice was a sense of duty to others and a belief that one needs to speak from experience when inviting clients to embark on this journey. Another factor that contributed to sustained commitment was the organising of private and work life in such a way that the reminders of the value of practice and commitment were available from a variety of sources and contexts. These included seeking out opportunities to practice and share experiences with other people, through teaching it to others and deriving a personal satisfaction from being helpful. Some participants additionally emphasised the importance of good foundations, which I understood to mean engaging in enough daily practice so that it was easier to revive the

commitment later or in the face of difficulties. Building that good foundation involved experimenting with time, place, format or duration of practices to suit one's lifestyle or personality.

What motivations do participants describe in relation to mindfulness practice?

The accounts suggest that clinicians' motivations in relation to mindfulness practice are twofold, their own benefit and the benefits of others. All participants had tried meditation and started learning it themselves before they thought of offering it to others. One participant stressed that her interest was not related to "current fashion" and the interests of two others pre-dated the current interest in mindfulness by about 20-30 years. Although the initial and primary functions of participants' interest and involvement in meditation were self-care, help with managing difficult life experiences and personal development, they also recognised that mindfulness practice seemed to fulfil more general needs around spirituality and meaning in life.

What difficulties and benefits do participants experience along the way?

Typical difficulties described by participants were insufficient time and lack of discipline. Other obstacles involved holding particular attitudes or expectations towards practice and its development, such as striving for expected or desired experiences or gains. Some of the participants reported early frustration in their inability to control their thoughts and self-criticism regarding the lack of progress in their journeys. All described some avoidant tendencies, which became stronger after experiencing painful insights or when practice was physically uncomfortable. Although all participants reported difficulties in their journey, they did, on reflection, suggest that even these unpleasant experiences gave rise to benefits.

The benefits reported fell into two categories: private life and clinical practice. Participants talked about gains in the area of personal development and general well-being (sense of peace and groundedness; better management of emotional states; increases in self-acceptance and insight; satisfaction of needs around spirituality and heightened existential awareness and meaning). In the area of clinical work, benefits

related to the more frequent and confident use of the self in therapeutic encounters, a general sense of being more present and attentive with clients and, because of their own experiences of connecting to difficulties within themselves, participants felt more empathy, understanding and compassion for their clients.

How do participants describe their development as mindfulness practitioners?

All participants felt comfortable with having their development compared to a journey. This was reflected in two ways in participants' accounts: first, that mindfulness is a life-long commitment and a long-term process and that it should not be treated as a technique and taken out of its original spiritual context, and secondly, when reflecting that mindfulness unfolds in its own time. Another reflection of participants' development was visible in the way they came to consider their role as facilitators, who could only invite others to practice and *plant the seeds* that may bring benefits later.

All participants emphasised the *importance of others;* this emerged as one of the super-ordinate themes. The *importance of others* played several functions in participants' accounts of developing as mindfulness practitioners. They felt that others supported their commitment by providing external prompts to practice, offering a sense of belonging and opportunities to deepen practice and to reflect on the process.

Participants also referred to the importance of commitment to *building good foundations* and the consequent benefits derived from the *accumulation of practice* as an aspect of development. All participants except one talked about their practice increasing and stabilising at some point in their lives. The effects of regular practice such as deeper (but not necessarily pleasant) insights and more frequent blissful experiences both facilitated development and were identified as signs of development. These effects in turn appeared to change participants' attitudes and understandings of their own development as a process and lead to them adopting a less critical attitude towards one's self as a meditator and facilitator.

I drew conclusions about the participants' journeys and developmental trajectories from the similarities in the way benefits, attitudes or hopes were described and experienced at different stages in the participants' mindfulness careers. I was tentative in my interpretation of the data in this way since none of the participants spoke about this trajectory explicitly. The structure of participants' journeys crystallised only when I came across the model of meditation effects proposed by Kristeller (2004; 2007) and mapped their accounts onto specific domains and stages. The next section starts with a brief introduction of the model, and what follows is an attempt to use this model to further understand and structure participants' journeys. I discovered this model after I completed the analysis of the data when I went back to the literature to position and make sense of the findings. It helped to organise my thinking about participants' development.

DISCUSSION OF FINDINGS

Development as a journey

Although participants in the current study had significant experience in meditation, it was hard to match their accounts with the descriptions of the higher level of attainments provided in traditional Buddhist literature (e.g. Goleman, 1972). Kornfield (1979) and Kristeller (2004) point out that the writings on meditators' development available from the traditional Buddhist perspective focus on much later stages in one's development than those commonly attainable by Western meditators. Also considering that busy mental health professionals may not turn to traditional Buddhist text when trying to understand and structure their progress, it would be beneficial to offer them a way of mapping their development using Western terminology. For those reasons I chose to use Kristeller's (2004; 2007) model of meditation effects as a structure for organising some of my findings.

Multi-domain model of meditation effects

Kristeller's (2004) model was developed to combine the knowledge and understandings of the effects and outcomes of meditation from a variety of sources. It is grounded in contemporary research findings and brings together Buddhist teachings, Western psychology and the author's extensive experience as a meditator and meditation teacher.

According to this model, development happens across different domains and is a unitary process despite a range of effects. Although the model was developed to explain the effects of meditation practice in general, a more recent and more elaborate presentation of the model (Kristeller, 2007) was offered in the context of stress management. Based on a review of contemporary psychological theory, clinical applications, and research to date, she concluded that: "because meditation practice affects basic processes by which we encode and respond to meaning in our perceptual and internal experience, effects of meditation practice can appear across all areas of functioning" (Kristeller, 2007, p.397). She therefore proposed the following six domains covering the effects and development of meditation practice: cognitive, physiological, emotional, behavioural, in relation to self and others, and spiritual. (See Table 8, p.84 for illustration).

Kristeller (2004) stresses that the developmental dimensions of meditative effects are widely acknowledged in the literature but with little systematic investigation. Unlike the stage model of Wilber, Engler and Brown (1986), who proposed that the meditator moves inwardly (as if through layers of an onion) starting from 'outer' physical effects to core spiritual awakening, Kristeller (2004) emphasised that the domains in her model (from cognitive to spiritual) do not indicate subsequent developmental stages, but rather indicate the possibility of several stages of development within each domain.

The following description of changes characteristic to different levels of development are taken from Kristeller (2004):

> *In the early stage all the effects of practice can be seen as effects of 'quieting of attention' and 'suspension of critical judgement'; momentary disengagement from usual concerns and preoccupations allows for consideration of higher level meaning.[ ]In the intermediate-early stage one can experience greater ability to take control of attention; thoughts no longer jump producing opportunity for other levels of processing of that situation to occur, which marks the beginnings of 'wisdom functioning' characterised by reduced cognitive and emotional reactivity.[ ]In the intermediate-later stage access to 'wisdom functioning' is enhanced and more stable and may inform most activities, decisions and interactions; ability to sustain and direct attention is beyond usual; one reaches 'a state of self/no-self' which enhances compassion for others.[ ]Advanced stage is characterised by extraordinary physical and cognitive control, loss of self attachment and sense of unity with higher realm; distinction between enlightenment and optimal development in other areas of functioning may disappear* (pp. 28-30).

Table 8. Multi-domain model of meditation effects as presented in Kristeller (2007, p.398).

Stage of Development	Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual
Advanced	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
Intermediate	Altered states ↑ Attentional flexibility ↓ Ruminative thinking ↑ Mindfulness	Pain reduction ↑ Pain control Change in physiologic processes Breath control	↑ Sustained equanimity ↑ Positive emotion ↑ Engagement in the moment ↓Anxiety/anger/ depression	↑ Compassionate behavior ↓ Addictive behavior ↑ Adaptive behavior De-conditioning	Dissolving Attachment to sense of self ↑ Connectedness to others ↑ Empathy Self-integration ↓ Narcissism	Altered states ↑ Mystical experiences Awareness of 'transcendence' ↑ Compassion ↑ Unselfish love Heightened sense of inner peace/calm
Initial	↑ Ability to focus ↑ Awareness of mind/thoughts	↑ Awareness of breath ↑ Awareness of body Relaxation response	↓ Reactivity ↑ Awareness of emotional patterns	↑ Impulse control ↑ Awareness of behavior patterns	↑ Self-acceptance ↑ Sense of self	↑ Spiritual engagement ↑ Awe

In order to test whether this model could be used to understand developmental trajectories of this samples' progress as mindfulness practitioners, I attempted to map participants' stories into Kristeller's six domains. See tables 9 to 14 in Appendix J for illustration. When deciding where in the table to include particular examples from the accounts, I was guided by the illustration given and discussed by Kristeller (2004).

Discussion of the applicability of Kristeller's (2007) model to mapping clinicians' development as mindfulness practitioners

Kristeller (2007), reviewing relevant research evidence, discusses a range of patients' problems that can be targeted with mindfulness interventions and gives examples of how changes in a problem could be classified to specific domains (e.g. rumination in the cognitive domain; problems with anger in the emotional domain; binge eating disorder in the behavioural domain or increase in empathy or compassion in the relation to self/others domain). She claimed that the effects of mindfulness in those domains could be experienced as soon as after two months of daily practice. When I tried to map participants' accounts onto the model there was sometimes insufficient data available from their accounts to confirm that all these benefits were experienced since the participants were relatively healthy individuals and had not necessarily started off their journeys with problems in those domains.

Although Kristeller (2004, p.24) claims that her model "is based on a review of the empirical literature; when that was lacking, the traditional meditation literature", she does not describe how she reached her model, which is one of its limitations. Additionally her descriptions of the effects at various stages of meditator development are not always very precise. It was quite difficult to distinguish what to include in the advanced or intermediate-later level from participants' accounts, which posed another limitation on the potential for matching with the results of the present study.

Kristeller (2004, p.27) proposed that the order of the domains was "intended to reflect a possible ordering of the ease by which each effect can be attained during early stages of practice". However, she said that specific effects or the order in which they appear may

depend on the type of training in which a person engages and the particular capacities of the individual. That was so for the participants in the current study. Some had initially felt the effects in emotional, physical and spiritual domains (Alice), while others had reported no effects in some domains: spiritual (Bob) or physical (Chris). Bob for example, made hardly any references to spiritual aspects of his meditation, perhaps because of his early experiences with a cult-like community. He made some references to altered states of perception such as: *time stopping* or *running just happening* but these related to his childhood, and expressed an interest in the concept of enlightenment but these references seemed too vague to be considered reflections of changes in spiritual domain. Eli, whose reported practice was mainly informal, reported several effects of mindfulness practice in all domains.

As I came across Kristeller's model (2007) only after the analysis of the transcripts it did not influence the type of data collected, therefore it was not easy to evaluate the fit between the model and participant journeys. However, I believe that tables 8 to 13 (Appendix J) suggest that participants' experiences of development can be successfully mapped on to this model and that this model offers a possible way of structuring the understanding the journeys in clinicians' development as meditators.

Maintenance of commitment

In the context of Ajzen's (1991) Theory of Planned Behaviour, "having others around" who also practiced mindfulness and believed in its value, reinforced the intention element of the model, through influencing subjective norms and beliefs about control over the behaviour. Additionally, flexibility in the use of mindfulness can increase participants' perceived control over behaviour. Research indicates that people are drawn to some practices over others and having several options improved compliance to post-course practice recommendations (Kabat-Zinn, Chapman & Salmon, 1997). On the contrary the difficulties encountered and unpleasant experiences with mindfulness (like finding the mind unruly, not being able to control the content of uncomfortable insights or the way they get revealed) may decrease perceived control over the behaviour and intention to

practice. This seems consistent with the findings of Mohiyeddini et al. (2009), who examined the role of emotion in bridging the intention-behaviour gap.

Self-regulation theories stress the crucial role of ongoing self-monitoring and comparison of current behaviour against goal standards and emphasise that continued behaviour depends on continued motivation (Leventhal et al., 1984). Shapiro and Schwartz (2000) proposed a self-regulation model based on feedback loops. According to the Intentional Systemic Mindfulness Model, cultivation of mindfulness should lead to further intention to practice. This would explain the benefits some participants derived from accumulation of practice. It seemed easier to motivate oneself to practice after building a foundation or accumulation of experiences and one felt the benefits more strongly the more one practiced.

The importance of the accumulation of practice appeared to be congruent with the findings of Chatzisarantis and Hagger (2007), who say that mindfulness moderates the intention-behaviour relationship. The more mindful (attentive and aware) individuals are, the more likely they are to enact their intentions, because they are less distracted from intended plans. This suggests that the more mindful a practitioner becomes, the easier it is to maintain the behaviour, in this case mindfulness practice itself. The findings also appear to make sense according to the Implementation Intentions Model (Gollwitzer, 1993) in that being active in finding ways of implementing practice in one's life, making plans and arrangements for re-establishing practice after a lapse or organising external cues to prime regular practice, all supported commitment to the behaviour.

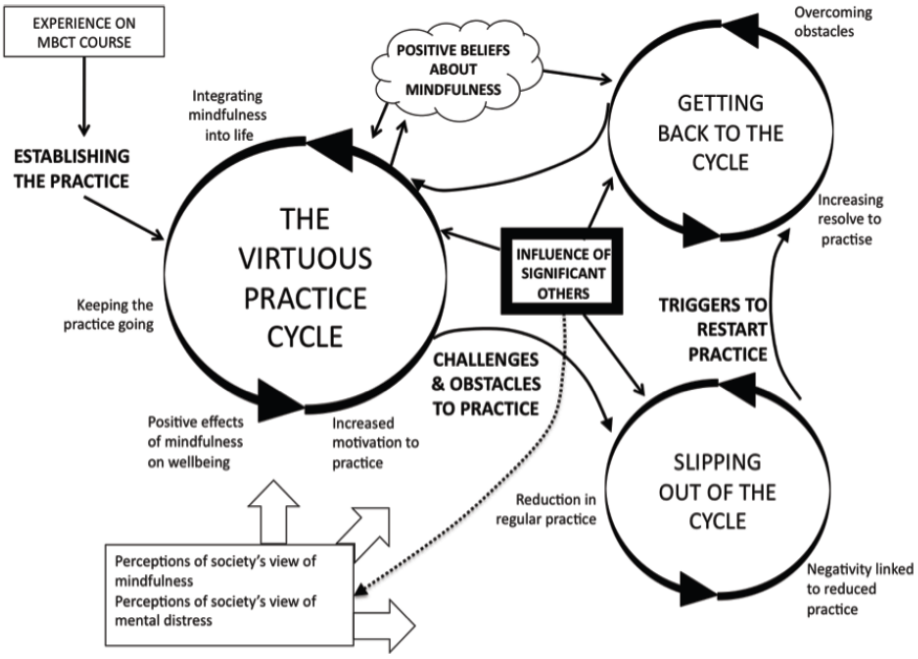
Lack of contact with other practitioners may affect beliefs about practice. The importance of others in maintaining behaviour change has long been emphasised by Marlat and Gordon (1985). The current study findings seem consistent with some reasons for discontinuation of intended behaviours reported by Jones et al. (1998). Among other reasons, they list a lack of specific aims and plans for behaviour, low self-efficacy beliefs, and not having a chance to regularly think and discuss plans with others. These reasons map onto some of participants' concerns (e.g. beliefs about not being able to practice

formally without a support of a group, going off track if one meditates only on one's own, or consequences of not having access to a local Sangha).

From a developmental perspective, Salmon et al. (2009) consider "periodic lapses" - ceasing to sustain the meditation practices in the one form or another - post completion of an 8-week course - as a natural part of learning, worthy of attention and curiosity. They emphasise the "phasic", nonlinear nature of human development and learning. This cyclical progression, which has been documented in studies of meditation practitioners (Kornfield, 1979) and MBSR participants (Santorelli, 1992), suggests that what might be termed as "relapse" or regression actually represents an inevitable aspect of learning and personal growth. Participants' experiences with mindfulness also map onto those reported in introspective studies of meditation experience (for example Walsh 1977; 1978). Studies into the phenomenology of mindfulness were more popular in the sixties, seventies and eighties: a comprehensive review and critique of this research was offered by Pekala (1986).

Participants' experiences of maintaining commitment to practice overlap with the findings of a recent qualitative thesis investigating service users' experiences post-completion of MBCT (Langdon, 2010). The study generated a theory of maintenance of practice beyond 8-week course. The findings suggested that, once established, practice initiated a "virtuous cycle" and is best maintained under certain conditions (e.g. positive beliefs about mindfulness, experiences of positive effects on oneself and life, integrating mindfulness into one's life, support from significant others). However, such practice required commitment and there were several challenges that could lead to slipping out of the "virtuous cycle". Figure 4 (p. 89) represents the diagrammatic version of her model.

Figure 5. A model of mindfulness practice following attendance at an MBCT course as presented in Langdon (2010, p. B15).



Unpublished research

Due to the current expansion of the clinical use of mindfulness there is an increased interest in studying this area. Several recent theses written as partial requirements of Doctoral Courses in Clinical or Counselling Psychology were identified. None of these studies has been published at the time of writing. I have read four in their entirety; the information about Swan's study (2004) is limited and based only on information provided in De Zoysa (2006). Although there was considerable overlap between experiences reported by participants in my study and those found in other qualitative theses, the focus of the current study was specific in relating to the journey and developmental aspect of experiences. Unfortunately full presentation of other theses' findings is beyond the scope of this discussion. However, a brief summary of these studies' aims, samples, methods and main findings is presented so the reader will be able to differentiate my findings more clearly from those of the other studies (see Table 15, p. 90). Overall, the findings reported in these theses appeared to match several categories of benefits and experiences reported by participants in the current study (see Table 16 in Appendix K for a visual mapping of themes overlap). Later in this chapter I will elaborate on significant points of overlap or difference when relevant to discussing specific aspects of my findings.

Table 15. Summary of doctoral theses on mindfulness

Study	Focus / Aim of the study	Method	Sample characteristic	Length of meditation practice	Main findings /themes
Swan (2004) Not known if intended for publication	Experiences of clinical psychologists who have a personal mindfulness practice and the perceived impact upon their personal and professional lives	IPA	Unreported number of "clinical psychologists who had all chosen to follow a personal mindfulness meditation practice. Approx. half of the sample had come to this through some form of spiritual development; participants were using a variety of mindfulness-based approaches in their work"	No data available	List of themes not available, only some comments on relevant findings in De Zoysa (2006).
De Zoysa (2006) Intended for publication	Personal and professional experiences of mindfulness amongst clinical psych. who have encountered mindfulness through a specific training route and via the NHS	IPA	7 clinical psychologists identified as the professional group most likely to use mindfulness clinically 3-14 years post-qualifying experience Aged 32-45	18 months since MBCT completion None of the participants had a formal meditation practice since completion of the course. Prior to the program they have "dabbled" with meditation; encountering it through one off sessions or yoga classes, but no one had committed to a regular practice	**Three master themes:** Personal experiences of mindfulness: Formal practice: "I should do more but"; Informal practice: "Appreciating the moment"; Ad hoc practice: "A sticking plaster"; Psychological processes: Emotion regulation and attention control; Philosophical beliefs: "A loose hold of stuff" Professional experiences of mindfulness: A tentative approach: "Didn't claim to be an expert"; Shifting beliefs: "An alien concept"; Shifting values: "It's all about doing"; The dilemma of "experiential avoidance" Interfaces: CBT and MBCT "not conceptually incompatible"; Practicing what you preach; Therapist-client dynamic: openness and containment; Mindfulness in the NHS: "Done by Psychologists for psychology.
Cigolla (2010) Intended for publication	Individual participants' perspectives of mindfulness and its application in therapeutic context	IPA	6 qualified therapists (BACP/ UKCP registered) 3-14 years post-qualifying experience Aged 29-55	4 -20 years 3 participants engaged in formal practice at the time of interview	**Super ordinate theme:** Mindfulness as a Way of Being, **Two master themes**: A way of being in personal life; and A way of being in therapy **(sub-themes:** Overlap of personal and professional, Qualities brought to the relationship**,** Encouraging a way of being in other).

Study	Focus/ Aim of the study	Method	Sample characteristic	Length of meditation practice	Main findings /themes
Langdon (2010) Intended for publication	Development of a theory about what assists or hinders continued formal and informal practice after an MBCT course	Grounded Theory	13 service users who completed an MBCT course Ages 31-76	3.5 months to 4.5 years since attending the course No data available on how many meditating at the time of interview	See Figure 4 (p.91).
Mussell (2007) Intended for publication	Clinical psychologists' use of mindfulness in cognitive therapy with special reference to underpinning theory and professional issues	Descriptive Phenome-nological Psychology	8 senior clinical psychologists, including 5 consultants, required to have "extended experience of using mindfulness clinically, in groups or on individual basis, in publicly-funded psychotherapy" 7 "highly experienced and senior practitioners" 1 qualified 3 years prior to the study 7 aged 40-55, 1 below 30	No data available on the length of meditation practice but "all had first-hand experience of mindfulness practice in their personal lives before using it clinically, for some over many years". "For others it involved only the briefest involvement in mindfulness as an idea"	<u>Essential learning emerging from study was identified as:</u> Importance of personal awareness by clinicians of the processes taking place when using mindfulness in the professional context of therapeutic interventions. This was reflected in the following **master themes:** specific tensions and compatibilities arising from the use of mindfulness in a cognitive behavioral framework; issues associated with the person of the therapist and therapeutic interaction; issues associated with the particular professional responsibilities of clinical psychologists as scientist practitioners. **Super ordinate theme across all:** Spiritual and Secular.
Current study	Clinicians' experiences of becoming mindfulness practitioners, with specific focus on factors impacting on the maintenance of practice and cost and benefits experienced along the way	IPA	6 mental health practitioners who completed an 8-week course min 2 years prior to the interview and currently using it in their private and professional lives Aged 40-65	12-47 years (1 participant 2-3 years)	See the results chapter

Motivations and reported benefits

Participants in the current study talked about two kinds of motivations for their practice: more practical or self-regulatory ones and those focused on being able to offer mindfulness to others. They reported several kinds of benefits (some focused on personal and spiritual development, others related to their clinical work), which also added to their motivation in maintaining practice.

Personal and professional benefits

Participants reported greater calmness, better management of emotions, non-reactivity in the face of stress or difficulty and increased self-acceptance; those descriptions seem to considerably overlap in meaning with traditional concepts of equanimity and self-compassion (Gunaratana, 2002). Similarly, themes such as getting to know the self, becoming more authentic, waking up to life and seeing things clearly unclouded by one's own judgements could be seen as relating to the concept of developing insight and wisdom (Gunaratana, 2002).

The benefits and experiences reported by participants in the current study seem congruent with the research outcomes and general writings discussed in detail in the literature review section. Overall they match the findings on benefits in physical and mental health reported among mental health professionals who participated in mindfulness-based programmes (e.g. Irving, Dobkin & Park, 2009); those benefits reported when investigating aspects of well-being in both general and clinical populations (e.g. Brown & Ryan, 2003); and benefits related to the effects of mindfulness on the clinical activities of the therapist (e.g. Fulton, 2003; 2005). Some overlap in the benefits reported was also identified in the findings from two recent studies: one of experienced meditators and the effects of meditation on their intimate relationships (Pruitt & McCollum, 2010) and the other of counsellors and psychotherapists who completed mindfulness-based self-care programmes during their counselling training and continued to practice over four years (Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen & Christopher, 2011).

Self-regulation or spiritual development

Shapiro's (1992) study offers a developmental perspective of the meditator's motivations to practice. Her findings suggest two things: that both motivations and benefits reported move along the continuum from *self-regulation,* to *self-exploration,* to *self-liberation/ compassionate service,* and that these may be linked with both initial motivations and length of practice. This is only partially reflected in what has been reported by the participants in the current study. Those with the longest meditation experience were still reporting self-regulatory motivations and those with least wanted to make the benefits of mindfulness available to others, which seems congruent with the compassionate service category. There may be two reasons for this discrepancy, Shapiro (1992) removed the overlaps between categories for the purpose of statistical analysis and therefore made them artificial, while participants in the current study did not have to define themselves according to these discrete categories. Additionally participants in the current study were all in helping professions therefore compassionate service category may have been an intrinsic motivation.

Kabat-Zinn (1990, p.46) says that some kind of "personal vision", allied to spiritual development, should be the driver for meditation practice rather than what he describes as an "addiction to productivity and achievement". The current study found there were existential aspects to participants' motivation and some of the benefits reported referred to heightened awareness and meaning related to the concept of spirituality. Greeson and colleagues (2011) found that changes in spirituality partly explained outcomes in health-related quality of life in 278 healthy but mentally stressed adults after a MBSR program.

It is interesting to note that, when I compared findings from De Zoysa's (2006) study with those from Swan (2004), Cigolla (2010) and Mussell (2007), it became clear that participants' initial motives to start mindfulness practice may have had some influence on the range of benefits and attitudes reported. Participants in De Zoysa's (2006) study did not refer to spirituality as an important aspect of their practice, and interestingly the benefits and motivation for mindfulness use that they reported were more related to self-regulation and seeing it as a therapeutic technique. In comparison with the current study

and the other theses, her participants were interviewed only 18 months after the completion of an 8-week course and did not cultivate regular formal practice since. This could suggest that the spiritual aspects of practice may be acknowledged only after personally meaningful insights have taken place.

Official guidelines

Participants of the current study reported that part of their motivation to maintain personal practice was related to a belief that their personal practice is an essential part of their work. As facilitators they aspired to embody mindfulness well. Therefore this motivation seemed to be derived from personal experiences and values rather than dictated by external standards. The existence of official guidelines seemed to have less impact on participants' motivation to maintain personal practice than would have been expected considering that awareness of standards was one of the self-regulatory acts that has been successfully integrated in predictive models of behaviour (Sniehotta et al., 2005).

However, this seemed to be the case for participants in De Zoysa's study (2006). Although none of her participants had been running courses, some were convinced that their understanding and experience with mindfulness was sufficient to deliver this training, even though none of them had established personal practice after completing the MBCT. The fact that they seemed to be aware of the recommendation for teachers to have their own practice may have been a factor regulating their professional behaviour but not the personal use of mindfulness. Therefore, her findings and those from my study, when considered together could further suggest that official guidelines that recommend personal practice for clinicians, who use mindfulness with patients, have questionable power to motivate one to establish one's own practice.

Obstacles and difficulties faced

The obstacles reported in the current study seem to be consistent with classic hindrances described in traditional Buddhist writings and discussed in the literature review section. For example traditional illustrations of *desire*, *aversion* and *self-doubt* (Gunaratana,

2002; Schömberg, 1996; Morgan, 2002) seem to be reflected in the early attitudes towards practice reported by participants and grouped into a master theme: *discovering and accepting what mindfulness practice can do*.

Although avoidance of difficult experiences or uncomfortable insights during practice has been reported, it did not stop clinicians in the current study practicing in the long run. Research into adherence to exercise recommendations (Jones et al., 1998) provided some insight into a range of reasons for discontinuation of intended behaviours, such as lack of time, routine of new behaviour being disrupted by holidays, illness and having unrealistic expectations regarding the potential benefits. These reasons map onto some of the obstacles to practice reported in the current study: lack of time, moving house, disruptions to daily routines because of an adult child moving back home, and some early misconceptions about what mindfulness practice could or could not do.

Participants' *wanting things a certain way* and the consequent *disappointments* can be considered as an obstacle to maintaining commitment to intended behaviour. Having different experiences to what was hoped or expected about what mindfulness can do brings to mind the concept of expectancy violations, which in previous research was found to be one of the predictors of dropout in adopting other health behaviours such as exercise programmes (Sears & Stanton, 2001). These disappointments with one's own experiences of mindfulness did not however stop participants in the current study from continuing to practice or from reporting benefits. This finding is also congruent with research by Sears, Kraus, Carlough and Treat (2011, p.5) who found that "experiencing doubt appears to be a common part of the meditation process, and does not preclude experiencing benefit".

Shapiro (1992) found that the explanations made by practitioners to themselves on the days when they did not practice were dependent on the length of practice. For the purpose of statistical analysis the groupings of durations were: 2 years or less, between 2 and 7 years, or 7 years or longer. Among those with the shortest history of practice the most common category was blaming the external (no time, high stress) or blaming the

self (anger, "I should…") and for those with the longest practice history most common cognitions related to acceptance or awareness (i.e. using non-meditating as something to learn from). Those findings suggest that the longer the individual meditates the more likely they are to use non-compliance as an opportunity to gain further insight into the workings of one's mind. This is to a degree compatible with the changing attitudes towards practice among the participants of the current study and seems reflected in several themes: *committing in the face of demands, acceptance of self as meditator and difficult aspects of the process, becoming flexible in use and understanding*.

Uncertainty about the use of mindfulness

Several participants in the current study expressed concerns and dilemmas about mindfulness being regarded as a technique versus life commitment and being stripped from its Buddhist context. Themes relating to taking mindfulness out of its original context were present in all the aforementioned theses. Those participants who had chosen to practice mindfulness for spiritual development did not seem to consider it simply as a technique and reported more dilemmas about its use outside a spiritual context. Fears of secularising mindfulness and concerns about treating it as a therapeutic technique were quite strongly present in Mussell's (2007) study. Interestingly, all therapists in his study were first persuaded to use mindfulness with clients because of personally experienced benefits. Participants in De Zoysa's (2006) study considered mindfulness as a therapeutic technique. Her participants were using mindfulness clinically, not because of personal benefits experienced earlier, but because it was a justified empirically-supported treatment, which could also suggest that there are different cohorts of mindfulness practitioners.

Putting states of mind into words

Participants' struggles to express precisely what they meant may have been dictated by the fact that mindfulness is referred to both as an obtainable state and an activity leading to achieving of that state (e.g. Kabat-Zinn, 2011). However, there may be another explanation of this phenomenon. Perhaps at times, participants were talking about insights not yet fully understood, which were grasped only partially or intuitively. This

raises the concept of inner knowing which Gendlin (1981), when exploring creation of meaning, called the "felt sense" which the conscious mind is initially unable to articulate. Indirectly it speaks to the fact that participants were mindful of the nuances in meaning of experiences.

This theme, also reported in De Zoysa's (2006) and Mussell's study (2007), seems to be an intrinsic aspect of the experience of putting states of mind into words and is not new in the field of psychology and therapy. The fact that participants struggled to describe their experiences in words may have been a simple reflection of the fact that mindfulness is not an easy concept to discuss or describe. Gunaratana (2002, p. 137) explained that words are devised by symbolic levels of mind and describe those realities that symbolic thinking can deal with, whereas mindfulness is pre-symbolic, therefore "words are only fingers pointing to the moon, not the moon itself".

THE CONTRIBUTION OF THE CURRENT STUDY

I hoped to offer insight into useful strategies for professionals wanting to establish or maintain personal mindfulness practice, which seems particularly timely considering the increasing popularity of MBIs and the growing number of mental health professionals interested in the subject. I believe that findings from this research make a contribution to the debate regarding the necessity of formal meditation practice (Dimidjian & Linehan, 2003; Hayes & Shenk, 2004; Kabat-Zinn, 2003).

The findings from this study indicate that the effects of mindfulness are experienced on many levels and in different areas of meditators' personal and professional lives. Practitioners' development seems to happen in stages and in many domains. Mapping the effects of meditation in a sample of clinicians who are developing their meditation practice was demonstrated using Kristeller's (2004) model. Although this model has been used to discuss the findings of empirical investigation of the effects of mindfulness practice among service users with eating disorders (Kristeller & Hallett, 1999), it has not been applied to understanding mental health professionals' development as mindfulness

practitioners. Therefore the present study has given empirical support for the use of this model in a new area. This is an original contribution of this research.

Availability of a clear map of the possible effects of meditation may facilitate realistic expectations and perhaps prevent some practitioners from discontinuing with practice before the "good enough foundation" has been established. The concepts and domains proposed by Kristeller (2007) use Western psychological concepts, which are more readily researchable. Mapping typical journeys in practitioners' development is needed for Western practitioners in order to facilitate their development. An increasing demand for MBI calls for support of future generations of mindfulness facilitators. This study was a first attempt to understand a developmental trajectory of mindfulness practitioners. Although it did not focus on the developmental trajectory of mindfulness facilitators it highlighted that Kristeller's (2007) model of meditation effects may be useful in future research of this area.

As discussed earlier, Buddhist literature offers guidance on typical hindrances or stages experienced in meditators' development. These are based on an extensive 2500 years of knowledge from the experts in the field and offer very practical recommendations about maintenance of practice. A few research studies to date have offered an empirical grounding for these descriptions. The most relevant studies were published in the Journal of Transpersonal Psychology (e.g. Goleman, 1972; Walsh, 1977; 1978; Kornfield, 1979; Shapiro, 1992), which is not widely available. Additionally, the language used in traditional texts may be restricting and aimed at a specific audience with an interest in spirituality and contemplative practices. In the current era of evidence-based practice many practitioners of mindfulness may not automatically turn to these texts in order to understand their own difficulties. Findings of the current study seem congruent with ideas present in traditional writings. However, the current study presents perspectives and experiences from ordinary practitioners and uses a model of meditation effects grounded in Western psychology and research. Readers may therefore be able to better identify with these participants, facilitating their understanding of themes and messages that have previously been presented in a more traditional or religious way.

Elements of participants' journeys also reflected the findings of Langdon's study (2010) indicating a circular process in the maintenance of meditation practice. Experiences of participants in the current study suggest that slipping out of the cycle may be more frequent at the initial stages of establishing practice as indicated by one of the master-themes: *Accumulation of practice and importance of good foundations*. This could suggest that the cycles proposed by Langdon (2010) may simply occur while on a particular trajectory over time. Her model might be more characteristic of the beginning stage in the practitioner's development. Perhaps factors or cycles typical in maintaining the practice beyond 5 years were not detected because her participants meditated for 4.5 years at the most. My findings suggest that, at later stages in the journey, as self-acceptance develops so does the flexibility of use and application in daily interactions. The wider applicability of Langdon's (2010) model has not yet been tested, but the findings from the current study can be considered as indirect validation of her theory when applied to mental health professionals.

The findings of the present study reflect the ongoing debate and contribute to the discussions in the clinical field. They attempt to use a theoretical model of meditation effects to structure the developmental journey of mindfulness practitioners. As demonstrated above they also confirm and indirectly validate findings from other qualitative theses conducted in this area. Additionally they represent a perspective of practitioners themselves, which supports the notion present in the literature that the teacher of mindfulness needs to embody its qualities. This strengthens the arguments for implementing the minimum training standards for mindfulness teachers (Crane, Kuyken, Hastings, Rothwell & Williams, 2010) and organising regular opportunities for practitioners to meet in order to support them in their development. Findings of this research may suggest that misunderstandings of mindfulness are perhaps typical or even normative for the first few years of development as a practitioner. If that is the case, then these findings further support the need for ongoing supervision of novice mindfulness facilitators to prevent them inadvertently obscuring the spirit of mindfulness practice as conveyed to clients.

STRENGTHS AND LIMITATIONS OF THE STUDY

Method and Design

Significant time was spent at the planning stage of this project to set the focus for this study. Given my enthusiastic support for mindfulness-based approaches and the risk that I would favour positive results, I spent some time negotiating with my supervisor over the aims of the study, and decided to focus on the journey of becoming a mindfulness practitioner, and in this way facilitate my openness to whatever experiences participants would describe.

IPA seemed best suited to the nature of the subject. However, what became clear from the findings was that the difficulty finding words had perhaps greater impact on the understanding and interpretation of data. It fits with the underpinnings of IPA, which recognises to some degree the gap between experience and the account of experience (Smith et al., 2009), therefore there can be considered to be a good match between the subject of the study and the method. As one of the participants emphasised, language is symbolic and therefore it means that as soon as meditative experiences are being described, they are taking a specific form which may have different connotations for different people. Language can therefore be seen as a way of constructing the "reality" of meditative experiences, and specific descriptions used may serve different purposes.

Sampling and recruitment

Smith et al. (2009) recommend purposive sampling strategies to recruit homogenous samples. Participants should be selected to grant access to a particular perspective on the phenomenon rather than represent a particular population, therefore the fact that none of the Newcastle contacts became a participant may be seen as a limitation. On the other hand, the final sample offered several benefits: a variety of experience, professional backgrounds and work contexts; considerable expertise; long as well as short mindfulness journeys; and teaching experiences. In the view of the overwhelming interest in MBIs among mental health professionals the fact that this sample was so

diverse may actually represent the mixture of practitioners drawn to these approaches and therefore a perspective common in that area. Because of this variety, more practitioners may identify with the findings. Although IPA researchers are interested in the idiosyncratic representation of participants' experience, fundamentally they still aim for the research findings to be valuable to those interested in the phenomenon being studied (Willig, 2001).

Although the current sample size was well within the numbers recommended for qualitative research projects (Smith et al., 2009) and the findings seem to be consistent with the literature and reports from other studies, it is still important to treat the findings with caution. Considering the limited number of studies conducted on experienced meditators (Pruitt & McCollum, 2010; Christopher et al., 2011; Falkenström, 2010) the fact that the current sample constituted mostly of longstanding practitioners, can be considered a strength, especially because none of these studies addressed the development of meditators over time. However, it can also mean that the findings are less likely to hold for those who trained more recently. Given that four out of six participants were developing their teaching skills simultaneously means the findings may also be less likely to hold for those without experience and practice in teaching mindfulness.

The decision to interview an "expert" sample had its implications. Five of my participants had research knowledge of the field and extensive meditation experience. Therefore they may have been alert to the connotations of questions asked, and implications their statements may have. Gillham (2005) points out that "elite" interviewees may be particularly "politically" aware of their subject. Many times during an interview, I had the impression that there was a message that my interviewee wanted to pass on. I felt lectured at times. Also I had a sense that, through disclosing certain uncomfortable experiences with it, participants may have wanted to "prepare" other meditators for what can be expected, to make it easier, to help with understanding, when talking about their own pitfalls and misunderstandings. On the other hand, they may have been inclined to give answers that would protect or popularise the idea of

mindfulness practice as beneficial. This can be seen as both a strength and limitation of interviewing an “expert sample”.

Data collection

Smith et al. (2009, p.57) describe qualitative research interviews as a “conversation, with a purpose”, the purpose of which is informed by the research questions. However, they recommend that the research questions are addressed “sideways”, not asked directly. The interview schedule was developed with that in mind, which is one of the strengths of the study. I asked generally about difficulties faced along the journey and specific supportive or hindering factors in maintaining the commitment and experiences at different times. Asking directly how they felt about discontinuations in their practice could have lead people to give socially desirable answers. The fact that all participants talked about periods of less regular practice with matter-of-fact attitudes and none of them referred to these periods as “lapses” made me conclude that they must have considered them as natural parts of the journey.

Singh (2010) raised the issue of whether personal practice should be a basic requirement not only for teaching, but also for researching mindfulness; the impact of personal practice on research is one of the areas of future investigations he proposed as a priority. In this respect my familiarity with mindfulness meditation might be considered as a strength of the study. On the other hand, it may have been a weakness since I may not have questioned certain aspects of participants’ experiences because I assumed I knew and similarly my participants may have assumed there was no need to expand on certain topics. However, on one occasion when this became clear I explicitly asked that particular participant to describe and explain their experiences as if I did not know anything about the subject, perhaps I could have asked all of them at the start to respond in this way. Also having two interviews with each participant would allow for deeper exploration of their experiences and following on from threads which seemed salient but were only recognised later.

For practical reasons the interviews were transcribed by another person and therefore analysed after all data were collected. This can be seen as a limitation since it meant that reflections on the style or missed opportunities for clarification based on one interview could not be reflected in the interview style and competence of the following one. On the other hand, it supported IPA's idiographic commitment (Smith et al., 2009), in which the conduct of one interview should not be affected by themes emerging from the previous one.

Another limitation of this study is the fact that it relied on verbal reports. This raises several issues. There is a chance that participants may have given safe or socially desirable accounts. Labelle, Campbell and Carlson (2010) discuss the factors interfering with the accuracy of self-reports, such as impression management and repressive coping styles. However, all participants spoke openly about difficult experiences with mindfulness and that they had not always practiced regularly. They also did not seem uncomfortable disclosing personal information or unfavourable views. It seems particularly telling that one participant confirmed having a regular mindfulness practice at the screening stage and then in the face-to-face contact revealed that this was not the case. On the other hand, observations of participants' behaviours and mental notes on how much they embodied mindfulness during the interview formed part of what influenced interpretation, for example spontaneously treating the message-delivery chime of my phone as an invitation to become aware of the moment.

It is also worth bearing in mind that participants' reports relied on their memory of events and understandings that were shaped over significant periods of time (in two cases 35 and 47 years). Considering that all had some difficulties in finding appropriate words suggests that at times they may have been referring to experiences for which they had no previous concepts.

Analysis

An inherent feature of IPA is the *double hermeneutic* which means that the reading and interpretation of the data was shaped by my beliefs, assumptions and knowledge of the

field. I am a mindfulness practitioner and have used it clinically. I am also very enthusiastic about this topic and therefore read much on the subject. In order to check that I made sense of the data in a credible way (Smith et al., 2009) and that others could follow and accept my conclusions and interpretations, I set up discussions of transcripts and analysis with my academic supervisor and two independent auditors with no experience of mindfulness, who therefore brought an independent perspective to the reading of codes and emerging themes. At times, their feedback informed my own thoughts, and helped develop or refine emerging themes.

The themes were not discrete categories as represented on the map and participants did not relate to them all in a consistent or universal way. Although this may seem like a limitation, even leaders of the IPA method have reported this (e.g. Macran, Stiles & Smith, 1999). Some themes were present only in one or two accounts and were omitted from the results section because they were not relevant to the research questions. These referred to experiences of being taught and teaching others and although they seemed too distant to form a coherent theme across participants, they nevertheless felt important.

At the end of the analysis, when I went back to the literature trying to compare my findings with what had been proposed and studied, I became concerned that a lot of my findings were compatible with those in other studies. I wondered whether this was indicative of bias, or simply of the fact that I was already familiar with the obstacles and stages in development proposed in the meditation literature. The fact that most of my findings have not surprised me could also be a reflection of the representativeness of the sample and perhaps the fact that experiences reported resemble the voices of other mindfulness practitioners that I have come into contact with during the six years of my own journey.

One thing did, however, surprise me. The only participant who did not maintain regular formal practice (Eli) reported more or less the same benefits as others who had formal practice. She was the person most recently trained in mindfulness and in this way resembled participants in De Zoysa's study (2006), whose changes in psychological

well-being were associated with informal and ad hoc practice, reading and shifts in beliefs and values. Although the aim of cultivating mindfulness is for it to extend outside a set practice time, to permeate everyday life and to translate into a “way of being” (Kabat-Zinn, 2003) I am not sure if that is possible for that to happen so quickly. Both formal and informal practice is assumed to be essential for experiencing the benefits (Segal et al., 2002; Kabat-Zinn, 2003). If formal practice is indeed essential for experiencing the benefits, then this could suggest that the reliability of research reports on benefits from meditation may be questionable, but perhaps adopting a certain philosophy and practising mindfulness through everyday activities may be enough to feel the benefits. However some empirical studies suggest that everyday mindfulness may be a different construct from mindfulness during formal meditation (e.g. Thompson & Waltz, 2007) and others reported that the amount of meditation practiced did not predict change in the sense of mindfulness (Kristeller & Hallet, 1999).

A possible limitation of this study is the fact that some of the meaning participants made of their experiences may have been lost due to the fact that English is my second language and I may not always have been able to pick up nuanced or subtle connotations. However, the quality checks have not confirmed any of these concerns.

Another possible limitation is the fact that mindfulness practice was not differentiated from other types of meditation experienced and practiced by some of the participants over the years. However within qualitative psychology, Yardley (2008) suggested that "the validity of research corresponds to the degree to which it is accepted as sound, legitimate and authoritative by people with an interest in research findings" (p. 235).

CLINICAL IMPLICATIONS

Personal mindfulness practice is strongly advocated by proponents of 8-week courses and seems supported by participants in the current study. Considering that MBIs are widely offered in NHS services, perhaps time for personal meditation practice needs to be protected or part of regular Continuing Professional Development activity, otherwise

this standard may be difficult to achieve and would have to be met through personal activities outside NHS work hours.

Participants emphasised the importance of contact with other practitioners in their development. Perhaps clear systems of support could be facilitated by offering regular reunions after the end of the courses or setting up internet forums for those in remote areas to share their experiences. This could be especially important for those practitioners who are pushed into course facilitation in their professional roles before they are certain or confident in their own understanding of the subject.

Considering the obstacles in maintaining practice and unhelpful early attitudes reported by the participants it would be helpful to offer this advice to developing mindfulness practitioners, for example:

- speak openly about common obstacles and future difficulties in maintaining the practice and even ask practitioners to predict their own personal barriers to practice and consider ways to overcome these in establishing home practice;
- inform that lapses are common, (or some would argue they do not exist) and emphasise bringing gentleness and acceptance to the process of establishing one's own practice;
- emphasise the "just do it" and "it takes time, don't rush it" messages and simply reflect on striving as part of meditation practice; and
- encourage making links with other practitioners and if possible finding an individual mentor.

FUTURE RESEARCH

Most participants were developing their mindfulness teaching skills simultaneously to developing their own practice, and for some participants this seemed to facilitate their development, while others saw it as an additional responsibility which perhaps came too early. It would therefore be useful to investigate experiences of mindfulness

practitioners developing as mindfulness teachers. This gap in theory and research has recently been highlighted by Crane et al. (2010).

What is more, Bell (2009) argues that different people, and the same person at different times, may have different reasons for meditating as well as different experiences while meditating. Although participants were at different stages in their development as mindfulness practitioners, it is worth pointing out that the experiences described reflected not only their understanding of their experiences at that point in time, but also relied on their memory of how things felt and were conceptualised at previous stages of their journeys. It would be interesting to interview the same clinicians at different points over the course of several years to allow for a better understanding of the changes in the process of becoming a mindfulness practitioner, not only to check if Kristeller's (2007) model might have value in a more direct manner, but also to establish the developmental trajectories more reliably making sure that what is reported is not coloured by later experiences or insights so that people can be better guided and supported through their journeys.

Based on the findings from this study and especially when thinking about Eli, it seems important to establish whether significant differences in mindfulness and psychological well-being exist between those who continue to meditate regularly and those who have stopped, and about the relationship between reported changes and the amount of time spent in formal practice. An important general implication for future research into mindfulness effects is the definition of 'regular practice'. One participant in the current study, who reported more or less the same benefits as others, reported not having developed a formal meditation practice, even though earlier she had stated that she fulfilled all inclusion criteria. Interestingly, a similar situation was reported in De Zoysa's study (2006): three of the seven participants had reported having a formal meditation practice on the written questionnaire, but not at the interview. This raises an important question about validity of the self-report measures which are commonly used in quantitative studies into effectiveness and the dose-effect relationship of mindfulness training. It is important to ensure that, in future research of patient or clinician

populations, ‘regular practice’ is defined precisely so that the wording in the questionnaires cannot be misinterpreted. With the growing popularity of mindfulness-based interventions and the requirement for trained practitioners to have regular mindfulness practice, answering ‘yes’ in self-report measures about formal practice might become even more socially desirable among clinicians.

Further research should also clarify whether adopting the philosophy and practising mindfulness through everyday activities or only occasional formal meditation sessions is sufficient to experience the benefits reported by those practicing formally every day. Interviewing clinicians who have learned or practiced mindfulness in context different to 8-week courses, such as ACT or DBT (which do not advocate regular meditation practice for the therapist) could help to answer this question. Also, considering that there are a number of different ways one can be trained in using mindfulness, it seems worth investigating the experiences of clinicians who were introduced to mindfulness only or mainly within a DBT or ACT context. This would also help to differentiate whether practitioners accounts and understandings of their experiences and developments in mindfulness skills, are different because of the differences in the philosophy or language of a particular therapeutic approach.

All participants in the current study were of white and Western backgrounds. Including professionals from different ethnic and cultural origins could possibly enrich the discussion about difficulties in translating Eastern concepts into Western culture. This could also help to clarify whether Western culture with its preferences for bliss and positive emotions instead of equanimity (e.g. Wallace & Shapiro, 2006; Grossman, 2010; Leu, Wang, & Koo, 2011) and search for *quick solutions* as suggested by one of the participants and discussed in the literature (e.g. Moss and O’Neil, 2003), is responsible for some of the attitudes and expectations contributing to difficulty in maintaining regular practice.

Although there may have been a reason why particular professionals volunteered to take part in the study, a mix of both positive and negative experiences revealed during the interviews suggests that these participants were not interested in taking part in the study

just because of positive experiences with mindfulness. Even more purposive sampling could also help counteract limitations based on self-selecting of participants. It would be interesting to explore experiences of those participants of mindfulness courses who drop out because they do not find meditation helpful.

PERSONAL NOTE

In one of her lectures Berne Brown referred to interview stories as “data with a soul”. I am grateful to my participants for sharing their stories and did my best to listen carefully to hear more than just words. My participants’ experiences inspired me to continue with my commitment and be more accepting of my “lapses” for which I am grateful. However, going through the research process taught me to step back and separate clinical judgements and intuitions from hard research findings and in this way added a new meaning to the practice of “being a mindful observer”. I hope this study will inspire and support other practitioners in their meditation practice and although this piece of research is now complete, the topic remains meaningful as my journey in becoming a mindfulness practitioner continues.

CONCLUDING REMARKS

Over 30 years ago Jack Kornfield (1979, p.53) investigated patterns of experiences reported by students of insight meditation during one three-month and five two-week retreats and concluded that: “Meditation does not appear to be a linear learning or developmental process. Instead, the mindfulness meditation appears to include periods of regression, restructuring and reintegration”, and he emphasised that “it is essential to recognise the non-linear process of growth in meditation in order to construct proper research models”. Even though in the last 20 years we have seen a massive growth in research interest in mindfulness, the subject of mindfulness practitioner’s development has received surprisingly little attention in empirical studies.

Mapping of direct experience always precedes investigation and understanding. Although the findings from a small number of in-depth accounts cannot be generalised to the wider population or understood as templates of experience, the meanings and experiences highlighted in this study can be used to inform further larger scale projects aimed at establishing typical aspects of developmental trajectories in becoming mindfulness practitioners.

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APPENDIX A

Ethical approval letter

Kamila Hortynska
Clinical & Health Psychology
University of Leeds
Charles Thackrah Building
University of Leeds
101 Clarendon Road
Leeds LS2 9JT

17 September 2010

Dear Kamila

Re ref no: **HSLT/09/035**

Title: **The Clinician's experience of becoming a mindfulness practitioner: an IPA study**

The above research application has been reviewed by the Leeds Institute of Health Sciences, the Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/ LIGHT/ LIMM) joint ethics committee and I am pleased to confirm a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation at submitted at date of this letter

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics and Governance Administrator for further information (r.e.desouza@leeds.ac.uk)

I wish you every success with the project.

Yours sincerely

Laura Stroud

Professor Alastair Hay/Mrs Laura Stroud
Chairs, LIHS/LIGHT REC

APPENDIX B

Participant Information Sheet

Title of the study: The clinician's experience of becoming a mindfulness practitioner

Chief Investigator: Kamila Hortynska, Trainee Clinical Psychologist

Supervisors: Dr Carol Martin, Consultant Clinical Psychologist
Dr Neil Sabin, Consultant Clinical Psychologist

Contact details: Clinical Psychology Admin Office
University of Leeds
Charles Thackrah Building
101 Clarendon Road
Leeds
LS2 9LJ
Email: umkeh@leeds.ac.uk

We would like to invite you to take part in a research study. Before you decide if you want to participate please take time to read the following information carefully. It tells you the purpose of the study and what you will be asked to do if you take part. Please ask if there is anything unclear or if you would like more information. Take time in deciding if you wish to take part.

What is the purpose of the study?
I hope to investigate the experiences and attitudes of clinicians in establishing their own mindfulness practice. The study aims to explore both positive and negative experiences professionals may have with mindfulness practice in order to help with understanding some of the processes, stages and developments encountered in the process of becoming a mindfulness practitioner.

The rationale behind the study
Mindfulness meditation is becoming an increasingly popular form of intervention among mental health professionals. Although daily mindfulness practice is being recommended to both patients and clinicians, it is commonly known that it is difficult to maintain a regular commitment given the pressures of everyday life. There are informal guidelines for professionals recommending personal regular practice of mindfulness when one is teaching it to others. It is hoped that the results of the study will help to identify practitioners' difficulties and helpful strategies that can be used during the process of becoming a mindfulness practitioner.

Who is invited to take part in the study?
- Any professional, who has completed an 8 week course in mindfulness (MBSR or MBCT) a minimum 12 months prior to taking part in the study and
- who currently has or who had in the past a period of regular practice and
- who uses mindfulness with others (clients or other clinicians).

Taking part in this study is entirely voluntary. If you decide not to take part in the study or you decide to withdraw from the study at any point, even after consenting you can do so without giving any reason or explanation. However, taking part may be an opportunity to reflect on your own experiences of mindfulness and becoming a mindfulness practitioner. What you share may also help others in establishing practice in the future.

What does the study involve?
If you decide to take part in the study you will be asked to talk about your experiences of mindfulness practice; interviews will probably take an hour or slightly longer. I would arrange to meet you at a time and place most convenient for you. I would, however, need to be a non-NHS site. I would be happy to meet you at your home if that is most convenient for you. If you could not provide a confidential, non-NHS venue then I would invite you to come to the University of Leeds and the costs of your travel would be reimbursed. After completing the interview you will not be asked to do anything else. You may opt in to receive a summary of the findings once I have completed the study.

Confidentiality and anonymity of participation
The interview will be audio-recorded and than transcribed verbatim. All identifiable data will be removed from the transcripts. Each recording will be allocated an anonymised code and no real names or any other identifiable data will be used when dealing with the material. Only the chief investigator will know how the codes were allocated. During the data collection and data analysis stage of the study all the information will be kept strictly confidential and anonymous and will be handled according to the Data Protection Act. The recordings and transcripts will be kept on a password protected university server. After completion of the project the consent forms, recordings and the transcripts will be stored in a locked cabinet within the Clinical Psychology Department for a period of five years. Following this they will be securely destroyed.

Extracts from your interview may be than used verbatim in the write-up of the study. However no identifiable information will be included in the report and at the end of the interview you will be offered the option to withdraw any parts of the interview that you would want to protect from being included in the final report. Participants' personal data will not be identifiable in written or verbal presentations of the study. If you decide to withdraw from the study after your interview has been completed, the recording will be destroyed and the data will not be used verbatim in the write-up, but would be considered in the analysis of the study.

What are the possible disadvantages or risks in taking part in the study?
No major risks are anticipated from taking part in the study. However, finding time to meet for the interview may cause some inconvenience in your daily routine. It is also possible that talking about you personal experiences of mindfulness may cause some discomfort or emotional distress. I will be available to discuss any such issues and may be able to advise on potential sources of support.

What will happen to the results of the study?
The study will be written up as doctoral thesis and submitted to University of Leeds. The data will not be used in any other study. The intention is for the research findings to be published in a scientific journal and presented at conferences.

Who is organising and funding the study?
I am a Psychologist in Clinical Training at the University of Leeds. The study is part of the requirements of the clinical training programme and is funded by University of Leeds and the Leeds Teaching Hospitals NHS Trust. This study has been reviewed and given a favourable opinion by the University of Leeds Research Ethics Committee (reference number: HSLT/09/035).

If you have a concern about any aspect of the study please contact any member of the research team, who will do their best to answer your concerns. If you have a complaint about the study or the way you have been dealt with during the study you will be invited to contact the project supervisors. All concerns will be addressed according to University complaint procedures. For more information please contact the Clinical Psychology Admin Office or Clare Skinner, Faculty Head of Research Support, Faculty of Medicine and Health Research Office, Room 10.110, Level 10, Worsley Building, University of Leeds, Clarendon Road, Leeds LS2 9NL

Thank you for taking the time to read this information.

APPENDIX C

Informed Consent Form

Title of the study: The clinician's experience of becoming a mindfulness practitioner.

Chief Investigator: Kamila Hortynska, Trainee Clinical Psychologist

Supervisors Dr Carol Martin, Consultant Clinical Psychologist
Dr Neil Sabin, Consultant Clinical Psychologist

Thank you very much for agreeing to take part in this research. The purpose of this form is to ensure both that you are willing to take part and that you have been informed of what is involved.

1. I confirm that I have read and understood the information sheet (version1) for the above study. ☐
2. I confirm that I have had the opportunity to ask questions and have been satisfied with the answers reviewed. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time even during the interview without giving a reason. ☐
4. I agree for the interview to be audio-recorded. ☐
5. I agree for the extracts of the interview to be used in reports of the research on the understanding that my anonymity will be secured. ☐
6. I agree not to give names or any identifiable data if referring to my patients at all. ☐
7. I agree that all the information I share in this study is confidential unless I disclose information of risk to either myself or others. ☐
8. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Researcher	Date	Signature

1 copy for participant
1 copy for research file ☐

APPENDIX D

Interview schedule

Introduction

Thank you for agreeing to take part in this interview. The aim of the interview is to find out about your experiences of becoming a mindfulness practitioner. Although I have a series of questions to ask I will mainly just try to follow what you will be saying. During the interview I may be making some notes on this blank form, if that is that ok with you. Do you have any questions before we begin?

Questions guide

1) How did you **first discover mindfulness**?
What was it like? What did you think? Any benefits/ costs? Disappointments/ positive surprises? What were the barriers / what helped? Qualities of practice? What, when, how often, how long for?

2) What happened next… **training**?
What was it like? What did you think? Any benefits/ costs? Disappointments/ positive surprises? What were the barriers / what helped? Qualities of practice? What, when, how often, how long for?

3) And then **once you had completed the course**? How did you go on?
What was it like? What did you think? Any benefits/ costs? Disappointments/ positive surprises? What were the barriers / what helped? Qualities of practice? What, when, how often, how long for?

4) Can you think of **any life events or unexpected experiences**? What was your practice like then?
What was it like? What did you think? Any benefits/ costs? Disappointments positive surprises? What were the barriers / what helped? Qualities of practice? What, when, how often, how long for?

5) **Anything else** that has affected your practice?

6) Can you tell me in as much detail as possible about **your practice now** and how it fits within your life?
What, when, how often, how long for? Disappointing aspects? Pleasing aspects

7) The experience of **teaching others**
What was / is it like? What do you think about it? How does training others relate to your own practice? Any examples? How has training others helped / hindered your own practice?

8) Since you started meditating what was the **impact of practice** on how you
Feel/ think about yourself? (an example) Did it have an impact on your professional life? (an example), What does mindfulness mean to you?

9) Do you have **any metaphors** that capture something about your practice or about you as a person practicing mindfulness or about you as a clinician?

10) Is there **anything else** you feel it would be useful for me to know that you haven't already said?

Thank you for taking the time to tell me about your experiences of practicing mindfulness. Just out of interest 11) what lead to you to **decide to take part** in the study?

APPENDIX E

Examples of themes from the first stage of clustering (Dana)

M = stands for mindfulness and B = Buddhism STH = something

1) links and connection between things in life
Article about meditation drawing things together
M linked something personal to professional life
Being surrounded by people with joint interest in M family, partner, work colleagues supports the practice
Surprised by realisation that M integrates/ links different aspect of life
Interconnectedness of different aspect of life due to M
Things in life are connected; all experiences are weaving the story of life, tapestry
Using it at work sharing it with other people reminds of benefits of M and weaves it into my life. Using it at work and seeing how effective it is constantly weaves M into my life (constant reminders of how powerful it is)

2) grounding, calming qualities/ benefits of M
First experience of M practice, feeling grounded within the chaos
Quite calm little oasis
M meditation grounds business of life
M like dropping underneath water, place of stillness, serenity in a busy life
Meditations bring about a calm space at home
Meditation transforms place into more calm
M as a serene/ calm place
M as a way of grounding self in stressful life

3) links between self, M and therapy
Links between M and therapy
M is about relationship with self
People's mental health problems are about their relationship with themselves that's why M can be so useful
M enables to explore the relationship with self
M and therapy as connected
Because you bring self to therapy and M is part of self
Effects on therapist I've evolved I bring more and more of who I am …openness, there's sincerity, there's kind of being present,
Self as a connection between M and therapy
M and self as very connected

4) M as awareness and a first step into changing things /attitudes in life
M like layers
M as awareness
M allows to become aware -of lack of self-compassion, -of being driven,- being hard on self
M helps to peel a layer of something to become more self-aware
M as a way of -being more aware, -noticing what's going on, -being less driven
Self-realisations
M as a way to see things clearly
M reveals things that are excruciating /realisations about life, own marriage
Being aware how difficult was current situation, realising not having choice/ feeling trapped?
M as a way to see things clearly
M makes you aware of reality and you can't hide any more
M makes you face the reality, awareness helps to make decisions
Being aware of the process gives a choice how to react
Cherishing, enjoying, the moment rather then resenting/ complaining
M as a way of being in the moment, savouring experiences

APPENDIX F

Examples of research-focused categories of themes (Dana)

Journey:

4 : intuitive start, sensing it would be valuable/ worth it/ good for her?
4 : at first needed to discipline self now feels if not doing enough practice
4 : over the years becoming more relaxed with running the courses more acceptant of self
4 : realising how M connects/ brings different aspects of her life together
4 : practice becomes more integrated into life and you know what to expect
4 : attitude changed over the years accumulation of practice means practice is more part of life rather then a thing to tick off from a daily list of things to do

Motivation:

4 : to try out M as sth that connected different aspects of her life spirituality, psychology/ therapy, commitment to yoga exercise routine
4 : feeling connected to past/ family traditions/ relative through maintaining an old ritual; cultivating sth that as family they valued (spirituality, meditation) especially after moving to UK with very Secular culture
4 : to practice comes form desperation to feel better. Suffering as a source of motivation

Costs:

4 : Establishing the practice in difficult circumstances
4 : M makes you face uncomfortable truths and pushes you to take decisions
4 : to run the course on her own was very depleting
4 : to run the course means to be repeatedly connected to and affected by others difficult experiences

Benefits:

4 : developing self awareness/ self-compassion/ becoming less judgemental
4 : a way to find stillness and serenity in business of life
4 : M helped to make difficult decisions and survive the most difficult time in life
4 : makes you more connected with self and others and being genuine
4 : gives you sincere strong but gentle personality
4 : different episodes of awareness practice add up/ they are linked
4 : M helps to notice and appreciate good moments in life

Obstacles:

4 : thinking too much
4 : Business/ daily demands as obstacles to practice
4 : self-criticism

Supportive factors, attitudes, strategies:

4 : Importance of being connected to people on a spiritual level
4 : doing practice for self not because it was an assignment
4 : commitment to practice to be able to benefit from it
4 : being surrounded by people who practice at work, at home, friends, family, getting daily reminders of it
4 : having life conducive to M or making life conducive to it
4 : being brought up valuing /believing in the usefulness of meditation as a self-care/ stress reduction strategy
4 : Being flexible about use of M at work
4 : having a certain personality, being disciplined and committed
4 : when teaching it and accepting that it may not have an effect
4 : having similar experience to course participants, finding similar things difficult, teaching from experience
4 : you need to be disciplined and committed to it
4 : Practice need cultivating, you need to build up some critical mass of it otherwise it will disappear

APPENDIX G

Summary document for Dana

Value of M practice for clinician
- openness, sincerity, being present ,
- the way I engage with people, my presence
- understanding course participants' experiences grappling with things
- more connected with self
- bringing self to therapy, M is in therapy and I'm in M

Barriers to developing practice
- Time
- Business/ demands
- Need certain personality: intention, commitment, discipline

Helpful strategies
- Connecting it with work/ using it at work
- Supportive partner who practices too
- Friends, family and work colleagues interested in M and practicing
- Teaching it to others "we teach to others what we most need to learn ourselves"
- Getting daily dharma quotes
- Not having kids
- Having time on your own (like after a divorce)

Mindfulness described as
Connecting different parts of life very personal spiritual and professional/ Way of being aware, less driven/ focusing on the process, not the destination / Awareness/ Being sincere / Compassion, connectedness, not being judgmental / intentional/ like a prayer / stepping into who I am / facilitates journey that brings / lightness (hope?)/ way to see things clearly, makes you aware of reality/ strong but gentle personality / (facilitates) weaving a kind of tapestry of life (with all the god and bad moments) / Grounding activity/ little oasis / Serenity / Calmness / Container / Space underneath the water/ /connection to self/ connection to other people

Reactions to participant
- I didn't feel like I could really ask any questions cos we were running out of time
- like she is not answering my questions or maybe I ask to many in one go!

Descriptions of journey/ stages
- first encounter like an oasis in chaos (lovely, gentle voice of Mark Williams)
- requiring a lot of concentration and effort
- more relaxed with it now almost a relaxation
- used more informally more often than at the beginning

General sense of her and aspects that stand out:
- Seeing self as part of community of certain people, need for connectedness
- Timing of things
- Need for certain personality/ commitment to cultivate mindfulness
- Uprooted form own culture, perhaps lonely or finding it difficult to feel at home in a foreign country
- ? some attachment issues, in need of secure base, when growing up the only one left in country of origin while the rest of family spread all over the world
- Sowing the seeds, teaching as invitation
- You need certain personality/ attitude to benefit from it
- Values being true to herself and when with contact with other people
- M brings different parts of life together
- Surrounded/ supported by other people who did M training (partner, family members, work colleagues, friends)
- She "nudged" her life to be conducive to M

APPENDIX H

Extracts from a document with all themes and codes relating to research-focused category: benefits (Numbers before the codes represent the participant the code originates from).

① -opened a way to spiritual world
①-felt peaceful, -it was calming
①-finding support outside self (in teachers/ retreats) when things were hard to understand
①-seeing things more intensely / more vividly/ with a fresh mind
①-becoming more solid/containing
①-trusting herself more as therapist, as therapist being with rather then trying to help

2 : feeling alive, opening up emotionally, reconnecting with self (crying)
2 : M helps to develop self awareness (looking through glasses), moments of clarity
2 : Higher self-awareness as therapist, being more present, listening better, speaking thoughtfully, higher empathy
2 : Taking more of an observer stance towards unpleasant experiences being able to distance self from it to see more clearly, objectively
2 : Impact on self less angry, irritable judgemental,

3 : being aware of own mood and therefore less fearful of getting down
3 : clinically being more able to be with people more closely, be more observant, listen
3 : more acceptant of limits of own influence? More attentive to people
3 : Acceptance of self, being more at ease with myself as a person
3 : deeper sense of knowing of who/how I am at any point

4 : developing M is developing awareness through peeling the layers
4 : brining more of self openness, sincerity, being present to therapeutic interactions
4 : as a consequence of having a tough time with effects of own practice it makes you respect its power and carefully assess people before 8 weeks course
4 : a way to find stillness and serenity in business of life
4 : Help with problematic shoulder

5 **:** calming, de-stressing effects of Body Scan
5 : chores are pleasurable
5 : experiencing moments of joy, experiencing being part of, experiencing moments as everlasting
5 : easier to see things one at a time not to get too stressed about it
5 : helps to be more present with the client
5 : more accepting of how she feels and thinks , less shoulds and oughts
5 : a release from being confined by duties, schedules, obligations.
5 : M is a way of distancing from own commentary/ judgements

6 : M helped to ground me, to stay calm, keep a wider perspective see the good in adversity
6 : M gives meaning to life to all kinds of experiences positive and negative
6 : M connects you with the flow of life with impermanence of everything so nothing is trouble
6 : M helps to not panic not rush around the face of terrible circumstances, helps to realise limits of own influence in life and therapy
6 : Practicing M, embodying mindful attitude can model grounded-ness for others in the face of anxiety about not knowing
6 : M allows to reconnect with the now, to relate differently to the next experience

APPENDIX I

Master -themes from a research-focused category: benefits with examples of codes across participants

BENEFITS	1	2	3	4	5	6
1) Better management of emotional states	x	x	x		x	
2) Better self awareness, getting to know self	x	x	x	x	x	
3) Ability to distance self from own judgments, to see things clearly	x	x	x		x	
4) Moments of/ sense of calmness, peace, grounded-ness in busy life	x		x	x	x	x
5) Various benefits to clinical work: better empathy, therapeutic presence, better understanding of patients, change in attitude to clinical work more acceptance of limits of own influence, another therapeutic approach/ tool in a tool bag	x	x	x	x	x	x
6) becoming more authentic person, true to yourself	x	x		x		
7) developing more self-acceptance			x	x	x	
8) waking up to life, joining the flow of life, just experiencing		x		x	x	x
9) reconnecting with now, engaging with direct experience allows to relate differently to the next experience	x			x	x	x

1) Better management of emotional states

①- less frightened/less bothered (*more dispassionate observer of life?)
2 : Impact on self less angry, irritable judgmental,
2 : less bothered by own neuroses
3 : things are different after coming back from retreat calm, unruffled, not being bothered by things
3 : -more acceptance of changes in own states, realising that it is just how things are and no need to worry about it, less rumination?
3 : more awareness, more feeling of calmness, less low mood less being anxious about things
5 : managing work commitments in less stressful way then before
5 : M helps to be different with kids less unnecessarily concerned or constricting, to have more measured reactions to things

2) Better self awareness, getting to know self

①- separating thoughts and feelings from self
2 : meditation reveals things about self pleasing distressing shaming
2 : M helps to develop self awareness (looking through glasses)
3 : through accumulation of practice I'm more aware of myself my thinking and feelings
3 : being aware of own mood and therefore less fearful of getting down
3 : deeper sense of knowing of who/how I am at any point
4 : developing M is developing awareness through peeling the layers
4 : developing self awareness/ self-compassion/ becoming less judgmental
4 : developing self awareness and acceptance
5 : M is a way of distancing from own commentary/ judgments

3) Ability to distance self from own judgments, to see things clearly

①-seeing things more intensely / more vividly/ with a fresh mind
2 : moments of clarity
2 : Taking more of an observer stance towards unpleasant experiences being able to distance self from it to see more clearly/ objectively
3 : Inner calmness, peace, being able to see things more clearly
5 : being less stressed by not thinking too much ahead and worrying

APPENDIX J

Table 9. ALICE

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	More mindful in everyday life More attentive with patients in sessions *Seeing things clearly differently*		Moments of Equanimity Coming to know *anxiety and finesse of emotional avoidance* in self and others	Becoming flexible in own meditation practice	Feeling *even more compassionate towards patients than before* Self-compassion developing slowly More trusting of herself More *confident in the use of self in therapy* Slowly developing acceptance of self as teacher and trainer	Experiencing altered states (moments of *silveriness*) *Connecting to love* *Connecting to divine*
	Initial	Awareness of the *need for containment* in self and others	↑ Awareness of body Realising: *I was much more tense person than I thought* Finding meditation *lovely and relaxing*	↑ Awareness of own suffering (bereavement) Less anxious and *less bothered by own anxieties*	Doing things more slowly *Dissolving own armour*	More self-acceptance More empathy towards self Wanting to become therapist as a result of own experiences with meditation	*Connecting to love within herself* Inner peace Realising the *need for bigger container for meditation* practice but not as a Buddhist
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

Table 10. BOB

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	↑ Attentional flexibility, (pulling himself back to a client when aware of mind drifting away) ↑ Mindfulness Seeing things unclouded by own assumptions and judgments (*looking through glasses*)	Pain reduction/ change when sitting	Becoming: *less bothered by own neuroses* Engaged in the moment even if unpleasant Becoming: *less often unmindfully angry or irritable*	Attending retreat as a way of deepening practice Changing mindfulness posture to promote alertness Linking mindfulness with work duties Just doing it not expecting to be enjoyable	↓ Narcissism (*aware of the process of becoming less special*) More empathic towards patients (*able to stand in their shoes*) Reduction in blaming others for the way one feels Acceptance of self as a teacher and trainer	
	Initial	Aware of own thinking, *unruly mind* Attempts to keep mind in the moment rather than be in the moment	↑ Awareness of body during daily activities e.g. when driving	Becoming aware of *how emotionally tight I was as a person* Becoming more open emotionally (*not instantly aware of own crying*)	Seeking opportunities to connect with others through community	Wanting to offer mindfulness to others because of felt benefits ↑ Self-acceptance Awareness of initial *tendency for rigor* and the need to develop self-compassion	
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

Table 11. CHRIS

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	↓ Ruminative thinking, less worrying about the possibility of relapse of depression ↑ Mindfulness		No episode of anxiety or depression since engaged in meditation more deeply and consistently	Attending retreat as a way of deepening practice *Just do it* attitude, not expecting it to be enjoyable Letting go of wanting to change people Becoming flexible about own practice, more informal mindfulness More confidence in flexible use of mindfulness	↑ Connectedness to others, sense of being like any other person who wants relief from suffering More understanding and compassion for others Developing acceptance of self as teacher and trainer	Heightened sense of inner peace, *feeling calm and unruffled after coming from a retreat*
	Initial	Becoming familiar and *not bothered by patterns of own thinking*		↓ Reactivity Less bothered by changes in own emotions	Awareness of *tendency or urge to fix people* or to explain mindfulness so that they "get it"	↑ Self-acceptance ↑ Sense of self (*more aware of who I am at any given time*)	Coming to mindfulness through spiritual guidance practicing as a Buddhist and initially *looking for enlightenment*
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

Table 12. DANA

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	↑ Mindfulness in everyday interactions, using any opportunity as a cue to coming back to the moment (text message delivery chime) Increased ability to notice and let go of criticisms of self or others	Need to meditate felt in the body, *I know when I need it, like with exercise or good eating pattern*	Sustained equanimity and groundedness Cherishing positive emotional states, awareness of its changing character	Offering it to others Putting it as central at work Flexibility in own use of mindfulness, experimenting with time, place and format to maintain regular practice	Becoming a more authentic person Using self in connecting with others in therapy through the therapeutic relationship More trusting of self and own resources when in difficult positions in life ↑ empathy, *I grapple with the same problems with meditation as my patients* ↑ sense of connectedness to with others without words (partner, patients) Developing acceptance of self as teacher and trainer	Sense of inner calm and peace available on daily basis Spiritually connecting with others through loving-kindness meditation
	Initial	*Peeling the layers* of self-awareness, becoming more aware of own thinking patterns	↑ Awareness of body and its tensions especially the shoulder Relaxation response	↑ Acceptance of own emotional states, less stressed or bothered by own emotional reactions Less scared of difficult decisions in life		↑ Self-acceptance ↑ Sense of self, mindfulness becomes part of you, gives you a strong and sincere personality	Linking mindfulness with religious practices and beliefs Appreciating good moments in life, knowing they do not last
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

Table 13. ELI

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	↑ Mindfulness Practice in engaging only with present moment, *when THEN becomes NOW I will deal with it.*		More frequent moments of equanimity	Practicing mindfulness informally through daily activities	↓ Reactivity in relations to her children	Episode of mystical experience when looking at poplar trees Sense of calmness
	Initial	Aspiring to be more often like a *chessboard, and not engage with battles of chess pieces (thoughts and feeling)* ↑ Awareness of own thoughts, judgments and commentaries	↑ Awareness of body, discomfort with *restless legs, itches and twitches* calling for her attention	Awareness of *changing the experiences by not giving them usual labels and therefore not seeing them as chores* Less stressed by schedules and business of life	Recognising the need to be in contact with other people who practice, plans to join local Sangha to support formal practice ↑ Awareness of behaviour patterns and preferences, wanting to practice in environment or circumstances where *there isn't anything I don't want to engage with* like when in the countryside	Wanting to offer mindfulness to clients she works with	↑ Spiritual engagement, *feeling part of* ↑ Awe for the world's beauty, appreciating surroundings References to states of *just being experienced in childhood*
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

Table 14. FAY

Stage of Development							
	Adv	Integration of Effects/ Exceptional Capacities/ Sustained Insight and Spiritual Wisdom					
	Intermediate	Altered states, *pulling awareness to the third eye* ↑ Mindfulness in everyday life Flexibility in understanding mindfulness ↑ Ability to focus demonstrated by participating in the interview regardless of *current turmoil* in private life	Very familiar with own body, appreciating functions of different body parts	↑ Positive emotion ↑ Sustained equanimity Ability to stay engaged in the moment even if difficult, anxious, painful Integration and congruence in relation to difficult situation in private and work lives (e.g. *less reactive in responding to suicidal behaviors*)	Flexibility of use of mindfulness in private and professional life Acceptance of limits of own influence in work context	Embodying and *modelling mindful stance to others*	Heightened sense of inner peace/ calm Awareness of *impermanence of everything* Appreciation of both cloudy and sunny versions of reality Not scared of dying Connected with life Seeing mindfulness *as central to life*
	Initial	↑ Ability to disengage from own thinking patterns	↑ Awareness of body, e.g. *lack of connection with my legs*	↓ Reactivity ↑ Awareness of own emotional needs and processes		↑ Sense of self and self-acceptance	Spiritual engagement ↑ Awe
Domain		Attentional/ Cognitive	Physical	Emotional	Behavioural	Relation to Self/ Others	Spiritual

APPENDIX K

Table 15. Points of overlap between current study and other theses in the subject

EXPERIENCING BENEFITS	Swan (2004)	DeZoysa (2006)	Mussel (2007)	Cigolla (2010)	Langdon (2010)
Functions to practice					
- self-care strategy	x	x	?		x
- practising in order to offer it to others			x		
Development of self					
- better management of emotional states	x	x	?		?
- getting to know self	x				
- sense of calm, peace, groundedness in busy life		x	x	x	?
- becoming a more authentic person				x	
- developing more self-acceptance	x	x	x	x	?
Heightened awareness and meaning					
- waking up and joining the flow of life	x		x	x	
- reconnecting with now allows to relate differently to the next experience	x	x			
- ability to see things clearly, unclouded by judgements	x	x	x	x	x
Benefits for clinical work:					
- therapeutic presence					
- attention and listening		x			
- use of self		x	x	x	
- better empathy and understanding		x			
- accepting limits of own influence					
THE IMPORTANCE OF OTHERS					
Using others' help to deepen practice and understanding					
- having a mentor			x		
- importance of attending retreats					x
Sense of belonging and validation of commitment					
- community of practitioners, belonging to a group					x
- having like-minded people around					x
Supporting commitment to practice					
- linking practice with work duties			x		
- providing sources of satisfaction and encouragement			x		
- reminders of its value and possibilities to clarify					x
Finding language an obstacle					
- difficulties translating transcendental experiences into words		x	x		
- difficulties with expressing concerns and forming questions					
MAINTAINING COMMITMENT					
Contributing to meaning in life					
- need for meaning in life			x	x	
- satisfaction of needs around spirituality	x		x	x	x
- bringing different aspect of life together				x	
Importance of good foundations and accumulation of practice		x		x	x
Committing to practice					
- lack of time					x
- discipline				x	x
- making adjustments, experimenting with when and how					x
Discovering and accepting what mindfulness can do					
- disappointment & self-criticism as a consequence of wanting things a certain way		x			x
- avoidance and making conditions as a consequences of difficult experiences		x			
Developing an understanding					
- confusion and ethical dilemmas	x	x	x	x	x
- becoming flexible in use and understanding		x	x		x
- acceptance of self and difficult aspects of the process				x	
- sowing the seeds				x	

? *= represents what was referred to as "benefits to well-being" and statement that mindfulness was "helpful and useful privately"*