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Becoming mindfully mindful: Counselling psychologists' use of mindfulness in their private lives and clinical practice

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Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Counselling Psychology (D.Psych)

City, University of London
Department of Psychology
May 2018

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Section C: Journal Article 243-286

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I miss you.

Declaration of powers of discretion

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Introduction to portfolio

This thesis aims to evidence mindfulness being an important part of counselling psychology. The important concepts of awareness and presence within mindfulness also form important aspects of the counselling psychologist's therapeutic work; therefore, mindfulness is important for all counselling psychologists to consider. It consists of an original piece of empirical research looking at counselling psychologists' experience of mindfulness in their clinical and private lives. The participants in this study were not expert practitioners in mindfulness but are felt to represent the skill-levels of many counselling psychologists called upon to incorporate mindfulness within their clinical practice. It is followed by a case study of a client suffering from anxiety and panic attacks and treated primarily using brief psychodynamic therapy. It concludes with a publishable paper derived from the thesis and intended for publication in the peer-reviewed journal *Mindfulness*.

The contrast between a thesis focussing on a topic key to third-wave cognitive-behavioural therapy (CBT) and a psychodynamic case study (two completely different modalities) is obvious. However, it is suggested that mindfulness binds these modalities together, along with person-centred therapy, resulting in a transtheoretical approach to psychological health and wellbeing (Didonna, 2009; Magid, 2002). I propose that it is this third modality that is of particular significance to mindfulness, and therefore counselling psychology, as the latter finds its roots in the humanistic tradition, treating the person holistically and seeking an engagement with the client. This is achieved through the development of a purposeful therapeutic relationship with the client's subjective experience, beliefs and values (Strawbridge & Woolfe, 2003; Williams, 1991; Woolfe, 1990, 2001).

Key concepts within counselling psychology include the quality of the relationship between the counselling psychologist and the client and the emphasis on 'being-in-relation' with the whole person – being with the client, as opposed to doing something to them (Arnow & Steidtmann, 2014). As such it is positioned very differently to the biomedical model of medicine, psychiatry and, arguably, clinical psychology, which typically seek to identify and examine illness or pathology. Indeed, it has been argued that counselling psychologists are rooted in a person-centred Rogerian approach to psychotherapy, whereas clinical psychologists are more likely to embrace behavioural or psychodynamic orientations (Norcross, Prochaska, & Gallagher, 1989a, 1989b; Watkins et al., 1986a).

I propose that mindfulness falls within the same philosophical, ontological and epistemological foundations as counselling psychology, since mindfulness has developed

from largely Buddhist concepts and practices, which (as with counselling psychology) do not seek to pathologize the human condition, but rather to focus on the subjective, lived-experience of an individual's suffering or 'unsatisfaction'/dis-satisfaction or 'dis-ease' (in Pali, "Dukkha").

Casemore and Tudway (2012) summarise what they see as the most important and unique aspect of the person-centred approach, describing it as "a way of life, not about a set of tools to be 'switched on' in therapy" (Casemore & Tudway, 2012, p. 14). Arguably, the same can be said of mindfulness. I suspect that it is when it is practiced by the therapist and absorbed as a way of being that it becomes most powerful.

As with many of my fellow therapists, my journey towards becoming a counselling psychologist has followed the path of the "wounded healer". My introduction to the world of psychology began as a client suffering from anxiety and OCD whilst working in the corporate arena. The arrival of children led me to put my corporate career on hold, and my interest in mental health began to develop. This led me to enrol in a counselling skills training course in night school, fifteen years ago, while raising my three children during the day. Throughout the early years of my training I was sensitive to the concept of remaining non-judgmental, something I was constantly being urged to do but found difficult to achieve. Learning that this non-judgemental stance forms a significant part of mindfulness led me to my MSc dissertation. This was a quantitative study of the links between non-judgement and mindfulness using an implicit association test (IAT). My results showed an inverse correlation between these two variables, cementing my interest in this area of study.

As counselling psychologists, we need to hone our counselling skills together with advancing the theory through academic study. The academic input has been achieved through my enrolment in City, University of London's doctoral programme in counselling psychology. However, practising mindfulness has enabled me to continue to develop my practical skills as an individual and therapist. Learning to be still in the moment, actually to stop and reflect, has provided the space for introspection leading to increased awareness of my inner world. I have also used this in session with clients to become attuned to them and their own inner worlds. Having access to this increased awareness in session allows me to become more absorbed in the clients' narratives and walk alongside them in their journey. This often leads me to greater relational depth.

Thus, I propose that mindfulness is fundamentally important for all counselling psychologists to consider.

> *"Only what you have experienced yourself can be called knowledge. Everything else is just information" (Harris, 1995).*

Now my journey that started fifteen years ago is ending with a doctoral thesis on mindfulness, and what mindfulness personally teaches me is to become aware and accept

my amygdala firing, resulting in an intense physiological response. By accepting what is happening and recognising that this represents a temporary state of being, I feel empowered to ride these feelings of discomfort and distress, know that they will not always be there. This makes the experience far less scary than it used to be. Although I am not an experienced practitioner of mindfulness, I have come to respect it as I have appreciated the power underpinning it.

Section A: Doctoral thesis

This study aims to add to the literature by exploring the lived experience of counselling psychologists who use mindfulness in their personal lives and professional practice. It focuses on 'everyday practitioners' of mindfulness, i.e. counselling psychologists who use mindfulness in their private and clinical lives without having received formal training in the area, a group which has so far received little attention (Chiesa & Malinowski, 2011). The methodology chosen is qualitative and idiographic, as Interpretative Phenomenological Analysis is used to develop a rich understanding of the lived experiences of six counselling psychologists, two male and four females. The analysis highlights four superordinate themes: 'The Buddha pill', 'Therapists engagement with mindfulness', 'Emotive responses' and 'Doing versus being'. The findings are reviewed in the final discussion, drawing links to the existing literature and outlining implications for further research and clinical practice. It is hoped that the study will encourage counselling psychologists to reflect on their use of mindfulness in their practice and everyday life.

Section B: Client case study

The case study demonstrates my clinical practice. It centres around a young female suffering from anxiety and panic attacks. The case study covers psychodynamic theory relevant to this client. It includes a formulation of the client and the interventions used. It also demonstrates how being mindful in session can increase my awareness of the transference and countertransference being played out, leading to reformulation and a shift in therapy. Finally, learning implications and difficulties are explored. Adding a psychodynamic case study to this portfolio may initially seem conflicting as mindfulness is often presented as having evolved from second-wave Cognitive Behavioural Therapy (CBT) (Segal, Williams, & Teasdale, 2013). However, as shown in the literature review to the thesis, mindfulness is best seen as a trans-theoretical construct (Magid, 2002). It cultivates the attitude of acceptance, openness and non-judgment, which is vital for a therapeutic relationship and is common to all modalities (Siegel D. J., 2010). Some researchers take this further and align mindfulness within the psychodynamic framework. Wallin's definition of mindfulness is "to be mindful is to be right here, right now—capable of being fully present

in the moment, receptive to whatever experience should arise, yet caught up in no particular aspect of experience" (Wallin, 2007, p. 137). His work, together with Aronson's (2013), frame mindfulness via the lens of attachment theory. Bresler agrees with them and encourages therapist flexibility. She details this by using contemporary attachment therapy as the underlying framework while uniting this with mindfulness-based therapies within her clinical practice to good effect (Breiser, 2016).

Further, mindfulness conceptualisations such as 'presence' and 'attention' may also be observed within existing psychoanalysis/psychodynamic theory, such as: Freud's 'evenly suspended attention' (Epstein, 1988); Bion's 'attention without memory or desire' (Stanley, 2013); Fonagy's (2001) mind-mindedness within mentalisation; and within interpersonal neurobiology, Siegel's (2012) 'mindful awareness' and mind-mindedness'. Viewed in this manner, mindfulness may, indeed, appear to develop as a type of convergence phenomenon within psychotherapy, present within all the three broad categories of psychotherapy. It may (to some) suggest an example of therapeutic integration, a meeting point upon which integrative models may be built.

While my thesis captures the lived-experience of mindfulness in the personal and clinical lives of six counselling psychologists. The reason why I have chosen this particular case study is because it demonstrates the impact of mindfulness within the context of my own clinical work. Although mindfulness is only briefly mentioned within the text, it has become evident to me that the key insights obtained, and shifts that occurred, were as a direct consequence of the influence of personal mindfulness practice. There was no conscious intention to "do" mindfulness. The key shift in therapy occurred when I became aware of my urges to save the client and protect her from her anxiety. This awareness resulted from me stopping at that moment and becoming present to what was being played out in the transference. Using this I was able to develop a non-judgmental attitude of acceptance of how things were and let go of the need to fix her, thus allowing her struggle to exist. I agree with Bruce et al. who suggest that "mindfulness has been proposed as a form of self-attunement that increases one's capacity to attune with others" (2010, p. 83). With increased attunement to myself I was able to fully attune with her distress. In accordance with Siegel's (2007) understanding of attunement, my hope was to develop a two-way process where I become aware of the client's inner world. The aim for this is that clients feel connected and understood.

Section C: Journal article

The publishable research paper is entitled, "Experience of counselling psychologists' use of mindfulness in their private and clinical lives: An IPA study". This will be submitted to the *Mindfulness* journal for consideration of publication. This journal was

chosen because it is the preeminent publication for research into mindfulness. The paper concentrates on the first superordinate theme which is comprised of three subthemes: *Missionary in disguise*, *Spiritual connection* and *It's sort of lacking*.

Conclusion

It is hoped that this portfolio will add to the literature of counselling psychologists' experience of mindfulness. It may be helpful to incorporate the learning from this into future training programmes. I also hope that it will lead the reader to reflect on their own experiences of mindfulness, bot in their personal lives as well as their clinical practice.

Section A: Doctoral Research

Experience of mindfulness by Counselling Psychologists in their private and clinical practice: an IPA study.

Farah Mitha

Supervised by Dr Daphne Josselin

Abstract

Mindfulness has received growing interest. However, much of the research around the use and efficacy of mindfulness has been of a quantitative nature, which does not allow for a deep understanding of people's experiences of it. Despite the growing popularity of mindfulness practices among clinicians, research documenting the experience of psychologists using or delivering mindfulness interventions has been limited, with only a handful of studies looking at counselling psychologists. However, the client-centred ethos underpinning counselling psychology aligns itself particularly well with the values of mindfulness. This study aims to add to the literature by exploring the lived experience of counselling psychologists who use mindfulness in their personal lives and professional practice. It focuses on novice mindfulness practitioners, those who use mindfulness but do not self-identify as skilled mindfulness practitioners and have received no formal training in the area, a group which has so far received little attention.

Semi-structured interviews were used to explore six-counselling psychologists' experience of mindfulness, both in their private lives and clinical practice. The research took the form of a qualitative, idiographic inquiry. Data analysis was conducted using interpretive phenomenological analysis. The results of this analysis denote my interpretation, of the participants interpretation, of their own lived expereince. The results highlighted four superordinate themes: 'the Buddha pill', 'therapists' engagement with mindfulness', 'emotive responses' and 'doing versus being'.

The research findings are considered in relation to the wider literature and links drawn. Implications for further research and clinical practice are outlined. It is hoped that the study will encourage counselling psychologists to reflect on their use of mindfulness in their practice and everyday lives.

Chapter 1:
Introduction and literature review

1.1 Introduction

The seventeenth-century French scientist and philosopher Pascal Blaise wrote that:

> *"All humanity's miseries derive from not being able to sit quietly in a room alone." (Didonna, 2009, p. 1)*

This ability just to *be* is a concept often lost in the modern world where we can find ourselves living on autopilot - a state of mindlessness (Kabat-Zinn, 1994). The concept of mindfulness offers an alternative to this. As Kabat-Zinn describes it,

> *"Mindfulness practice means that we commit fully in each moment to be present; inviting ourselves to interface with this moment in full awareness, with the intention to embody as best we can an orientation of calmness, mindfulness, and equanimity right here and right now." (Kabat-Zinn, 2009)*

It is as if mindfulness is a form of self-attunement, generating an intense awareness of one's own physical, emotional and psychological state, in the present moment.

Awareness of mindfulness has grown steadily over the past four decades, with its adoption as a key building-block of third-wave cognitive behavioural therapy (CBT) bringing it increasingly into the public consciousness (MAPPG, 2016). This has resulted in mindfulness moving beyond the therapy room to becoming incorporated into almost all areas of our lives. In the UK, it has been a way of encouraging self-management of psychological well-being with the Mindfulness All Party Parliamentary Group established to review the scientific evidence, develop policy recommendations and provide a forum for parliament to discuss the role of mindfulness and how it should be implemented in public policy.

As mindfulness assumes ever-greater importance in the public consciousness, and policy-makers look to it as a means of improving psychological health and wellbeing, I feel there is an increasing need to understand the experience of those who are being called upon to deliver mindfulness training and mindfulness-based interventions (MBIs) to those in need. This thesis seeks to address this need by focussing on the lived experience of counselling psychologists using mindfulness within their therapeutic practice. This chapter begins with definitions and measures of mindfulness, followed by a literature review. It addresses the origins of mindfulness, its adoption by the West, the development of mindfulness therapies, models of mindfulness, evidence for the efficacy of mindfulness, and its application within the therapy room. It concludes with a critical evaluation of studies

focussing on therapists' experience of mindfulness, and counselling psychologists in particular. The chapter ends by summarising the research rationale and the study's contribution to counselling psychology.

1.2 Definition of mindfulness

Confusion exists around what is meant by "mindfulness" and the different contexts in which it is applied and some have even questioned the utility of the term mindfulness altogether (Chiesa & Malinowski, 2011; Williams, 2010). Grossman (2008) rightly brings to our attention that there are many definitions of it. Mindfulness has its origins in Theravada Buddhist spiritualism and is the English translation of the word *sati* from Pali, the ancient language used to record Buddhist scriptures. The first Pali-English dictionary entry for *sati*, given in 1921, translates it as "awareness", "attention" and "remembering" (Davids & Stede, 2007). Other early definitions include "memory" or "recollection" (Sangharakshita, 1990, p. 132), and ''to remember'' (Anālayo, 2003). This link to memory, which is absent from modern definitions of mindfulness, may seem surprising as memory is rooted in the past and mindfulness is very much seen as located in the present (Kabat-Zinn, 2004). It can be explained by considering the etymology of *Sati* and considering it in the context of Pali (Chiesa & Malinowski, 2011). Analayos' (2003) explanation of this is that memory will function well when mindfulness is present. He also points out that mindfulness is not an ethically-neutral practice, and differentiates between "*right*" mindfulness (*samma sati*), intrinsically bound in ethics, and "*wrong*" mindfulness (*miccha sati*) resulting in increased suffering for others, albeit unintentional (Anālayo, 2003, pp. 51-52).

The West moved away from the *sati* definition to include the constructs of non-judgment, acceptance and compassion (Kabat-Zinn, 2003). One of the first modern definitions of mindfulness, and arguably the most well quoted, comes from Jon Kabat-Zinn:

> *"the awareness that emerges when we learn to pay attention in a particular way: on purpose, in the present moment and nonjudgmentally to things as they are." (Kabat-Zinn, 1994 p. 4)*

This has arguably become the landmark definition of mindfulness. It seems that there is an agreement of awareness being a particular quality of mindfulness, with Germer (2005) defining it as "moment-by-moment awareness" and "awareness of the present experience with acceptance", Brown and Ryan (2003) defining it as "a receptive attention to and awareness of the present moment" and Baer and Geiger (2013) defining it as "non-judgemental, present-centred awareness".

Together with awareness, attention is seen to be common to these definitions. Christopher and Maris describe mindfulness as a

> *"….type of awareness that entails being conscious of present moment experience and attending to thoughts, emotions and sensations as they arise without judgment" (Christopher J. M., 2010, p. 115).*

Williams differentiates between mindfulness itself and the practice of mindfulness, describing them as teaching people to "pay open-hearted attention to objects in the exterior and the interior world as they unfold, moment by moment" (Williams, 2010, p. 2).

An initial exploration of the literature suggests that the conceptualization and operationalization of mindfulness has received little attention, and Bishop et al. (2004) have urged that refining its definitions demands attention. They attempted to operationalise Kabat-Zinn's landmark definition by describing mindfulness as being a particular focus of attention, having two intrinsically-linked components: Self-regulation of attention on the present moment (a skill developed by focussing attention to the present moment) and an attitude of acceptance, openness and curiosity (individual differences in personality that underlie mindfulness tendencies). For the purpose of this thesis, Kabat-Zinns' landmark definition will be adopted.

From these definitions, themes of attention, awareness and non-judgment seem to be shared, but the fact remains that mindfulness is difficult to conceptualize, and any evidence-based treatment needs proper assessment and treatment structures for the clients seeking psychological help. Ultimately, Gunaratana (2002) reminds us that mindfulness is a subtle, non-verbal experience that cannot be truly captured with words and needs to be experienced to be known.

1.3 Mindfulness measures

The Mindfulness Attention Awareness Scale (MASS) is an early measure that is still widely-used (Brown & Ryan, 2003), although it inadequately formulates mindfulness as a single-facet construct (Van Dam, Earleywine, & Borders, 2010; Grossman, 2011). Grossman (2011) reminds us of the dangers of this one-dimensional view in clouding the complexity of mindfulness. However, the literature shows that the tide is now changing by thinking of mindfulness as a multi-faceted construct, leading to increasing the incremental validity of the measures (Haynes & Lench, 2003) From this emerged the first multi-dimensional self-reporting measure of mindfulness: the Kentucky Inventory of Mindfulness Skills (KIMS: Baer, Smith, & Allen, 2004), followed closely by the Five Facet Mindfulness Questionnaire (FFMQ: Baer, et al., 2008). They are both well-validated measures (Baum, et al., 2010) and divide mindfulness into a number of subdivisions: observing experiences in the present moment, describing, acting with awareness and acceptance of the present moment experience without judgment. These items are also consistent with descriptions of

mindfulness in MBSR and MBCT (Anderson, Lau, Segal, & Bishop, 2007) and meditation teachings (Gunaratana, 2002).

However, as there is no consensus on an unequivocal definition of mindfulness, these measures rely on many assumptions around its meaning, as do the many studies which use them (Malinowski, 2008). Grossman warns of this danger leading to "disorientation and reification" affecting the very meaning we give mindfulness in the psychological literature and, urging us not to rush, argues that "mindfulness cannot be defined in this short span that researchers have been trying to" (Grossman, 2011, p. 1035). Although I share this this difficulty, I also agree with Brown and his colleagues (2011) response to Grossman that these difficulties should not impede our efforts.

1.4 Origins of mindfulness

We have seen that the term "mindfulness" has its origins in Buddhism (see Section 1.2: Definition of mindfulness). Before exploring these origins further, it is important to define some key concepts, as they are understood within this thesis, that are necessary to the discussion of mindfulness within Eastern and Western contexts. It should be noted that alternative definitions are available, but an exhaustive exploration of their potential meanings is beyond the scope of this thesis. These terms include "spirituality", "faith", "religion", "secular religion" and "prayer".

1.4.1 Spirituality

"Spirituality" is defined by Oxford Dictionaries as:

> *The quality of being concerned with the human spirit or soul as opposed to material or physical things. (Oxford Dictionaries).*

Because it is intangible, spirituality is not open to scientific investigation. Culliford suggests that it is:

> *….something free of institutional structures and hierarchies, not so much about dogma and beliefs as about attitudes, values and practices, about what motivates you (us) at the deepest level, influencing how you think and behave, helping you find a true and useful place in your community, culture and in the world.* (Culliford, 2011)

It is therefore something that exists independently of both religious and secular life but is an intrinsic aspect of both.

1.4.2 Faith

"Faith" is often used synonymously with "belief". Oxford Dictionaries defines faith in a number of ways, including:

> *Complete trust or confidence in someone or something.*
>
> *Strong belief in the doctrines of a religion, based on spiritual conviction rather than proof. (Oxford Dictionaries)*

The first of these definitions is all-encompassing and could be said to include the second, more narrowly-defined concept. This thesis adopts the second of these two definitions, although it dispenses with the word "strong" as it acknowledges that the strength of belief varies from individual to individual. Faith is also used to describe a particular religion, and its use in this sense has been avoided to prevent confusion.

1.4.3 Religion

"Religion" is defined by Oxford Dictionaries as:

> *The belief in and worship of a superhuman controlling power, especially a personal God or gods.* (Oxford Dictionaries)

The two important aspects of this definition are that a given religion is linked to a particular superhuman power or god(s) and that it involves worship. As such, it should be seen as systematised in the form of religious practice, providing a tangibility lacking in both spirituality and faith. This systematisation may involve narratives, rituals, festivals, holy places, prayer, culture, music, art etc. In addition, religions are sometimes associated with a particular founder and/or principle text (e.g. Mohammed, Quran etc.). It is also noted that while spirituality is seen as being more individualised, religion is more tied to culture (Koenig, 2001).

1.4.4 Secular-religion

The terms "Secular-religion" and pseudo-religion are often used interchangeably. In this thesis, the term secular religion is preferred as pseudo-religion has also been used synonymously with superstition (Pihlström, 2007). Secular religion can be seen as an oxymoron, but it is useful as it highlights the similarities that many secular movements or philosophies share with religions. Secular religion can therefore be defined as

> *….a term referring to ideologies or philosophies that have no spiritual, supernatural, or religious components but which the speaker claims mimic the forms of religious institutions.* (RationalWiki)

Often these will include having a principle text or a particular founder and may be associated with a cult of personality.

1.4.5 Prayer

Oxford Dictionaries describes "prayer" as:

> *A solemn request for help or expression of thanks addressed to God or another deity* (Oxford Dictionaries)

Key to this definition is the concept of a divine recipient. The prayer is sent in the hope or expectation that it will be received by the deity to whom it is expressed.

1.4.6 What is Buddhism?

Although the understanding of Buddhism falls beyond the scope of this thesis, it is acknowledged that it has multiple schools of thought, with mindfulness seen at the heart of Buddhist meditation. Buddhism is an ancient Indian religion following the teachings of the Buddha, born as Siddhartha Gautama around 2500 years ago. The word ‘Buddha’ is a title meaning "one who is awake" to reality, seeing things as they are. He never claimed to be God or even a Prophet, and he was not a Buddhist himself. It can be argued that Buddhism is not a religion, as there is no worship or superhuman power (Bodhi, 2011).

Coming from a Noble family on the Indian-Nepalese border, Buddha was brought up as a prince and shielded from the struggles of normal life. Becoming increasingly agitated living a privileged existence, his curiosity of life beyond the safety of the palace walls grew. Eventually venturing beyond the palace, he saw the stark reality of life that many people endured. This included sickness, old age and suffering which is claimed jolted him out of his privileged existence to contemplate the meaning of life. Denouncing his princely life, he decided to take the path of a traditional Indian wandering holy man seeking the Truth. For years he was a student of many teachers and engaged in austerity and strict ascetic practices in search of happiness and peace. However hard he tried, he did not find the answers that he sought after. He concluded that the route of self-mortification, as was his previous life of self-indulgence, was not the way forward. He thought it best to carve a path of balance between these two extremes, cultivating a path of the “middle way” (Bodhi, 2011).

Buddhism is based on the ancient doctrine of the Four Noble Truths aiming to explain the nature of human life (Bodhi, 2011). The First Noble truth is the truth of suffering (Dukkha). Suffering in some form, be it physical or mental, exists in all living beings. The Second Noble truth is the truth of the origin of the suffering (Samudāya). Our attachment to things and our desire leading to emotional suffering. The difficulty that we expereince in accepting change and our difficulty in acceptance of not being able to control change leads to suffering. The Third Noble Truth is the truth of the cessation of suffering (Nirodha). Ridding ourselves of this suffering comes from our ability to detach from things that change by working on how we react to change. Nirvana, reaching enlightenment, means extinguishing of all desire and thus suffering. The Fourth Noble Truth is the truth of the path to the cessation of suffering (Magga). The journey to learn this detachment is by following

the Eightfold Path, also known as the Middle Way. It is a series of steps to reach the ultimate goal of enlightenment, knowledge of the ultimate truth, and Nirvana and be free of all suffering (Bodhi, 2011). The Eightfold Path is not seen as a sequential process, but more as aspects of life to be adopted in the realisation of enlightenment.

Mindfulness was introduced as the seventh step of the Noble Eightfold Path leading to the end of suffering (Gowans, 2004, p. 11). The different steps on this path include :

- Right understanding – seeing the world as it is, not how we intend it to be, and eliminating ignorance.
- Right intention – the concept of doing no harm.
- Right speech – the power of the spoken word is recognised as potentially harmful within criticism. By speaking kindly, we move to more compassionate living.
- Right action or respect of others – by considering others and the world we live in and taking an ethical approach to life.
- Right livelihood – by adopting work and daily routines that promote respect for all life we can remove the barriers to progress on the spiritual journey.
- Right effort – to cultivate an attitude of enthusiasm.
- Right mindfulness – to cultivate good awareness and develop attention to the present moment.
- Right concentration – the practice of focusing solely on one object to the exclusion of all else.

Both right mindfulness and right concentration help to maintain a good state of mind (Bodhi, 2011).

This ancient history has the potential to make it difficult for mindfulness to be accepted in the West (West, 2016). To address this and make it more acceptable, both in the Western world and the scientific community, Hayes has suggested that contemporary mindfulness needs to be separated from its religious origins. Indeed, concerns exist in both these fields that modern mindfulness-based approaches are incompatible with the more traditional Buddhist model (Hayes, 2004). Others feel that it is now time for these communities to work together to develop effective, empirically-validated interventions (Van Gordon, Shonin, Griffiths, & Singh, 2015). There is an emerging literature developing an interreligious connectiveness through mindfulness. Key to this are the writings of the Vietnamese Zen monk, peacemaker and poet, Thich Nhat Hanh, who uses the acceptance model of mindfulness (Hanh, 2008). However, Kilpatrick expresses surprise in faith leaders:

> *"One would expect Christian churches to resist this rival faith. Instead, they have in differing degrees been seduced by it, unable in many cases to say*

> *where the psychological faith ends and the Christian faith begins."* (1999, p. 21)

Despite this acceptance by some religious leaders, I have experienced that resistance is often to be found among religious clients, who can feel trepidation when encountering mindfulness in therapy.

1.4.7 Mindfulness and other religions

Although other religions were not implicated in the development of mindfulness, recently the literature has begun to extend beyond the strict Buddhist context (Valerio, 2016). Meditation, as a contemplative practise, is the most common form of Mindfulness. Meditation is found in many of the World's religions and has been practised for thousands of years in both the East and West (West, 2016). As such it is not possible to identify how or when it emerged within religious practice. However, despite its presence in religions predating Buddhism, there is a tendency in the West to associate meditation with this particular faith (Davis & Hayes, 2011).

West (2016) draws our attention to how different religions use different techniques to practise meditation. Verbal forms include the Buddhist mantra and Christian chant, and there are physical forms, such as swaying back and forth as Muslims do when reciting from the Quran (West, 2016). Meditation, as conducted in most monotheistic religions, combines thematic meditation (usually linked to scripture) with devotional meditation (linked to the deity). As such, it represents a form of enlightenment, bringing one closer to the deity. In Buddhism, however, there is no deity. Mindfulness meditation connects instead with the non-physical, resulting in its own form of enlightenment based in the here and now (Eifring, 2013).

1.4.7.1 Mindfulness and Hinduism

Siddhartha Gautama (the Buddha) was born as a Kshatriya, the ruling elite of Hindu society, and as such would have practiced Dhyana, the Hindu term for contemplation or meditation (Bodhi, 2011). Hinduism, being one of the oldest religions, is often seen as the birthplace of nearly all Asian contemplatory practises. Hinduism is the term used for the large collection of India's spiritual-philosophical traditions and beliefs developed over the last three-to-four thousand years (Raju, 1995). There is an aim, through the discipline of meditation and yoga (Sanskrit for union), to unite the atman (soul) with brahman, the God-force present in all things (Smith H. , 1994).

1.4.7.2 Mindfulness and Judaism

The contemplative practice of mindfulness within Judaism is regarded by many as a modern addition to the faith. However, Cox (1977) suggests that meditation is not in fact anything new but had been forgotten or continued implicitly in some forms of Jewish tradition. It was in the Middle Ages that Jewish contemplative practices, most famously Kabbala, was born (Graetz, 2002). Kabbala is an esoteric discipline of close reading of Jewish scripture and following deep contemplation leading to an immanent understanding of God and divine relation. It claims secret knowledge of the Torah and direct communication with the Divine (Charmé, 2014).

While in the 1960's mindfulness meditation was heavily criticised by the Jewish world, by the 1990's many Rabbis from varied denominations visited the Dalai Lama to discuss differences and similarities (Niculescu, 2012). Jewish Mindfulness (Mitchell & Quli, 2015; Niculescu, 2015) is now being taught in mainstream American Institutions (Niculescu, 2017). In recent years, the ancient form of Kabbalah has been elevated by the involvement of celebrities such as Britney Spears and Madonna (Heilman, 2004).

1.4.7.3 Mindfulness and Christianity

Within the Christian tradition, contemplation has been referred to as a friendship with God, and today is often seen as synonymous with mindfulness (Sherman, 2014). Trammel (2017) points out that both mindfulness and contemplative practises found within Christianity, as in Buddhism, lead to an experience of transcendence – the sense of the expereince going beyond the everyday or normal. Rather than a novel idea, the connections between Christianity and mindfulness, through the act of contemplatory practises, is ancient, with the introduction of communal (cœnobitic) monasteries dating back to the Middle Ages (Knight, 2010). These monastic experiences of Trappist monks and Catholic friars from the third and fourth centuries, engaged in ancient contemplative practises, seem to be having a revival in the form of Christian centering prayer (Bourgeault, 2004). Centering prayer was developed in 1975 by Meninger, Pennington, and Keating where God acts as a divine therapist to aid psychological healing (Keating, 2005). Blanton refers to Centering prayer as a Christian form of mindfulness (Blanton, 2011). With the dwindling Christian congregations, there is a trend for Christian churches rediscovering this connection and offering mindfulness courses in a bid to revive attendance (De Groot, 2014).

1.4.7.4 Mindfulness and Islam

Within Islam, the other large Eastern religion, Mirdal (2012) highlights the similarities between mindfulness and the Sufi poet Rumi, born in 1207 (Sufism is a form of Islamic

mysticism). Within a transcultural environment, Mirdal draws our attention to the commonality of mindfulness-based therapies and Sufism, especially Rumi teaching. Parrot (2017) and Thomas et al. (2017) continue to explore the resonance of mindfulness and Islamic tradition. Sufism is an aspect (rather than a sect or denomination) of Islam commonly termed as Islamic mysticism. Like Christian monks and other ascetic groups, Sufis dedicate themselves to Allah through meditation and other contemplative practises, like prayer. They believe that through a spiritual journey of meditative practises they can achieve enlightenment and a closer connection to the divine (Khanam, 2011). The most well-known symbol of Sufism are the whirling dervishes, where the performing repetitive spinning dances take the form of prayer, to unite the followers with God (Moore, 2008).

1.4.8 Mindfulness and prayer

O'Farrell's doctoral thesis proposes a Christian translation of mindfulness, arguing that Christian prayer is a faithful translation of mindfulness (O'Farrell, 2016). The Islamic version of mindfulness could be considered to be *Salat,*- the Arabic word for Islamic ritual prayer and a translation meaning of observe watch and regard attentively (Parrott, 2017). In fact there are many similarities between prayer and mindfulness (de Castro, 2015) and Wilhoit refers to mindfulness as the clinical counterpart of contemplative prayer (Wilhoit, 2014). Both sharing the concepts of transcendence (Bergemann, 2013), they possess what Manocha terms mental silence, which is known to increase psychological wellbeing (Manocha, 2011). Both mindfulness and prayer have a focus on letting go and waking up to the present moment and a developing of awareness. They both require being present, in the here and now, and a silence that engages into the *being* mode rather than the *doing* mode. (Baesler E. J., 1997)

However, Sobcazk reminds us that although similar, they coexist as separate activities (Sobczak, 2013). They both develop interconnectivity, but with prayer having a focus to develop a special connection with God (Robins, 2004). Although some may see mindfulness as a threat to their own religious beliefs, Garzon demonstrates how, with some small adjustments with the mindfulness techniques, mindfulness can be made more consistent with a religious world view (Garzon, 2016), thus enabling access to diverse ethnic and religious communities, Although not unique to prayer, mindfulness is clearly compatible with it, and this can be used by clinicians as an alternative to mindfulness with clients that have a strong religious conviction, whom may otherwise be adverse to be open to mindfulness in therapy (Robins, 2004). Knabb (2012) goes further, because of their overlapping, of using centering prayer as an alternative treatment to mindfulness for relapse

prevention for depression for Christians. Ijaz (2017) takes this a stage further still, in suggesting that prayer, together with mindfulness, offer greater mental health benefits than mindfulness on its own. Therefore, there is no doubt that there are possible advantages to allow the therapy to be a spiritual or religious space. (West W. , 1998)

1.5 Mindfulness and psychology: a review of the existing literature.

There is a large and complex body of literature in the field relating to mindfulness and its application to psychology. The following literature review is therefore selective by nature and does not comprehensively aim to cover this vast topic. Rather, it focusses on the most pertinent themes for this thesis. It is noted that much of what is written regarding mindfulness has developed from psychology's interest in meditation, with transcendental meditation being one of the most researched areas (Walsh & Shapiro, 2006).

The literature review begins by exploring how mindfulness was adopted by the West, and the development of mindfulness-based therapies. The main models of mindfulness are outlined. It then explores the evidence supporting mindfulness, in both psychological and neurological terms, considering how individual differences are addressed by the literature. The review then explores the applications of mindfulness both in the clinical field and beyond the therapy room. It concludes with a critical review of the limited existing research into counselling psychologists' relationship with mindfulness, both personally and in their client work.

1.5.1 Adoption by the West

Mindfulness was introduced to the West by molecular biologist Jon Kabat-Zinn in the 1970's after working with clients suffering from chronic pain (Kabat-Zinn, 1982). This led him to establish the University of Massachusetts' Mindfulness-Based Stress Reduction programme (MBSR) in 1979 (Kabat-Zinn, 1990; Kabat-Zinn, 2003). His work inspired Mark Williams, John Teasdale and Zindel Segal, psychologists and depression specialists, to develop Mindfulness-Based Cognitive Therapy (MBCT: Segal, Williams, & Teasdale, 2002). The popularity of MBCT has become evident in its inclusion in the National Institute for Health and Clinical Excellence (NICE) guidelines as a treatment protocol for recurrent depression (NICE, 2009). Baer (2003) sees these as interventions based on mindfulness training. Since then, the interest in mindfulness in the academic and scientific community has steadily grown (Didonna, 2009).

1.5.2 Third-wave CBT and the development of mindfulness-based therapies

Developed in the 1950's, "First wave" CBT, also known as behaviour therapy, used the principles of classic and operant conditioning for behavioural change (Hayes, 2004). "Second wave" CBT emerged in the 1960's, with an emphasis on trying to control thinking by identifying, challenging and cognitively reconstructing dysfunctional thinking (Beck, 1967). The success of this led to it becoming the most dominant and cost-effective approach for a range of disorders (Hofmann & Smits, 2008). However, it was not free from criticism, with suggestions of limitations of its application (Parker, Roy, & Eyers, 2003).

"Third wave" CBT departed from the emphasis placed on the thought content, to the individuals' experience of their thoughts. It incorporates a suite of therapies that foster awareness, attention control and decentring: decentring being the ability to observe an experience (or thoughts), without reacting to it, and not seeing disturbing thoughts as objective reflections of reality, but as transient subjective phenomena. There is also an emphasis on experiential rather than cognitive functioning and, rather than a pursuit of a better, asymptomatic future, a leaning towards acceptance of the present moment and possible suffering (Safran & Segal, 1990). Both second- and third- wave CBT value the importance of cognition and share the assumption that it is a major factor in psychological distress. As Buddha declared in the Dhammapada, a collection of sayings of the Buddha, "we are what we think" (Byron, 2010). However, third-wave therapies steer towards acceptance rather than change as they suggest that chasing control to elevate psychological distress may indeed be a part of the problem (Kabat-Zinn, 2003).

Therefore, third-wave approaches reject the need to modify unhelpful thoughts and encourage a stance of increased awareness of our thoughts and emotions in the present moment, focussing on acceptance of them while remaining non-judgmental (Baer R. A., 2003). There is debate over whether third wave is actually a progression from second-wave CBT or indeed a schism as it deviates from the core principles of thought change. "Third-wave" cognitive behavioural approaches marry modern psychology and Buddhist meditation (Tirch, 2015)

With the growing interest in MBSR and MBCT, there has been the incorporation of mindfulness in the development of other therapies, specifically Acceptance and Commitment Therapy (ACT: Hayes, Strosahl, & Wilson, 1999) and Dialectical Behaviour Therapy (DBT: Linehan, 1993). Baer (2003) draws a distinction between MSBR and MBCT as interventions based on mindfulness training, and ACT and DBT which he sees as mindfulness-based interventions. According to Baer, the former group involves both informal daily attention focusing (i.e. mindful eating) and formal meditation, that of intense introspection and sustained attention on a specific object. The latter group he sees as

involving non-meditative mindfulness. Together they form what is known as “third-wave” cognitive and behavioural approaches.

1.5.3 Models of mindfulness

The need for brevity precludes covering all the models of mindfulness. However, the principal one is that of Kabat-Zinn, and it is explored here, together with two alternatives (Kabat-Zinn, 2004).

1.5.3.1 Bishop et Al. Two component Model

Bishop et al. (2004) present a two-component model of mindfulness: one of self-regulation of attention, and the other of an orientation to the experience. By regulating the focus of one’s attention, awareness is brought to the changing thoughts, feelings and sensation at that present time, and from moment to moment. The attention is held within the immediate experience, resulting in increased alertness to what is occurring in the here and now. The second component of orientation to the experience gives rise to observing all thoughts, feelings and sensations that occur in the stream of consciousness. An attitude of acceptance is developed for them, rather than working towards a goal of change. In this way, relaxation is not a goal of mindfulness, although it can be seen to be a consequence of it. An active choice is made to allow an openness to whatever exists, to exist and abandon changing the experience to fit one’s agenda or avoid unpleasant experiences.

1.5.3.2 Three component model IAA

Shapiro et al. (2006) present an alternative model of mindfulness by reflecting on its core components and breaking it down into a three-component model of Intention, Attention and Attitude (IAA). Each component is not seen a separate entity or stage, but interwoven, and occurring simultaneously.

Intention: Bishop et al. (2004) suggest that intention, *why* one is practicing mindfulness, is a component of mindfulness that has been lost from its original Buddhist roots during Westernisation and is often overlooked. For Buddhism, the intention is the ultimate goal of “enlightenment and compassion for all beings” (Shapiro, Carison, Astin, & Freedman, 2006, p. 375). Initially, Kabat-Zinn also minimized the value of intention, and stated meditation was powerful enough in its own right and “as long as you did it”, that was all that was needed (Kabat-Zinn, 1990, p. 46). However, over time he began to appreciate the importance of intention and stated that “personal vision is also important” (Kabat-Zinn, 1990, p. 46). This is not a static construct but fluid, and Shapiro’s 1992 study observed that the intention of

experienced meditators moved from self-regulation, self-exploration to self-liberation (in line with Buddhism enlightenment) (Shapiro, 1992).

Attention - The second component, attention, plays an important role in psychology. The founder of Gestalt therapy, Fritz Perls, emphasized that attention "itself is curative" (Perls, 1969). Attention within this model is understood as sustained attention, the ability to hold one's attention on an object for a period of time (Posner & Rothbart, 1992), switching attention from objects or mental states (Posner, 1980) or as a cognitive inhibition, the inhibition of thoughts sensations or feelings (Williams, Mathews, & MacLeod, 1996).

Attitude - The third component, attitude, reflects *how* we attend, which is considered as an important aspect of mindfulness. Rather than having a cold and clinical attitude of attention, one that is compassionate and kind-hearted is preferred (Kabat-Zinn, 2003). Santorelli (1999) reminds us of the two figures of Japanese mindfulness, mind and heart, thus emphasizing the importance of both thinking and feeling kindness and compassion within the mindfulness framework.

1.5.3.3 Kabat-Zinn

Jon Kabat-Zinn proposes seven attitudinal factors of mindfulness that “constitute the major pillars of mindfulness practice” (Kabat-Zinn, 2004, p. 32). These are outlined below:

Beginners mind – Kabat-Zinn speaks of bringing ourselves to the present mind with the eye of the novice, allowing ourselves to see things as if for the first time.

> *“Too often we let our thinking and our beliefs about what we ‘know’ prevent us from seeing things as they really are” (Kabat-Zinn, 2004, p. 32)*

In the mind of the expert there are very few possibilities but with a beginner's mind there is an openness, and almost anything can seem possible.

Non-Judging –This attitude is not about being non-judgmental but rather about becoming aware of one’s judgments, and in turn not judging this judgmentalism. This can be a real challenge as we have ideas and opinions about everything, but through awareness of our judging tendency, we can appreciate the lens of our ideas and opinions, through which we experience the world. Becoming aware of this lens, we can see the pitfalls of getting caught up in the habits of our mind and accommodate for them. This can allow us to lead a more authentic life, experiencing the moment as it is.

Acceptance – Developing a stance of acceptance is not a passive resignation of how things are, but more a conscious act of recognition that things are the way they are, even though they may not be how we want them to be. This will free us from trying to force things to be what they are not and align with how we would like them to be. Acceptance can be seen as a prerequisite to letting things go.

Letting go – As things arise, we may want to hold on to pleasant things or push unpleasant things away. Letting go is the opposite of clinging which can fixate us to ideas and things, and involves taking a stance of just letting things be as they are and not forcing things to be as they are not.

Trust – Within this model, trust is seen as an important part of mindfulness. It can be linked to out body and encourages growing in confidence that our body can meet our own needs. We are encouraged to trust the wisdom of our own body, of our own breath. In appreciating that our breath can take care of itself, that our organs can maintain us, we can learn to trust our minds.

Patience – This component encourages us not to be impatient to get to the next thing, and so miss the present moment. When we are impatient, we are never where we actually are. Developing more patience allows us to inhabit the present moment.

Non-striving – within our modern goal-orientated culture, society encourages drive and ambition. Great value is given to getting things done and achieving unprecedented standards of living, comfort and security. Kabat-Zinn suggests this can be an obstacle to our mindfulness practice. He encourages an opposite stance, not doing but just being. By developing this attitude of non-striving, not trying to get anywhere else, we can learn to allow things to be held in our awareness without having to operate on them to make things happen. This encourages living without an agenda and simply being with the unfolding life. It can help us to live in the present moment by not trying to escape from the past or strive to get to a better moment in the future.

After developing these initial seven components, Kabat-Zinn also emphasized the importance of developing gratitude and generosity:

Gratitude - Kabat-Zin asks us to challenge our stance of being alive as taken for granted and develop gratitude for it.

Generosity - Kabat-Zinn highlights the power of giving time, attention and care to others for the sole purpose of giving joy without the act of receiving. This demonstrates care and encourages interconnectedness.

1.5.4 The psychological impact of mindfulness: A review of the evidence

1.5.4.1 Psychological/Behavioural Evidence

Mindfulness is seen to be inversely correlated with psychological distress (Coffey & Hartman, 2008) and linked to improved general wellbeing (Carmody & Baer, 1998). Reflecting on the mind-body connection, it has been shown to improve immune systems (Davidson, et al., 2003). Interpersonal benefits include a positive correlation between mindfulness and relationship satisfaction, and it appears to have protective factors against emotional conflict within intimate relationships (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007). These positive benefits are understandable given that mindfulness has been shown to increase empathy and emotional regulation (Davis & Hayes, 2011).

Emotions can influence reason and logic and prime our behaviours in all areas of our lives, including social interaction, decision making and primitive "fight or flight" responses (Darwin, 1872). They influence our adaptation to our environment but can also become inappropriately maladaptive. Although emotions historically were thought of as being fixed, through the mechanism of self-regulation, it is now understood that they can be influenced to optimise our functioning in the world. (Gross, 2008). Mindfulness has been shown to aid emotional regulation and is inversely correlated with rumination (Chambers, Lo, & Allen, 2008). These behavioural differences correlate to neurological changes (Wheeler, Arnkoff, & Glass, 2016).

Although much in the literature is linked to the benefits of mindfulness, Van Dam et al. warn us against seeing this as an "essentially universal panacea for various types of human deficiencies and ailments" which could potentially halt promising research and possible advances in negative effects of mindfulness, due to research saturation (Van Dam, et al., 2018a, p. 37). In a recent systematic review of the safety of MBI's in randomised control trials, Wong et al. (2018) report that they seem relatively safe interventions. However, they call for further studies actively to seek adverse effects to confirm findings as Van Dam et al. (2018a) report that only 25% of trials on meditation look for these.

Although Van Dam et al. suggest low frequency of adverse practitioner effects (less than 5%), the sheer number of practitioners, and the severity of those effect being psychosis and suicide, raise concerns (Van Dam, et al., 2018b). These unwanted effects require further study (Cebolla i Martí, Demarzo, Martins, Soler, & Garcia Campayo, 2017). Davidson & Dahl (2018) also draw our attention to the scant knowledge we have around

practise dosage. There is little in the literature to determine whether sustained formal practise (or retreats) is more impactful than daily small doses (Davidson & Dahl, 2018).

1.5.4.2 Physiological Evidence

Although the research on mindfulness is substantial, research into the field of the neurological understanding of mindfulness is in its infancy. There is a gap between clinical and neurological research, and neuroscientists and clinicians are urged to work together to better effect clinical MBI's (Van Gordon, Shonin, Griffiths, & Singh, 2015). Although neurological changes of mindfulness have only begun to be understood, mindfulness can modify cerebral activity (Davidson, et al., 2003). One suggestion is that the stress-induced cortisol secretion is reduced through meditation, which potentially has neuroprotective effects (Xiong & Doraiswamy, 2009). MBSR training has been shown to be linked to anatomical changes, resulting in an increase in left-sided activation in the anterior cortical areas, compared to waiting list controls, suggesting a result of improved function of attention. The main areas of change are those that also manage emotional regulation, especially the deactivation of the amygdala and activation of the dorsolateral prefrontal cortex (PFC), anterior cingulate cortex (ACC) and insula (Wheeler, Arnkoff, & Glass, 2017).

Goleman (2003) has found significant neurological changes in studies of Tibetan monks skilled in mindfulness training, suggesting the ability of the mind to alter (and possibly heal) the body, a very powerful concept. However, enthusiasm must be balanced within this young research field. Until studies are replicated, the conclusions must remain tentative as they are drawn from ad-hoc interpretations (Tang, Hölzel, & Posner, 2015). To understand the mechanisms of mindfulness, more longitudinal research with larger sample sizes are needed. Tang, Hölzel and Posner (2015) draw our attention to the fact that many researchers are enthusiastic meditators themselves, reminding us of the importance of them holding onto their critical view. Their meta-analysis suggested a strong bias towards publication of significant and positive results. They also raise methodological concerns and highlight "pre-existing differences ... which might be linked to their interest in meditation, personality or temperament effecting results" (Tang, Hölzel, & Posner, 2015, p. 214).

This gives rise to the consideration of both state and trait mindfulness, and the difference in dispositional and intentional mindfulness meditation within the literature (Tang, 2017). Wheeler et al. (2017) studied the neuroscience of emotional regulation when engaging in emotive tasks. They found that individuals who have undertaken purposeful mindfulness meditation demonstrate similar neuro-plastic changes to those found in individuals with high dispositional mindfulness, in contrast with those with low dispositional mindfulness. This calls into question whether these changes are attributable to mindfulness

itself or individual differences and emphasises the need for longitudinal studies focussed on seeking a stronger causal link between mindfulness and neurological change.

1.5.5 Degrees of mindfulness / levels of integration

Wheeler et al. (2016) raise the point that intrinsic dispositional mindfulness is rarely addressed within the design of neuroscience literature, and so brings to question what it is that is really being researched. Is it purposeful mindfulness meditation, or personal differences, or a mixture of both (Wheeler, Arnkoff, & Glass, 2017)? This lack of understanding results in a difficulty in integrating the neurological and psychological literature, which is needed to inform clinical practise (Van Gordon, Shonin, Griffiths, & Singh, 2015).

+	**Extent of formal mindfulness practise**			
Degree of intentionality	**Untrained in formal mindfulness**	**Novice mindfulness practitioners**	**Experienced mindfulness practitioners**	**Expert mindfulness practitioners**
Practise of mindfulness	One's natural, intrinsic, tendency to pay attention mindfully to his/her surroundings and experiences	Learned dispositional mindfulness begins in novice mindfulness practitioners	Learned dispositional mindfulness is greater in experienced than novice practitioners	Learned dispositional mindfulness is greatest in expert mindfulness practitioners
Engagement in deliberate practice of mindfulness	A person without formal mindfulness training, by definition, cannot engage in deliberate formal practice of mindfulness	A person's intentional engagement in mindfulness meditation or other deliberate mindfulness-related practices that require training (e.g., mindful walking or listening). Novice practitioners have fewer than 8 weeks (26 h) of formal training and 100 h of personal practice	A person's intentional engagement in mindfulness meditation or other deliberate mindfulness-related practices that require training. Experienced practitioners have more than 8 weeks (26 h) of formal training; they have more than 100 but fewer than 44,000 h[a] of hours of personal practice	A person's intentional engagement in mindfulness meditation or other deliberate mindfulness-related practices that require training. Expert practitioners have more than 44,000 h[a] of hours of personal practice

Table 1: Mindfulness terminology as related to degree of intentionality and extent of practice (Wheeler, Arnkoff, & Glass, 2017, p. 1476)

Wheeler at al. (2017) introduce us to the importance of categorisation of mindfulness practise and suggest a framework and proposes a terminology (See table 1 above). They suggest this is used to help understand current conclusions and guide future research. This framework relies on the degree of intentionality of mindfulness practise and the extent of mindfulness training already undertaken. Cut-off points of 19,000 and 44,000 hours are

used to differentiate between novice, experienced and expert mindfulness practitioners, based on a single study by Brefczynski et al. (2007).

1.5.6 Applications of mindfulness

1.5.6.1 Clinical applications

The exponential growth of mindfulness publications, and large volume of empirical literature regarding its efficacy, reflect the rise in its application and use (Baer, 2003). Although there is some critique regarding the methodologies in these early studies (Grossman, Niemann, Schmidt, & Walach, 2004), this is mainly linked to the issues around conceptualisation rather than design. Mindfulness-based interventions continue to show efficacy for depression (Segal, Williams, & Teasdale, 2013), anxiety disorders (Hoffmann, Sawyer, Witt, & Oh, 2010), addiction (Baer R. A., 2003), and Post-Traumatic Stress Disorder (PTSD: King, et al., 2013), as well as stress levels within the healthy population (Chiesa & Serretti, 2009). In fact, it has been seen to improve general psychological health (Keng, Smoski, & Robins, 2011) and cognitive ability (Chiesa, Calati, & Serretti, 2011).

The reason that mindfulness has this wide effect is beginning to be understood. Farb et al. (2014) links this to mindfulness' ability to strengthen emotional regulation. With this in mind, the widespread effect of mindfulness can be understood as a review of the Diagnostic and Statistical Manual of Mental Health Disorders (APA, 1994) shows that 50% of Axis I and 100% of Axis II disorders have problems with emotional regulation (Gross & Levenson, 1997). Therefore, it is no surprise that mindfulness has such a wide reach over a spectrum of psychological distress, and it can be argued that mindfulness is being applied across a whole range of psychological interventions (Shonin, Van Gordon, & Griffiths, 2014).

1.5.6.2 Mindfulness beyond the therapy room

Following on from its clinical applications, mindfulness has moved beyond the therapy room into hospitals, and then into institutions outside of the health area, including prisons (Shonin, Van Gordon, Slade, & Griffiths, 2013), schools, education (Shapiro, Schwartz, & Bonner, 1988), government (Hyland, 2016) and more recently the boardroom (Farb, 2014). This has led to an increase in the commercialisation of mindfulness, and a multi-billion-pound business has emerged (Hyland, 2015a) being "touted in the popular media as the next great trend in self-help technology" (Farb, 2014, p. 1062). Following claims that mindfulness is a panacea to deliver career success and happiness (Glomb, 2011), many companies, such as Goldman Sachs, Google and Ford Motor, have trained thousands of employees in stress-reducing mindfulness techniques (Purser, 2018).

Although mindfulness meditation was introduced into the medical setting as far back as the 1970s, the current medical operationalisation of meditation has grown and become more widely acceptable (Shonin, Van Gordon, & Griffiths, 2013). This was added to by the Mental Health Foundation's (2010) *Be Mindful Report,* which was supported by two thirds of GPs in promoting the health benefits of mindfulness meditation, both to themselves and their patients (Shonin, Van Gordon, & Griffiths, 2013). Krasner et al. (2009) supported these health benefits of mindfulness, observing increased empathy and reduced burnout for clinicians in primary care. This is of particular importance as up to 60% of practising clinicians report burnout at some stage in their career (Shanafelt, Sloan, & Habermann, 2003).

Mindfulness has been the focus of attention by the government to try and implement a strategy to aid the mental health and wellbeing of the population (King, 2004). An all-party parliamentary group commissioned a report, with a forward by Jon Kabat-Zinn, in 2014, to explore the implementation of MBI's in various domains (MAPPG, 2016). The results were generally favourable to mindfulness practises, and recommended the incorporation of MBI's within "health, education, the workplace and the criminal justice system" domains (Hyland, 2016, p. 133). If the government follows the report's suggestions, this will impact the population, particularly within schools and the work place.

Currently the Welcome Trust is funding a five-year trial, costing £6.4 million, involving 6000 teenage children across London (Torjesen, 2015). It specifically targets teenagers, as these years are a particularly vulnerable time for the onset of mental illness, with over half of mental health issues beginning by the age of 15 (Rhodes, 2015). Its aim is to assess whether mindfulness can improve resilience and improved mental health, and also looks at effective ways to train teachers to deliver mindfulness to students. Hyland however, voices concerns that "as with many popular educational innovations, the foundational values of mindfulness strategies have been distorted and subverted", following a possible political, commercial agenda (Hyland, 2015, p. 219).

Stress has become a major factor of ill health within the work force (Becker, 2013), with up to £26 billion-per-year potentially lost due to work-related mental health issues (Sainsbury Centre for Mental Health, 2007). Becker, coining the term *stressism,* has referred to the idea of stress being the "New Black Death" (Becker, 2013, p. 1). She raises concerns that within this dominant ideology of neo-liberalism, corporations are transferring the responsibility of stress management to the individual. This allows corporations to ignore the prevalence of stress within the workforce, and the danger of mindfulness being offered as a treatment enabling employees to work more efficiently within toxic environments rather than addressing the environments themselves (Purser, 2018). To avoid "wrong" mindfulness (*miccha sati*) resulting in increased suffering (Anālayo, 2003, pp. 51-52),

Purser (2018) encourages corporations to implement mindfulness training in conjunction with corresponding organisational policy change.

With the widespread literature of mindfulness, it is not surprising that it has recently grown within the corporate world (Sutcliffe, Vogus, & Dane, 2016). Multinational companies, such as Potential Project, specialise in corporate mindfulness training. Potential Project has offices in countries throughout the World, extending the reach of mindfulness training (Hafenbrack, 2017). Mindfulness has indeed become a global phenomenon (Black, 2014), backed by its empirical findings (Gunderson, 2016). With an estimated $550 billion lost due to employee engagement (Sorenson & Garman, 2013), mindfulness is seen as a potential vehicle to increase motivation to achieve work performance goals (Hafenbrack, 2017).

The classic MBSR programs have been adapted to reduce content and duration to best fit the business world, and Hafenbrack termed the phrase "on-spot mindfulness" as a "means to cheaply and quickly harness the benefits of mindfulness" (Hafenbrack, 2017, p. 126). However, Hülsheger (2015) raises concerns around it being seen as a quick fix. Hyland (2015), referring to the term McMindfulness (Purser & Loy, 2013), Huffington (2013) sees these as muted examples of mindfulness interventions. This "McDonaldization" process is seen as the capitalisation of MBI's to make them more palatable to the corporate world (Hyland, 2017). Researchers and clinicians are encouraged to hold on to their responsibility to safeguard the ethical foundations of mindfulness to ensure the "proper use and promotion" of it (Hülsheger, 2015, p. 674) without which it may be seen as a Faustian bargain (Purser & Loy, 2013; Hyland, 2016).

1.5.6.3 The Faustian pact

Although Purser & Loy (2013) appreciate the increased accessibility of stripping down mindfulness into a secular technique, they argue that decontextualizing it from its social ethical background risks it becoming what they refer to as a "Faustian bargain":

> *Rather than applying mindfulness as a means to awaken individuals and organizations from the unwholesome roots of greed, ill will and delusion, it is usually being refashioned into a banal, therapeutic, self-help technique that can actually reinforce those roots. (Purser & Loy, 2013, p. 13)*

In Marlowe's *Doctor Faustus*, the protagonist agrees a pact with the Devil, offering his soul in exchange for knowledge, wealth and worldly pleasures (Marlowe, 2005). "Faustian" has become a byword for the surrendering of moral integrity in exchange for power and success. Purser & Loy (2013) are drawing attention to the way in which mindfulness can be used harmfully rather than beneficially. When mindfulness is used as a self-help technique and

a tool to manage stress in the workplace, a nett result of this may be the enabling of greater productivity, often fuelling more greed.

As clinicians we need to be careful not to become embroiled in this. The well-documented benefits need to be respected. On the one hand we welcome funding from government and commerce to promote mental health in the workplace, but on the other we may find ourselves dancing to their tune which may be focussed more on economic objectives than individual needs. It can also be used within a political context to deliver a quick fix and panacea for all, just as CBT became hugely fashionable, delivered nationwide through the IAPT programme (Binnie, 2015) (Samuels, 2009).

This panacea of mindfulness can be seen in its influencing of education policy with proposals for it to be taught to children in schools in England. Appearing before the Education Select Committee in March 2014, the then England Schools Minister, David Laws, emphasised the government's interest in in the promotion of mindfulness in schools. However, he went on to say,

> *"It's about trying to impact on people's motivations, their attitudes to life, it's about trying to get at some of the things we don't always get at through our crude technical interventions and I think it's an area that we should take seriously while making sure that there is proper evidence-based scrutiny of it." (Huffington Post, 2014)*

The focus here seems to be on changing people, giving a more manipulative edge to its adoption as part of government policy.

Around the same time as David Laws' remarks, Dr Anthony Seldon, then Master of Wellington College, proposed the introduction of mindfulness in schools as a period for "quiet reflection". In doing so, he suggested a need for it arising from the, "decline in religious assemblies" (Paton, 2014). I fear that mindfulness may be packaged as a secular-religion or psychological faith and that the substitution of any therapy for religion is a dangerous blurring of two different domains and is something that must be avoided within psychological practice.

Vitz (1994) and Kilpatrick (1999) have written about the dangers of mixing faith and therapy, noting that psychological 'faith' is becoming a substitute for religion. Kilpatrick characterises "psychological faith" as "encouraging a cult of self-worship" and states that while resembling Christianity it is "incompatible with, indeed, deeply hostile to, Christian faith" (Kilpatrick, 1999, p. 21).

Although there exists a framework of competencies for psychologists marrying religion and psychology, religion or spirituality is rarely discussed in the therapy room (Vieten, et al., 2013). Clinicians generally apply caution in presenting mindfulness in the context of overtly religious, or spiritual principles (Schafer, Handal, Brawer, & Ubinger,

2015). Presenting mindfulness in a more scientific envelope, detached from its religious/spiritual roots, renders it more popular (Verhoeven, 2001). However, the results of a systematic review have shown an increase in the levels of spirituality of participants in MBSR programmes (Chiesa & Serretti, 2009). It is therefore important for clinicians to be aware of the stages of insight that can arise from spiritual growth and appreciate possible adverse effects of MBI's that can occur as a part of this journey (Grabovac, 2015). Willoughby Britton, a Brown university researcher, clinical psychologist and advanced Buddhist practitioner, is researching these experiences, which can be enduring and profound (Brown University, 2018). She has found that they can range from severe depression and anxiety, to hallucinations, and include psychosis (LingQ, 2018).

Although not prevalent within the clinical mindfulness literature, these experiences are a known fact of spiritual growth, and are given the term 'Spiritual emergency' (or the dark night) (Grof & Grof, 1989). They can be referred to as psychosis-like crises. They are ''critical and experientially difficult stages of a profound psychological transformation that involves one's entire being'' (Grof & Grof, 1991, p. 31). Although seen as an evolutionary crisis leading to healing, rather than a mental illness, the effects can be frightening, and so must be recognised and understood by clinicians (Grof, 1985). To study this phenomenon, and offer support to those afflicted, Britton founded The Dark Project (subsequently renamed The Varieties of Contemplative Experience: Brown University, 2018). Whilst researching this phenomenon amongst artists (highly creative people), Kreiselmaier found that 3.4 years was the average duration for the dark night stage – "enough to give any spiritual (and/or mental health) practitioner pause" (Kreiselmaier, 2015, p. 160). Although she proposed that this long period was linked to the highly-transliminal sample, as clinicians we need to understand adverse effects are important to inform practise.

1.5.7 The Mindful Therapist: Benefits

Germer (2013) has noted that mindfulness seems to embody all the elements necessary for a generic curative process that can be found imbedded or underpinning all therapies. Very much in line with Buddhist philosophy, mindfulness is seen to adopt an attitude of acceptance. The cultivating of this acceptance of things as they are, allowing for life's sufferings, can lead to compassion and empathy, the fundamentals of all therapies (Magid, 2002). Thus, the core therapeutic practices are compatible with mindfulness and Siegal (2010) encourages us to incorporate mindfulness into our therapeutic work and become mindful therapists. In his book he lists techniques that can help in this and ties it with neurological data to support his suggestion that the brain is like a muscle that can be exercised to grow in areas of compassion and empathy, presence and attunement. In cultivating mindfulness, therapists can learn increasingly to be present in the moment in the

therapy room (Stern, 2004). This feeds into the construct of intersubjectivity, the being at one with the other. Buddhist monk Thich Nhat Hanh (1987) refers to this as *interbeing*, enabling a sense of connection and attachment (Davis & Hayes, 2011). Segal et al. (2004) recommend that therapists build their own mindfulness skills before teaching it to clients.

As discussed earlier, emotional regulation has been suggested to be the factor responsible for the broad impact of mindfulness. Another suggestion is that the therapeutic alliance between mindfulness practitioners and their clients could be the mechanism to effect change. Falkenström et al. study (2013) shows that it is the therapists ability to form a better alliance, rather than the clients input, that lead to better outcomes. It is noted however, that only 28% of the participants were psychologists. The treatments were also over a short period, and it would be interesting to understand longer term effects. However, he therapeutic alliance has been shown consistently to be the predominant factor of therapeutic gains and can be seen as the "pantheoretical change variable" (Arnow & Steidtmann, 2014, p. 238) although it is not as clear if it is the symptom change that brings about an improved alliance.

These skills are difficult to teach, and most training programmes concentrate on theoretical and clinical aspects of counselling psychology training. However, they are skills that can be honed, and therapists "should be trained to develop just as they are trained to attend to other aspects of their practice" (Horvath, 2011, p. 15). Mindfulness can be seen as a way forward in training programs to address this skill development and nurture these qualities through clinical experience (Germer, Siegel, & Fulton, 2005). This has been taken up by leaders in the field from Bangor, Exeter and Oxford. Crane et al. (2012) suggest a competency framework is needed to train large numbers of new MBI clinicians. They stress the need for at least a year's clinical training and are considering a register of course leaders who meet practical guidelines.

Sweet & Johnson (1990) explore the interpersonal implications of an adapted Meditation Enhanced Training (MEET), for personality disorder cases (aged 17, 24 and 59 years). Derived from traditional Buddhist practice, MEET is a form of meditation training, with components of friendliness, compassion, sympathetic joy and equanimity. Even in this difficult to engage client group, they state that mindfulness can be used to elicit and maintain empathy, as empathy can be seen as the therapist being congruent and in the moment with increased awareness. However, they highlight the premature introduction of MEET with highly emotive clients, or those not open to meditation. Within the therapeutic alliance, the therapist maintaining attention in session can be a major challenge (Germer, Siegel, & Fulton, 2005). Therefore mindfulness, with its ability to increase attention, becomes a very important skill for a therapist to develop.

Another area of importance is that mindfulness has been shown to help prevent burnout. Although often discussed within counselling training programs, few address this issue practically within their courses (Newsome, Christopher, Dahlen, & Chrisopher, 2006). Newsome et al (2006) devised the 'Mind/Body Medicine and the Art of Self Care' as a course module for counselling students. Maintaining the central tenant of mindfulness, it was a semester long (15-weeks) program based around the MBSR (which is of shorter 8-week duration). Both qualitative and quantitative course feedback reports, together with focus groups, were evaluated over a four year period. Students expressed that they found the course helpful both professionally and in their private lives. They learnt practical skills to aid self-care and felt that it should be incorporated in all counselling courses. Self-care is vital to develop affect tolerance to manage difficult emotions that may arise within therapy. Fulton studied U.S 152 masters students in a qualitative study (Fulton, 2003). Using self-reported questionnaires, the FFMQ for mindfulness and the Self–Other Four Immeasurables (SOFI) for measuring compassion to self and others, he found a positive correlation between mindfulness and compassion. Mindfulness practise can develop an openness within the therapist to become aware of intense emotions. However, it can also help towards developing protective factors against these negative emotions becoming overwhelming (Fulton, 2003). Thus, therapists can be better containers for intolerable affect experienced both by themselves and their clients (Germer, Siegel, & Fulton, 2005).

Lastly, Davis (2010) also draws our attention to the utility of mindfulness within clinical supervision, finding that mindfulness can foster an openness and awareness within both the supervisor and supervisee. From this we can see that mindfulness is an important construct to consider for all therapists. However, as Davis point out, it is not clear whether psychotherapis mindfulness translates into positive client outcomes. Addressing the general question of assessing the levels of mindfulness, Davis draws attention to the problem of validity in self report measures of trait mindfulness.

Much has been written attributing the success of therapy, regardless of modality, coming from the therapeutic presence, the "bringing one's whole self into the encounter with clients by being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually" (Geller, Greenberg, & Watson, 2010, p. 599). It is in fact the quality of this relationship, together with individual differences of the therapist, that have been found to be key factors leading to effective outcome (Duncan, Miller, Wampold, & Hubble, 2010; Hauser & Hays, 2010).

1.5.8 The Mindful Therapist: Experience

So far, we can determine that mindfulness is indeed an important construct for therapists to consider, and this importance does not seem to be abating. In fact, Norcross

at al.'s ten-year study of forecasting psychotherapy trends, found mindfulness, both as a stand-alone therapy and integrated as a part of DBT or ACT, to be the leading and most important trend for the future, along with an expansion of telepsychology (Norcross, Pfund, & Prochaska, 2013). The result of this will be an ever-increasing population of therapists using mindfulness. Bearing this in mind, it is important to consider how mindfulness is experienced by therapists. Although there is an expanse of literature around the efficacy of mindfulness, this area has received much less attention. (Bruce, Shapiro, Constantino, & Manber, 2011; Davis & Hayes, 2011).

Some of the literature explores the experience of client and therapist dyads. Horst, Newman and Stith (2013) studied five therapists recruited from a family and marriage training program. They were interviewed, together with their clients, regarding their experience of mindfulness in session, and the resulting data was analysed using Thematic Analysis. Results showed that mindfulness was a positive experience and enhanced the therapeutic relationship, although the therapist found this to a greater degree than the clients. This study had a small sample size compared to the recommendation of six to ten participants for small project and up to 400+ for larger ones (Fugard & Potts, 2015). Also, all the participants were trainees and new to mindfulness, so any findings can only apply to new trainees of mindfulness.

Ellwood (2016), again using semi structured interviews, studied four pairs of therapists and clients' experience of joint meditation. The client-therapist pair engaged in a joint eight-minute mindfulness exercise at the beginning of two therapy sessions, with a regular session in between. Semi structures interviews of their experience were analysed using IPA. The prominent themes from the analysis were improved attunement, a slower pace of therapy but a sharper focus, and a shift to "being" mode from "doing" mode. This suggested that joint mindfulness practise in session may assist the process of therapy. However, it was noted that some clients "expressed resistance to the idea of their therapy time being taken up by an apparently passive activity" (Ellwood, 2016, p. 92).

Ryan and his colleagues (2012) added to the literature around how a therapist's level of disproportional mindfulness contributes to their effectiveness. Quantitatively exploring 26 client-therapist dyads, the therapists including psychology interns, psychiatry interns and clinical psychologists. Therapist levels of mindfulness was measured using the KIMS. The Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) was used to measure the working alliance. Psychotherapy outcomes were measured using The *Symptom Checklist Revised-90* (SCL-90; Derogatis, 1983) and The *Inventory of Interpersonal Problems-32* (IIP-32; Horowitz, Alden, Wiggins, & Pincus, 2000). The therapeutic alliance, as percieved by the client, correlated with the KIMS subscales of 'act

with awareness', and the theraputic allience, as percieved by the therapist, correlated with the KIMS subscale act with judgement'.

Both Aiken (2006) and Dalziel (2014) used qualitative phenomenological methods, and semi-structured interviews, to study psychotherapists who were also experienced practitioners with daily mindfulness practice. In Aikens study, six participants were asked to discuss how their mindfulness practise had influenced their development of empathy. Through their mindfulness practice, and increased awareness, they were able to achieve a felt sense of the clients' inner experience in session. Dalziel (2014) found that the eight psychotherapists in his study also experienced heightened empathy, but it was also an embodied experience for them. The main limitation of these studies are the study sample all being experienced meditators.

Keane (2004) undertook a mixed methods study of 40 psychotherapists who had been practising mindfulness between one and 40 years. The study began of a quantitative nature exploring how mindfulness effects therapeutic work. The FFMQ was used to measure mindfulness. Mindfulness was found to be positively linked with high levels of empathy, awareness and attention. The use of the mindfulness questionnaires has been critiqued earlier and once again, as there is no consensus on an unequivocal definition of mindfulness, the FFMQ, therefore this study, relies on assumptions around its meaning (Malinowski, 2008).

The study then used a qualitative approach to explore a subset of twelve psychotherapists' experience of mindfulness. Semi structured interviews were undertaken, and the resulting data was analysed using thematic analysis. However, Keane noted that some negative effects had been experienced. The heightened awareness was sometimes experienced as a "double edged sword" and led to heightened self-critical rumination (p. 25). When Escuriex and Labbe (2011) reviewed the literature of the relationship between midfulness practice by health care providers and treatment outcome, they did not find a clear correlation, with some studes demonstrating psitive results and some negative.

1.5.9 The Mindful Therapist: Practitioner Psychologists

Most of the studies reviewed had psychotherapists or clinical psychologists as participants, and most of these were well-versed and practised in mindfulness skills. Cigolla (2011) acknowledges this as a potential for further exploration. There are few qualitative studies focussed exclusively on practitioner psychologists, and even fewer specifically on counselling psychologists.

As part of her research portfolio for a doctorate in psychotherapeutic and counselling psychology, Cigolla (2011) used IPA to study therapists' experience of bringing their own mindfulness practice into individual therapy. Cigolla recruited among registrants of the

British Association for Counselling and Psychotherapy (BACP), UK Council for Psychotherapy (UKCP) and the British Psychological Society (BPS), but her study does not record whether any of the participants were clinical or counselling psychologists. She looked at therapists who practiced mindfulness regularly, but her study relied on the participant's own understanding of what "regular" meant.

Cigolla found a master theme that ran through all her participants accounts, this being that they experienced mindfulness as a 'way of being'. This was divided into sub themes of: (1) a way of being in personal life, (2) a way of being in therapy and (3) encouraging a way of being. This ultimately improving the quality of the relationship. Their 'way of being' was encouraged by bringing their focus to the here and now, present centred focus, often using their body, specifically their breath, to do this. This increased awareness improved listening skills. When talking about mindfulness the participants felt that the Buddhist origins of the approach needed to be kept separate. Participants seem to have agreed that their mindfulness practice enhanced their listening and attentive skills, as well as emphasising its impact on "subtle qualities such as acceptance, compassion, curiosity and openness", with Cigolla drawing attention to the fact that these are aspects of mindfulness that are not measured within the Mindful Attention Awareness Scale (Cigolla, 2011, pp. 127-128; Brown & Ryan, 2003). All participants felt that regular mindfulness practice was necessary to benefit from it, although they acknowledged that obtaining a deep understanding of it is time-consuming and difficult. All the participants were skilled mindfulness practioners to some extent, with their length of practise ranging from four to 20 years. Cigolla acknowledges limitation that the study did not look at therapists who used mindfulness as a tool or technique, and suggests this for further research

Ellwood's (2016) doctoral study using grounded theory also focusses on bringing experience of the practice of mindfulness to the delivery of therapy. Like Cigolla, Ellwood does not distinguish the types of therapist used within his study, and his qualification criteria for recruitment are unclear. Nevertheless, it is known that participants included two trainee counselling psychologists. Ellwood's work develops a theoretical model which examines the ways in which therapists use mindfulness to establish a strong therapeutic relationship which forms the basis for healing to take place and deeper understanding to emerge. Key to Ellwood's understanding of this is the participants' own use of mindfulness and bringing that into the therapy room. Ellwood acknowledges that the theoretical model is missing the clients' experience. He also draws attention to what he calls the "ineffable quality" of mindfulness: an inability to capture its essence in words. He further points to the fact that his participants were deeply committed to mindfulness and saw it as part of their very being. As such, they represented a particular subset of therapists using mindfulness within their professional practice.

Koliris (2012) undertook an IPA study of the lived experience of mindfulness among five UK therapists, three of whom were clinical psychologists, and all of whom were committed mindfulness practitioners within their everyday lives. A key finding was the impact of mindfulness on the participants' sense of self, which Koliris saw as allowing "greater inner freedom, compassion and interconnectedness" (Koliris, 2012, p. 86). She also notes the participants' emphasis on the role of the body in what Koliris refers to as their sense of "wholeness" (Koliris, 2012, p. 88). All participants spoke of their own sense of spirituality, and Koliris notes that those who were Buddhist experienced frustration at what they saw as the detachment of mindfulness from its Buddhist roots. One of Koliris' participants also reported experiencing mental health problems arising from meditative practice, raising the issue that mindfulness can also result in adverse effects. In her critique of her study, Koliris draws attention to the lack of homogeneity within her sample, with participants being drawn from a wide range of different backgrounds. She also acknowledges that the use of snowballing in recruitment may have led to bias within the sample.

Barker (2012) focussed his research on trainee psychologists, exploring the effect of mindfulness on their experience of relational depth. He interviewed 15 psychologists using focus groups, analysing the data using IPA. Although Smith et al. appreciate that focus groups can be helpful, they caution their use within IPA as the data produced would be potentially 'attitudes and opinions' rather than any deep account of the individuals experience (Smith, Flowers, & Larkin, 2009, p. 71). The super-ordinate themes produced were 'opening up another way of being', 'mindfulness as a therapist resource', 'enhanced relation depth' and 'integrating mindfulness'. Although Barker claims participants felt a greater attunement with their clients, and deeper connection, the participant were unable at times to differentiate aspects of what was learnt through mindfulness training, and what from their core therapy training. This limitation of the study therefore cannot claim to explore their effect of mindfulness solely.

Mussel (2007) studied eight clinical psychologists' experience of mindfulness and analysed the data using existential phenomenological analysis. Participants' experience of mindfulness ranged from a few years to only the "briefest involvement of mindfulness as an idea", calling into question the homogeneity of the sample. It was interesting to note from his findings that his participants worried over treating mindfulness as a technique and separating it from its spiritual background

Hemanth and Fisher (2015) also studied the experience of the impact of mindfulness in the lives of clinical psychologists. They were attending a 10-week mindfulness group. Once again semi-structured interviews were employed, and the data analysed using IPA. The resulting themes suggested that the clinical psychologists experienced mindfulness as

being helpful in terms of their self-care and interpersonal skills. Attending the group also increased their comfort with mindfulness and confidence in using it as an intervention. It was noted that the first two weeks, the group was facilitated by the author, but this changed for the subsequent weeks. It may have been more beneficial to have the same trainer throughout. Also, the group consisted of trainees, supervisors and qualified staff. The authors reflected on this and whether the trainees would feel restricted to share their experiences truly for fear of being evaluated. Although this did not show on the evaluation forms, it is a possible limitation to consider for future research.

Wiley's (2010) master's thesis is a qualitative study of the experiences of four registered counselling psychologists, using interpretative description to explore their use of "Buddhist-informed meditation practices", personally and within their clinical practice (their long-term experience ranged from 11-35 years). Wiley identified three major themes: "integration", "being as opposed to doing" and "therapy as a process within therapeutic relationship". Wiley notes that her participants, although practicing Buddhist-informed meditation, did not regard themselves as mindfulness practitioners, and varied in the extent to which they found mindfulness useful within their clinical work. All, however, agreed that their meditative practice allowed them to be with their clients, and that this being in the moment resulted in an integrative experience. It aided the formation of the therapeutic alliance, developed them as therapists and had been an important element in helping them to maintain their practices over prolonged periods of time. Although not necessarily teaching mindfulness, Wiley's participants seem to have been working mindfully. Wiley concludes that the experience of mindfulness is necessary for therapists wanting to incorporate it into their therapeutic practice. Wiley's sample is small however, and her analysis is descriptive rather than interpretative. Moreover, the focus on meditative practice means that many aspects of mindfulness are understandably not addressed in this study.

Like Wiley, Du Sautoy's (2013) IPA study contains a focus on meditation. Her doctoral thesis looks at the lived experience of seven clinical and counselling psychologists' use of mindfulness-based interventions (MBIs) within the context of the therapeutic relationship. Du Sautoy's participants agreed that MBIs strengthened the therapeutic relationship, with some participants describing the quality of the relationship as "transcendental" (du Sautoy, 2013, p. 87). They also observed that for those participants engaging in their own meditative practice, this resulted in a strengthened relationship to themselves. Du Sautoy found that some participants were ambivalent about what they saw as a blurring of therapeutic boundaries and admitted to feeling uncomfortable about the feelings of equality and disclosure that arise as a result of sharing a meditative experience. This difficulty was enhanced with group work, and du Sautoy observed that here the therapeutic relationship can be played out in a client-to-client form rather than client-to-

therapist. All agreed that working with MBIs led to heightened awareness as therapists, and a positive impact on empathy and acceptance. Du Sautoy emphasises the importance of the integration of the personal and the professional practice of mindfulness for therapists.

Of the limited number of studies looking at counselling psychologists' experience of mindfulness, Opoku's (2016) unpublished thesis is closest to the current study and was not available for review at the time this research commenced. Nevertheless, it differs from the current study in some areas and it is useful to draw comparisons. Opoku undertook an IPA study of eight counselling psychologists who use mindfulness within their professional practice. Of the eight participants, three reported practicing both formal and informal mindfulness daily, while another four said that they undertook daily informal practice. The final participant, while not currently using mindfulness, reported having done so intensively in the past.

Opoku developed three master themes: "mindfulness and spirituality", "relational components of mindfulness" and "clinical applications" (Opoku, 2016, p. 54). As with other studies, Opoku's participants draw attention to the spiritual dimension of mindfulness, although there is a lack of consensus on what spirituality means. Opoku draws attention to the implications of the perceived benefits of spirituality for therapists' training. The therapeutic relationship is again seen to form a major theme, with mindfulness experienced as enhancing empathic connection with clients. Finally, Opoku's participants also appear to have embraced the view that personal experience of mindfulness is an essential component to its practice. Opoku draws attention to the limited scale of her study however, and to the need to reflect voices and experiences not represented by her sample.

1.6 Research contribution and rationale

The critical review of research into therapists' experience of mindfulness thus indicates several gaps in the research to date. Firstly, the overwhelming focus of the studies is on the application of personal experience of mindfulness in therapists' professional practice. As such, it is focussed on practitioners with a strong personal commitment to mindfulness, often referring themselves as experienced mindfulness practitioners with years of mindfulness practice. Many have completed formal training (eight-week MSBR), attended retreats or have mindfulness leaders. This is very different from focussing on the use of mindfulness in therapy by individuals who have not received any formal training. As the use of mindfulness in therapy assumes ever-greater importance, this is likely to represent the position of the majority of those using mindfulness within their professional therapeutic practice, and very little has been published from this perspective.

Secondly, by virtue of their strong commitment to personal mindfulness practice, most of the studies focus on practitioners with greater levels of expertise in mindfulness,

often backed up by in-depth training. There is very little on the experience of individuals who incorporate mindfulness into their professional practice by having little personal experience of it and not formal training.

Thirdly, very little has been written about the individual experience of practitioner psychologists, and counselling psychologists in particular.

1.7 Contribution to counselling psychology

Mindfulness is of particular interest to counselling psychologists as it is a trans-theoretical construct (Didonna, 2009), with components of acceptance, non-judgment and attention, which are quintessentially what counselling psychologist endeavour to provide for their clients. This opinion is shared by Crane and Elias (2006), who emphasise the importance of mindfulness to counselling psychology. However, it seems that little has been written about this, although there are qualitative studies emerging mainly on client populations (Ozcelik, 2007) or counsellors (Rothaupt & Morgan, 2007).

The results from a PsychInfo search using the keywords “mindfulness” and “counselling psychology” or “counselling psychologist” resulted in three relevant results. When using key words “mindfulness” and “counselling psychology” or “counselling psychologist” (the American spelling) there are 20 relevant results. However, when “IPA” was added to the search criteria, no results at all.

Nanda reminds us of the value of the “being” qualities, similar to those in mindfulness, and “as counselling psychologists what is primary is our ability to be with our clients” (Nanda, 2005). It is noted that Nanda (2005) has undertaken some investigation around phenomenological enquiry into the effect of meditation on the therapeutic practises of health professionals. By concentrating on counselling psychologists, this study will focus on individual experience from their perspective, potentially shedding light on the resonance between mindfulness and the unique philosophical stance of counselling psychology.

With the ever-increasing popularity of mindfulness in the field, and as more counselling psychologists use mindfulness in their clinical practice, it is hoped that this study will give a detailed account of their understanding of this phenomenon. This in turn could give insight to both advantages and disadvantages. With a better understanding of what the less highly trained therapists, those with no formal training, we hope to develop a better understanding of what the majority of counselling psychologists in the field experience. This more balanced approach could potentially influence mindfulness training programs.

1.8 Personal reflexivity

The literature review for this chapter was particularly challenging as the subject matter is so diverse. It seemed the more I explored the more questions I had. The more questions

I had, the more paths that the mindfulness research took me down. This led to a sense of confusion that had to be addressed by undertaking the literature review in two distinct parts. There was some time given to this at the start of the thesis, but it became evident that the decisions had to be made related to the areas to concentrate the research on. Therefore, the literature review was revisited once the analysis was complete in order to refine it.

I soon realised that my own view on mindfulness was a very clinical one, and the depth of connection with religion, spirituality and prayer were novel concepts for me. Interestingly, in any training I had attended, I had not experienced the connection with other religions, apart from Buddhism. The strong links that mindfulness holds with religion challenged my own thoughts around my own faith. Throughout the process of this thesis, I noticed that I oscillated from moving closer and further away from my own Islamic faith, which represented a journey for me. I also swayed from wanting to sit in the more religious camp and then wanting to sit in the more spiritual camp. Also wanting to become more aligned with mindfulness and then developing a caution around it. This process seems to have been aided by talking about mindfulness. I doubt that I would have had such a fruitful journey within a training course. I have ended up thinking that I feel more aligned to spirituality – which seems to have given me a freedom. I feel mindfulness may have been very important in this journey – allowing me to keep a moral code free of religious doctrine. It was also important for me to reflect on the insider/outsider perspective of this research project. I feel I held both positions at times. In terms of my participants, I held an insider perspective as I belonged to the same group as them – the novice mindfulness therapist. This was an important position for me to hold as I felt it gave me a privileged position over maybe skilled mindfulness practitioners undertaking mindfulness research, as I was more in line with my participants. Sharing my novice mindfulness practitioners position could have influenced the interviews to allow a space for an alternative narrative to be held other than the positivity around mindfulness, that is predominant in the literature.

However, I felt I held an outsider position in terms of the researcher role as most researchers are skilled mindfulness practitioners. My early thoughts were to complete the classic 8-week MBSR program, as I felt it would be an important learning curve for me to complete this thesis. However, after some reflection, I decided that I wanted to retain my novice mindfulness researcher position, so I decided not to engage in any formal training. I was keen to go on a mindfulness retreat, but I also restrained from doing this until the research was complete. This was related to the concept of the insider and outsider perspective. I felt that the ignorance that I would lose becoming more knowledgeable could cloud my perspective. I was aware of the implicit danger that I could adopt an attitude of positivity, as so much of the literature was positive, and so, in order to retain my ignorance, I held on

to my novice mindfulness researcher stance. In hindsight this was a beneficial position to hold.

Chapter 2: Methodology

2.1 Introduction

This chapter aims to provide a description of the methodology I have used to explore the lived experience of Counselling Psychologists' practice of mindfulness in their private and clinical lives. The study uses Interpretative Phenomenological Analysis (IPA), and semi-structured interviews, to explore their subjective experience.

2.2 Research design

2.2.1 Research question

The research question guiding this study is, "How do counselling psychologists experience mindfulness in their private lives and clinical practice?". With much of the mindfulnes research initially in the field being of a quantitative nature, there was a greater need for qualitative understanding of this phenomenon. Although qualitive research in the field does exist, most of the participants are highly skilled, or the research is around specific MBI. There is still very little understood about the majority of counselling psychologists experience of mindfulness, and this study aims to gain a better understand this phenomenon.

2.2.2 Philosophical paradigm

The starting point of all research is a set of assumptions that are based on philosophical reflection (Denzin & Lincoln, 2005), both about the nature of the world and the object under investigation, and lead to different ontological and epistemological positions being adopted. Explicitly stating and defining these positions is important in order to give a coherent account of what can be discovered (Madill, Jordan, & Shirley, 2000; Willig, 2008).

Ontology is the study of being in the world - of what exists. There are two broad positions available to the researcher - relativist or realist. To determine where to align myself, I considered how I think about the world, what data means and what sort of claims I want to make. I decided to take the ontological position of a "critical realist" which supports my position of there being a reality, but one that can only be perceived and interpreted rather than known directly. Critical realism is a philosophical approach emanating from the founding work of Roy Bhaskar (1978). He sought to describe an interface between the natural and social worlds by combining a general philosophy of science (transcendental

realism) with a philosophy of social science (critical naturalism) (Archer, Bhaskar, Collier, Lawson, & Norrie, 2013). Critical realism is based on a premise that there is a truth about the nature of the world, which provides a point of reference. However, it acknowledges that reality cannot directly be fully apprehended due to our own perceptions Willig, 2013). Holding this critical realist position, I assume that data can inform us about the real world to some extent, but it does not reflect the real world directly.

Although I acknowledge that there are some stable features of reality, I do not believe that things exist in the real world waiting to be identified by my research directly, separate from myself and the participant. I believe that individual accounts attach different meaning to their experience of this reality (Larkin, Watts, & Clifton, 2006), as I believe that the exact nature of truth is still a matter of philosophical debate (Hunt, 1990). Therefore, this research does not aim to hold a mirror to reflect or shed light on some reality or truth. I do not see individual accounts as either true or false, or corresponding to reality, but rather as displaying how individuals make sense of their experience. I take on the role of exploring and reflecting upon a particular experiential phenomenon – that of counselling psychologists' experience of mindfulness in private and clinical practice - and provide a space to engage and reflect on this.

I reflected on Dieronitous' (2014) argument that the researcher's epistemological standpoint determines the research, but at the same time the research should reflect the epistemological stance. Epistemology ("theory of knowledge") is the way that we as humans make sense of the world, how we believe things to be known and what things are true. According to Heidegger (1927), meaning is embedded in the world and can be revealed through our interaction with it. This research holds a phenomenological epistemological position, which allows for a subjective stance to be taken, and maintains that reality is constructed (Ponterotto, 2005). In my study, the subjective experience of the participants is valued, and phenomenology gives importance to "giving voice to" them (Larkin, Watts, & Clifton, 2006, p. 102), which is also complementary with the aims of counselling psychology (BPS, 2011; Woolfe, Dryden, & Strawbridge, 2003).

I hold importance to "meaning-making" - phenomenological knowledge. Childs (2007) draws clear parallels between phenomenology and mindfulness**.** Phenomenology, as in mindfulness, "invites us to slow down, focus on, and dwell with the 'phenomenon' – the specific qualities of the lived world being investigated" (Finlay, 2011, p. 3). They also both reject the Cartesian divide of body and mind, subject and object, person and world and concur with Heidegger's (1962) notion of *being* in the world. Thus, taking a qualitative-phenomenological approach seems highly compatible with the subject-matter itself, and my aim to understand counselling psychologists' lived experience of their practice of mindfulness in their private and clinical worlds.

As stated earlier, there is a preponderance of quantitative enquiry in the current research around mindfulness, with relatively little on understanding the individual subjective experience. I agree with Finlay (2011) that understanding comes from enquiring how someone's world is lived and experienced. I believe that this lived experience is something that we can learn about and understand, and that we may have access to the participants' lifeworld (Ashworth, 2003), but only through their and the researcher's interpretations (Eatough & Smith, 2008). I align myself to Finlay's' (2011, p. 73) "phenomenological attitude" and am encouraged to be open and meet the phenomenon in a fresh way, acknowledging the expertise of the participant. I believe that knowledge is context-specific, and that the participant's experience is their reality (not *the* reality) at *that* given time, in *that* context, in *that* history, in *that* body. I also appreciate that any knowledge I may gain is influenced by my own perspective because as soon as it leaves the participants, and they communicate it to me, it is what I believe it to be at that particular time.

Therefore, I acknowledge that a different researcher could have come to different conclusions and/or the participants may have discussed different aspects of their experience. This, however, is of no great concern as I view all these possible accounts as having equal merit. I do not claim to draw conclusions on what something might mean in general. In fact, it is questionable if these general meanings do actually exist. The participants' experience of mindfulness and what it might mean to them will not enable me to make general claims of human behaviour. I attribute greater value to depth over breath of knowledge and am concerned with how individuals make sense of specific experiences, in a specific context. The primary concern during this research is that of meaning, which goes beyond an objective truth or reality (Reid, Flowers, & Larkin, 2005). Being interested in subjectivity, my aim is to understand what individuals' experiences of mindfulness are like, how they make sense of it, and also how they talk about it.

2.2.3 Research Method

Willig (2008) reminds us of the importance of the methods adopted by the researcher being consistent with his or her epistemological position. With this in mind, IPA (Smith, 2004) was considered the most appropriate phenomenological methodology for this study as it affords access to the individual's experience through interpretation (Smith, Flowers, & Larkin, 2009) and fits my ontological and epistemological positions well.

2.2.3.1 Qualitative v quantitative approach

As demonstrated in the literature review, there is a preponderance of quantitative over qualitative research in mindfulness, something that has also been commented on by Christopher and Maris (2010) who stress the need for more qualitative research into MBSR

and mindfulness meditation. Thus, a qualitative approach was adopted for this research. It is also more aligned with the research question, which is focused on psychologists' experience of mindfulness in their private lives and clinical practice. This fits with Smith and Osborn's description of qualitative research as

> *…. exploring, describing and interpreting the personal and social experiences of participants. (Smith & Osborn, 2008, p. 2)*

In keeping with my philosophical stance, this approach provides depth rather than breadth, giving a rich account of individual experience that is temporally and culturally specific to each participant. Because of this, it cannot be generalised to populations or generate theory.

2.2.3.2 Interpretative Phenomenological Analysis (IPA)

Other qualitative approaches were considered before adopting IPA. It has been observed that some researchers struggle to see the difference between IPA and grounded theory (Brocki & Wearden, 2006). One reason for this is that like IPA grounded theory focusses on the analysis of individual cases with an integration of key findings through a process of systemic reduction of the data. However, unlike IPA it seeks to generate an objective hypothesis arising from this process (Willig, 2008). Willig has summarized the key difference in application between the two approaches, pointing out that IPA is particularly suitable for understanding personal experiences, whereas Grounded Theory is helpful to understand social processes (Willig, 2001). The latter was not in line with the research question which required the viewpoints of the individual participants to remain paramount, favouring curiosity and exploration of the subjective experience of the individual over the development of a general explanatory theory (Charmax, 1991; Glaser, 1967). Discourse analysis was also considered and rejected as the focus is on individuals' use of language and the cultural discourse that they draw upon in the process, rather than describing the meaning behind the lived experience of the phenomenon under investigation (Potter & Wetherell, 1995). As well as favouring the lived experience of the participants, IPA also acknowledges the privileged role of the researcher in the research process, which was of particular importance to me within this study (See Section 2.2.3.5 Ideography) and thus was the chosen method.

IPA is a qualitative research approach founded by Jonathan Smith (Smith, 1996) and is concerned with people's subjective, lived experience, the meaning of this experience to them and how they make sense of it in that particular place and body, and at that particular time. The term interpretative phenomenological analysis signals the joint reflections of both participant and researcher, forming the analytic account produced (Smith, Flowers, & Osborn, 1997; Smith & Osborn, 2008; Smith et al., 1997). A person is embodied,

yet they speak and have thoughts, and these thoughts are contextualized in a language. Psychologists tend to emphasise an inter-subjective rather than solipsistic approach to interpersonal relations (Gillespie & Cornish, 2010). However, although we can try to understand others we can never fully know them.

IPA encapsulates this in-between position, sitting well with the ontological position of critical realism, and the epistemological stance of phenomenology used in this research. For this reason, IPA was selected as the preferred methodological approach for this study. Given that Smith did not publish on IPA until 1996, some may argue that it has a relatively short history. However, with IPA's theoretical and philosophical roots in phenomenology, hermeneutics and ideography, it has a well-established ancestry (Smith & Osborn, 2008).

Criticism have been levelled against IPA as a methodological approach. Collins and Nicholson (2002) suggest that in following the analytical procedure of IPA, the data may become diluted due to the interpretative engagement with the text. However, it has been argued this can be counterbalanced by reintroducing the level of detail in the writeup (Smith & Osborn, 2003). Another possible criticism is that the richness of data obtainable from a single interview can become lost in the study of similarities and divergences across a number of different accounts (Collins & Nicholson, 2002). They have also questioned the difference between IPA and rigorous thematic analysis. However, it is interesting to note that in a comparative study using both thematic analysis and IPA, it was found that IPA proved, "the more informative in terms of clinical implementation" (Warwick, Joseph, Cordle, & Ashworth, 2004, p. 132).

2.2.3.3 Phenomenology

Husserl, the founding father of phenomenology, stated that we do not experience the world in its objective state, and felt it important to return to the things themselves, defining phenomenology as the study of the essence of conscious experience. In order to apply this practically, researchers need to apply what Husserl described as "reduction", a method transcending personal, social and learned prejudices to make sense of the phenomenon directly:

> *"There is undoubtedly no understanding that is free of all prejudices, however much the will of our knowledge must be directed toward escaping their thrall." (Gadamer, 1975, p. 484)*

In order to achieve this, IPA gives importance to personal reflections with the purpose being, as far as possible, to suspend (bracket) and not become distracted by anything that may obscure the phenomenon being investigated.

2.2.3.4 Hermeneutics

Following on from Husserl, a group of philosophers (Heidegger, Merleau-Ponty, Sartre) disagreed that reduction was possible and steered towards the human lived experience – Dasein - the study of "being-in-the-world". Heidegger emphasized our relativeness to the world, not being separate from it, and moved into hermeneutics – the theory of interpretation. He believed that we are all meaning makers, and that this involved a two-stage interpretive process termed double hermeneutics (see Section 2.2.3.5 Ideography). Although within this he highlights the need for bracketing, as with Husserl, he places importance on interpretation. Without the phenomenon, there would be nothing to interpret, but without the hermeneutics, the phenomenon would not be seen (Smith, Flowers, & Larkin, 2009). Merleau-Ponty (1962) termed the *body-subject* and believed in the role of the body, and that we could never really share another experience as it belonged to their embodied position.

2.2.3.5 Ideography

Ideography is the study of a particular phenomenon, of a particular person, in a particular context. Thus IPA sees individuals as meaning makers and assumes that there is no direct view of their experience, as a pure knowledge of their experience does not exist. This is due to the assumption that the participant's sense making of the experience cannot be separated from the raw phenomenon.

IPA also values the role of the researcher, and reminds us that the researcher's meaning-making of this cannot be ignored – thus leading to the double hermeneutic – "the researcher making sense of the participant, who is making sense" of the phenomenon (Smith, Flowers, & Larkin, 2009, p. 35). This circular, nonlinear, process of interpretation gives the richness in IPA. Smith (2007) suggests that the skill of good IPA interpretation is in deciding when the interpretation is good enough to stop.

IPA is an inductive and iterative process starting with one case to seek to understand it, before moving to the next. However, the interest lies in the understanding of the phenomenon as a whole, and the understanding of each case forms the basis of a shared understanding of the phenomenon.

2.2.4 Procedure

The research involved semi-structured interviews with counselling psychologists who have an experience of mindfulness in their private and/or clinical practice with an aim to obtain in-depth idiographic understanding of their experience of mindfulness practice.

2.2.4.1 Participants

A sample of six participants was used for the purposes of this study. They were selected using a purposive sampling strategy to ensure the capture of relevant, in-depth data for the analysis (Oliver & Jupp, 2006). All names have been changed to preserve anonymity,

2.2.4.2 Sample size and demographics

Qualitative inquiry allows for flexibility in sample sizes, and although there are no rules (Patton, 2002), small sample sizes are in keeping with IPA inquiry, with enough cases needed to examine convergences and divergences without becoming overwhelmed with data (Willig, 2008). Smith has observed that as the methodology of IPA has matured, there has been a tendency for sample sizes to come down. This is because of the primary focus on individual experience where the emphasis is on quality rather than quantity (Smith, Flowers, & Larkin, 2009). The aim of this study was to explore a niche, novice mindfulness counselling psychologist population, so a homogeneous and purposive sample was sought (Smith, Flowers, & Larkin, 2009).

	Age	Gender	Ethnicity	Modality	Experience
Beatrice	55	Female	White British	Eclectic	5 years post qualification
Nasar	60	Male	Asian British	CBT	Initially qualified as a behaviourist, then a CBT therapist. Over 20 years post qualification
Sasha	40	Female	Asian British	Integrative – ACT	Over 5 years post qualification working mainly within the Chaplaincy service of NHS trusts.
Elma	51	Female	White German	Integrative – CBT	Over 20 years post qualification
Stacy	29	Female	White British	Integrative -ACT	2 years post qualification
Adam	50	Male	White British	Integrative – mindfulness focused	Over 10 years post qualification

Table 2.1: Participant information

Smith et al. (2009) recommend a sample size of between four and ten for studies such as this, and it was the original intention to interview between six and eight counselling psychologists to allow for a detailed case analysis of each participant to gain richness in the data. In practice however, only six participants were interviewed, as explained below (see Section 2.2.4.4 Recruitment). This included two males and four females. All were counselling psychologists in practice. The age-range of the participants was from 29 years to 60 years (see Table 2.1: Participant information).

2.2.4.3 Inclusion/exclusion criteria

Most of the literature concerning the application of mindfulness is focussed on participants with high levels of training and experience in its practice. However, a far greater number of psychologists are engaged in mindfulness practise without any such training. Because of the comparative novelty of mindfulness, some practising psychologists will not have encountered it during their initial training. Those that have will not have done so at a sufficient level of detail to become truly proficient. There is a gap in the literature looking at the mindfulness practise of the inexperienced majority of psychologists (novice practitioners): those who lack formal training but who implement it to varying degrees within their clinical practice and private lives. It is this group that form the focus of this study.

The inclusion criteria were set to include qualified counselling psychologists (chartered by the BPS and registered with the HCPC), who were novice mindfulness practitioners (having not received formal training as defined in the exclusion criteria) and who practiced mindfulness privately and informally – i.e. who incorporated mindfulness activities in their daily life, such as mindfulness breathing, checking their awareness and attention throughout the day and being mindful during daily activities such as walking and eating (Didonna, 2009), and mindfulness-based therapies such as ACT and DBT.

The exclusion criteria were tighter to exclude those formally trained in mindfulness via an authorized mindfulness centre (i.e. 8-week training or MBCT) or practicing mindfulness under the supervision of trained mindfulness teachers, individually or within retreats. This was to ensure that only novice practitioners were sampled.

2.2.4.4 Recruitment

The recruitment period extended for six months. An initial call-for-participants advertisement (see Appendix A2: Recruitment material) was placed on the BPS website. This resulted in interest from skilled mindfulness practitioners, but because of their advanced training and experience, had to be excluded for failing to meet the novice practitioner requirement (see Section 2.2.4.3 Inclusion/exclusion criteria). Advertisements were also placed through mindfulness centres, but these resulted in only one response, again from a skilled rather than novice practitioner. As these approaches failed to elicit eligible participants, direct emailing was made to counselling psychologists listed on the BPS website. This again resulted in many non-novice responses that were therefore ineligible, but four eligible participants were recruited this way. A further two novice practitioners were recruited via university contacts. Snowballing was attempted (recruitment via existing participants), and although one individual initially expressed interest, this ultimately fell through.

Although it was hoped to have up to eight participants, the minimum sample size for this study (and for IPA) was achieved, and it was felt that the quality of data captured in the existing interviews compensated for the small number of accounts.

2.2.4.5 Initial contact with participants

Once they had shown an interest, the participants were contacted and informed about the research, asked if they met the inclusion criteria, and if they were happy for the session to be recorded. They were then sent an information sheet (See Appendix A3: Study information sheet). This stage also included the capture of any contact information not already provided.

2.2.5 Interviews

The interviews, lasting approximately one hour each, were arranged at convenient locations for the participants. In practice, this was either in their home or their place of work. On meeting with them, all efforts were made to put the participants at ease, before reminding them what the study was about and taking them through the information sheet. It was explained that although the process was confidential, with all identifiable data being altered, interview extracts would be included in the thesis, which would be held at the academic library and made available to the public. Also, the findings might be shared in peer reviewed journals or talks with the possibility of utilizing direct quotes. Participants were informed that they had a six-week period after the interview during which they could withdraw from the study with no consequences, and that all data would be destroyed five years after publication in accordance with British Psychological Society recommendations and the requirements of most academic journals (BPS, 2010).

Confirmation that they were still happy to continue was obtained via two copies of the consent forms (see Appendix A4: Informed consent). Both the participant and myself signed and kept a copy. The interview then took place and ended with a full debrief of the nature of the study and an opportunity to share any concerns or to have any further questions addressed. Before ending, the participants were asked how they had found the interview and the process.

After the interview, the audio files were transferred onto my computer and transcribed into Word documents. All files were stored locally on the computer, away from the internet and password protected. All printed copies of the transcript used in analysis were kept in a locked filing cabinet, separate from the consent forms and participants' contact details.

2.2.5.1 Data Collection

2.2.5.1.1 Interview schedule

Semi-structured interviews were used as an exemplary method of data collection for IPA (Smith & Osborn, 2003), allowing participants to speak freely and to tell their story in their own words in order to elicit detailed, first-hand accounts of their lived experience. After discussions during supervision and after exploring existing research, an interview schedule (see Appendix A5: Interview Schedule) was designed to answer the research question. The first question was kept broad to set the scene and help the participants feel at ease (Kvale, 2008). This was followed by a small list of open, exploratory questions, striking a balance between flexibility with minimum structure whilst maintaining the research question in mind (Willig, 2008), and getting as close to participants' experience as possible. The interview schedule gave privilege to the participants, allowing them to set the parameters of the topic, but minimal probes were used to gain depth and elicit events, thoughts, feeling and actions capturing data relevant to the research question (Kvale, 2008).

This interview schedule was piloted, with myself as a participant, during peer supervision. This helped me get a good sense of how effective the questions were, and which prompts would be helpful. I made notes in my reflective diary of my experience and any insight I gained that may otherwise have remained hidden, and this enabled me to become aware of my thoughts and bracket my own experience. However, I decided not to take it further and transcribe it, as it may then have proved too difficult to push away, and I did not want to contaminate the data analysis.

2.2.5.1.2 Transcription

The verbatim transcriptions were developed in Word with notes of any pauses or hesitations in speech, laughter or any gestures added that might add to the semantic meaning of the words. The transcripts contained a five-column table (see Appendix G), based on the approach recommended by Smith, Flowers and Larkin (2009). Columns two and three contained the line numbering and the transcript itself. Column four was used for initial coding, with ordinary text used for descriptive coding, italics for linguistic coding and underlining for conceptual coding. The fifth column was used for my personal reflections. Column one was then used for emerging themes

I chose to complete all the interviews before commencing the transcription process as I had already been able to review my schedule and interviewing strategy by conducting a pilot interview (Smith, Flowers, & Larkin, 2009). I was also aware of my own tendency to commence reflection during the transcription process and wanted to avoid contaminating subsequent interviews with reflections from previous ones. After the first interview, I

appreciated the inevitability of preceding interviews possibly influencing others, but I continued to bracket these off to the best of my ability.

2.2.5.2 Data analysis

This section introduces the analytic process of IPA undertaken in this research. The existing literature on data analysis in IPA is not of a prescriptive nature. There is no 'single method of working with the data' (Smith, Flowers, & Larkin, 2009, p. 79) but flexibility in analytical development is encouraged. The aim of the data analysis was to produce themes around counselling psychologists' lived experience of mindfulness in private and clinical practice, grounded in the data. Although the analysis aims to capture the essence of the participants' lived experience, it also ends up being what the researcher thinks the participant is thinking – double hermeneutics as discussed previously. In fact, this could be taken a stage further to possibly a triple hermeneutic – the reader making sense of the researcher making sense of the participant. This leads to reflexivity forming a major part of the research project.

2.2.5.2.1 Stage 1: Reading and re-reading

I immersed myself in the data by undertaking several slow, close and detailed readings and re-readings to try and begin to enter into the participant's world and develop an overall sense of the interview. This was aided by listening to the recordings during the initial reading of the transcript. I bracketed off my perceptions by writing them down in my reflective diary, to reduce contamination and give the participant the main focus of attention. These first impressions were then returned to at later stages of the analysis.

2.2.5.2.2 Stage 2: Initial noting

Exploratory notes were made on the transcript document to allow for the "I" in IPA. This was achieved in column four of the transcript, (see Appendix A8: Initial coding) effectively acting as the right-hand margin suggested by Smith et al. (2009). It followed their typographical convention (see below). These notes included initial observations that seemed significant, convergences and divergences, nuances, metaphors, and amplification, together with echoes existing throughout the text (Eatough & Smith, 2008). A balance was struck between staying close to the data, so that claims later in the analysis could be easily evidenced from the participants' own accounts in a bottom-up fashion, and also remaining open and responsive to any new insights, thus allowing for an active engagement with the data to begin.

Descriptive notes on the content and subject of the transcript were made using ordinary text. These had a clear phenomenological focus, taking care also to comment on what was not said. *Linguistic* notes were made using italics and explored the specific use of the language in terms of words, phrases as well as non-verbal cues were also added. Then I took the analysis beyond the descriptive and focused at a more conceptual level, by shifting away from the primacy of the participant and allowing for more interpretation. These *conceptual* notes were expressed using underlining and resulted from exploring and questioning the data, to tentatively uncover hidden meaning, often thinking about why a participant said what they said at particular time in the interview. (Willig, 2013)

During this stage I was aware of wanting to slow down what Smith refers to as the *quick and dirty reduction,* that can often occur with people who are used to rapidly reading and assimilating texts (Smith, Flowers, & Larkin, 2009, p. 82). Thinking of ways to reduce the risk of words becoming lost, I occasionally used the tool of deconstruction to fracture the narrative flow. This led me to read chunks of text backwards, one sentence at a time, helping me to get a feel for the nature of words and possible connections between difference experiences within the transcript. A larger data set resulted at the end of this stage which became the focus of the next stage of analysis. Finally, I used comments to capture in red text any additional thoughts or ideas that occurred to me during this stage of the analysis.

2.2.5.2.3 Stage 3: Developing emergent themes

The numerous notes in the comments were transformed into more specific themes, sequentially numbered, using the left-hand column of the transcript (column 1) (see Appendix A9: Emerging themes). This was achieved by moving backwards and forwards between the themes, the data, and earlier notes to look for any variations or relationships and grouping them together. Relationships included any shared meaning between the themes, together with any hierarchical relationships or references between them. Structure was introduced into the analysis, whilst still retaining complexity, by a reductive and iterative process of clustering emerging themes together to help show the “psychological essence of the piece and contain enough particular to be grounded and enough abstraction to be conceptual” (Smith, Flowers, & Larkin, 2009, p. 92).

This process also involved seeing these themes in context: understanding their relationships not only with each other, but with the transcript as a whole. Similarly, to understand the transcript it was necessary to understand its constituent parts. This is what is referred to as the hermeneutic circle, examining a number of different part-whole relationships (e.g. individual words and the sentences containing them; single extracts and the texts they derive from; the interviews and the complete research project) (Smith,

Flowers, & Larkin, 2009). Following the hermeneutic circle, I worked with the emerging themes, back to the data, back to the themes as an iterative process.

2.2.5.2.4 Stage 4: Connection across emergent themes

Connections between themes within the transcript were explored. Once again flexibility was used in structuring the themes. In fact, some were disregarded altogether, concentrating on novel ideas and those that spoke out in the data strongly, with decisions being discussed in supervision and with peers. Smith, Flowers and Larkin's (2009, p. 96) concepts of abstraction, contextualisation, polarization and function were used to organize themes into clusters, which were given descriptive labels close to the participants' words to capture the essence of their meaning. An Excel spreadsheet was used to record this process to aid with the audit trail (see Appendix A10: Excel spreadsheet showing emerging themes list for Sasha). Each theme was given a unique number. Emerging themes were clustered together to form subordinate themes (see Appendix A11: Excel spreadsheet showing grouping of emergent themes to form subordinate themes for Sasha), which in turn were clustered together to create super ordinate themes (see Appendix A12: Excel spreadsheet showing super ordinate themes for Sasha). The result was documented in a high-order structure table. This created a very clear data trail from initial comments in the interview, through the analysis stages, to the subordinate themes.

2.2.5.2.5 Stage 5: Moving to the next case

The analysis process described above was then repeated with the next transcript, each one being treated as a separate entity (Smith, Flowers, & Larkin, 2009). In keeping with IPA's idiographic commitment, care was taken to value each participant's experience as individual and unique by bracketing (as far as possible), in the form of memo-taking, important thoughts from previous interviews in my reflective diary. Any insight gained was only integrated across cases during later stages (Willig, 2008).

2.2.5.2.6 Stage 6: Looking for patterns across cases

In order for the analysis to move to a more theoretical level, cases were compared and contrasted, and the themes were explored. This required some relabelling. This process of sifting the data continued until a collection of master themes resulted (Willig, 2008). The aim was to reflect the shared experience of all participants in "ways in which participants represent unique idiosyncratic instances but also shared higher order qualities" (Smith, Flowers, & Larkin, 2009, p. 101).

Throughout the analysis stages, consideration was given to the hermeneutic circle and the dialogue between the parts and the whole. Therefore, there was movement from parts of the interview to the interview as a whole, as well as from each individual interview to the interviews as a whole.

2.3 Quality and validity

There has been a vast increase in qualitative research over the years (Elliot, Fischer, & Rennie, 1999) leading inevitably to a variation in quality between pieces. Quality within qualitative research is as much needed as in quantitative research, in order to maintain standards within the discipline. For this study, a high level of scrutiny of reflexivity (Madill, Jordan, & Shirley, 2000) was adopted to aid its quality, with the emphasis of owning my own perspective. Although some in the literature suggest that quantitative research has no claims on validity or rigor, (Forshaw, 2007), Willig (2008) argues that qualitative research does indeed employ a systematic and critical approach whose quality can be assessed. Willig reminds us that the evaluation criteria must be tailored to the methodology being evaluated (Madill, Jordan, & Shirley, 2000). Therefore, this study follows Yardley's (2008) four main criteria:

1. Sensitivity to content.
2. Commitment and rigour
3. Transparency and coherence
4. Impact and importance

Criterion 1: Sensitivity to content. To demonstrate solid understanding of theory and relevant literature, a comprehensive literature review of both the phenomenon under investigation and theory around it will be included in the thesis write up, as will a detailed table showing the participant demographics (name, age, gender, etc.).

Criterion 2: Commitment to rigor. Early on in the process I attended a two-day IPA training course to develop methodological competence during data collection and analysis. Themes and findings were also checked regularly with my supervisor and peers.

Criterion 3: Coherence and transparency. To maintain a high level of transparency at each stage an audit trail of the raw data, diary, coding and analysis was kept to help to trace the history of the initial comments on the transcript, through initial clustering to the final structure of the themes (Smith, Flowers and Larkin, 2009). Choices and decisions of disregarding themes were also audited. Internal coherence is an important criterion to assess research validity and reliability (Smith, 1996) and care was taken to present

arguments in the study results that were internally consistent and supported by raw data. Each theme was also evidenced by at least two quotes (Smith, 1996).

Criterion 4. The impact and importance on theory and any pragmatic implication will be addressed in the thesis write up.

Research outputs resulting from the study were fully documented and stored, along with a supporting paper trail, to ensure that they could be properly validated if required (Smith, 2008).

2.4 Reflexivity

Reflexivity is important within the process of qualitative research, and IPA acknowledges the central role of the researcher. Therefore, I am aware that my role as the researcher was instrumental throughout the process of this study. The way I chose my readings, the research question and the interview questions were all hugely influential on the research. Madill, Jordan and Shirley (2000) state the importance of researchers pointing out the standpoint from which they approach their material, because meaning should always be given to the data and not simply identified or discovered in it. I appreciate that my own biases and preconceived ideas influenced and shaped meaning within the research, but I tried to contain their "seductive" power (Finlay, 2008, p. 17) to the best of my ability, by keeping a reflective diary throughout the research process. In my diary I added my thoughts, feelings, reflections around my interpretations, and emotional responses straight after the interviews. This helped me to challenge my assumptions and biases. This is in line with hermeneutic phenomenology, which adheres to the notion that the researcher is not separate from the research process.

My personal experience of mindfulness was reflected upon throughout the process as it inevitably frames the approach that I took. This includes finding mindfulness difficult to engage with, but feeling the need to continue with it, and to 'sell' the *concept* to my clients due to the existence of an evidence-base in the literature. I also feel a pressure to continue in my private life, as I use it with my own clients, and how can I ask them to engage in it if I do not practice it myself? Recently, however, I have found it very calming to manage stressful periods in my life, although there are some exercises that I feel more able to engage with than others.

Having extensive experience as a therapist sitting with clients working with hypotheses and formulations, and then being placed in the role of a researcher with participants, it was important to reflect upon how the former role may influence the latter. Being aware that I could easily fall back into being a therapist helped me to explore the

importance of not getting too close to the interview schedule but to effectively create a "one-sided chat". Although the interview process was a shared engagement, care was taken that the narrative did not include my own experience of the phenomenon under investigation, otherwise there was a risk of ending up with themes in the data that I was looking for. Although I appreciate that without some kind of theoretical lens, data collection and analysis cannot take place, I aimed to bracket my previous knowledge around theory and mindfulness. I acknowledged the challenge of allowing the data to speak for themselves but tried to allow new insights and understanding to emerge from the data and surprise me, rather than confirm my own expectations. This was reflected upon after each interview and was documented in my reflective diary (Brocki & Wearden, 2006). It also proved useful during the analysis stage – specially to bracket off my own assumptions and focus on the data, and it helped me to manage my feelings of being overwhelmed by the many ideas that cropped up during the final stage of the analysis.

I paid attention to the ways my own views, assumptions and beliefs shaped the research findings in both facilitating and limiting my reading of the data. I acknowledged that the themes produced from the analysis not only reflected the participants' original words but also my own interpretations. Willig (2001) reminds us that although researchers may influence the results, they may also form useful preconditions to aid making sense of others' experiences and so they should not be removed completely from the research but reflected upon.

2.5 Ethical considerations

I endeavoured not to address the question of ethics as a tick-box procedure, but to be ethically tuned throughout the whole process using supervision to remain vigilant and to address any new challenges. Ethical considerations were adhered to in accordance with BPS and University ethical guidelines, and the study was undertaken after obtaining ethics approval from City, University of London (BPS, 2010; City, 2010). No deception was required for this study and precautions were taken to ensure the wellbeing of all involved. These included obtaining participants' informed consent, ensuring that they were fully aware of the nature of the study, what was required of them and how the findings would be shared. No pressure was applied for them to take part. Care was taken that they understood that they could withdraw up to six weeks after the interview, after which the analysis would have begun. No distress was envisaged on the part of the participant group. However, any issues that arose for them were discussed and suggestions made to explore further during the participants' supervision or personal therapy.

Chapter 3:
Analysis

3.1 Overview

Superordinate themes	Sub-Themes	Example quotes
1: The incomplete Buddha pill	1a: Missionary in disguise	*To me, I'm not a salesperson flogging something that like mindfulness, this nice shiny new CBT car that I'm going to sell to you.* (Nasar, 450-452)
	1b: Spiritual connection	*Ummm this whole asp… I suppose it's the religious-spiritual thing I guess. Not from me but for other people.* (Beatrice, 430-439)
	1c: It's sort of lacking	*It's sort of lacking … there is something about it, that lacking in feeling and passion for it in a way.* (Adam, 640-641)
2. Therapists' engagement with mindfulness	2a: Nothing new	*I had the realisation that I had been actually been practising mindfulness myself for quite a long time, without actually knowing what it was called [ ] so that was, really jelled with my personal experience. [..] I'd been involved in sport [..] and it was through, being in fairly extreme and difficult circumstances that I learnt to practice what I realise was mindfulness.* (Nasar, 79-117)
	2b: Taking it further	*I don't have any plans of doing it on a big scale, where I am at the moment* (Sasha, 1086-1087)
	2c: Embedded mindfulness	*so the structure that was encompassing mindfulness was a very important component of .. well DBT and ACT. (*Nasar 536-537)
	2d: Seeking reassurance	*And coming across errr the work of Jon Kabat-Zinn and that errrrr looked very, very interesting. I don't know why a high molecular biologist would be interested in something that was a bit, potentially woolly?* (Nasar, 239-243)
3: Emotive response	3a: Calm	*I was trying to do a visual meditation that I've just made up. I was doing like a walking meditation to feel calm and focused.* (Beatrice, 607-609)
	3b: Hard	*So, we would start the less… the day with a half an hour mindfulness meditation. Urm. Which was hard, and you know.* (Sasha, 181-182)
	3c: Scary	*I'm not sure if it really, come, if it kind of comes under mindfulness but it's sort of feelings of sort of … unpleasant feelings of anxiety and things.* (Stacy, 161-164)
4: Doing vs being	4a: Mindfulness as a tool	*I do use it for interventions.* (Beatrice, 863-863)
	4b: Mindfulness as a "way of living"	*it's …. Its…. In its total it's more than a technique, it's a way of being. And I do hear that. But [..] ummmm could be both things … yeah!* (Nasar, 820-824)
	4c: The "transition from a technique to actually using it….as a way of being"	*….well it seems to be something that can be transported into being incorporated in your life.* (Beatrice, 640)

Table 3.1 Superordinate themes and subthemes

This analysis examines the lived experience of counselling psychologists of mindfulness, both in their private lives and clinical practice. This chapter outlines the interpretative phenomenological analysis (IPA) of six semi-structured interviews, from the raw data to a full master-themes table. The analysis of the transcripts shows the richness in the data from each interview. Bearing the research question in mind, the data was analysed producing four superordinate themes (see table above). It is acknowledged that

these themes are only one possible interpretation of the data presented due to my engaging in a double hermeneutic circle. There is an appreciation that another researcher may have developed a different master theme table due to their subjective understanding.

3.2 Superordinate Theme 1: The incomplete Buddha pill

Mindfulness has its origins in Buddhism and even though in the West it is seen as a secular practice, this connection with Buddhism remains strong. Consequently, there is a sense in which anyone exposed to mindfulness is consciously or unconsciously receiving a "dose" of Buddhism. Some participants felt uncomfortable that they may be introducing Buddhism to their clients under the guise of therapy (). How they experience this spirituality ranges from the broadly-spiritual to the explicitly religious (). All, however, experienced a sense that something of this spirituality has been lost in the Western implementation of mindfulness ().

3.2.1 Sub-theme 1a: Missionary in disguise

With the origins of mindfulness based in Buddhism, it is hard to ignore this connection when discussing mindfulness. There is evidence in the transcripts of participants' unease with this religious connection. Beatrice discusses reading Buddhist literature and was asked if she practiced Buddhism:

> *Beatrice: No. I'm eclectic. I'm a lapsed catholic. Err. I'll read anything, and if it's good for me. I've got copies of the Quran. I'll do anything basically. So I'll read anything if it …. If I find it useful [ ] I guess it [Mindfulness] really belongs to other people because the literature lies in that, very much in that, for me anyway, that eastern [ ] Don't know. It's interesting. Especially all of argy-bargy around ….. you know religious, you know the religious ….. you know the Irish troubles and that. [ ] It just feels … I suppose it does feeeeeel. (Beatrice, 387-418)*

Beatrice's response seems initially confident, expressing an openness to a wide range of religious thought. The emphasis is on what she finds useful. However, this confidence evaporates when asked how this sits with mindfulness. She experiences real anxiety about the potential for religion to be divisive, rather than therapeutic. Her mentioning of the Northern Ireland conflict focusses on the violence that can arise from religion, in stark contrast to the inherent pacifism of Buddhism. The phrase "argy-bargy" is suggestive of the sort of aggression usually associated with male pub culture and feels deeply alienating. Beatrice also has real difficulty in formulating her words around the religious connection. In saying that it "belongs to other people", she appears to be disconnecting from the religious origins of mindfulness. However, there is something about the anxiety that is expressed in her language (her inability to complete sentences, her repeated use of the phrase "you

know") that suggests that she is very aware of this connection and that it doesn't sit easily with her.

Whereas Beatrice's distancing from Buddhism is possibly implicit, for Nasar it appears to be a more conscious statement:

> ***Nasar**: I very frequently say to them that, I'm this is not an advert for Buddhism. I am not a Buddhist.(Nasar 1187-1188)*

There is a defensiveness in Nasar's statement – a need to explicitly state that this is not an advert for Buddhism, however in doing so, he is acknowledging that it could be interpreted in this way. It is interesting to observe his need to do this, and this defensive stance can be discerned in other areas of his narration:

> ***Nasar**: To me, I'm not a salesperson flogging something that like mindfulness, this nice shiny new CBT car that I'm going to sell to you. (Nasar, 450-452)*

His reference to a dodgy car salesman evokes the use of underhand sales techniques, drawing attention to what is desirable but often obscuring other aspects of what is on offer.

Sasha references the famous mindfulness raisin-eating exercise and mindful walking, and is more explicit about the possible hidden agenda:

> ***Sasha:** …. what's the right word, a bit kind of … beguile. I don't know if that is the right word, to do it with a raisin or walking when you can do it much more powerful like …. prayer. (Sasha, 124-127)*

'Beguile' is commonly defined as tricking someone into doing something, or charming them in a deceptive way. Essentially, Sasha is suggesting that this practice is deceitful because in reality, it is evangelising prayer.

Elma takes things even further applying a missionary analogy to therapists, and as the most religious of all the participants, is clear about wanting that same benefit for her clients:

> ***Elma:** ….because I am spiritual, being religious myself, I want that for my clients as well…. [ ] ….more spirituality in their lives. So, I feel that there is something a bit secret about my wish for that. Because I know most people, if I said that to them, they will run away. [ ] ….they would NOT go for it. So, I think it's a little bit deceiving. (Laughs). [ ] ….as a …mindfulness practitioner you are a missionary in disguise, but whether anyone (Emphasised) doing psychotherapy and counselling, is actually a secular priest [ ] ….because actually what we are doing is an ultimate very religious spiritual practice…. [ ] You know, even in psychodynamic psychotherapy, where you have that space, and there is something almost holy and sacred about that space that you created. (Elma 533-563)*

Elma seems to be saying that in being mindfulness practitioners, therapists are acting as hidden proponents of Buddhism ("missionary in disguise"). She appears to acknowledge her desire to evangelise spirituality, because it is something that is helpful to her in her own

life. However, she also seems to be aware that this could be off-putting, finding it necessary to disguise this proselytizing aspect of her work. There is something very personal about her expression of her "secret…wish" for her clients to "have more spirituality in their lives". Elma acknowledges a deception, and defines her position of being a "missionary in disguise". It is almost as if, unknown to her clients, she is placing herself in the position of being their guru, wanting to lead them to a better place. Her nervous laughter suggests that she sees the power in her statement of deceit and is perhaps uncomfortable with it.

From acknowledging her own missionary role as a mindfulness practitioner, Elma throws this open to include all psychotherapy and counselling practitioners ultimately being secular priests. She makes a connection between therapy and religion, rooting it within a historic context. It is startling that Elma seems to experience the space created in psychodynamic psychotherapy as "holy", given its roots in the work of Freud, an avowed atheist. It is as if for her, the therapy room is a sacred place in which something spiritual happens. If she sees herself as a "secular priest" then, by implication, the therapy room is her secular church.

Stacy also seems to feel the preaching element of being a missionary:

> ***Stacy:*** *….sort of preaching to people about it a little bit. Or bigging something that you don't actually know a lot about (Stacy, 437-439)*

The use of the word *preach* rather than *teach* seemed relevant here and adds to the missionary stance. "Bigging" suggests 'talking up' mindfulness in a manner that is again reminiscent to the practices of a car salesman. She draws attention to the promotion of mindfulness without having the necessary underlying knowledge or understanding to provide it with real substance.

3.2.2 Sub-theme 1b: Spiritual connection

Although mindfulness is often seen as a secular entity in the West, all participants acknowledge its spiritual dimension. Some view this spirituality in religious terms, whereas others prefer to discuss it in a more general manner. In Sub-theme 1a we have seen Elma proposing religion (or spirituality) as an identity issue for all therapists. Sasha shares this dilemma:

> ***Sasha:*** *I had a lot of, you know, in the 5 years that I was there, you know, am I a psychologist that specialises in spirituality, am I a Chaplain that has psychology? You know it was very, identity was all over the place. Ummm. But I have come back to psychology with very much with a spiritual hat on really. (Sasha. 26-30)*

Sasha seems confused about where her identity lies, and this struggle seems to be rooted in which aspect of her work holds pre-eminence: her chaplaincy or her psychological work. In saying that her identity was "all over the place", it suggests that Sasha initially saw these

as separate aspects of her identity that she was struggling to reconcile. It seems that in this struggle the psychology wins, but she is unable to discard her "spiritual hat". Instead, she seems to have found a way of embedding spirituality into her therapeutic role rather than psychology into her spiritual one.

Elma talks about appreciating the offerings of different religions, including Buddhism, but has difficulty in reconciling the various religious practices.

> ***Elma:*** *…So, I, I can easily hold having my faith in the Christian faith AND at the same time embracing different religions as truths. You know. I don't have a problem somehow.[ ] But from the different practices, that feels as if I need to make a choice. [ ] And I'm finding it hard to make that choice, because I don't want to let go. First of all, the mindfulness has been something that has enabled me to have some kind of spiritual … do something spiritual in the, in the therapeutic world. (Elma, 665-674)*

This presents Elma with a difficulty, as in choosing she feels she would need to "let go" of things. She seems to be referring here to the practices within mindfulness that are incongruent with her Christian faith. Elma appears to have no difficulty in reconciling multiple beliefs, but she sometimes struggles with the choices that are demanded when these beliefs are put into practice. Although she does not explicitly say so, I sensed that she was talking about the conflict between mindfulness mantra and prayer, feeding the pressure for her to choose. With mindfulness there is a freedom from this choice. For her, linking mindfulness to spirituality seems to allow spirituality to be accessible in a way that religious practice doesn't.

For Adam, attuning to spirituality seems to add vastness to the experience:

> ***Adam:*** *….where I find psychology very dry…. and very kind of structured, is where we … we are always concentrating on the thoughts. We are always concentrating on the emotions. And …. Mindfulness helps you to move beyond that. To the awareness behind it. to think behind the thoughts. To the experience behind the emotions [ ] ….which is vaster, much vaster. And so my sense of "I" expands. And… and then, and then I don't feel, I don't feel my physical boundaries, I don't feel my physical barriers, I don't feel, you know, I don't … I feel much more connected to everything around me. and that's … I can't describe spirituality (laughs) in any other way. (Adam, 239-257)*

He talks about the dryness of psychology, in very much 2nd-wave CBT terms. In "thinking behind the thoughts" Adam seems to be encouraging meaning-making, interpreting those thoughts and what has given rise to them. This seems to encourage awareness, which in turn unlocks greater understanding. Mindfulness seems to take him beyond the physical and into the spiritual. Adam's experience of mindfulness at times sounds cosmic, with his sense of "I" expanding and his use of the phrase "vaster, much vaster" emphasising its limitless scale. During the interview, Adam seems to get lost in this description of mindfulness, narrating with passion and awe. At the end of this description, however, he

interchanges it with his description of spirituality. It seems that for him, his mindfulness experiences are also very much spiritual ones. His repeated emphasis on feeling as opposed to thinking creates a sense of something more experiential, rather than cognitive (reminiscent of the move from 2nd- to 3rd-wave CBT (See Section 1.5.2: Third-wave CBT and the development of mindfulness-based therapies)).

The linking of mindfulness with religion and spirituality is present with most participants. Whereas Adam discusses this with passion, Beatrice shares her discomfort around it. She seems to be struggling at one point, and when questioned shares that she finds the "religious-spiritual" connections scary:

> ***Beatrice:*** *ummm (pause) Yeah, what I was struggling with ummm… very good question. I'm not sure if it's in my consciousness at the moment. It feels like it's sort of, err as if I am silenced in some way. Because it's a bit scary.*
>
> ***Interviewer:*** *What's scary?*
>
> ***Beatrice:*** *Ummm this whole asp… I suppose it's the religious-spiritual thing I guess. Not from me but for other people. (Beatrice, 430-439)*

Beatrice seems to be muted by a force from within that is beyond her control, existing beyond her consciousness. This force can best be described as fear, linking to her view of the "religious-spiritual thing" as "scary". This connection of mindfulness with spirituality seems to evoke powerful emotions within her, so much so that she appears to want to distance herself from it ("Not from me but for other people").

For several participants, this experience of decoupling mindfulness from any particular religion, and connecting it to spirituality is undeniable and powerful. This suggests something being gained. The next sub-theme hints at the opposite: something lacking or being lost.

3.2.3 Subtheme 1c: "It's sort of lacking"

Although this decoupling from the original religious pairing of mindfulness seems to expand the experience, participants also express their sense of something lacking from it. Sasha recalls an experience of attending a course in which she learned about mindfulness:

> ***Sasha:*** *…what they did with that is, they haven't, they haven't taught us errr how to do, how to teach mindfulness. They have just incorporated a bit of mindfulness into the course. (Sasha, 176-178)*

She seems to be suggesting that she learnt a few exercises but not insight into what mindfulness is really about, and how it can be promulgated.

Stacy also experiences this sense of something missing:

> ***Stacy:*** *I think there is a difference between the sort of the, the being and the kind of living life how it is. And that… that is my understanding of the origins*

> *of mindfulness. So – what we are doing is almost taking a part of that – like one piece and going – ah ha ! yes this will. This is really going to be good for.. and it… obviously, there is something about it that is. But I don't think its necessarily mindfulness how, how it was traditionally or how it's supposed to be. (Stacy 1133-1141)*

In saying "ah ha!", Stacy seems to be describing a "Eureeka" moment, but there is also a sense that it is as compensation, trying to convince herself that this will work given her belief that something is missing. Stacy draws attention to the difference between living and being (see). In saying that (in the West) we have taken "a part of" mindfulness, she suggests that there are other parts not being taken. Stacy experiences something having been left behind, and that is therefore lacking from what mindfulness was originally meant to be.

Elma shares this sense of inauthenticity:

> ***Elma:*** *Mindfulness … a person who lives mindfulness. We should be, in order to deliver mindfulness, you know, as an intervention. Because otherwise it's not really mindfulness. You know there is a sort of sense of – there is a sense that it's impure. It's not pure – it's not really the real thing. (Elma 243-246)*

On the one hand, Elma seems to experience Western mindfulness as contaminated ("not pure") and on the other as fake ("not really the real thing"). She seems to attribute this to the lack of the living element of mindfulness: in essence, its spirit.

The element of confusion demonstrated by Elma is something that Beatrice is also very much aware of:

> ***Beatrice:*** *I know Marc Williams is Jon Kabat-Zinn and I'm thinking, oh yeah. two white men. Going on. Banging on. But you know. I mean. It kind of feels a bit like ….. because you know, all these gurus …. Are all predominantly white men. There is quite a few of them out there. And I put Tony Robinson out there as well. And I feel, it feels now more about them and a competition. [..] These are western people doing something that's eastern without recognising that it was [ ] I know people, I know obviously in some literature and no, not .. it's nothing to do with Buddhism. Well it's not. But you know, let's not pretend. (Beatrice 1127-1147)*

Beatrice seems to experience the Westernisation of mindfulness as a manifestation of Western white-male egotism ("competition"). There is a strong sense of irony in her use of the word "gurus", and I experienced her anger at this point in the interview. The parallel drawn between Marc Williams and Jon Kabat-Zinn, two highly-respected academics and researchers, and Tony Robinson, a motivational speaker, is rather interesting. There is a suggestion here that she is wanting to take the former two down a peg. When she says, "Well, it's not", it seems Beatrice is actually saying that it IS to do with Buddhism, and that others are engaged in self-deception ("let's not pretend"). These others are the "white men" who have brought mindfulness to the West.

Adam acknowledges the origins of mindfulness as belonging to the East:

> ***Adam:*** *There are lots of teachers now who synthesise East and the West [..] it's the same as the way yoga was introduced into the west, and how yoga became popular. As a physical, as a physical form of exercise...so it wasn't spoken about as having any spiritual terms of what the essence of yoga was really about. So mindfulness in a way, we have just taken the technique.... you don't have to believe in anything (Adam 525-545)*

He makes the comparison with yoga being brought to the West and popularised, with mindfulness being introduced in much the same way, and arguably following the same trajectory in popularity. He draws attention to the loss of spiritual essence in the translation of yoga from East to West, and by implication, Adam seems to be suggesting that the essence of mindfulness (its spiritually-rooted philosophy?) is also missing. This is emphasised by his assertion that there is no need in the West for the belief system supporting mindfulness that is to be found in the East. However, this removal of the spiritual from mindfulness creates a void which Adam draws attention to:

> ***Adam:*** *It's sort of lacking … there is something about it, that lacking in feeling and passion for it in a way. (Adam, 640-641)*

Adam is the only one who draws such strong attention to what is missing: the feeling and passion of it. Without this Adam, seems to be suggesting, our Westernised version of mindfulness is lifeless and clinical.

Nasar seems to be a product of this. He also realises that something is missing, but in doing so he is inadvertently further sanitising mindfulness:

> ***Nasar:*** *I discovered errr dialectical behavioural therapy and ACT, acceptance and commitment therapy. And through reading around, particularly ACT, I felt that mindfulness-based practice as is described in MBCT and MBSR, had some elements that were potentially missing (Nasar, 529-532)*

Nasar, coming from a behavioural therapy background, possibly experiences mindfulness in his therapeutic work in cognitive-behavioural terms. He wants to find a place for mindfulness within the developing Western framework of cognitive-behavioural therapies and establishes his intellectual credentials in his familiarity with the various therapies and their associated acronyms. However, there is irony in the effect of Nasar's use of these acronyms somehow drowning the content, making it appear to lack meaning.

3.3 Superordinate theme 2: Therapists' engagement with mindfulness

The participants reveal a variety of different ways of engaging with mindfulness. In some instances, they recognise that they have had previous experiences of it, often earlier in their lives (Sub-theme 2a: Nothing new). However, there is also an awareness that mindfulness is something that needs to be more integrated into their everyday lives (Sub-theme 2b: Taking it further). Some discuss how it is consciously incorporated into so-called

Third Wave therapies such as ACT and DBT (Sub-theme 2c: Embedded mindfulness). Finally, there is the scientist-practitioner's need for a firm evidence base to underpin the use of mindfulness ().

3.3.1 Sub theme 2a: Nothing new

Both Elma and Nasar share that they previously found mindfulness through theory, and began practising it without realising what it was. Elma encountered it in her youth in a different country and hadn't realised that she was using mindfulness at the time:

> ***Elma:*** *….I come from a different country. It was called something different there. And I didn't know that was mindfulness. I only (nervously laughing and smiling) made the connection many years later. [ ]. I did… well um... it's a different lang.. in a different language [ ] And I have now since known and they still call that – in that language. So erm, so I just didn't know that was what it was. (Elma, 13-20)*

She appears to be unsettled by her earlier engagement with mindfulness, and I sensed from her nervous laughter, and her physical restlessness at this point, that she was embarrassed that she had engaged with it and may not have done so had she had known what it was. Elma has encountered mindfulness concepts previously, but because she did so in a different country and using a different language, she did not immediately realise the lack of novelty of it when encountering it in the UK. I felt that Elma's apparent unwillingness to name mindfulness in her own language seemed to be linked to her nervousness and unease. I wondered whether she had considered the similarities between her lack of awareness of what she was being taught and her own lack of transparency when employing mindfulness within her practice ("missionary in disguise" – See Theme 1: "Missionary in disguise").

Nasar seems much more comfortable with his previous experience of mindfulness, and with not knowing what it was:

> ***Nasar:*** *I had the realisation that I had been actually been practising mindfulness myself for quite a long time, without actually knowing what it was called [ ] so that was, really jelled with my personal experience. [..] I'd been involved in sport [..] and it was through, being in fairly extreme and difficult circumstances that I learnt to practice what I realise was mindfulness. (Nasar, 79-117)*

When he formally encountered mindfulness within his work, Nasar recognised that it is something that he had already experienced, and to him was therefore nothing new. There is also the suggestion that mindfulness was something innate, to be discovered within himself, enabling him to manage the "fairly extreme and difficult circumstances" he encountered while pursuing dangerous sports.

Beatrice sees an opportunity for there to be a bridge between the East and the West, the old and the new, but she also identifies a tension:

> ***Beatrice:*** *….it's got this thousands of years of tradition. If you like. Because we seem to be getting more, erm , what's the word? [..] It feels …. Groupie. That might be personal for me? I mean let's face it. What's going on in the world. It's all about, you know, my camp is bigger than your camp. And we are bigger than you. Blah, Blah, Blah. And it almost feels like…. Erm…. it's strange that the government. It feels like …. People we might refer to as more authorative culture because people can't communicate very well. And here is a tool we could use to link. Do you get me? but what we don't want is white, middle-class Western men doing it. do you get me? When in actual fact it's got this HUGE base that's thousands…. I don't know, that's just my thoughts around it. (Beatrice, 1192-1217)*

Beatrice experiences a trendiness to mindfulness ("groupie"), as if individuals are jumping on a mindfulness bandwagon without being aware of its ancient roots. She appears to own this ("that might be personal for me"), suggesting that she acknowledges that others might not interpret it in this way. This takes a more sinister edge when she talks about the forming of groups and the resulting competition between them. There is a sense that for Beatrice, this grouping of support becomes more about a consolidation and projection of power, harnessing something with "thousands of years of tradition" behind it, and using it for new ends.

Beatrice seems to see this power being appropriated by governments and goes on to adopt their language ("authorative culture"), vocalising what she sees as their thoughts ("here is a tool we could use to link"). I sense that she sees this as a manipulation, although she is not explicit about what this is. Instead, she turns her attention to those propagating mindfulness in the West, who she describes as "white, middle-class Western men". From Beatrice's feminist standpoint, this patriarchy seems to turn what she sees as an opportunity into a threat, led by a small elite, when in practice it should belong to the many. Their adoption of something apparently new seems to be perceived by Beatrice as a betrayal of the tradition of mindfulness, which has a "HUGE base that's thousands" of years old. It is interesting that Beatrice goes on to undermine this authoritative voice by apparently backtracking on what she has said ("I don't know….").

3.3.2 Sub theme 2b: Taking it further

Each participant has their own unique journey with mindfulness. It seems they are all at different levels of engagement with varying degrees of attachment. Some are passionate, immersing themselves in mindfulness and taking it "all the way". Others have decided that their individual circumstances do not merit progressing further at this stage in their lives.

Adam experiences his journey into mindfulness as multi-layered, using a metaphor of exploring the layers of an onion to describe his mindfulness journey:

> ***Adam:*** *… You know, talking about the personality is like an onion. With these different layers. And then you… the Sanskrit terms of the outer layer, and the deeper you go in. And this, this whole idea of the "atman", the soul. [..] There are lots of teachers now who synthesise East and the West. (Adam, 514-526)*

Adam seems to be talking about several journeys here. On the one hand, there is his personal journey, his peeling back the layers of the onion, essentially leading to the "soul" of mindfulness. On the other, there is the journey that mindfulness itself has taken from the East to the West, with the synthesis of these differing traditions that has occurred in the way it is taught.

While Adam talks about the depth of layers in an onion, Elma talks of "degrees" or hierarchies in mindfulness. Elma sees her colleagues as embodying mindfulness. She begins by discussing a women therapist and then contrasts her with a monk:

> ***Elma:*** *….she was infused with mindfulness as a way of being and looking at things. A way of experiencing things. And that simply came through in everything she did or said. So, but at a degree. So, this person I met earlier, I think he was a monk as well. (Laughs) He was on a different level again, but on that same continuum. [ ] Maybe there are degrees. I would say that maybe there is a degree of that, that I am able to communicate to people. Or to share. But I'm very aware that it isn't – you know, that it's, you know – there is a hierarchy in that. And I feel I'm quite low down (Elma, 312-323)*

She puts herself low down on this hierarchy, like the outer layers of the onion, and whilst she places her female colleague above herself, the monk is higher still. I interpreted this as a suggestion that people's connection with mindfulness increases the further they head up the hierarchy, resulting in it becoming increasingly embodied and integrated into their lives. This, in turn, manifests itself in the way they communicate mindfulness to others. Her laugh hints at her sense of awe for the monk being high up on the hierarchy.

For Beatrice, being on that hierarchy, or continuum, feels very much like a life journey:

> ***Beatrice:*** *Well, it's important to practice it, because then you can feel it. … You know it's…. I mean, I have known about this for years, but it's now… I'm still learning. [..] I just want to keep learning more and more about it. But so .. yeah. So I like to live the talk. (Beatrice, 943-968)*

"Live the talk" emphasises the shift from theory to embodiment, a progression that seems to have come relatively recently through her continuing learning. She also recognises that she can take this further.

Nasar has shared his own experiences of mindfulness, encountered within his participation in dangerous sports. Here, however, he acknowledges that this constitutes a

narrow segment of his life, and there is room to expand his application of mindfulness further:

> ***Nasar:*** *In one way I guess that CBT or mindfulness is a life sentence. [..] I don't see it as a sentence. [..]*
>
> ***Interviewer:*** *You see it as a?*
>
> ***Nasar:*** *As a….as a….as an opening of a bigger door, and that resonates with my own experience. Because I was experiencing mindfulness in a fairly narrow way. But then I do recognise that actually what I was doing was a process. And that process has a broader application in non-specific sports areas (Nasar, 902-916)*

Nasar begins by describing mindfulness using a constraining metaphor ("life sentence"). But rather than seeing it as imprisoning, he corrects himself to using a more liberating image ("opening of a bigger door"). This image is itself highly suggestive of "taking it further" as it is expansive and implies giving broader access to something not yet experienced. It is his earlier limitation on the application of mindfulness that has acted as the constraint. Whilst not placing himself on a continuum, like Elma, he acknowledges that he is within a "process" and recognises the broader application that mindfulness can have (and is already having) within his life.

However, not all participants seem ready to, or even want to, take mindfulness further:

> ***Sasha:*** *I don't have any plans of doing it on a big scale, where I am at the moment (Sasha, 1086-1087)*

Sasha seems content to remain at her current level of understanding of mindfulness, and it does not play a major role in her current therapeutic practice or her future plans for professional (and personal?) development.

Stacy, being the most newly-qualified counselling psychologist of the participants, not surprisingly has had the least exposure to mindfulness in her therapeutic practice. When describing her experience of mindfulness, she gives a very clear description of it:

> ***Stacy:*** *Sort of staying more in the moment, as opposed to … errr…. With experience, as opposed to thinking about erm .. being always consumed by the past or by the future. That's what it means to me, and being in the present moment without judgement. (pause) That feels quite a text booky answer (Stacy, 66-71)*

Stacy begins by talking in temporal terms, as if describing a journey from the past though the present and into the future. However, there seems to be a moment where she becomes conscious of the language she is using, realising that it sounds more like a dictionary definition. At this point, she seems to question herself and acknowledge that this could actually be something she has gained from a text book rather than her own experience. It

is as if Stacy's journey has barely progressed beyond the textbook, and that there is a further stage of this journey that involves the transition from theory into practice.

3.3.3 Sub theme 2c: Embedded mindfulness

For many participants, having mindfulness embedded in structured models and theory seems to make it more palatable. It appears to feel safer and easier to integrate into their work as scientist practitioners. In Nasar's reference to something missing (see Section 0:) he shared that it was important to him for mindfulness to be embedded within another theory (e.g. DBT or ACT):

> ***Nasar:*** *so the structure that was encompassing mindfulness was a very important component of .. well DBT and ACT. (Nasar 536-537)*

For Nasar, mindfulness feels more comfortable as a component within a model or theory, rather than something that is stand-alone.

Elma explicitly talks about her experience of mindfulness embedded within ACT:

> ***Elma:*** *I sort of actually find that the ACT way of doing mindfulness is what I seem to be living most, with myself. So I find also with my practice that ACT, along the thoughts about, you know what ACT doing.. really impac… influences me and I'm kind of bringing that in on, in various ways. (Elma, 346-349)*

What is noticeable here is that she is not just talking about using ACT but also being influenced by it. It is as if her discomfort at using mindfulness to introduce spirituality to her clients (see Section 0:) is somehow alleviated by attributing its influence on her and her practice to a mainstream therapeutic approach.

Stacy also talks about mindfulness being embedded within ACT:

> ***Stacy:*** *And obviously ACT includes mindfulness. [ ] by thinking about things in a more of an acceptance and commitment way. [ ] Umm. I've kinda lost what I– and I would, I would sort of come back to, that wouldn't be so much of a – I'll fall back on this – it's more of a – this is just, this is another tool that I could use at any point [ ] I think with the mindfulness – if I keep mindfulness separate, then I probably do like the techniques and the…. That on its own I probably fall back on that, more. Whereas the ACT – and I know that is confusing because that kind of includes it – but um… maybe the ACT sort of way of thinking, so I'm thinking, umm – acceptance as a bit separate [ ] I suppose it's all combined. But I tend to think of ACT as a bit more influenced in my way of working more than mindfulness. For some reason I separate them. But really, they are probably quite similar in thinking, acceptance and… well not quite similar, they are the same (she smiles). (Stacy, 532-558)*

For Stacy, it is possible that mindfulness feels more comfortable within the more structured framework of ACT. However, she goes on to reveal her uncertainty surrounding this embeddedness. It is as if her need for structure is manifested in a momentary disintegration in her train of thought as she struggles to reconcile ACT and mindfulness. She speaks of

losing her train of thought ("I've kinda lost what I….”). She acknowledges being confused about what she is talking about, but she is also experiencing this confusion at this point in the interview. For Stacy, it is possible that ACT, being manualised, represents a more concrete approach, easier to understand, whereas mindfulness is more intangible. Her attempt to separate them seems to be aimed at reconciling this confusion, but she goes on to acknowledge that this is not possible. I feel that this structure within ACT gives her clarity, without which Stacy experiences mindfulness with confusion.

Sasha shares this need for structure and finds it when mindfulness is embedded in DBT:

> ***Sasha:*** *And err the first module in that is mindfulness.. but it's a very, it's a very concrete form of mindfulness. So, there isn't much kind of eating raisins slowly or walking [..] But it's kind of broken down really, erm really well I think. So to be honest as I was teaching, as I was learning that, and teaching that to her, that's where I kind of got a much greater understanding of the purpose of it and why it might be helpful. (Sasha, 136 - 150)*

In Sasha's use of the term "concrete", I experienced her as suggesting that when delivered though DBT, mindfulness is less wishy washy (no raisin eating or mindful walking). When asked about her use of the word concrete she shares her liking of the "broken down", step by step approach of DBT: the guiding of how to teach and use mindfulness with her clients in terms of techniques, which she finds more understandable. Sasha's need to have mindfulness embedded in DBT creates this "concrete form of mindfulness", which is highly manualised. She appears to derive comfort and a greater understanding from the bringing together of theory and practice in this modularised approach.

3.3.4 Sub theme 2d: Seeking reassurance

As counselling psychologists, the role of the scientist-practitioner is important to all the participants. The roles played by research and evidence become important here, and all the participants make reference to this during their interviews. Stacy, probably the least experienced or well-read of all the participants around mindfulness, gains confidence knowing that there has been research done on mindfulness:

> ***Stacy:*** *from what I've come across, the evidence base for … is good. [..] It's evidence based? Or I think it… I think there is….confidence in ummm something knowing there is research done on something. Though I have been reading recently, and I know from past experience that evidence isn't everything. But it is quite nice to sort of see that there is something out there. Something more solid. [ ] I haven't read very much about it so I haven't read anything negative. Umm I know some people in the group didn't find it that helpful at all. Or didn't like it. (Stacy, 975-997)*

Although she says she gains confidence from the evidence-base of mindfulness, there is a hesitation in her speech, and she also seems to be questioning this evidence. Her statement

"its evidence based" becomes almost a question, and she follows it up with "or I think". This seems to suggest doubt alongside her confidence in mindfulness research and it being evidence based. It is as if she is familiar with the existence of the evidence base but has perhaps not read it herself. Indeed, she confirms that she hasn't read much, and seems to acknowledge the importance of critiquing the literature. It is interesting, that at this point, towards the end of the interview, she appears to pause and reflect ("ummm"). She then hints at possibly her own ambivalence concerning the positivity of mindfulness as she chooses to share some people's dislike of it. It is as if her own doubt in the evidence-base of mindfulness begins to manifest itself in the direction the interview takes.

Adam also makes reference to the vast quantity of literature available:

> ***Adam:*** *There is a lot on it. It's so varied. Some of it can be very dry and clinical.. you can go from … you know .. I mean, I like the neuroscience stuff on it, you know. The way it describes the way things happen in the brain when you are meditating. And what happens in the brain of very experienced meditators. I like all of that. (Adam, 488 – 493)*

He acknowledges that the literature is very varied, and some of it is dry. But it is the neuroscience literature that appeals to him greatly. Being very evidence-based, the science concerning the changes in brain structure of experienced meditators appeals to him, reinforcing the power that mindfulness can hold over people.

For Beatrice, the knowledge that she can gain from reading the evidence-base around mindfulness seems to empower her:

> ***Beatrice:*** *I was a little bit scared of putting a feminist framework on it, but I knew it was really important, but I guess then it's about confidence. So the confidence to be able to really understand and say what mindfulness and meditation is all about. For me that feels really important to really understand that. [ ] I don't want to bang on about it, get out the violin. I'm from, you know, a working-class council estate. You know, there are certain things I have to do. I have to be clever. I wanna be clever. And my power base is in my knowledge, if you like. (Beatrice, 513-516)*

By introducing the concept of a "feminist framework", Beatrice seems to be consciously placing mindfulness within the context of Western philosophical and academic discourse. It is within this framework that she seems to find the strength of her knowledge base. I wondered, however, whether her reluctance to introduce feminism was because it appears at odds with the white male gurus of mindfulness. There is a sense of inferiority arising from her socio-economic background that she has to compensate for, seeking reassurance. To be taken seriously she has to be clever: it is something that she seems to both want and need. I felt that for Beatrice, knowledge is equated with power, and there is the suggestion that acquisition of knowledge is a requirement ("I have to do") if she is to distance herself from the "working-class estate" and be taken seriously.

The balance that critical literature can provide seems to be an issue with Elma as well. When asked to reflect on any negative experiences with mindfulness, after initially denying having had any, she displays uncertainty and confusion. It is as if this is something that she has not considered before and is reflecting on in the moment. This unsettles her:

> ***Elma:*** *Yeah - I am just puzzled still .. about .. this. Yeah. [Pause] It has to do with the whole religious side of things. I think. So, perhaps I am now going the other way and saying, maybe we can decouple it from the specific religion. In, in terms of, maybe I can be a mindfulness practitioner, without this actually impacting, making me a Buddhist maybe? … you know what I mean? [.] I don't know? And now I'm really … now I am more confused from when I started. [.] Maybe that's a good thing. Yeah. I am more confused. But in that it also means that there is more that I need to attend to. More that I need to reflect on and perhaps read about. (Elma, 826-837)*

She has a desire to consider this more deeply and acknowledges a need to engage further with in the literature. There is a suggestion that the literature may be able to offer her some relief to ease her confusion.

Nasar also seeks reassurance from the literature. He is amazed to see the results of brain scans showing the effects of mindfulness on the brain. It seems to be the science behind the evidence that surprises him.

> ***Nasar:*** *And coming across errr the work of Jon Kabat-Zinn and that errrrr looked very, very interesting. I don't know why a high molecular biologist would be interested in something that was a bit, potentially woolly? (Nasar, 239-243)*

He finds the scientific evidence for the efficacy of mindfulness appealing, contradicting his initial response to it being "woolly". The interest shown by a molecular biologist seems to add credibility for Nasar, encouraging him to explore it further. The possibility of a scientific explanation for the efficacy of mindfulness is very powerful for Nasar and helps to legitimise it for him.

Sasha acknowledges that she became exposed to mindfulness at conferences. This continued for a considerable period of time:

> ***Sasha:*** *…for years after, just hearing it lots in conferences. And people talking about it. And just becoming aware that NHS services taking it on more and more. And people are offering it more and more. But I never really had much to do with it at all. Erm. Until a private client of mine, errr who I diagnosed with a borderline personality disorder. And I decided to use Marsha Linehan's…. erm…. DBT with her. Dialectical behaviour therapy. (Sasha, 130-136)*

Her exposure to mindfulness gradually increased as she began to realise that the NHS had adopted mindfulness within its treatment plans, and it became more popular amongst the therapeutic community. It is this group validity that seems to be be key to her growing reassurance. However, it was not until she had a personal professional need for it for one

of her clients, that she seems to have decided to engage with mindfulness at a more concrete level. Following the DBT modular approach for borderline personality disorder seems to have been her professional initiation to mindfulness.

3.4 Superordinate theme 3: Emotive response

Mindfulness seems to evoke powerful responses in all the participants. These have been varied in both intensity and scope. All of the participants shared a feeling of peace and calmness around mindfulness (see 0). However, this state of calmness does not always come easily, and the participants also describe mindfulness as being at times "hard" to engage (see 0), even scary (see 0).

3.4.1 Sub themes 3a: Calm

Many of the participants described managing their emotional states when engaging in mindfulness, leading to feelings of calmness. Elma shares that emotional regulation and stress management are among the benefits she experiences from mindfulness:

> ***Elma:*** *I actually benefit from it… it is…. Emotional management. Stress management, and actually, the ability to … err … to not be affected by negative thoughts so much, because I notice them as thoughts. (Elma, 343-345)*

Through regular use of mindfulness, she is able to avoid becoming stressed by her negative cognitions. This ability to see thoughts as just thoughts seems to allow her to distance herself from the negative content they contain, and not allow them to affect her adversely.

Mindfulness to him, feels very restorative:

> ***Adam:*** *I find mindfulness, you know, a wonderful way of restoring my sense of self. Of restoring my sanity at times, I have to say. [ ] Especially when I have felt very overwhelmed by seeing several clients in a day. And then I, as soon as I come back home I have that formal sitting in a mindfulness practice. And then I also do throughout the day. But sometimes when you are seeing clients back to back, and they are so distressed, you know, it's quite hard to errm to practice mindfulness in the moment there. (Adam, 72-78)*

For Adam, the effect of mindfulness on his "sense of self" seems to be more than just about grounding and calming. It is as if it is linked to his state of psychological equilibrium. In saying that it restores his sanity, Adam seems to hint at a state of chaos that can at times exist in his life without the use of mindfulness.

This chaos is what Nasar often feels when he leaves his countryside to travel to London for work, which he hates doing:

> ***Nasar:*** *I used to loathe going to London. Get back on that train as fast as I can and get back to the country. But actually, using the skills of mindfulness made the inner city feel more ok. (Nasar, 430-432)*

Although he makes these exposures to London as short as possible, whilst there he uses mindfulness to manage his emotions and make being in the "inner city" feel more acceptable. There is an explicit contrast between the inner city and the countryside, and I sensed from Nasar that this had something to do with a tranquillity and slower pace that he experiences in the country but not in the town, something that mindfulness helps to restore for him.

Stacy is more explicit in referencing this slowing-down effect of mindfulness, helping her to manage her stress:

> ***Stacy:*** *I think…. 'cause this sort-of traditional raisin exercises, I have definitely done that quite a few times in quite a lot of…er… training things. And it's something that we would always do with the pain-management programme. Erm. So, I think that sort-of slowing down of activities and appreciate them. Or noticing what's going on right then, and there is something that I would do when I feel quite stressed on my own at home. (Stacy, 123-131)*

The slow pace of the mindfulness raisin exercise, involving eating a raisin very slowly over a 2-minute period, seems to be beneficial to Stacy. Her use of the word "traditional", and the repetition of this exercise, both in her training and in her practice, suggest a familiarity which is itself calming. The exercise is about noticing, and she goes on to talk about using this awareness within her experience of mindfulness when managing her stress alone at home. Mindfulness seems to give her a feeling of calming her stress.

Beatrice also acknowledges the calming effect mindfulness can have. One of the ways Beatrice experiences calmness is through mindful walking:

> ***Beatrice:*** *I was trying to do a visual meditation that I've just made up. I was doing like a walking meditation to feel calm and focused. (Beatrice, 607-609)*

Doing something as simple as walking, but in a mindful way, can have this profound effect on her (even though mindful walking is just walking slowly with one's attention on the activity). Beatrice seems to have added a level of abstraction, the mere act of visualising walking leading her to feeling "calm and focused".

Sasha also references feelings of calmness:

> ***Sasha:*** *So being kind of mindful about what you are thinking and feeling and how your body is. [..] I feel much, much calmer during the rest of the day. (Sasha, 348-353)*

She links it to an embodied experience, noting that calmness can be an emotion, a thought and a physical feeling. This sense of calmness she derives from her experience of mindfulness seems to have a persistent effect, lasting for the remainder of the day. It is interesting to note her use of the phrase "kind of", however, suggesting that she is not wholly committed to it.

3.4.2 Sub themes 3b: Hard

Although throughout the interviews, the participants share their helpful experiences with mindfulness, this does not seem to be the full picture. Despite feeling the benefits from the calmness that the mindfulness experience can produce, many of the participants do not underestimate how difficult it can be to engage with.

Although Adam has shared that he has incorporated mindfulness as a part of his life (what he often describes as mindful living), he also acknowledges that at times he experiences great difficulty in being mindful, even though it would be helpful to be so:

> ***Adam:*** *sometimes when you are seeing clients back to back, and they are so distressed, you know, it's quite hard to….errm… to practice mindfulness in the moment there….hard to be with as well, sometimes. (Adam, 120-123)*

Adam seems to be describing an emotional response brought about by exposure to the distress of multiple back-to-back clients. Being open is an essential part of mindfulness, but in these circumstances such openness can be challenging to experience. There is a paradox in that being mindful puts him in a state of mind that aids attunement and allows him to experience the distress of his clients more acutely, thereby resulting in distress of his own. On the other hand, in wanting to practice mindfulness Adam seems to be aware that it can provide the means to manage that distress more effectively. Adam seems to be emphasising that that mindfulness is not all about pink and fluffy stuff – it can be hard.

Elma can experience mindfulness as a chore:

> ***Elma:*** *I think sometimes mindfulness is like a chore ….because you are sitting with stuff you don't want to know, or to experience,,,,[..] And it's, it's hard. (Elma, 435-447)*

She describes mindfulness being a "chore", an interesting choice of word, suggesting something that needs doing but that she doesn't want to necessarily experience. Her need to do it, seems to be driven by the acknowledgement it may be helpful for her, but there is an awareness that it may also be unpleasant. The phrase "sitting with stuff" is itself mindful, conveying a sense of further-developing acceptance.

When talking about attending a group and engaging in mindfulness meditation, Sasha acknowledges how hard she found this:

> ***Sasha:*** *So, we would start the less… the day with a half an hour mindfulness meditation. Urm. Which was hard, and you know. (Sasha, 181-182)*

With mindfulness meditation seeming to be something to be endured, rather than appreciated, Sasha also seems to experience mindfulness as something to be avoided, if possible:

> ***Stacy:*** *With the client work, it's almost the last resort. And with that sometimes it's quite hard to be. I, I find it quite hard to, perhaps, to say not to be disciplined but to keep….it's a conscious effort to bring yourself back.*

> *Also, when I'm dog walking, it would be a conscious effort to remain sort of present. Umm (Stacy, 1050-1055)*

Due to lack of familiarity and practice, she shares that it can often be the last resort for her within her clinical practice, resorting to mindfulness when nothing else seems to be helpful. This possibly limits her exposure to and opportunity to practice mindfulness. Also, not surprisingly, Stacy is avoidant to engage at the first opportunity with something that she finds "hard". However, she does describe wanting to make a conscious effort in her private life to engage in mindfulness. It sounds as if maybe this is where her desire to become more comfortable with mindfulness lies. Stacy makes these conscious efforts whilst walking her dog to remain "present". Perhaps, she expresses a need to experience mindfulness in her own life before taking it further into her clinical practice?

3.4.3 Sub themes 3c: Scary

Another emotion that the participants attribute to their experience of mindfulness is fear. This fear ranges from their own experience of mindfulness to the way they see it being promoted, particularly by government. Adam acknowledges feeling some fear as an initial emotion with his own early personal history of mindfulness:

> ***Adam:*** *Coming from the East which is so different to us. And therefore…. be quite threatening for some people [..] just of being so different. The whole, the, the different … the, the, the, the aspect of difference. It was my reaction, you know, that was my reaction. [ ] Then so you are thinking, what the hell? What is this? What? You know… So, so that kind of, that scared me a bit, because I didn't have any other reference point. I didn't know how to challenge it. I didn't know if it was true? You know umm where has this come from. (Adam, 505-524)*

He shares that initially he felt threatened because mindfulness felt so foreign, and this is a reaction he feels is often shared by others. Because of its Eastern origins, it felt alien to him. Adam seems to have experienced this as disorienting, something that is also borne out by his fragmented, hesitant delivery. The apparently alien nature of mindfulness ("what is this?") seems to elicit fear as a knee-jerk reaction, as if it is perceived as threatening. This results in a need to challenge it as a defensive response. Having nothing to compare it with, he seems to have been uncertain of whether it was something to be trusted. He questions its origins and its authenticity, apparently struggling to make sense of it.

Beatrice also talks about being scared. At one particular point during the interview, she seems to struggle to collect her thoughts. When this struggle is pointed out to her, she reflects:

> ***Beatrice:*** *umm (pause) Yeah, what I was struggling with ummm… very good question. I'm not sure if it's in my consciousness at the moment. It feels like it's sort of, err as if I am silenced in some way. Because it's a bit scary. [..] ummm this whole asp… I suppose it's the religious spiritual thing*

I guess. Not from me but for other people. But I guess if I have taken that on board. (Beatrice, 430-439)

She acknowledges that it is difficult for her to say what she is struggling with as she feels "silenced". This inability to verbalise seems to be the result of her fear ("it's a bit scary"), and I get a picture of a rabbit in headlights. Once she is able to collect her thoughts, she confirms that she does experience fear. She is then able to distinguish that the fear is linked to concepts of religion and/or spirituality around mindfulness, but distances herself from this connection. Although she shares that she feels the fear, Beatrice does not want to own it for herself, saying that the fear originates in others and she just takes "that on board".

When asked about any other experiences of mindfulness in her private life, Stacy shares some experiences of unpleasant feelings:

Stacy: *I'm not sure if it really, come, if it kind of comes under mindfulness but it's sort of feelings of sort of … unpleasant feelings of anxiety and things. (Stacy, 161-164)*

It is interesting to note that that she is unsure if these unpleasant feelings of anxiety "comes under mindfulness", as if there is a reluctance to associate it with negative emotions. This is reminiscent of Alma's discomfiture when asked if she has experienced anything negative in mindfulness (see Section 0). It is as if both Stacy and Alma are scared by the idea that mindfulness might not be universally good.

3.5 Superordinate theme 4: Doing versus being

The participants described experiencing mindfulness in many different ways, but two distinctly emerged from the data. The first of these is as a tool, intervention or exercise (see Section 0). This understanding seems underpinned by a scientific, evidence-based approach, which can be protocol-driven, and possibly linked with (see Section 0) and (see Section 0). Mindfulness can also be experienced as a way of being or living (see Section 0). This understanding seems more belief-based, and in greater alignment with its Eastern origins. These two ways can either be exclusive or experienced in tandem. For some participants, their journey with mindfulness (see Section 0) has led them to use it as a tool as a necessary part of the transition towards living mindfully (see Section 0).

3.5.1 Sub theme 4a: Mindfulness as a tool

Just as the participants recognised something was lacking from the Westernised version of mindfulness (see Section 0:), there was often a tendency to view what remained as a "tool" or "technique". This sometimes became for them a very specific way of experiencing mindfulness. When Stacy describes her experience of using mindfulness within her clinical practice, she says:

> ***Stacy:*** *It did feel a bit like a tool in the … and less of a….. I think because we only had, it must have been shorter than 8 weeks. It was only in a limited time. There wasn't, we didn't, there was so much history to mindfulness, I think …. In that I [she shakes her head] …. That I …. From what I know, ermmm and we [pause]. (Stacy, 417-422)*

The phrase "less of a", possibly suggests that something is lost when she describes that mindfulness felt "a bit like a tool". It also feels that she is referring to some sort of time restriction being an issue here, a limitation that possibly resulted in it only being able to be experienced as a tool . I sensed her defensiveness here, manifesting itself in her interrupted speech, pauses and head shakes, and her reference to the limited time available. She seems apologetic that mindfulness is only being used in this way, without the broader cultural and historical context.

Beatrice has a use for mindfulness in terms of interventions in her client work:

> ***Beatrice:*** *I do use it for interventions. (Beatrice, 863-863)*

The use of the word "intervention" is suggestive of a brief, in-out event implying the action of making something better, to improve a state of being. This suggests a goal of change, which seems counterintuitive to the concept of mindfulness being based around acceptance. Elma supports this stance of change when she refers to the mindfulness exercise:

> ***Elma:*** *I was a part of a DBT team and…erm…so obviously there…we always start with mind…the mindfulness exercise. So that's how I encountered mindfulness. So, it was a completely different thing. (Elma, 90-92)*

This links to Elma's experience of mindfulness as embedded in DBT (see Section 0:). It is interesting to note in her speech that she begins to say, "with mindfulness" but stops and changes to "mindfulness exercise". There seems to be a change from the abstract notion of mindfulness to the concreteness of "the mindfulness exercise". In formulating it into an exercise it becomes part of a protocol, a tool to be applied by the therapist.

Sasha and Adam also employ this notion of the tool when they refer to "mindfulness techniques":

> ***Adam:*** *So mindfulnes in a way, we have just taken the technique… you don't have to believe in anything. It's not … Umm [..] well if you teach it as a technique, and therefore you have to be very, you have to explain the rationale to it, you have to be more .. ummmm. In a way, I think you have to justify it more to the client. Why you are using a particular technique. What it's supposed to DO for you? (Adam, 541-551)*

Adam makes specific reference to the removal of the belief-system behind mindfulness, with what remains being referred to as a "technique". This seems to minimise mindfulness, leading to a need to compensate by infusing it with a scientific "rationale". This leads to him

seeming to juxtapose a faith-based approach with one that is evidence-based. In emphasising "what it's supposed to DO", Adam's focus becomes specifically results-oriented.

Despite this, Adam seems to take this loss as somehow depriving mindfulness of meaning:

> ***Adam:*** *if mindfulness doesn't mean anything to you and you are just teaching it in a sort of, that it's just an empty technique. (Adam, 606-608)*

Without belief, mindfulness as a technique becomes empty. I sense that for Adam it also becomes soulless. He goes on to suggest that in teaching mindfulness in this way, he is also disseminating this empty, soulless version of it. This links to the "It's sort of lacking" subtheme (see Section 0), with Adam sensing something being lost when using mindfulness as a technique. For Sasha, however, mindfulness becomes something practical when it is minimised in this way, for example when embedded within a DBT programme:

> ***Sasha:*** *So it's got lots of different mindfulness techniques. Lots of ways that you can put it into your life in a practical way [..] Um….Much easier. (Sasha, 157-163)*

There seems to be an ease around this practicality, suggesting that it is more accessible and therefore more broadly applicable.

Nasar describes himself as a CBT therapist, and mindfulness being accessible to him as one of many techniques:

> ***Nasar:*** *I'm a practitioner-psychologist who has got specific training in CBT, and one of the techniques, if you want to call it techniques, because it .. it kind of describes it. it's a clumsy description perhaps. (Nasar, 790-793)*

Nasar appears to be acknowledging that his "clumsy description" is too simplistic, but he seems to be at ease with it. For him, mindfulness is just one of many tools that he can utilise in his CBT toolkit.

3.5.2 Sub theme 4b: Mindfulness as a "way of living"

Although in (see Section 0), Nasar sees mindfulness as something to be used as a CBT technique, we have also seen him refer to it as a life sentence (see Section 0:). In doing so, he appears to be acknowledging it as a way of living:

> ***Nasar:*** *it's …. Its…. In its total it's more than a technique, it's a way of being. And I do hear that. But [..] ummmm could be both things … yeah! (Nasar, 820-824)*

However, he appears to be suggesting that these two aspects of mindfulness exist independently of each other and seems to be giving them equal value, something that may be related to his training as a behavioural therapist.

Stacy recognises this concept of "leading life in a mindful way", which is different from seeing it as a technique to be used:

> ***Stacy:*** *I suppose thinking as I'm saying it, it only one.. like mindfulness is something that is not confined, my understanding of it anyway, is that it's not confined to a classroom. Or meditation is. It's about sort of, leading life in a mindful way. (pause) (Stacy, 739-744)*

She sees that mindfulness isn't confined to a classroom – Something to be taught and learnt. It is more about how your life is lived. In saying that, she pauses for reflection, apparently recognising that this is not the choice she makes for her own experience of mindfulness.

Adam seems to display admiration for mindfulness when he talks about mindfulness coming from Buddhism:

> ***Adam:*** *….mindfulness .. well, and Buddhism as well. There is something so much more …. And it's taught as a philosophy. It's taught more as a way of life. It's taught more as a, as a, as … [ ] As a way of living. There is something so much more…. And it's taught as a philosophy. It's taught more as a way of life. It's taught more as a, as a, as [..] As a way of living. And how to treat other people. (Adam, 180-185)*

Adam is talking about how mindfulness is taught in a Buddhist context, as a philosophy, and consequently is experienced as a "way of life" rather than as a set of techniques as taught in Western implementations of it. This appears to be what participants perceive as having been lost in (see Section 0), although the fact that they seem to appreciate it shows that it has not been completely lost. In his introduction of mindfulness being a way to treat other people, he is suggesting a compassionate and kind attitude with moral, and possible ethical, values. This would align itself well with the attitude required for good therapeutic work.

Beatrice emphasises the "being" element of mindfulness rather than the doing of it:

> ***Beatrice:*** *….so I use it for myself. But then with client work, erm… I mean you have got the sort of…. Being compassionate with yourself, and therefore being compassionate with your client. Being non-judgemental, which helps them open up to you. (Beatrice, 853-857)*

Beatrice seems to see being mindful as a necessary part of working authentically, as if being compassionate and non-judgemental about oneself is an essential pre-requisite to be the same with one's clients. This suggests a lived experience of mindfulness being very helpful, both personally and professionally.

3.5.3 Sub theme 4c: The "transition from a technique to actually using it….as a way of being"

We have seen how mindfulness can be used as a "technique", "tool" or "intervention". However, many participants talk of it becoming something else, often addressing that sense of something lacking (see Section: 0), as a way of being.

Adam shares that initially he experienced mindfulness as "several techniques" but the experience of "being " mindful seems to mean more for him:

> ***Adam:*** *…. actually going deeper and finding out more about it. And actually, looking at it more as a philosophy rather than something that's going to help you when you are feeling anxious, or, or maybe even depressed… [ ] I think it may start out as a technique. You know … that I have several techniques to help me with this, that and the other. But then the more you practice it, that's how, then the more it then becomes a way of being. It then .. it ju … it is. It's just about being rather than doing isn't it. (Adam, 566-581)*

At first, he seems to have started using these techniques to help him address issues in his life. This led to further practice, and his experience of mindfulness then seems to have morphed from techniques (doing) to mindfulness becoming more integrated in his life (being). In his use of the the language of study, learning and effort, Adam seems to place an importance and focus on the "philosophy" of mindfulness. However, this seems to be a necessary part of his journey towards integration, ultimately allowing him to live mindfully rather than practice mindfulness "techniques" as a therapeutic or academic exercise.

For Nasar, using mindfulness as a tool seems to come in the initial stages then transitioning into a way of being.

> ***Nasar:*** *I think that's part of the… the… the… the… introduction of it. In that, if you use mindfulness as a…as a… as a…. way of treating anxiety [..] or as treating depression…. you're probably going to set yourself up as an intervention…. [ ] so that's, that's …. Trans… that, that, that sort of transition from a technique to actually using it ….. as a errr way of being…. .(Nasar, 888-897)*

Nasar seems to be drawing an implicit distinction between those who encounter mindfulness as a means of treating a problem, such as anxiety (be they the client or the therapist), and those who encounter it as a philosophy and without the need to address a clinical problem. As part of a treatment plan, Nasar experiences mindfulness as "an intervention". However, he can see his experience with mindfulness change into something more "as a way of being". Nasar seems to be talking about both his clients and himself. He notes that mindfulness can be taught as a "technique" (see Section 0), but if his clients stop using it then there is a chance that the benefits will be lost. In order to avoid this, a transition has to take place from technique to a "way of being", and I sense, although the focus here is on his clients, that this is something that he has come to do in his own life (see Section 0).

Rather than gradually transitioning, Beatrice sees mindfulness as something that is experienced through shifting rather than growing:

> ***Beatrice:*** *….well it seems to be something that can be transported into being incorporated in your life. (Beatrice, 640)*

Beatrice uses the word "transport", suggesting in this instance the movement of mindfulness from her clinical work to her everyday life. In this sense it is revolutionary rather than evolutionary in the way that transitioning is. Rather than becoming more mindful over a period of time, there is a suggestion of a conscious decision being taken to live more mindfully.

The move from experiencing mindfulness as an intervention to experiencing it as a way of life is not something that Elma sees as a smooth transition. Her primary difficulty is the sense of fraudulence that she seems to feel in presenting herself to her clients as someone who has transitioned when she knows that she has not completed this process:

> ***Elma:*** *I think what makes me feel a fraud particularly is that there is a sense of…. [ ] if I had the, my full integrity I would have said "Excuse me I can't deliver this – I can't do this because I haven't been fully trained and I'm not fully doing it every day the way I should be." If I were to be a real, you know, mindfulness delivery person. And I feel that I've not gone with that because I enjoy doing this so much. And I, there is benefit to people. Even when I deliver it, in my imperfect way. I can see it and it comes back, but there is a bit of me which feels "oh… I shouldn't really be doing this because actually I should be a fully-immersed person. And I should have done full training, and so on, and so on, and so on". So, there is always that feeling that I'm messing with something. I'm meddling with something and I'm not really the real thing, in there. (Elma, 254-264)*

Elma seems to have a desire to be more integrated, and possibly adopt the Eastern philosophy behind mindfulness to allow her to deliver it as a clinical intervention in a more integrated way. She again emphasises the need for a practitioner to be a "fully-immersed person" in order to deliver it as an intervention. When this is not the case, she questions whether it is really mindfulness. It is as if she experiences a failure to do this as inauthentic.

She talks of her "full integrity", and there is a sense that Elma feels that she is somehow depriving her clients of something important by delivering it without the background of training and lived experience that a more integrated approach to mindfulness can bring. This raises the importance of formal training. Although she has not undertaken this, she did not feel she could question whether using mindfulness, in her clinical practice, falls beyond her competence levels. It is unclear of this is due to external pressures, or due to her own desires as she is reluctant to stop practicing it. For Elma, it is as if she is stuck at a particular point in the process of transition. She knows that she still has some way to go, but she is unable to go back because she enjoys using it in her practice so much, and

also because she feels that her use of mindfulness is beneficial, however flawed her application of it may be. Ultimately, though, dissonance holds sway. It is as if in her use of mindfulness without integrating it fully within her life actually increases her sense of inauthenticity, as opposed to achieving the authentic way of living that mindfulness can bring.

3.6 Conclusion

This chapter presented an IPA of semi-structured interviews of six counselling psychologists. The four superordinate themes identified were: 1)The incomplete Buddha pill, 2) Therapists' engagement with mindfulness, 3) Emotive response and 4).Doing vs being. The role of spirituality was an important one in all of the participants experience, as was their own journey with mindfulness, which at times was challenging.

Chapter 4:
Discussion

4.1 Introduction

This final chapter contains a comprehensive review of the study, which aims to develop a greater understanding of the lived experience of counselling psychologists' use of mindfulness. The chapter commences with a discussion of the key findings from the analysis chapter in the context of the research aims and literature review. This is followed by an evaluation of the research study in accordance with the quality criteria laid down in the methodology, including its strengths and limitations. Implications for the field of counselling psychology will then be explored, along with suggestions for future research. The chapter concludes with a discussion on reflexivity in relation to epistemology and my own personal experience.

4.2 Counselling psychologists' experience of mindfulness

Four main themes emerged from the data: "The incomplete Buddha pill", "Therapists' engagement with mindfulness", "Emotive response" and "Doing vs Being". Each of these is discussed with reference to the literature.

4.2.1 Superordinate Theme 1: The incomplete Buddha pill

As outlined in Section 3.2, this theme looks at the participants' experience of mindfulness as a hidden dose of Buddhism. The "missionary in disguise" subtheme was voiced mid-way through the first interview by Elma, who was one of the most religious participants. Using the term "missionary" suggested that through mindfulness she, being a Christian herself, was leading her clients to Christianity. Her use of the word "disguise" was also interesting as it suggests this is done through deception. This seems incongruent with the philosophy of being a counselling psychologist. Her bravery in this admission is admirable and her discomfort around this was tangible. By adopting the stance of a missionary, we could be taking on a position of authority or power over our clients. In some ways this can be true. As the psychologist, we do have some authority over knowledge which can lead to an initial power imbalance. We are the experts in the room over psychological theory and the interventions that clients come to learn. However, the client's own position of expertise about themselves needs to be respected and valued. If we adopt the stance of missionaries there is the danger that we will direct them to follow a particular

moral code – a "right" way to live – that may be incongruent with our clients' own values. As stated in the introduction, Anālayo reminds us that mindfulness is not an ethically-neutral practise (Anālayo, 2003). Accepting that we, as counselling psychologists, are often used by our clients as vehicles for change, I began to wonder if mindfulness has the potential to be misused as a means to introduce a moral code into our clients' lives.

I was struck by the contrast between Elma's openness in naming this understanding and her inability to give voice to it earlier in the interview. It was interesting to note that her openness with respect to this controversial theme took her some time to develop. I suspected this may have been linked to her understanding of my own cautious position towards mindfulness. I wondered if her recognition of me as a sceptical mindfulness researcher enabled her to find her voice (that was initially silenced) in a more balanced way. My scepticism around mindfulness, which is largely absent in the positive literature which predominates, could act as permission-giving for an alternative narrative to be discussed. The fear of saying something potentially negative silenced my own voice within this work, and this is discussed further in Section 4.7.2: Pre- and post-viva reflexions).

It was interesting to note that the other religious participant, Sasha, who was a Muslim, also hinted at deception. She acknowledged that there is something beguiling about the underlying religious origins of mindfulness, allowing for the possibility of the hidden agenda that can accompany its delivery in the West. Schafer et al. (2015) remind us of clinician's caution in presenting religion with mindfulness. It was surprising that the participants felt deceptive in this way as mindfulness appears to provide a rare framework within psychology where this deception takes place. If this is so, mindfulness has the potential to be abused. I began to reflect on the possibility of parallel processes being present. In our potential ability to manipulate our clients, is it equally possible that we, as therapists, can also be manipulated into becoming the moral police of society.

Vieten et al. (2013) have observed that the marrying of psychology and religion is rarely discussed. Although the participants seem to have felt uneasy about mixing religion with therapy, the notion of it being for the greater good seems to give it legitimacy. Nevertheless, their discomfort is supported by Vitz (1994) and Kilpatrick (1999) who both raise concerns about this interaction between religious belief and therapy. It is suggested that the religious orientation of the practitioner has an influence in this connection.

The "spiritual connection" subtheme was evident in the experience of all participants, although there was a recognition that the words 'religion' and 'spirituality', seem taboo in therapy. Despite this, Chiesa & Serrettis' (2009) systematic review of MBSR programs shows an increase in spirituality among participants. This may actually confirm Elmas' suggestion that we are all secular priests. Perhaps we need to acknowledge this increase in spirituality more explicitly with our clients and to inform them of this possible outcome. I

can appreciate there may be a desire for clients to be hooked into mindfulness to feel the benefits of it and avoid their possible disengagement from something that, as Beatrice puts it, “is good for you” but I propose that greater transparency is needed. This sits well with Verhoevens’ finding that stripping mindfulness of its spirituality renders it more popular (Verhoeven, 2001).

For the religious participants, bringing religion or a moral code into people’s lives was not necessarily a bad thing, but doing so deceptively felt uncomfortable. Elma is explicit in her wish that her clients share the benefits she receives from religion, and for her this seems to legitimise the deceit. It was surprising to notice this subtheme also emerged with other less-religious participants, albeit more implicitly. With Naser it showed in his defensiveness around not being a Buddhist. I suggest that protests were routed in his insecurity in him NOT being a Buddhist, which resulted in a lack of knowledge. This lack of knowledge around the connection with Buddhism and mindfulness could in turn lead to ignorance surrounding mindfulness itself. Anālayos (2003) reminds us of the concept of “right” mindfulness (samma sati) and “wrong” mindfulness (*miccha sati*). As mindfulness is embedded in and extracted from Buddhism, I feel it is important that its historical roots are explored and understood by therapists as part of their training. By understanding the Buddhist origins of mindfulness, we are better able to guard ourselves against becoming unwitting missionaries when introducing our clients to mindfulness within a therapeutic context.

Beyond this we need to reflect, as counselling psychologists, on whether we are secretly selling a psychological faith as a substitute for the demise of religion in society today, as Elma draws our attention to the possibility of all therapists being secular priests. Elma, being religious, appears to perceive this as a positive thing, whereas Naser, as an atheist, wants to distance himself from this religious dimension. This led me to think about the importance of therapists’ religious convictions. With the suggestion of incorporating mindfulness into schools to replace religious assemblies, we are possibly using mindfulness as a psychological faith training for the next generation (Paton, 2014). This makes me feel uncomfortable and question *who do we serve.*

With the frequent denial of the Buddhist roots of mindfulness, we need to reflect on how this may sit with clients of other faiths (Baer, 2003). However, in the emerging literature, mindfulness seems to be creating an interreligious connectiveness, and the Buddhist monk Thich Nhat Hanh talks about the ‘miracle of mindfulness’ (Hanh, 2008). It may be prudent to remind ourselves at this point that Buddha was not actually Buddhist. He could possibly be seen as a scientist – similar to Galileo or Einstein – with great insight into the nature of one’s experience. Similarly, the meditation practices within Buddhism could possibly be the laboratory practices developed to gain greater awareness and

knowledge - Enlightenment. With Buddhism not having a deity, it is possible to ask whether Buddha was actually preaching wisdom. Having this perception enables the Buddhist and scientific psychology communities to work together more, as suggested by Van Gordon et al. (2015). As seen in the literature review (See Section 0:), there are signs of this beginning, with monotheistic religions now becoming open to the phenomenon of mindfulness rather than rejecting it as a threat as they did in the past. Mindfulness seems to be a joining force. In this individualistic action, it could bring together people of different faiths. This linking of religion and mindfulness to me seems to give it more power, but with this comes responsibility.

Beatrice draws our attention to how religion can be destructive and used negatively by speaking of the Northern Irish troubles. At the same time, she minimises it as "argy-bargy". Care must be taken that we, as counselling psychologists, do not do this too by minimizing certain aspects of mindfulness. Religion can be a powerful tool, and we must be conscious of the religious/spiritual context of mindfulness. This is brought home by Grabovacs' warning of the distressing stages of insight that can occur during spiritual growth (Grabovac, 2015). He raises the issue of clinicians' need to be aware that one of these stages has the potential for short term distress, albeit for long-term healing. This was a surprising element for me as a potential part of the mindfulness journey. It is not something that features strongly in the literature and I had never encountered it in any of my mindfulness training. It was also missing from any of the participants experiences, but as clinicians, if we are encouraging clients to partake in a spiritual journey through mindfulness, I agree with Grof (1985) that it is important for us to appreciate the possible distressing effects that may occur.

Whilst bringing mindfulness in the therapy room (and some felt they were bringing in more than they were acknowledging) most of the participants also experienced something *lacking*. By bringing religion in through the back door, something seems to have been lost as a result of not being able to talk about it explicitly. The decoupling from Buddhism seems to have stripped mindfulness of its soul, a whole belief structure that goes with it. This has occurred with yoga, which is now primarily seen as an exercise routine, whereas mindfulness is ultimately a more powerful beast as it can have neurological change effects. Once again this is a juxtaposition as this stripping of mindfulness of its religious values also seems to have gained an added purpose in that it makes mindfulness more assessable to the masses.

4.2.2 Superordinate theme 2: Therapists' engagement with mindfulness

This superordinate theme and its subthemes is characterised by the concept of a mindfulness journey, each of the participants being somewhere along it. With the "Nothing

new" subtheme, it was interesting to note that most participants felt a sense of familiarity when first encountering mindfulness within their clinical learning, realising that they had experienced it before in their lives. This rather mimics the journey of mindfulness from the East, as an ancient concept, but emerging as something new in the West during the 1970's (Kabat-Zinn, 1982). It is as if something very ancient has been repackaged, becoming increasingly popular both within the scientific and academic communities (Didonna, 2009). This is evidenced by its inclusion in the National Institute for Health and Clinical Excellence (NICE) guidelines as a treatment protocol for recurrent depression (NICE, 2009).

The repackaging also seems to have occurred with mindfulness being taken on board by the religious institutions after initially rejecting it. Typically, within the Jewish faith, after initial rejections, mindfulness is being embraced. However, it is actually nothing new but rather a repackaging of ancient contemplatory practises (Graetz, 2002). This being the case, once again mindfulness can be seen as a joining force. Where religion can separate a nation into disparate groups, mindfulness can be used as a unifying force.

With Kabat-Zin inspiring psychologists Mark Williams, John Teasdale and Zindel Segal, to develop MBCT (Segal, Williams, & Teasdale, 2013), Beatrice identifies a groupie culture following the "middle-aged white" gurus who seem to have taken ownership of something that belongs to the world historically. This to me feels almost colonial. This guru groupie culture is possibly mimicked within the research environment itself as the studies undertaken in the West are predominantly by skilled mindfulness practitioners. The position of them being skilled alludes to their positive interest in mindfulness. They have taken the time and energy to become skilled and thus it is suggested that they have a positive stance on mindfulness, which in turn translates to an influence on the research orientation. This is evidenced as very little research on the negative effects of mindfulness (Shapiro. D., 1992). Being a guru suggests being a leader for others to follow and these research gurus are leading the way for others to follow. The position of the researcher therefore influences the type of research undertaken, that being a positive stance possible. My position in the research was being a skilled novice practitioner and I feel this helped me to be free from preconceived positive prejudices.

Beatrice also refers to a sense of competition – one camp being bigger than another - and the possibility of the government adopting it (Hyland, 2016). This is evidenced by the all-party parliamentary report commissioned in 2014, exploring the implementation of MBI's to aid the nation's wellbeing (MAPPG, 2016). This implies the continued growth of MBI's and sits well with Norcross' prediction that mindfulness will be the most important trend for therapists in the future (Norcross, Pfund, & Prochaska, 2013). This seems to be replacing the CBT trend. Mindfulness could be seen as a softening of the more traditional specific model style CBT – a move away from the medical model – as introduced within the IAPT

program. This leads to the question why the government is driving mindfulness forward? Could there be a political agenda as with the IAPT programme? CBT was made available to the nation as a response to an increased desire to tackle mental health. In fact, the political agenda was to get people back to work (Binnie, 2015). All counselling psychologists are urged to ponder about the political drive behind mindfulness. Is this becoming an even cheaper route for the management of the nation's mental health? It is suggested that mindfulness is being hailed as a panacea to aid the nations woes (Crane R. , 2017)

The participants' realisation that they had encountered mindfulness in the past, made me contemplate what mindfulness really is, questioning whether it is an overarching label that covers many things. It is important to remember that mindfulness still does not have an unequivocal definition (Malinowski, 2008). Grossman continues to challenge whether it indeed can be measured (2008). It also suggests that mindfulness does not hold exclusive rights. It is found in many areas of our lives, both in and outside the therapy room. Within the therapy room it is found across the board in many modalities, aligning itself with the therapeutic alliance. Magid (2002) reminds us that what mindfulness is teaching us is not new, as it is to be found in the fundamentals of all therapies: acceptance of things as they are leading to compassion and empathy. This seems to mimic the attitude that counselling psychologists need to adopt towards their clients. If this is so, then I suggest that mindfulness practice should be incorporated by all counselling psychologists. It is proposed that mindfulness actually be a requirement, like supervision, that should be taught as a skill in all doctorate programs.

Although none of the participants are highly-skilled practitioners following gurus, they are each on their own journey with mindfulness, some wanting to *take things further* (Elma and Adam) and others happy with their current situation (Sasha and Nasar). It is interesting how Adam sees mindfulness as an onion with the soul at its centre, and similarly Elma describes her journey as hierarchical, with monks at the top. These layered interpretations of mindfulness practise are important to consider when exploring the literature. The categorisation of mindfulness practise developed by Wheeler at al. (2017) could provide a good benchmark to use for future research. Adam shares that the further along, or deeper into the centre of that mindfulness onion he is, the more embodied is the "felt" experience. Elma, when talking about her experienced colleague, also sees her as embodying mindfulness, and Beatrice describes a shift from theory to embodiment. This embodiment seems only to present when mindfulness practice has been given time. It seems it takes some practice to reach this level, but can result in a new, deeper experience of mindfulness. This fits well with Gunaratanas' (2002) understanding that mindfulness needs to be felt to be known and cannot fully be described with words. This link with the body was one of the subthemes discarded during the analysis stage. In hindsight it is felt

that it is an important subtheme that could have merited further exploration. This also suggested that the experiential nature of mindfulness is important and should impact more on mindfulness training. Thus, I suggest that any mindfulness training needs to be of an experiential nature. However, this experiential experience also needs points for refection.

As was seen by Grabovac (2015) engaging in mindfulness meditative practise can lead to the onset of a spiritual journey, and he draws our attention to the problems that formal mindfulness practises can lead to. As discussed earlier, from the literature we can see that the spiritual journey has different stages, and one of these is the “dark night” which has some adverse effects associated with it (Grof & Grof, 1989). This “dark night” stage, although written about within traditional meditation manuals and spiritual literature, is underrepresented within psychological literature (VÖRÖS, 2016). Albeit rare, these experiences are fundamentally important to our education around mindfulness, as they can be extremely painful and frightening, and thus merit further investigation. Although none of the participants seem to have experienced any explicit problems, there seems a lack of knowledge present. However, as clinicians we have an ethical responsibility to share the potential of this within clinical work. All treatment protocols that healthcare professionals provide bear a responsibility to share possible side effects and contraindications, which seems to be missing within mindfulness training. However, this seems rarely discussed either in the literature or clinical practise. It will be interesting to read about Willoughby Britton’s findings from her Dark Night project, which should be food for thought for all counselling psychologists (Brown University, 2018). Brittons’ work to collect, explore and publicise negative effects of mindfulness show wide range of difficulties experienced in her project, from depression and anxiety to severe psychosis, with the length of affliction extending to years, creates a need for further exploration. The safe house she has created for these sufferers seems a supportive environment to study this aspect of mindfulness. It is encouraging to see that she has not only neuroscientists and psychiatrists but also leading teachers of mindfulness within her supportive team. This seems to be an inclusive and wide-ranging group of interesting parties to hopefully provide a balanced narrative. Being a licensed MBSR trainer and long term meditative practitioner herself, it was refreshing to see her involved in this work and hold a middle open ground, as she has not set out to discredit mindfulness meditation but merely create a realistic balanced viewpoint. There is less sensationalising of these effects, with a participant in Shapiro’s study expressing his negative effects as a “controlled breakdown” (Shapiro. D., 1992, p. 63).

Whereas psychotherapy can often strengthen the ego, long-term mindfulness meditation can sometimes break it down in order to reach more stability. However,

this requires great strength and so I agree with Bishop (2020) that mindfulness is not beneficial to everyone. Screening methods should be contemplated and can be particularly helpful to filter people as Blanton (2011, p. 136) cautions care as "people with fragile personalities can experience fragmentation of the self which can manifest itself as dissociation, grandiosity, terror, or delusion". It is important as clinicians to heed his suggestion that people experiencing these problems either discontinue their formal mindfulness or they limit it to a few minutes a day, and suggests some mindful walking.

With the evidence in the neuroscientific field of cerebral change resulting from prolonged mindfulness practice, we must not underestimate its power. It should be treated with the respect that it deserves. This could be of great significance to those clients who continue to expand their practise of mindfulness after being introduced to it in therapy. Therefore, an ethical issue exists for counselling psychologists, firstly to become aware of potential risks, and then to inform clients of them. As is best practice in the field of medicine, possible side effects need to be translated to clients at the point of delivery.

For some of the participants, the interviews themselves seemed to have been a part of their mindfulness journey. They commented on the interview leading to self-reflection, triggering an interest in continued training. It seems that there is something important in the very act of talking about mindfulness. Counselling psychologists are therefore encouraged to both continue discussions about, and challenges with, mindfulness within their peer groups and supervision. As the mindfulness trend with therapists continues (Norcross, Pfund, & Prochaska, 2013), it is probable that increasing numbers of therapists will seek further mindfulness training. There are not enough highly-trained mindfulness trainers to cope with this demand, and Crane et al. are working on a much-needed competency framework (2012). This guidance is greatly required as the efficacy of mindfulness that is apparent in the literature needs to be protected, and theory drift avoided.

Many participants seem to feel safe within the structure that can be provided when *mindfulness is embedded* in a model, typically ACT or DBT. There seems to be a desire for this structure, for (as Sasha describes) something more concrete. However, this structure seems to conflict with the flexibility that mindfulness encourages, resulting in tension. It is interesting to reflect on the differences and similarities between these manualised versions of mindfulness and mindfulness as a standalone therapy. For the participants however, embedded mindfulness within structural models feels safer and easier. Nasar finds mindfulness more complete this way. Manualized protocols are fundamentally easier to understand, as well as teach. I suspect that as the participants travel along their journey, the need for this security of embedded mindfulness may dissipate.

It can be considered that the guru that is often followed in Eastern cultures of mindfulness has been replaced by the structure of the therapy – an element of its westernisation.

At one point in the interview, Stacy is discussing her experiences of mindfulness within ACT. It is suggested that having mindfulness embedded within ACT is including the concept of acceptance that is more aligned to the origins of mindfulness in the four Nobel truths. She is confident about staying within the ACT framework, but when she transfers to talking about mindfulness, she loses her way. I am wondering if this is the case for mindfulness itself. When embedded in a framework of another model, there is clarity. However, mindfulness itself cannot be understood by theory alone. It needs to be experienced to be truly understood (Gunaratana, 2002). Once again, any mindfulness competency framework should not only be theoretical: it is important to include an experiential component. Currently, unlike counselling courses, this skills component does not seem to exist in counselling psychology training programs.

The subtheme *seeking reassurance* within evidence in the literature of the efficacy of mindfulness was evident for all of the participants. This is not surprising: for counselling psychologists, as scientist practitioners, this evidence is vital for the credibility of interventions used in therapy. The popularity of mindfulness can be attributed to the large evidence base and links to its benefits in the literature (Baer, 2003). In consequence, mindfulness is possibly being seen as a new panacea for human distress and happiness (Gunderson, 2016). However, I sometimes got a sense of blind faith from the participants. For example, Sasha's insistence in "it's gonna work" because it is in a book, and Stacy's external validation and confidence in mindfulness as an evidence-based therapy, although she has not read much about it. Specifically, all participants had not read any adverse effects of mindfulness. Cebolla et al. (2017) raise this point specifically and state that adverse effects of mindfulness warrant further study. Barbara brings our attention to her need to explore more critical literature around mindfulness and her concern that "every man and his dog is doing it….it's going to ruin itself". In line with her thoughts, Van Dam et al. (2018a) warn of research saturation. Their concerns are that people will tire of it and thus funding will be difficult to obtain, halting research into other areas of mindfulness to present a more balanced perspective.

The neurological research discussed in the literature review is particularly salient for Adam. He liked the evidence of changes in cerebral activity documented by neuro scientists (Wheeler, Arnkoff, & Glass, 2017). The anatomical changes seem to give mindfulness a much-needed scientific edge. This also influenced Nasar, coming from a behavioural background, who originally thought of mindfulness as too "woolly". However, Tang et al. (2015) warn that the neurological research attributes of mindfulness are in their infancy.

Tang (2017) particularly questions that these findings may be linked to dispositional mindfulness as the studies often do not allow for individual differences.

4.2.3 Superordinate Theme 3: Emotive Response

Calm was a sub theme shared by all the participants experiencing calmness whilst engaging in mindfulness. For example, Naser attributes his ability to tolerate the stress of travelling into London to behavioural changes resulting from this calming effect. Adam takes this a stage further and describes experiencing a feeling of "psychological equilibrium". This is confirmed with Coffey & Hartman's (2008) findings of mindfulness being inversely correlated with psychological distress. Adam also spoke about a sense of peace within the stillness of mindfulness which was restoring his sense of self. The UK therapists questioned by Koliris (2012) about their experience of mindfulness also describe its impact on their sense of self leading to an interconnectedness.

Farb et al.'s (2014) findings that mindfulness strengthens emotional regulation concurs with many of the participants attributing their calmness to improved emotional regulation and stress management. Elma also attributes it to her ability, through mindfulness, to manage her negative thoughts more beneficially. Mindfulness shares CBTs assumption that cognition is an important part of psychological distress (Kabat-Zinn, 2003). Therefore, with Kabat-Zinn's acceptance model of mindfulness, acceptance of these negative thoughts is likely to help with rumination and emotional regulation (Chambers, Lo, & Allen, 2008).

It is interesting to note that sometimes this sense of calmness is not momentary but has long-lasting effects. Sasha noticed that after engaging in mindfulness exercises, the calmness she felt in the moment seemed to remain throughout the day, thus evidencing mindfulness's long-lasting effect on general wellbeing. Wellbeing was specifically commented on by Stacy, and Carmody and Baer (1998) agree that mindfulness contributes to general wellbeing. Davidson et al. (2003) explore the mind and body connection more deeply, suggesting mindfulness has the ability to improve the immune system, with Goleman's (2003) work with Tibetan monks, suggesting the possibility of mindfulness' ability to harness the mind to heal the body.

In my clinical work with a client with M.E, I was surprised that her hospital nurses have been teaching her mindfulness. This suggests to me that mindfulness is taking its place, alongside exercise and healthy eating, for general good health and wellbeing. This aligns well with the positive literature surrounding mindfulness and, on the surface, can add to the strong positive bias of results (Tang, Hölzel, & Posner, 2015). However, ability to manage stress through mindfulness needs further discussion. Although the benefits can be easily understood, I propose that there could also be some adverse effects in doing this.

With ever-increasing stress levels within the work force we must question *who do we serve* when using mindfulness for stress management (Becker, 2013). Anālayos (2003) reminds us that the intention of mindfulness is paramount, describing "right" mindfulness (samma sati) and "wrong" mindfulness (*miccha sati*). Thus, the right intention, the second stage of the Buddhist Noble Eightfold Path, is important to consider alongside the seventh stage – right mindfulness. The intention of using mindfulness as a stress management system needs careful reflection (Gowans, 2004). By just removing one stage alone, mindfulness, from an Eastern philosophy and developing this as a westernised concept to be used in therapy to manage stress can be dangerous. I agree with Becker's (2013) stressism issue, who raises the issue with the increase of stress in the workforce and warns that we do not collude with corporations to use mindfulness as a tool to make people more efficient, when the stress factors actually lie externally with the organisational structures themselves. Care must be taken not to skill clients to adapt their emotional regulation to allow adverse working environments to be perpetuated. We must resist adding to the narrative of re-engineering the human spirit to manage ever-increasing demands from a global economy. We have a responsibility to try to hold organisations accountable for unhealthy working environments rather than always individualising stress. This may be particularly challenging when psychologists are employed by large corporations. They are the client – however, we must not lose sight of the wellbeing of the individual and hold true to the ethical standpoint of "do no harm" (BPS, 2010).

The subtheme *hard* shared by four of the participants seem to contradict the calming effects. Although not highly-experienced mindfulness practitioners, all the participants seem to be in agreement with Segal et al. (2004) regarding the importance of incorporating mindfulness into their private lives. Adam acknowledges the benefits of attunement resulting from incorporating mindfulness into his therapeutic relationships with his clients leading to heightened awareness. However, Keane warns of this becoming "a double-edged sword" giving rise to negative effects, such as psychological distress (Keane, 2004, p. 25). Thus, although mindfulness can be seen as a part of the solution, as it has been shown to help protect against clinician burnout, it can also be seen as part of the problem (Newsome, Christopher, Dahlen, & Chrisopher, 2006). Albeit uncommon, the negative effects of mindfulness are real and can be both acute and chronic (Crawford, 2016). With millions of people having received psychological treatment for common mental health disorders, this renders it a significant percentage (Department of Health, 2012).

Although the detailed account of the negative effects of mindfulness fall beyond the scope of this thesis, it does propose to inform the reader of their existence. Readers are encouraged to follow Brittons' unpublished research on these effects (Brown University, 2018). The sheer range and severity of negative effects experienced by some people,

including psychosis, makes frightening reading (Kuijpers, 2007). This raises the issue around informed consent becoming an important issue to consider for all clinicians and trainers of mindfulness. An ethical issue exists for all clinicians to be educated of potential risks and to then disseminate this and inform clients.

This seems far removed from the soft, fluffy, hippie impressions that I initially held of mindfulness, as did Naser, and thus the power of it must not be underestimated. Neurological research informs us that prolonged mindfulness is powerful enough to have cerebral change, and thus it should be treated with the respect, and caution, it deserves. (Wheeler, Arnkoff, & Glass, 2017). Changes can also be seen in terms of psychological health. We are informed that clients engaging in the MBSR program have a tendency towards increased spirituality (Chiesa & Serretti, 2009), and thus it may be prudent to consider their ongoing spiritual journey. It is important to understand the implications of mindfulness leading to an in-depth spiritual journey for both clients and practitioners as this spiritual journey has some difficult stages. This poses a question, for some at least, whether too much mindfulness can really be a good thing (Britton, 2019)? In reading this thesis it is hoped that the reader continues to be open to explore the negative effects of mindfulness, both in their clinical practise and research environment, and that counselling psychologists add to this underreported aspect of mindfulness. Adam refers to negative aspects of mindfulness in the context of seeing clients back-to-back in his clinical practise. Being open to them (which forms an essential part of his mindfulness attitude in his clinical work) also means he becomes exposed to feel their distress more acutely. .

Although the participants try, in varying degrees, to practise mindfulness in their lives, they also acknowledged that this is difficult to do. Elma, although keen to try, described mindfulness as feeling like a "chore". Stacy, who probably is the least versed in mindfulness of all the participants, also concurred that she found it hard both to practise and to implement as an intervention in her clinical work, specifically claiming she often falls back on it as her last resort. This suggests an attitude of, "if nothing else has worked let's try this", rather than a conscious decision to use mindfulness as an intervention. It is suggested this may be linked to her own difficulty with practising mindfulness, and Gunaratana (2002) reminds us of the importance of mindfulness needing to be experienced to be known. As with driving, mindfulness is a skill that when new, has not only to be learned but requires effort and practise before it becomes easier. It was interesting to hear however, how she was "impressed" when viewing how an experienced peer seamlessly was able to "drip feed" mindfulness to clients, who may represent the highly-skilled driver with years of practise behind him.

Together with it seeming hard at times, some of the participants experience mindfulness as feeling *scary* (one the of sub themes) and they appreciate that this could

also be felt by their clients. Adam's fear is both historic and current. He acknowledges that sometimes when he is with clients, and he practices an attitude of being open to them with his "defences down", he feels the result of his own vulnerability. In his role of trying to attune to the client, to feel their world, he is exposed to their intense emotions and "feels assaulted by them". Historically he acknowledged the lack of social references he was able to apply to mindfulness, making it feel "alien". This led him to be fearful of it and, although this is no longer the case, he is able to appreciate that clients may feel this way when first encountering it. This was my own experience of mindfulness initially. On using mindfulness through a difficult time in my life, the impact of the increased intensity of the emotions I felt became too difficult to manage and led to an increased sustained low mood over a period. This led me to turn away from mindfulness practise. However, when I came back to it a few years later, my experience was different.

This leads to the question of both practitioners and client suitability for mindfulness which is often ignored within therapy. I propose that not only is mindfulness not for everyone, but it also needs to be the right time for them. It would be beneficial to undergo a screening program that would filter out clients with weak ego strengths, which would go some way in mitigating for adverse effects of mindfulness. Beatrice also appreciates that mindfulness' religious connections may be frightening for her clients. Hayes (2004) appreciates this and suggests that contemporary mindfulness needs to shed its religious origins to make it more accessible to Western clients. This westernisation of mindfulness, and its shedding of its philosophical baggage thus is this seen at potentially helpful, but as discussed earlier we can also see it as unhelpful. There seems no clear right answer to this debate. As mindfulness becomes more accessible to the masses, possibly as a panacea, something important also seems to be lost.

4.2.4 Superordinate Theme 4: Doing Vs Being

All the participants experienced *mindfulness as a tool,* forming a sub theme, and other times experienced *mindfulness as a way of living* forming another sub theme. The last sub theme in this superordinate theme was the *transition from a technique to actually using it….as a way of being.*

When the participants experienced mindfulness as a tool, they also referred to it as an intervention or technique. It is interesting to note how each participants' use of mindfulness as a tool is experienced. With some there is a transition from comfort to increasing discomfort when referring to it as a tool. Both Sasha and Beatrice are confident describing mindfulness, the former experiencing it as a technique, and the latter as an intervention. Nasar also initially seems assured experiencing mindfulness as a technique, but he goes on to show some concern in describing it in this way, possibly because it is

oversimplifying mindfulness. Being a predominantly CBT-orientated counselling psychologist, he sees mindfulness as consisting of a range of techniques to be added to his arsenal. Stacy also discusses sometimes using it as a tool. The difference is that she experiences something having been stripped from it when used in this way. Adam is the most uncomfortable participant to criticise using mindfulness in this way, referring it to "an empty technique", suggesting something is lost. I suggest that this is the inevitable result of the westernisation of mindfulness which leads to the loss of the Eastern philosophy surrounding it.

Anālayos' (2003) reminds us that mindfulness is not an ethically-neutral practice, which suggests that it is more than a tool to be used. Using it in this way potentially feels a very watered-down version of mindfulness. Bishop et al. (2004) draw our attention to aspects of mindfulness that have been overlooked in the West, typically an attitude of kindness and compassion. Although these are included in Shapiro et al.'s three-component model, together with attention and intention, they can often be lost when using it as a tool. It is important that the intention component of mindfulness not be lost as the intention is to allow for "enlightenment and compassion for all beings" (Shapiro, Carison, Astin, & Freedman, 2006, p. 375). On exploring the literature there is a danger that there is no scope for these concepts to exist (Purser, 2018).

With the ever increasing commercialisation of mindfulness (Hyland, 2015), it is suggested that there is a potential danger when therapists only use mindfulness as a tool. Chiesa et al. (2011) show that mindfulness can improve cognitive functioning, and this has the potential to be misused. Following claims that mindfulness can be used for career success, we must be vigilant that it is not stripped of its ethical value system and employed inappropriately as a tool for emotional regulation (Purser, 2018). Also, with the politicisation of mindfulness by the government, the question of who do we serve is again raised(MAPPG, 2016). With the government plan to use mindfulness within our education system, to possibly replace school assemblies, mindfulness can possibly be seen to becoming a psychological faith. With the possible adverse effects of mindfulness already discussed, the showering of mindfulness on the younger generation has potential risks that need more thought.

Siegal (2010) encourages clinicians to incorporate mindfulness as a *way of living,* something appreciated by all the participants. It is reflected in Nasars' comment on it being a "life sentence" and not confined to a classroom (Stacy) in the same way as CBT is. However, there is an irony in this comment. I suggest the it is not mindfulness that is the life sentence. If Naser had a greater understanding of Buddhism he would appreciate the Buddhist idea that life itself is the sentence – the idea of Dhaka / suffering. As soon as we are born, we suffer. We live life with the ideas around doing and fitting in. These are

concepts that can lead people into therapy itself and cause conflict in people lives. With an increased understanding of Buddhism, the origins of mindfulness, Naser could have an appreciation that the life sentence is not mindfulnes but life itself, and mindfulness is the way to deal with this life sentence – or the sentence that is life. This led me to question if a good understanding of Buddhism would help practitioners with the problems they have with mindfulness.

Adam is very clear that this is how mindfulness should be, and with this comes a philosophy of life. He suggests in this way of living the ethical aspects of mindfulness can be incorporated back into society, as Buddha intended (Anālayo, 2003). However, we are therapists not guardians of morality (although Elma suggests we are all secular priests). I began to think however, that in it politization, the government is indeed taking a step towards using mindfulness as a guardian of morality against its population as it is being expanded to use within a nonclinical population. This, in itself, may be not a bad aspect, but it is one that each counselling psychologist needs to reflect upon.

Cigolla (2011) also found the theme "of a way of being" in her research, specifically improving the quality of relationships, bringing focus to the here and now and improving listening skills, compassion and empathy. Beatrice suggests that by incorporating mindfulness into our lives we promote self-compassion, which in turn helps foster compassion with our clients, feeding into the construct of intersubjectivity, the being at one with the other. The Buddhist monk Thick Nhat Hanh (1987) refers to this as 'interbeing', enabling a sense of connection and attachment (Davis & Hayes, 2011).

With Beatrice's use of the word "transport", there seems to be a journey that the participants take from using mindfulness. It can often start as using it as a tool, progressing to it becoming a way of life. Naser seems to use it within his clinical work, but in his private life he can live mindfully, especially when he is involved in dangerous sports. However, not all of them (Stacy) have made the transition to incorporating mindfulness as a way of life. Although Stacy does use mindfulness in her private life, it is occasional and in an isolated way rather than integrated into her life.

4.3 Evaluation of the study

The aim of this study was to explore counselling psychologists' lived experience of mindfulness, both in their private lives and clinical practice. In doing so it aims to add to the few experiential studies of counselling psychologists in this field. Using IPA as a methodology has given me the flexibility to achieve this aim. The strengths and limitations are explored below.

4.3.1 Strengths and Limitation

One of the main strengths of this study was the phenomenological method adopted to best suit the question. This allowed for deep reflective accounts of participant experiences of mindfulness to be explored. I think this explains the richness of the data produced. Participants expressed themselves with honesty and candour, taking risks to share aspects of mindfulness that they found challenging. In the literature there is a bias towards positive results and for the participants to be experienced meditators. This study provides a counter to this, providing a better representation of the experience of the majority of counselling psychologists who will be less well-versed in mindfulness. There was a good balance of males and females, in contrast to most mindfulness research studies involving health care provider where most participants (81% of 2,379 in a recent meta-study) are women (Lamothe, Rondeau, Malboeuf-Hurtubise, Duval, & Sultan, 2016).

A feature of qualitative research, and IPA in particular, is that we cannot draw general conclusions from findings based upon individual experience. This is neither a strength nor a limitation as it was not the overall aim of this study. Nevertheless, it is worth highlighting to prevent the results from being misinterpreted. Less of a limitation, but worth noting, was the fact that the richness of the transcripts produced more data than it was possible to cover within the constraints of a doctoral thesis. In consequence, some themes had to be sacrificed to make space for others. This included, for example, a subtheme looking at the embodiment of mindfulness. There were, however, some limitations.

The most obvious issue relating to this study was the comparatively recent completion of Opoku's (2015) thesis on a similar topic using the same methodology. This was only discovered after the data collection and analysis for the current study had been completed. IPA provides nuanced individual accounts within a particular timeframe. Bearing this in mind, and following discussions with my supervisor, the decision was made to continue with the current study. It was interesting to compare the outcomes of these two studies and observe the variations in the themes and sub-themes produced. This study compliments and further develops the findings of Opoku's thesis and our understanding of the phenomena under investigation.

The overlap with Opoku also helps to address a second limitation of this study: namely the comparative lack of literature relevant to the study group. The literature review produced few studies focussed on practitioner psychologists' experience of mindfulness, with only Opoku's directly addressing those of counselling psychologists. In addition, the overwhelming majority of studies focussed on the application of participant's own mindfulness experience to their therapy work, inevitably biasing the studies towards focussing on the experience of committed and proficient practitioners.

Another area open to criticism is the limited sample size of the current study. Although exceeding the minimum recommended sample size for an IPA doctoral thesis, it is acknowledged that eight participants rather than six would have been preferable. As discussed in Section 2.2.4.2: Sample size and demographics the number of participants was dictated by difficulties in recruitment.

Due to the limited scope of this study, and the ever-increasing range of literature pertaining to the subject of mindfulness, the literature review needed to be highly selective. As well as establishing the broad context of mindfulness (including origins, definitions and models), the focus of the review was primarily dictated by the research question. Nevertheless, it is acknowledged that personal bias may have played a part, with some areas being explored more than others.

4.3.2 Ensuring standards of rigour and credibility

There has been a vast increase in qualitative research over the years leading inevitably to a variation in quality between researchers (Elliot, Fischer, & Rennie, 1999). Quality within qualitative research is as important as in quantitative research, in order to maintain standards within the discipline. Although some in the literature suggest that qualitative research has no claims on validity or rigour, (Forshaw, 2007), Willig (2008) argues that qualitative research does indeed employ a systematic and critical approach whose quality can be assessed. Willig reminds us that the evaluation criteria must be tailored to the methodology being evaluated (Madill, Jordan, & Shirley, 2000). Therefore, there is a need for guidelines relating to what constitutes best methodological practice (Dixon-Woods, et al., 2007).

As discussed in the Methodology chapter, Yardley's (2008) four characteristics have been adhered to throughout this research project These include sensitivity to content, commitment to rigour, transparency and coherence, and impact and importance.

4.3.3 Sensitivity to content

A comprehensive review of the literature on the phenomenon ensured a sensitivity to content. This enabled a development of a solid understanding of theory and conceptual ideas of mindfulness, and appreciation of the discourses surrounding it. A broad view was taken in the hope of addressing findings in a wider context and providing an analysis of far-reaching consequences. Sensitivity to content was also present during the interview process. Falling back on humanistic counsellor training, Rogers' core conditions of empathy, congruence and unconditional positive regard were given importance whilst interviewing the participants, to develop deeper relationships with them (Mearns & Cooper, 2005). This established an environment to enable them to feel comfortable to explore all

aspects of their experience of mindfulness. This was evident in the rich dataset produced, and the exploration of some challenging aspects of their experience. Many quotes were used to remain sensitive to the content rather than overtly imposing my own ideas, allowing themes to emerge from the data itself. These quotes were also used to substantiate any interpretations presented.

4.3.4 Commitment to rigour

Thought was given to Yardley's (2000) commitment to rigor early on in the process. Before commencing the interviews, a two-day IPA training course was attended in order to develop methodological competence. Emerging themes and subthemes were checked and, following Willig's (2008) advice, regularly reviewed in response to feedback received. The final clustering of themes was discussed with the research supervisor, and changes implemented. The supervisor's fresh viewpoint and distance from the analysis of the data helped keep me grounded by being challenged to ensure the themes were rooted in the data. With reflection, some theme names were changed, and choices made over which quotes were best suited. One subtheme was finally dropped as there was insufficient data to support it. With growing confidence, ease was developed, and the creativity of the approach was embraced.

4.3.5 Transparency and coherence

Coherence was adhered to by selecting a best fit between the theoretical approach adopted, the methods used, and the research question. With these decisions made, the methods and analysis sections employed a coherent language throughout. There is also a clear coherence between the findings and the interpretations demonstrated in the analysis section.

Transparency was observed throughout the study to allow the reader to follow easily what had been done, this process being evidenced in the methodology, analysis and appendix sections. Transparency was built into the analysis and the appendix, clearly showing the path of the analytical interpretations. A complete audit trail was developed, from the raw data to the final clustering of themes. As qualitative research acknowledges the researcher's role and influence on the research itself, care has been given to the importance of reflexivity within the study. In the hope of being explicit, my own assumptions, thoughts and feelings have been voiced. I acknowledge that these may have influence the study, and hope that transparency in this will enlighten the reader.

4.3.6 Impact and importance

The research findings provide new insight into counselling psychologists' experience of mindfulness, expanding the very limited range of literature and providing greater gender balance. The findings also have implications for counselling psychology training and practice, and this will be discussed in Section 0. In addition, it is hoped that the results of this study will be further disseminated in journal articles, and this research portfolio contains a paper intended for submission to the Mindfulness journal.

4.4 Implications for counselling psychologists

During this research much was learnt about how the results can influence clinical recommendations for counselling psychologists, and they will be outlined here. Kabat-Zinn (2003) has placed great importance on the quality of teaching of mindfulness. With ever-increasing numbers of counselling psychologists incorporating it into their therapeutic work, training is becoming an important issue to consider. It can be seen from this research that what training means in mindfulness is not a simple issue, and thus the results of this research hope to influence this training. Although all the participants were considered non-experts based on the exclusion criteria of not attending the standard 8-week mindfulness training course, the research showed that they varied in their mindfulness skills. Adam, although not engaging in any formal training in mindfulness, and thus considered as a non-expert, did in fact reveal to be much more skilled than others. This was due to his own reading and experiences of mindfulness through his Buddhism. Therefore, it is proposed that any training on mindfulness needs to be explored in a multifaceted approach.

One of the ways to think about the quality of training can be via a set of competencies. Crane et al. (2010) are conducting important work around the creation of a competences framework for mindfulness training, but there are no structures in place as of yet. Therefore, currently responsibility lies with the individual to access good-quality mindfulness training when incorporating mindfulness substantially into their clinical practise.

With Gremer (2013) suggesting that mindfulness is a common factor across psychotherapy, there is an argument that it should not be considered as a specialist training. With the advantages of the improved attunement and quality for the therapeutic relationship that mindfulness can bring, together with the protective factors of self-care, it is suggested that mindfulness be incorporated as a module within all doctoral counselling psychology programmes. This training needs to be both theoretical and experiential to be effective as the importance of practicing mindfulness themselves has been evidenced in the literature.

An important insight gained from this research was that although the participants had some understanding of mindfulness, the actual interview process also became a learning process within itself. During the interview, most experience a state of confusion as they

began to question their own understanding of mindfulness and expressed a possible need to engage in more training. This insight was gained through the talking about mindfulness and indeed something seemed to have been gained from the conversation around mindfulness. Therefore, it is suggested that exploring mindfulnes within supervision is an important aspect of becoming more competent and should be considered when developing a set of competencies' or program modules. It is suggested that once this training has been incorporated, it may be helpful to consider a form of accreditation – similar to the current CBT accreditation (Roth, 2008).

Another important implication for all counselling psychologists to consider is their relationship with mindfulness, how they use it and thus who do we serve. This has been touched on at various points in the discussion. The expansion of mindfulness does not seem to be abating and so I assume the westernisation, commercialisation and politicisation of it may also continue. We must be careful not to view this as the new panacea and consider the power that it holds with respect. One avenue that does seem to be beneficial however is the strong connection with prayer and mindfulness, as discussed in the literature review. It may be helpful to consider these connections and raise them with our religious clients. Rather than stripping mindfulness of this connection, it would be helpful to adapt mindfulness to become more culturally sensitive and to help our clients to practise mindfulness in a way that is more tangible to them. Repackaging mindfulness as something new can be seen as a threat to some of our clients, whereas aligning it to old traditions that they would recognises, and thus presenting mindfulness more familiar, may be more comforting. In this way, this connection with prayer has a potential to be used by counselling psychologist to access marginalised groups that typically would not engage in therapy. In working with client's religious conviction, and through prayer, mindfulness can be incorporated in their lives. There is however, a juxtaposition of mindfulness both having a connection to prayer and also fitting in to a secular view. Rather than viewing this as contradictions, I propose that this can be viewed as two ends of a sliding scale, and we counselling psychologists slide along this scale depending on our clients. This seems to give mindfulness a flexibility what aliens itself with its very meaning.

4.5 Further Research

In order to better understand the phenomenon, it is suggested that the findings of this thesis be incorporated into further research. During the process of the research it was concluded that the current language around mindfulness is too general. Therefore, it is suggested that further research needs to incorporate specificity in various areas. One of these areas is clinician variability, which needs more importance given to it. By categorising the practitioners in different ways, they can be

profiled, and in doing so it is suggested that the profile of the mindfulness intervention can be examined - how and what is being delivered. Clinician variability can be factored in many ways. What mindfulness means to the clinician could influence how they present it to their clients. It is also suggested that the clinician's religious (or spiritual) beliefs, and the strength of this belief, could influence the delivery of mindfulness. It would be interesting to investigate the impact this may have on how mindfulness is delivered, as this research leads to question whether the clinician's belief in God is influential.

The levels of training and training diversity also need consideration when undertaking mindfulness research. For this research, the exclusion criteria was the eight-week mindfulness course, as it was more interested in novice mindfulness practitioners rather than experienced ones. However, it was discovered that clinicians can become experienced in mindfulness outside formal training, such as in self-study and attending Buddhist centres. To adopt a more specific criteria, it is suggested that Wheelers (2016) clinician categorisation be implemented in research. This knowledge, about different types of clinical practitioners and the different types of mindfulness, and its delivery, could aid in the task of the better operationalisation of mindfulness.

Whilst exploring the literature, I found that a strong bias seems to exist towards publication of positive results, which could be explained by possible biases held by the researchers, who themselves are generally enthusiastic and experienced meditators (Tang, Hölzel, & Posner, 2015). Counselling psychologists are encouraged to hold onto a critical lens and not be caught up with the "hype" surrounding mindfulness (Purser & Loy, 2013). Therefore, researchers, like myself, who are not considered expert mindfulness practitioners, are encouraged to add to the literature in this area to maintain a balanced critical focus in this field. The time has come to educate the community from a novice practitioners' point of view. With this in mind, it is hoped that more can be learned regarding the possible adverse effects of mindfulness, an area which is largely under represented. Further researchers in this field are also asked to reflect on the possibility of the narrative around negative aspects of mindfulness being implicitly silenced, as it was initially in this research. When there are loud voices emphasising the positive narratives around mindfulness, novice mindfulness researchers need to be mindful of how their own voice about alternative positions may be influenced.

4.6 Epistemology and methodological reflexivity

Holding a phenomenological epistemological stance has influenced how I conducted this study. The six participants investigated each brought their own individual accounts of their experience of mindfulness. These accounts I believe to be a true reflection of how they make sense of the phenomena. However, in my analysis, I add a further layer of interpretation, the double hermeneutics, producing a truly co-authored account of their experience. This is filtered through a cultural, social and psychological lens. The reader adds a further layer of understanding, a possible triple hermeneutic, when reading this thesis. I do not claim formation of any theory. Using IPA as the chosen methodology, I gained an in-depth understanding of all the participants, each held in equal value.

Within IPA language is used as a vehicle by the participants to convey the meaning of their phenomena to the researcher. Willig (2008) challenges the ability of participants to truly capture this. However, with my participants being counselling psychologists, I was fortunate that I was not faced with this challenge. For the most part they were skilled enough to be able to verbalise their experience with clarity and eloquence. Occasionally however, fluidity of expression did become an issue. For example, in the data it can be seen that participants occasionally hesitate or stumble in response to a question, something especially evidenced within Beatrice's narrative. To manage this the unspoken aspects of the interview were incorporated in the analytic process to counter this.

4.7 Discussion Reflexivity

4.7.1 Personal reflexivity

This thesis is the final destination of many years of training, which I began 12 years ago in a skills night class, the first step to qualify as a person-centred counsellor. During a lecture addressing the need to be non-judgemental, I found myself questioning whether such a thing is possible. I thought that at best, all we can do is to acknowledge and bracket our assumptions, something Smith et al. (2009) refer to within the IPA methodology. I was involved in a heated debate with my counselling tutor which left me shaken. As a result of this, I became sensitive to the concept of judgement. I encountered mindfulness in 2009 during an NHS team-building day. I participated in the famous raisin-eating exercise and, like Nasar, my initial thoughts were that this was 'airy-fairy' and not for me (Kabat-Zinn, 2003). Consequently, I didn't engage with it. Subsequently, during the next few years, mindfulness kept making its presence felt in my professional life. The evidence supporting it became apparent, so much so that I could no longer ignore it. This led me to read about mindfulness and interestingly, I found the importance of remaining non-judgmental to be a

key part of it. On further understanding, my initial argument with my counselling lecturer all those years ago was upheld. Kabat-Zinn (1990) appreciates that we, as humans, have judgements, but in us becoming aware of them we do not have to be ruled by them.

In 2011 I undertook an MSc conversion degree in psychology, and I conducted quantitative research for my dissertation on mindfulness and our own judgemental biases. This found an inverse correlation between being judgemental and being mindful. I wanted to explore this further in my doctoral research, but while designing my proposed quantitative study, I began to question whether the mindfulness measures used were actually measuring mindfulness. I concurred with Baer's (2003) thoughts that all they were really measuring were the items in the questionnaire. My literature review appeared to show that there is no agreement on an operational definition of mindfulness, which led me to question the concept as well. I became interested in how therapists are actually experiencing mindfulness in their practice. I personally find mindfulness both challenging and helpful. It has become a part of my daily life, but not in a way that skilled mindfulness practioners would recognise. I use it intermittently during my day to focus. Where it has proved most impactful has been in my therapeutic work. Using mindfulness in session as a way of being, has given depth to the therapeutic relationship developed with my clients. With increased attunement I feel I am able to be with my clients more. However, it has also been a double-edged sword for me when I have found myself being caught up in my own distress. At times this has felt almost too painful to bear.

During this thesis, I was acutely aware of my own attitudes towards mindfulness. I maintained a reflective diary to try and bracket any assumptions that might risk affecting the data. I used this immediately after each interview to capture my thoughts and feelings. I found it helpful to remember them before data analysis to allow them to be bracketed. The concepts around religion and spirituality had particular personal resonance. It is interesting to note that during these five years, my own mindfulness practice has increased, but my religious practice decreased. Coming from a Muslim family with strict members who preach the power of prayer, I have begun to contemplate whether they could be referring to mindfulness without realising it.

4.7.2 Pre- and post-viva reflexions

I submitted my Doctoral thesis as an initial draft to City University for examination in June 2018. A month later I came back to it in preparation for my viva. On re-examining the initial draft of my thesis, it became evident to me the disparity in quality of the introduction and discussion chapters. The introduction seemed robust, however the discussion chapter read as empty – almost a regurgitating of the literature review. There was very little of my own voice in it. This surprised me as throughout this research I had

become passionate about the subject material. During conversations I did not struggle with my own voice. Hence it was a surprise to read back the discussion after having submitted, to realise my voice missing.

On reflection I could see the significance of it. This was not a conscious act, but I felt it was an implicit self-silencing of my own voice that resulted in my inability to give myself permission to voice it. I feel I silenced myself due to the weight of positive research around mindfulness. I did not feel brave enough, due to my lack of experience, to challenge the positive narrative of mindfulness. I did not feel brave enough to challenge the expert white gurus. As a novice mindfulness researcher, not being in the camp of these white gurus, I realised I did not feel I had the right or authority to take a position on it, and hence submitted a weak discussion chapter. However, I still felt prepared to defend my thesis during the viva. During the viva, therefore, it came as no surprise to me that the examiners raised my lack of voice in the Discussion. I was subjected to a list of questions that they felt had been left unaddressed. Nevertheless, I had no difficulty in finding my voice during the viva. My voice, my opinions, my recommendations, my critique, my affirmations about mindfulness were well-developed and I was able to be open and engage in the subject to defend my thesis, I think to the surprise of the examiners. Indeed, the feedback I received from them was that I had defended my thesis well. However, I seemed only able to do this by talking about it. There was something about the written word that felt too difficult in the initial draft to commit to writing in the Discussion chapter. It was no surprise that I had a list of amendments to implement in my thesis for resubmission. However, the examiners confirmed that most of these were the points I had raised in the viva itself.

It was interesting to note that I was able to discuss all aspects of mindfulness within the literature review chapter. On reflection, I realised that the literature itself had given me permission to do this – I was able to seek reassurance from it in the same way that the participants sought reassurance from embedded mindfulness within ACT. Beatrice also talked about being silenced and I feel at times my own interpretive voice was silenced when doing the analysis. On reflation, in some of the themes my interpretive voice carries a lot of weight. This also led me to downplay the critical stance and the negative effects of mindfulness in the initial draft of my thesis.

When there are loud enough voices talking about the positive bias around mindfulness, our voice on an alternative position may be silenced. I would once again encourage novice researchers to be aware of this potential influence they may feel. I now feel now was not brave enough to research, or even to write about, the negative aspects of mindfulness. I felt I did not have enough expereince of mindfulness to challenge it. I realise from the literature review I had a fear about the negative side-effects of mindfulness, but I felt I could not give myself permission to explore this. I was able to find this missing voice

in the final draft of my theses – almost as if my viva gave me permission to rediscover my voice. I encourage researchers to liberate their voice.

4.8 Conclusion

Mindfulness has a great body of research behind it. However, there is very little understanding of how the majority of counselling psychologists experience mindfulness, when they are not advanced mindfulness practioners themselves. This thesis plays an important role in bridging this gap.

This thesis has provided new insight to the challenges experienced by some counselling psychologists. These include the difficulty in navigating the spiritual connections with mindfulness, how it can be used and the emotive responses that can be elicited through its use. Mindfulness is particularly important to counselling psychologists due to its potential effect on the therapeutic alliance and the attunement we can develop with our clients. This is fundamental to the work that we do.

This study has led me to have more respect for mindfulness, arising from a realisation that I have previously underestimated its power and potential. It has also affected the way I utilise it within my clinical work. I am sensitive to the dangers of stripping away the spiritual origins of mindfulness and endeavour to share these with my clients. Also, I no longer present mindfulness solely as a theory with clients, preferring instead to participate with them an in-session mindfulness exercise. In this way, they can experience 'feeling' mindfulness to aid their understanding of it. I propose to engage in further mindfulness training to increase my levels of competence. I hope that this thesis will prompt readers to reflect on their own experiences of it and the ways in which they incorporate mindfulness within their clinical work and personal lives.

Section A – References

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Section A – Appendixes

Appendix A1: Ethics form

Psychology Department Standard Ethics Application Form:
Staff, PhD Students, MRes Students

This form should be completed in full. Academic staff should email it to psychology.ethics@city.ac.uk. Students and research assistants should email it to their supervisor who should approve it before submitting it to psychology.ethics@city.ac.uk. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? ***For each item, please place a 'x' in the appropriate column***	**Yes**	**No**
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		X
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*		X
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about potentially sensitive topics		X
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to <u>all</u> the above questions your application may be eligible for light touch review. We aim to send you a response within 7 days of submission. However, review may take longer in some instances, and you may also be asked to revise and resubmit your application. Thus you should ensure you allow for sufficient time when scheduling your research.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** These take

place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. If the research is considered very high risk, or the committee does not feel it has the expertise to review it, we may ask you to submit your application to the Senate Research Ethics Committee.

If you are unsure about any of above, please contact the Chair of the Psychology Department Ethics Committee, Katy Tapper [redacted]

Is this project supported by external funding?	**Yes**	**No**
		X
If you answered yes, please provide the name of the funding body and the amount awarded.		

What area of psychology would you describe this project as? **Please select one for the main area and as many as are appropriate for the secondary area. (*We will use this information to match your application to an appropriate reviewer.)***	**Main area** ***(Select 1)***	**Secondary area** ***(Select all that apply)***
Cognitive		
Neuroscience		
Developmental		
Social		
Individual differences		
Health		
Clinical		
Organisational		
Counselling	X	
Other…………………………..(please specify)		

Which of the following describes the main applicant? ***Please place a 'x' in the appropriate space***	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	X
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s).
Farah Mitha
2. Email(s).
[redacted]
3. Project title.
Experience of Mindfulness by Counselling Psychologists in their private and clinical practice: An IPA study
4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)
Mindfulness encourages us to live in the present moment: not to get caught up in the past, which can lead to depression, or get caught up with the future, which can lead to anxiety. There is much in the literature around the efficacy of mindfulness for both anxiety and depression disorders and our mental health well being. So much so that mindfulness has now breached into popular culture. However, there is limited research around the experience of psychologists delivering this intervention, and even less around that of counselling psychologists. Of particular interest is the way mindfulness may be used by those who did not follow a formal training route (e.g., 8-week training and retreats), but developed their practice through personal interest and/or by using related therapeutic approaches (e.g. DBT, ACT). The aim of the present study is to capture the nuanced essence of these counselling psychologist's experience of mindfulness. This will be done via carrying out semi-structured interviews with six qualified counselling psychologists. The transcripts will then be analysed via IPA methodology to explore any themes that may emerge of their experience. Any findings will then be discussed.

It is hoped that this project will add to the existing literature in several possible ways: it may add to the research that shows that mindfulness practice helps therapists to develop stronger therapeutic relationships within their clinical work, and also help them to possibly take better care of themselves. Alternatively it may add to the literature by pointing to potential negative effects of mindfulness, as this is an under-explored area.
5. Provide a summary of the design and methodology.
Six counselling psychologist will be interviewed using semi-structured interviews. These interviews will be transcribed verbatim, analysed using IPA methodology, and any emerging themes explored.
6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).
Data will be collected through semi-structured interviews, which will be audio recorded. These will then be transcribed into Word documents.
7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.
This is not expected due to the nature of the research.
8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

Due to the research question the inclusion criteria would be qualified counselling psychologists who use mindfulness in their private and clinical practice. Much of the current literature targets participants with formal mindfulness training, which includes the 8-week mindfulness courses and regular retreats. However, the number of psychologists practising mindfulness in the field far exceeds the number of those who have been formally trained, and this study proposes to explore the experience of psychologists without formal training in mindfulness, who therefore are not formal mindfulness practitioners but use it on a regular basis in their personal and clinical lives.

Therefore the inclusion criteria are fairly loose to include counselling psychologists who practice mindfulness privately and informally – that being they incorporate mindfulness activities in their daily life such as mindfulness breathing, checking their awareness and attention thought the day and being mindful during daily activities (i.e. walking, eating) and incorporate it in their clinical practice (i.e. through mindfulness interventions or mindfulness based therapies such as ACT, DBT). The exclusion criteria are tighter to exclude those professions formally trained in mindfulness via an authorized mindfulness centre (i.e. 8 week training or accredited mindfulness courses) or practicing mindfulness under the supervision of trained mindfulness teachers individually or within retreats.

9. How will participants be selected and recruited? Who will select and recruit participants?

Participants will be recruited via word of mouth, and using various websites including the BPS and "call for participants" section on the DCoP website. Mindfulness forums will also be targeted.

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

Any expense incurred by participants will be reimbursed.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

<table>
<tr><td colspan="3">Yes</td></tr>
<tr><td colspan="3">12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)</td></tr>
<tr><td colspan="3">Participants will be briefed and debriefed verbally both before and after the interview. They will also be given a copy of the participant information sheet and, following the interview, the debrief sheet</td></tr>
<tr><td colspan="3">13. Location of data collection. (Please describe exactly where data collection will take place.)</td></tr>
<tr><td colspan="3">The exact place of data collection will be agreed with my participants. It will be a private and comfortable location that is convenient for both participant and researcher, such as the participant's consulting room, or a private room at City University.</td></tr>
<tr><td colspan="3">13a. Is any part of your research taking place outside England/Wales?</td></tr>
<tr><td>No</td><td></td><td>No</td></tr>
<tr><td>Yes</td><td></td><td>If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">13b. Is any part of your research taking place <u>outside</u> the University buildings?</td></tr>
<tr><td>No</td><td></td><td>Possibly</td></tr>
<tr><td>Yes</td><td></td><td>See risk assessment</td></tr>
<tr><td colspan="3">13c. Is any part of your research taking place <u>within</u> the University buildings?</td></tr>
<tr><td>No</td><td></td><td>Possibly</td></tr>
<tr><td>Yes</td><td></td><td>If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.</td></tr>
<tr><td colspan="3">14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.</td></tr>
</table>

<table>
<tr><td colspan="2">I do not foresee any risk to the participants. However should a participant become distressed or otherwise uncomfortable during the interview he or she will be asked if they would like to pause or terminate the interview. I will also ensure that my participant is in a comfortable state of mind before leaving the interview room.</td></tr>
<tr><td colspan="2">15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.</td></tr>
<tr><td colspan="2">Although no risks are expected, a risk assessment has been undertaken to manage interviews outside of City University premises.</td></tr>
<tr><td colspan="2">16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)</td></tr>
<tr><td colspan="2">Please place an 'X' in all appropriate spaces</td></tr>
<tr><td>Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)</td><td></td></tr>
<tr><td>Anonymised sample or data (i.e. an irreversible process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)</td><td></td></tr>
<tr><td>De-identified samples or data (i.e. a reversible process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)</td><td>X</td></tr>
<tr><td>Participants being referred to by pseudonym in any publication arising from the research</td><td>X</td></tr>
<tr><td>Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) Please provide further details below.</td><td></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">17. Which of the following methods of data storage will you employ?</td></tr>
<tr><td colspan="2">Please place an 'X' in all appropriate spaces</td></tr>
<tr><td>Data will be kept in a locked filing cabinet</td><td></td></tr>
<tr><td>Data and identifiers will be kept in separate, locked filing cabinets</td><td>X</td></tr>
<tr><td>Access to computer files will be available by password only</td><td>X</td></tr>
</table>

Hard data storage at City University London	
Hard data storage at another site. *Please provide further details below.*	

18. Who will have access to the data?	
Please place an 'X' in the appropriate space	
Only researchers named in this application form	X
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.

Please place an 'X' in all appropriate spaces

	Attached	Not applicable
***Text for study advertisement**	X	
***Participant information sheet**	X	
***Participant consent form**	X	
Questionnaires to be employed	X	
Debrief	X	
Copy of DBS		X
Risk assessment	X	
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)		

20. Information for insurance purposes.

(a) Please provide a brief abstract describing the project

Mindfulness encourages us to live in the present moment: not to get caught up in the past, which can lead to depression, or get caught up with the future, which can lead to anxiety. There is much in the literature around the efficacy of mindfulness for both anxiety and depression disorders and our mental health well being. So much so that mindfulness has now breached into popular culture.

However, there is limited research around the experience of psychologists delivering this intervention, and even less around that of counselling psychologists. Of particular interest is the way mindfulness may be used by those who did not follow a formal training route (e.g., 8-week training and retreats), but developed their practice through personal interest and/or by using related therapeutic approaches (e.g., DBT, ACT…). The aim of the present study is to capture the nuanced essence of these counselling psychologist's experience of mindfulness. This will be done via carrying out semi-structured interviews with six qualified counselling psychologists. The transcripts will then be analysed via IPA methodology to explore any themes that may emerge of their experience. Any findings will then be discussed.

It is hoped that this project will add to the existing literature in several possible ways: it may add to the research that shows that mindfulness practice helps therapists to develop stronger therapeutic relationships within their clinical work, and also help them to possibly take better care of themselves. Alternatively it may add to the literature by pointing to potential negative effects of mindfulness, as this is an under-explored area.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
(c) Are you specifically recruiting pregnant women?		X
(d) Is any part of the research taking place outside of the UK?		X

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to [redacted] before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name …Farah Mitha……………………………… Date……20/7/15………………………

21. Information for reporting purposes.		
		Please place an 'X' in all appropriate spaces
(a) Does the research involve any of the following:	**Yes**	**No**
Persons under the age of 18 years?		X
Vulnerable adults?		X
Participant recruitment outside England and Wales?		X
(b) Has the research received external funding?		X

22. Declarations by applicant(s)	
Please confirm each of the statements below by placing an 'X' in the appropriate space	
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.	X
I accept the responsibility for the conduct of the procedures set out in the attached application.	X
I have attempted to identify all risks related to the research that may arise in conducting the project.	X
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.	X

	Signature (Please type name)	**Date**
First applicant	Farah Mitha	**04/8/15**

Supervisor *(For students and research assistants only. Please ensure the supervisor submits the form.)*	Dr Daphne Josselin	**06.08.15**

Reviewer Feedback Form

Name of reviewer(s).			
Email(s).			
Does this application require any revisions or further information?			
Please place an 'X' the appropriate space			
No Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk		**Yes** Reviewer(s) should provide further details below and email directly to the applicant, ccing to psychology.ethics@city.ac.uk	
Revisions / further information required To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.			
Date: Comments:			
Applicant response to reviewer comments To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), with tracked changes directly back to the reviewer(s), ccing to psychology.ethics@city.ac.uk			
Date: Response:			

Reviewer signature(s) To be completed upon FINAL approval of all materials.		
	Signature (Please type name)	**Date**
First reviewer		
Second reviewer *(If applicable.)*		

Psychology Research Ethics Committee
School of Social Sciences
City University London
London EC1R 0JD

17th August 2015

Dear Farah Mitha,

Reference: PSYETH (T/L) 14/15 235

Project title: Experience of Mindfulness by Counselling Psychologists in their private and clinical practice: An IPA study

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [redacted], in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

Erika Suchanova
Departmental Administrator
Email: [redacted]

Katy Tapper
Chair
Email: [redacted]

Appendix A2: Recruitment material

Department of Psychology

City University London

PARTICIPANTS NEEDED FOR

RESEARCH ON COUNSELLING PSYCHOLOGISTS' EXPERIENCE OF MINDFULNESS

Mindfulness is seen to have particular relevance to the work of counselling psychologists. However, there is limited research around the experience of psychologists delivering this intervention, especially those who have not received formal training (i.e. 8-week mindfulness training), or supervision with an accredited mindfulness teacher.

This study aims to capture the nuanced essence of these counselling psychologist's experience of mindfulness in their private and clinical lives.

I am looking for counselling psychologists who practice mindfulness privately and informally – that being you incorporate mindfulness activities in your daily life such as mindfulness breathing, checking their awareness and attention thought the day and being mindful during daily activities (i.e. walking, eating) and incorporate it in your clinical practice (i.e. through mindfulness interventions or mindfulness based therapies such as ACT, DBT).

You should not have received formal training in mindfulness via an authorized mindfulness centre (i.e. 8 week training or more), and you should not be practicing mindfulness under the regular supervision of a trained mindfulness teacher (i.e. individually or within retreats).

Your participation would involve one interview session, of approximately *60* minutes. All the information collected will be made anonymous and kept confidential

For more information about this study, or to take part, please contact:

Farah Mitha on *or*

This research is supervised by Dr Daphne Josselin

This study has been reviewed by, and received ethics clearance through the Psychology Department Research Ethics Committee, City University London. Ethics approval number *[insert approval number]*

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email:

Appendix A3: Study information sheet

Title of study: Counselling Psychologists' experience of mindfulness in their private and clinical practice: An IPA study.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

As part of my Doctorate in Counselling Psychology I am undertaking an IPA research study exploring counselling psychologists' experiences of mindfulness in their private and clinical practice, focusing on those who have not been formally trained in mindfulness. The study is due to be completed in September 2016.

Why have I been invited?

I am interested in talking to qualified counselling psychologists who have experience of mindfulness in their own lives and clinical practice, but who have not taken a formal training within authorised centres, and are not working under the regular supervision of a qualified mindfulness teacher. A total of 6 participants will be interviewed.

Do I have to take part?

No. Participation in the project is voluntary, and you can choose not to participate in part or all of the project.

If you do decide to take part you will be asked to sign a consent form. However you can withdraw at any stage of the project without being penalised or disadvantaged in any way.

What will happen if I take part?

.

There will be an initial contact via email or telephone, during which I will answer any question you may have and check that you need the above criteria. If you choose to continue, we will then arrange to meet face to face at a convenient time and place. We will meet for one interview session lasting approximately one hour. You will be asked to sign a consent form before the interview. The research study is due to be completed in September 2016.

Expenses and Payments (if applicable)

I will travel to you. However if you do incur any travel expenses they will be reimbursed.

What do I have to do?

Before the interview begins, you will be asked to sign a consent form. The interview itself will be recorded, and will explore your experience of mindfulness in your private and clinical life. You will remain free to refuse to answer any question, and to stop the interview at any time.

What are the possible disadvantages and risks of taking part?

Due to the nature of the study, no disadvantages or risks are foreseen. However if any discomfort arises as a result of the interview we will discuss appropriate sources of further support.

What are the possible benefits of taking part?

You will be adding to the deeper understanding of counselling psychologists' experience of mindfulness, and how it may contribute to their clinical work and personal lives in both a positive and negative way.

What will happen when the research study stops?

If for any reason the study is stopped, all data will be destroyed. This includes recordings, and transcripts.

Will my taking part in the study be kept confidential?

- For the purpose of preserving confidentiality, all your data will be anonymised and you will be given a code during the study.
- Audio recordings will be made using two digital recorders. They will be then kept on the researcher computer, within a password-protected file.
- All data will be destroyed on completion of this study.
- Some sections of the transcripts may be used in the report findings, but all identifiable information will be removed.

What will happen to the results of the research study?

The results of the analysis of the data from the interviews will for a part of my doctoral thesis. This may include parts of the interview, but all identifiable information will be removed. The findings may also be published in peer-reviewed journals. Once again, all identifiable information will be removed.

You will be asked if you are interested in receiving a copy of the findings at the beginning of the interview. If this is the case, it will be emailed to you after completion of the study.

What will happen if I don't want to carry on with the study?

You have the right to withdraw, without any explanation, your participation in this study at any point up to six weeks of the interview, and your data will be deleted. After this time the data will be aggregated and difficult to identify.

What if there is a problem?

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is Experience of Mindfulness by Counselling Psychologists in their private and clinical practice: An IPA study.

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, approval number*[insert approval number here]*

Further information and contact details

If you require any further information, please do not hesitate to contact me on

Mobile : [redacted]
Email : [redacted]

City University
Social Sciences Building
Northampton Square
London
EC1V 0HB

Alternatively you can contact my supervisor Dr Daphne Josselin *at*

Thank you for taking the time to read this information sheet.

Appendix A4: Informed consent

Title of Study: Experience of Mindfulness by Counselling Psychologists in their private and clinical practice: An IPA study.

Ethics approval number: *[Insert approval number here]* Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve being interviewed by the researcher and allowing the interview to be audiotaped.	
2.	I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw up to six weeks after the interview date, without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

____________________ ____________________________ _____________

Name of Researcher Signature Date

____________________ ____________________________ _____________

Name of Participant Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.

Appendix A5: Interview Schedule

Thank you for your consent in taking part in this interview. Do you understand the information sheet and do you have any questions before we begin?
I remind you that you can withdraw your permission to take part in this study at any point.

1. How did you first encounter mindfulness?

2. What does mindfulness mean to you?

3. If you were telling someone about your experience of mindfulness, someone who had never heard of it, what would you tell them?

4. Can you tell me about your experience of mindfulness in your personal life?

5. Can you think of a recent time when you have used mindfulness for yourself and tell me about that?

Prompts: what did you do? How did it feel? During your practice? After your practice?

6. Can you tell me about your experience of mindfulness in your clinical practice?

7. Can you think of a recent time when you have used mindfulness clinically and tell me about that?

Prompts: what did you do? How did it feel? During your practice? After your practice?

8. Does your private practice of mindfulness link into your clinical practice? How so?

9. Is there anything else you would like to share?

Appendix A6: Debrief

Experience of Mindfulness by Counselling Psychologists in their private and clinical practice: An IPA study

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished I would like to tell you more about it.

Mindfulness encourages us to live in the present moment: not to get caught up in the past, which can lead to depression, or get caught up with the future, which can lead to anxiety. There is much in the literature around the efficacy of mindfulness for both anxiety and depression disorders and our mental health well being. So much so that mindfulness has now breached into popular culture.

However, there is limited research around the experience of psychologists delivering this intervention, and even less around that of counselling psychologists. This study was particularly interested in the way mindfulness may be used by those who did not follow a formal training route (e.g., 8-week training and retreats), but who developed their practice through personal interest and/or by using related therapeutic approaches (e.g. DBT, ACT).

If the research has raised concerns for you, please let me know so that we can discuss the nature of these concerns and any extra support needed. You may also choose to discuss any concern with your supervisor or in personal therapy.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Farah Mitha, researcher: [redacted] or [redacted]
Dr Daphne Josselin, research supervisor: [redacted]

Ethics approval code: *[Insert ethics approval code here.*

Appendix A7: Transcript sample

	Line no	Transcribed text		
	237 238 239 240 241 242 243 244 245 246	Yy : why I read books on mindfulness. Well it was, it was through getting involved with CBT and becoming familiar with third wave CBT. And the evolution of third wave CBT. And coming across errr the work of Jon Kabat-Zinn and that errrrr looked very, very interesting. I don't know why a high molecular biologist would be interested in something that was a bit, potentially woolly? Erm		
	247	Xx : can you explain that – woolly.		
	248 249 251 252 253 254 255 256 257 258 259	Yy : well. Yes. Because errrr mindfulness to me …. I had heard of mindfulness before. *(squeezes up face)* Meditation before. But it carried lots of baggage. A friend of mine, who was a climber, went off and joined the Sanyasi Sect in India. And he was forever, in inverted commas, "going on" about mindfulness. Errrrr. And climbers tend to be quite, errr and outdoor pursuits, tend to be quite errrr sort of tough minded. And anything that's regarded as sort of slightly, sort of, hand holdy, tree huggy, which is what those things had. Peace and love.		
	260	Xx : and is that how you viewed it?		
	261 262	Yy : that's how I viewed it initially. Without actually realising that I was actually doing it.		
	263	Xx : but your initial thoughts were it is quite tree huggy		
	264	Yy : oh yes		
	265	Xx : woolly		
	266	Yy : tree hugging. It's a bit weird ??? then I came across Kabat-Zin		
	267 268	Xx : you are just scratching face there. What did? so? I am hearing that you didn't take to it, that initial.		
	269 270 271 272	Yy : weeeell. It .. the reason I suppose I'm scratching my face, when I .. I used mindfulness very frequently. Very frequently. Yeah. Oh, yeah let me rephrase that. There is not a single client that I don't use mindfulness with.		

Appendix A8: Initial coding

<u>Key</u>:

	Red:	My Comments
Initital coding :	Normal text:	Descriptive coding
	Italics:	*Linguistic coding*
	Underline:	<u>Conceptual coding</u>

	Line no	Transcribed text	<u>Initial coding</u>	My comments
	237 238 239 240 241 242 243 244 245 246	Yy : why I read books on mindfulness. Well it was, it was through getting involved with CBT and becoming familiar with third wave CBT. And the evolution of third wave CBT. And coming across errr the work of Jon Kabat-Zinn and that errrrr looked very, very interesting. I don't know why a high molecular biologist would be interested in something that was a bit, potentially woolly? Erm	Becoming familiar with 3rd wave CBT Jon Kabat-Zinn work looked interesting Why a molecular biologist interested in something potentially <u>*woolly*</u> <u>Putting the science to the art</u>	I also remember expereiming mindfulness as being wishy wasy / wooly. I remember agreeing with him and having the need to bracket here so I don't push him into this direction but allow him to lead
	247	Xx : can you explain that – woolly.		
	248 249 250251252253 254 255 256 257 258 259	Yy : well. Yes. Because errrr mindfulness to me …. I had heard of mindfulness before. *(squeezes up face)* Meditation before. But it carried lots of baggage. A friend of mine, who was a climber, went off and joined the Sanyasi Sect in India. And he was forever, in inverted commas, "going on" about mindfulness. Errrrr. And climbers tend to be quite, errr and outdoor pursuits, tend to be quite errrr sort of tough minded. And anything that's regarded as sort of slightly, sort of, hand holdy, tree huggy, which is what those things had. Peace and love.	*going on about mindfulness* people who do outdoor pursuits are tough minded mindfulness soft minded? *Hand holdy, tree huggy* All peace and love <u>Hippy mindfulness</u>	As a behaviourist by nature he had this same resistance that I had. Tough guy resistant to being associated with something wooly Happy clappy Peace and love
	260	Xx : and is that how you viewed it?		
	261 262	Yy : that's how I viewed it initially. Without actually realising that I was actually doing it.	Doing hippy mindfulness without realising	
	263	Xx : but your initial thoughts were it is quite tree huggy		
	264	Yy : oh yes		
	265	Xx : woolly		
	266	Yy : tree hugging. It's a bit weird ??? then I came across Kabat-Zin	Mindfulness being *a bit weird* initially But made acceptable by a scientist <u>Validation</u>	

Appendix A9: Emerging themes

Key :

	Red:	My Comments
Initital coding :	Normal text:	Descriptive coding
	Italics:	*Linguistic coding*
	Underline:	Conceptual coding

Emerging themes	Line no	Transcribed text	Initial coding	My comments
38.evolution of 3rd wave CBT 39.Jon kabat-Zin interesting 40.scientist Putting the science to the art 41.mindfulesness looked woolly	237 238 239 240 241 242 243 244 245 246	Yy : why I read books on mindfulness. Well it was, it was through getting involved with CBT and becoming familiar with third wave CBT. And the evolution of third wave CBT. And coming across errr the work of Jon Kabat-Zinn and that errrrr looked very, very interesting. I don't know why a high molecular biologist would be interested in something that was a bit, potentially woolly? Erm	Becoming familiar with 3rd wave CBT Jon Kabat-Zinn work looked interesting Why a molecular biologist interested in something potentially ***woolly*** Putting the science to the art	I also remember expereiming mindfulness as being wishy wasy / wooly. I remember agreeing with him and having the need to bracket here so I don't push him into this direction but allow him to lead
	247	Xx : can you explain that – woolly.		
42. initial resistance to mindfulness 43.mindfulness carried a lot of baggage 44.climbers tough minded 45.All peace and love	248 249 250251252253 254 255 256 257 258 259	Yy : well. Yes. Because errrr mindfulness to me …. I had heard of mindfulness before. *(squeezes up face)* Meditation before. But it carried lots of baggage. A friend of mine, who was a climber, went off and joined the Sanyasi Sect in India. And he was forever, in inverted commas, "going on" about mindfulness. Errrrr. And climbers tend to be quite, errr and outdoor pursuits, tend to be quite errrr sort of tough minded. And anything that's regarded as sort of slightly, sort of, hand holdy, tree huggy, which is what those things had. Peace and love.	Initial resistance of mindfulness *mindfulness carried lots of baggage* *going on about mindfulness* people who do outdoor pursuits are tough minded mindfulness soft minded? *Hand holdy, tree huggy* All peace and love Hippy mindfulness	As a behaviourist by nature he had this same resistance that I had. Tough guy resistant to being associated with something wooly Happy clappy Peace and love
	260	Xx : and is that how you viewed it?		
46.hippy mindfulness	261 262	Yy : that's how I viewed it initially. Without actually realising that I was actually doing it.	Doing hippy mindfulness without realising	
	263	Xx : but your initial thoughts were it is quite tree huggy		
	264	Yy : oh yes		
	265	Xx : woolly		
47.hippy mindfulness	266	Yy : tree hugging. It's a bit weird ??? then I came across Kabat-Zin	Mindfulness being *a bit weird* initially	

Appendix A10: Excel spreadsheet showing emerging themes list for Sasha

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G17 fx

	A	B	C	D
1	**Emerging themes from transcript**			
2				
3	17.Way of working			
4	11.Working in a different way			
5	8.Not bog standard therapy			
6	190.Different types of mindfulness			
7	167.Different types of mindfulness			
8	16.Integrative			
9	19.Therapeutic model			
10	15.Back to psychodynamic way of working			
11	136.Methodologies have similarities			
12	20.Integrative way of working			
13	38.Mindfulness embedded in DBT			
14	91.Embedded mindfulness : EMDR			
15	94.Mindfulness working with something else : EMDR			
16	104.Mindfulness part of treatment			
17	191.Mindfulness embedded in DBT			
18	140.Mindfulness embedded in DBT			
19	46.Embedded mindfulness			
20	14.Client base			
21	21.Muslim client base			
22	165.Mindfulness and client base			
23	206.Client base			
24	198.Client base			
25	192.Mindfulness and different client bases			
26	214.Client base			
27	166.Mindfulness and n's staff			
28	186.Client base			
29	105.Client base :BPD			
30	193.Mindfulness not for all clients			
31	175.Identity : Mindfulness people			
32	7.Questioning professional identity			
33	5.Career choices psychology or chaplaincy			
34	6.Psychologist specialising in spirituality vs chaplaincy with psychology			
35	127.Mindfulness person			
36	124.Meditation come naturally so some			
37	125.Meditation not natural for therapist			
38	4.Chaplaincy			
39	2.Journey			
40	164.Therapists journey of mindfulness development			
41	103.Beginning of journey			
42	143.Therapists mindfulness journey			
43	138.Therapists journey of mindfulness. 139.Therapists journey of mindfulness			
44	196.Therapists journey with mindfulness			
45	50.Therapists journey with mindfulness			
46	197.Spiritual link with mindfulness took time			
47	219.Impact of interview			

subordinate themes | grouping subordinate theme | emerging themes

Ready

Appendix A11: Excel spreadsheet showing grouping of emergent themes to form subordinate themes for Sasha

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	ST6 Therapist mindfulness journey	ST7 Personal practise important	ST8 Daily practise	ST9 Embodiment	ST10 Alone or group mindfulness	ST11 Its in the research	ST12 pop mindfulness	ST13 Training	ST14 Watered down	ST15 Mindfulness definition	ST16 Struggles with mindfulness	ST17 Benefits	ST18 Marmite	ST19 Sshh.. Lets not talk about it - shall we?	ST20 Mindfulness and prayer	ST21 linked religion
2	2.Journey	146.Own personal experience	55.Daily mindfulness practise	130.Embodied mindfulness	112.Group effect	108.Mindfulness literature	37.Popular	1.Training	232.watered down	86.Definition	106.Difficulties with mindfulness	92. Benefits : success	28.Marmite phenomenon	178.Shhh let's not talk about it: Spirituality taboo	35.Like prayer but less powerful	3.Incorporating in therapy
3	164.Therapists journey of mindfulness development	172.Personal practise important	54.Short bursts of mindfulness daily	68.Embodiment of mindfulness	113.Group practise	222.Theory and practise	53.Pop culture mindfulness	168.Proper training in NHS	82.Doing it properly	87. Mindfulness definition difficult	107.Struggles with mindfulness	93.Benefits : removed anxiety	26.Varied responses to mindfulness	179.Shhh let's not talk about it : spirituality not explored	32.Mindfulness is like prayer	157.Mindfulne to religion
4	103.Beginning of journey	230.Mindfulness practise important	57.Timing of mindfulness practise	73.Being aware of body	114.Group experience	141.Research : tried and tested	77.Pop mindfulness	169.Proper training and personal mindfulness practise	226.Hierarchical mindfulness skill framework	88.Definition : focus, observing, being present, non-judgmental, tolerance	115.Normalising difficulty	90.Benefits : lasting calming effects	27.Different reactions to mindfulness	181.Shhh let's not talk about it	162.Prayer and mindfulness	159.Mindfulne linked with spi
5	143.Therapists mindfulness journey	170.Personal practise important to teach	58.Good time : Daily mindfulness practise	74.Body	110.Group vs lone practise	142.Mindfulness riding on research	216.Pop mindfulness	171.Teaching by rote	215.Questioning mindfulness skills and knowledge	40.Mindfulness definition :Becoming mindful	48.Mindfulness is hard	95.Benefits of mindfulness	30.Peer reaction – ridiculous		185.Mindfulness and prayer	160.Mindfulne religious practi
6	138.Therapists journey of mindfulness	145.Research vs own experience	59.Daily mindfulness	75.Mindful movement	111.Group mindfulness practise	134.Research	200.Popular mindfulness	209.Need for formal training	204.Mindfulness done properly	65.Definition : focus	81.Distraction : difficulty in mindfulness practise	96.Benefits : general calming			84.Mindfulness helped prayer	161.Islam and mindfulness
7	139.Therapists journey of mindfulness	63.Setting the scene : quiet space	97.Daily practise	76.Body	116.Lone practise	149.Relying on theory	231.Pop mindfulness culture	210.Formal training	225.Level of skill of practitioner	217.Difficult to describe mindfulness	205.Mindfulness being unhelpful	102.Power of mindfulness			64.Mindfulness and prayer together	174.Mindfulne of religion and clinical
8	45.Mindfulness learning stages	120.Timing of mindfulness practice	100.Daily mindfulness practise	80.Mindful movements in prayer	155.Group mindfulness	150.Hiding behind the research		199.Need for mindfulness training	202.Effect of no personal mindfulness practise on outcomes	218.Text book definition of mindfulness	147.Client difficulties	97a.Benefits : calming			72.Being mindful of movements in prayer	176.Stripping r of mindfulness
9	196.Therapists journey with mindfulness	152.Mindfulness impact needs time		89.Being mindful with mind and body	211.Group experience of mindfulness	151.Relying on the research		212.Questioning need for formal training	203.Effect of no personal mindfulness practise on outcomes	69.Focus	148.Client difficulties	85.Increased connection			70.Mindfulness effect on prayer	177.Non-religi mindfulness le impactful
10	50.Therapists journey with mindfulness	13.Timetable		98.Embodied anxiety	123.Group mindfulness practise : accountable to others			201.Lack of mindfulness training and personal practise	228.Mindfulness generalisation issues	71.Being present	194.Clients difficulties	131.Benefits of mindfulness : less tired			83.Mindfulness needed for proper prayer, but prayer not needed for mindfulness	180.Mindfulne to religion
11	197.Spiritual link with mindfulness took time	121.Time and priority for mindfulness practise		99.Embodied calmness	227.Guided learning			233.Unmet training needs	137.Need to be passionate about model	153.Client definition ; allowing to feel difficult emotions	56.Difficulty with mindfulness	132.Benefits of mindfulness : emotional release				182.Where mi fits within spiri
12	219.Impact of interview			109.Embodied mindfulness	163.Group mindfulness and connecting with Allah				135.Need to be passionate about mindfulness	158.Mindfulness meaning : wise, reasonable emotional minds	66.Meditation – difficult	133.Benefits : release of stress and anxiety and emotional release leading to therapist well being				183.Mindfulne and faith
13	220.Difficult talking about mindfulness			208.The breath : Mind over body	229.Other side of mindfulness: intervention vs being : just another group				164a. confidence		207.Mindfulness limitations and contraindications	154.It worked ; changing point				184.Mindfulne faith
14	221.Generalisation of personal experience of mindfulness			67.Link mindfulness to breathing in prayer	118.Normalising difficulty				213.Confidence		195.Reservations about mindfulness	129.Impact of mindfulness				186a.Mindfuln faith
15	126.Initial reservations of mindfulness				119.Other difficulties normalising own difficulties of mindfulness journey				223.confidence			187.Benefits : reducing anxiety				188.mindfulne independent o
16	25.Initial experience found funny											122.Questioning impact of mindfulness vs cost				189.New way mindfulness wi link
17	31.Initial exposure to mindfulness															51.Mindfulnes religious practi spirituality
18	29.Initial experience not															60.Mindfulnes Islam

subordinate themes | grouping subordinate theme | emerging themes

Appendix A12: Excel spreadsheet showing super ordinate themes for Sasha

super ordinate themes	subordinate themes from previous sheet plus any other themes	line number	*key words*	Emerging themes from transcript
theme1 - to be named	ST1 Ways of working	65	*I kind of use what I feel will fit the client and presentation*	17.Way of working
		43	*think outside the box .... it's a very, very different way of working*	11.Working in a different way
		33	*it's very, very different work to, you know kind of bog standard, you know seeing someone for therapy*	8.Not bog standard therapy
		887	*it's definitely going to be something different*	190.Different types of mindfulness
		748	*different types of mindfulness practice and teaching..*	167.Different types of mindfulness
	ST2 Methodologies	62	*I'm kind of very integrative to be honest.*	16.Integrative
		73	*lots of kind of humanistic, you know, person centred stuff in there*	19.Therapeutic model
		61	*psychodynamic supervisor, so that's kind of my fallbac*	15.Back to psychodynamic way of working
		70	*I tend to go back to psychodynamic.*	
		572	*All the different methodologies, they have similarities,*	136.Methodologies have similarities
		76	*yeah – kind of everything*	20.Integrative way of working
	ST3 embedded mindfulness	138	*the 1st module in that is mindfulness*	38.Mindfulness embedded in DBT
		356	*mindfulness is a part of it*	91.Embedded mindfulness : EMDR
		371	*then that session of the EMDR*	94.Mindfulness working with something else : EMDR
		413	*mindfulness has been a big part of it*	104.Mindfulness part of treatment
		889	*it's been the DBT module*	191.Mindfulness embedded in DBT
		586	*in this DBT module*	140.Mindfulness embedded in DBT
		173	*mindfulness is a part of that.*	46.Embedded mindfulness
	ST4 Client base			14.Client base
		89	*private practise as well where I see mainly Muslim client*	21.Muslim client base
		744	*putting a mindfulness group on. In the ward. For the patients. Ermm and actually for the staff*	165.Mindfulness and client base
		981	*I would never do it with somebody that is actively psychotic*	206.Client base
		943	*they are acutely psychotic*	198.Client base
		895	*about an acute male ward and sitting down with everybody and doing mindfulness meditation*	192.Mindfulness and different client bases
				214.Client base
				166.Mindfulness and n's staff
				186.Client base
				105.Client base :BPD
				193.Mindfulness not for all clients
				175.Identity : Mindfulness people
theme 2 - to be named	ST5 identity	30	*But I have come back to psychology with very much with a spiritual hat on really*	7.Questioning professional identity
		19	*shall I stay in this as a career, or shall I go back to psychology*	5.Career choices psychology or chaplaincy
				6.Psychologist specialising in spirituality vs chaplaincy

Section B:
Case Study

Striving to live: Psychodynamic Case Study

Farah Mitha

Supervised by Dr Daphne Josselin

Note: In order to preserve anonymity, the names of the client and members of her family, along with other identifying features, have been omitted or changed.

1 Introduction

I chose to present Melissa as a case study because she captures how my being mindful within my psychodynamic work can increase my awareness and attunement with the client to result in a key shift in therapy. This study demonstrates an alternative approach to my usual model of CBT, fitting the needs and requests of the client. This case has also taught me the importance of remaining aware of my desires to “fix” my clients. This is something that I worked on in the beginning of my training many years ago, but Melissa’s case shows how this can filter back into my practice, and it may take many revisits to learn from this issue. My supervisor reminded me that we do not just stop doing this. I may never be free of this desire. Perhaps all I can ever do is own it, as it comes from my wild unconscious that may never be tamed.

The concept of transference and countertransference can be seen to be important in this case study. As a therapist my skill in noticing these reactions is paramount. To achieve this, I need to be aware and fully present, and attune myself to the moment-to-moment interactions between myself and Melissa. Conceptually, this is what mindfulness is all about. Being aware of the moment-to-moment interactions – within a framework of compassion and non-judgment.

2 Summary of theoretical orientation

This case study is based on a psychodynamic theoretical framework. Although psychodynamic theory is wide-ranging, it is often seen as the less time-consuming cousin of the psychoanalysis. However, they both share the concept that intra-psychic conflict leads to unconscious dynamic forces that can play out in our lives (Mander, 2000). Working with the emotions presented in the therapy room, in the form of transference and countertransference, is central to psychodynamic work. In focusing on the client’s affective states (Andrade, 2005; Maroda, 2004) we hope to understand possible unconscious meanings that may lie behind the clients’ communications (Casement, 1985).

There are four main bodies of theory - Freudian, Ego Psychology, Object Relations and Self Psychology, using different developmental theories to try and explain our behaviours, emotions and our relatedness to experiences and others (Mander, 2000). We develop certain patterns of relating that can enable us to negotiate life situations more easily, but sometimes these can also lead to problems. In working with the conscious and unconscious processes, my aim was to help bring Melissa’s internal and external world together in the therapy room, to allow her to gain insight through exploration.

Psychodynamic thinking realises that feelings and behaviours in our early years are transferred to our adult life, and that psychological issues may arise if the developmental stages are not adequately negotiated.

When adopting a theoretical framework, Jacobs reminds us that, "theory can be only used as long as it makes sense of clients' experience, and when it fits what clients describe" (Jacobs, 2010, p. 14). Consequently, Winnicott's work with children, which led to a developmental theory (initially developed by Klein) known as object relations theory, seems particularly salient to this case study (Spurling, 2009; Stadter, 2009). Working within a Winicottian framework allowed me to make sense of Melissa's world. Winnicott saw object relations as developed from a state of total dependence to gradual independence from main caregivers. He saw the relationships between parent (particularly mother) and child, and subsequently therapist and client, as being important.

Winnicott believed that infants develop a sense of self in direct relationships to objects, with the first object being experiences of the first other, or primary caregiver (usually the mother). The embryo is united with the mother as one entity. Winnicott believed this concept of no other still remains when the infant is born. In fact, in this initial stage, he claims that "there is no such thing as an infant" and that the infant continues to experience his mother and himself as one entity, naming this symbiosis as "primary maternal pre-occupation" (Winnicott, 1965, pp. 39, 147). He claims infants are unable to differentiate between inner and outer worlds, or to comprehend that their needs are filled from outside of themselves. When the infant cries from hunger, the "good enough mother" fulfils this need by producing the breast. The infant has an illusion of total omnipotence, concluding that its very wish to be fed, results in the food being manifested.

This early phase, of mother being at the beck and call of the infant, cannot be sustained in the long run. Therefore, the infant experiences a period of frustration when its needs are not always met immediately, and its illusion of omnipotence begins to subside. It begins to sense a boundary between self and mother and recognise other objects outside of this boundary, beyond itself, that meets its needs. From this separation, infants gradually develop a sense of self, separate from their environment, eventually learning that they are autonomous psychological beings. The key functions of main carers become internalised, with a gradual move to independence.

Winnicott coined the term of transitional objects as important during this stage. Transitional objects enable infants to manage separation (Winnicott, 1974). During this stage infants become exposed to anxiety, which Winnicott links to the threat of annihilation, as the realisation of being separate also accompanies the fear of death. As children develop, they begin to test out the limits of their personality and environment. This is often through expressing aggression. They relate to the object, destroy the object, the object

survives this destruction and it is only then the object can be used (Winnicott, 1969). It is only when the mother provides a holding environment, to provide support and remain calm enough to contain the aggression, that the child can get over it. The mother must also have enough ego-strength to protect the core of the child, to be the 'good enough' mother; otherwise the child must protect it itself. This links into Winnicottian concepts of true and false self (Winnicott, 1960). When acknowledged and received, the true self, the authentic identity of the child, is able to develop and grow. The false self is created to protect the true self and protect its integrity.

In the absence of a good enough mother, a defensive organisation (the false self that is compliant to the external environment) grows stronger, seeking to maintain relationships by fulfilling the demands of others. Glasser (1992, p. 497) suggests that the false self becomes a "narcissistic act of self-preservation" protecting the true self from being colonised from the mother and from annihilation by the mother's impingement (Kohut, 1972; Winnicott 1960).

3 Referral and assessment

3.1 Setting and context for the work

Melissa was seen within an NHS Increased Access to Psychological Therapies (IAPT) service in primary care. My role in the service was as a High Intensity Therapist delivering a range of therapies within an 8 to 12-week timeframe.

3.2 Referral

Melissa had been referred by her GP. She had engaged with three previous CBT therapists. In this current bout of therapy, she had attended CBT groups for her anxiety and disengaged, and so had been referred to me for psychodynamic work. We met for 12 weekly sessions.

3.3 Assessment and selection of treatment

Enquiring about her experience of previous therapy, Melissa had engaged with the service the year before, being offered 1:1 CBT for anxiety. Although she described this as somewhat helpful, when questioned a little further, she shared that she felt that she did not really have the space to talk freely and was non-compliant with the CBT homework of exposure. She shared that she "knew" she "would never get well" and "be free of anxiety" but wanted to explore and understand why she was so anxious. She was looking for answers and hoped that this bout of therapy, or possibly this therapist, would be able to provide them for her. She felt she "did not know" herself and wanted to understand her anxiety better. This search to gain insight, make the unconscious conscious sits well within

the psychodynamic framework providing a space to explore the root cause rather than merely symptom reduction (Summers & Barber, 2010).

4 Presentation

4.1 Presenting problem

Melissa had suffered with anxiety and panic attacks for much of her life. Over the years, her anxiety had increased in severity and resulted in her inability to leave the house unescorted by her partner or daughter. In order to “feel safe”, she even needed to have someone on the same floor as herself in the house. She would also need her partner to be present sitting in the bathroom when she showered in case she “slipped in the shower and had a heart attack”. This fear of having a heart attack and dying was present throughout the day, and she constantly monitored her heartbeat using a finger pulse monitor. She kept this on her at all times. There was considerable anxiety in all areas of her life. For example, whenever she saw or heard an ambulance, she recited a prayer to help the person, and felt “something bad” would happen if she did not do this. She also shared that often her anxiety would “get me down” and she felt she was not “leading a normal life”. One of her greatest fears was that she was a “bad mother”, and she did not want her own issues of anxiety affecting her daughter (which she shared was a motivating factor for her continuing to seek help). Her self-esteem was low, and she lacked confidence in many areas of her life. Melissa presented with no risk issues to self or others.

4.2 Current life situation

Melissa was in her late thirties, living with her female partner and teenage daughter. Her mother had died the previous year, and she still struggled to cope with this as her mother was a large part of her life. She was unemployed and on benefits as she felt unable to work due to her anxiety. She had a reduced social life as she could not leave the house without her partner by her side. Her partner also suffered from mental health issues (anxiety) and was receiving treatment for addiction in the same building, but from a different service. Melissa was initially offered therapy at her GP practice, but refused and requested it be delivered at the same building, and at the same time, as her partner’s appointments.

4.3 The infantile object relations

Melissa was an only child with a living but absent father. She describes her mother as “the best mum you could wish for” and “always there when I needed her”. She shared that her mother also suffered from anxiety, but they both felt that “home was safe”. This was reinforced when Melissa was often allowed to stay home from school for minor illnesses and having “off days”. She describes a childhood where she was overweight, and having a

good friend at school, not needing a wide circle of friends. From this it seems that Melissa's world had always been very small, and anxiety had been a constant part of it, taking on her mother's view of the world as being scary. The boundaries between her inner and outer worlds may have become blurred due to the difficulties her mother experienced.

4.4 First impression

Maroda, (2012) reminds us of the importance, and subsequent need for reflection on first impressions. On our first meeting, Melissa did indeed seem anxious, hyper vigilant and nervous. She did not make eye contact initially, and throughout therapy found it difficult to hold my gaze. She was an overweight lady with long, tussled hair. She always carried a water bottle and did not take her jacket off during the session. She spoke very fast and wanted to "fill you in" on her background, which led to a sense of urgency and a feeling within me of not being enough time for us to complete what was needed. I noticed some conflicting reactions within myself. I recall feeling a little irritated towards her, by her comments in the initial session of knowing she "was not going to get better". This irritation spread to sparks of anger that I noticed I was trying to keep in check. I also noticed feeling physically tired.

I felt a little aloof from her in the first session and reflected on how this may affect the therapeutic relationship as it is this that has been shown to be one of the strongest predictors of success in therapy (Lambert & Barley, 2001). In sessions I would often use my mindfulness skills to ground me to the here-and-now, and cultivate a therapeutic presence (Brito, 2014). I also scanned my body to raise awareness of any sensations I was experiencing. In this instance I noticed tightness in my chest. Within my mindful attitude of having an openness to allow the tightness to exist, I also noticed feelings of anxiety, just as Melissa seemed to be experiencing in front of me. My practising mindfulness in session helped me gain awareness, and as Seigal (2007) points out, helped me increased my ability to relate to Melissa.

5 Transference and countertransference

5.1 Emergence of the transference

Transference, and by extension, countertransference, is seen as "central to psychodynamic theory, and fundamental to what defines our technique" (Howard, 2009, p. 7), helping make connections between clients' inner and outer reality in the here and now of the session (Bateman & Holmes, 1995). It can be described as the presenting past and seen to exist in all relationships. They are given as golden nuggets to the therapist who can use them to provide links to early development. The feeling of fear and anxiety I felt in session, through the transference process from Melissa, gave me clues to her inner world

(Heimann, 1956). They were important tools for me to use (Heimann, 1950); Casement, 1985; Bateman & Holmes, 1995; Maroda, 2012) and guided my interpretations to help her better understand her behaviours and feelings (Jacobs, 2010).

During the early transference constellation, I became aware of her need for me, as her therapist, to fix her, just as her mother had fixed everything for her. Initially my thoughts were that she may have had awful therapists before, none of whom had understood her, and I was going to be the "good therapist" to save her. However, during supervision I realised that in fact I wanted to be the "perfect" therapist that would save her when all other therapy had failed - specially to prove to her that she could have a life free from anxiety. On reflection this need to save her could have been my own needs being fulfilled - just like the mother. Rather than repeating this pattern, my aim was to create an environment to allow for growth through the balance of being both good (enough) and bad ((Joshi, 2008)

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5.2 Countertransference

Countertransference refers to the thoughts and feelings experienced by the therapist about the client's internal world. Although initially seen as a hindrance, to be worked on by the therapist "analyst-driven countertransference" (Freud, 1910), it is now seen as a way to aid meaning of communication via "client-driven countertransference" (Langs, 1976). In the mid last century, countertransference came to be viewed as a part of the client's creation, not only a part of the relationship (Heimann, 1950). Winnicott (1945) suggests that the countertransference can be, at times, the most important thing in therapy – remembering that the client can only accept and appreciate what she herself is capable of feeling.

Becoming sensitive to countertransference within the sessions, I questioned my own internal attitude and feelings towards Melissa, including the anger I felt during the initial stages. Winnicott (1949) viewed recognition by the therapist of negative countertransference – in this case my anger – as important. I noticed I became irritated towards her because she would not meet my gaze. I also got a sense of running after her – as if I was chasing her as she was walking away from me, whilst she was still looking back at me. These feelings became a barometer for me to understand the transference in the session. At other times I experienced, strong feelings of warmth – even love – and wanting, almost needing, to take care of her. When I shared my emotions of compassion with her she often became uncomfortable, suggesting that it was difficult for her to tolerate this compassion, and she even became tearful. This led me to suggest that at the time of the infant's first object finding impulse, there was an environmental failure.

6 Therapy

6.1 Initial formulation

Taking into account the transference and countertransference presented during the early sessions, I was led to use Winnicotts' concept of the idea of the "good enough mother" to explain the theory behind this case study. Winnicott (1965) emphasised the effects of the mother-child relationship, together with the environment, on the development of self. Melissa often described her mother as, "always being there for her" and that her mother was "her protector" and would "do everything for her". It was hypothesised that actually her mother was "too good". Winnicott states that individual personality develops within a holding, containing environment of a "good enough" mother. The quality of this care effects the development of a healthy sense of self where the mother responds intuitively to the child, whilst also allowing for, but not interfering with, exploration and facilitating growth towards individuality. Being "too good" can result in chronic disorders in later life (Winnicott, 1965; Kohut, 1984). It seems that Melissa's mother was always at her beck and call and met all her needs as an infant and throughout her childhood, possibly as a compensation for the distant father and in relation to her own anxieties. This resulted in Melissa not being able to separate and thus differentiate herself from others. She would have experienced unclear boundaries between the self and others. The "too good" mothering prevented Melissa, as an infant, from experiencing a normal life filled with frustration, conflict and tolerable anxiety.

At a surface level, it may seem that in allowing Melissa to stay away from school, her mother was trying to help Melissa by preventing her from having to face the anxieties of the world. However, it is hypothesised that in doing this, she was actually fulfilling her own needs to keep Melissa to herself and prevent her from developing as an individual. Keeping her from school demonstrates her mothers' inability to sense and fulfil Mellissa's needs. When the mother cannot attune to the child's needs, Winnicott says "the infant gets seduced into a compliance, and a compliant false self-reacts to environmental demands and the infant seems to accept them" (Winnicott, 1960, p. 146). This non-attunement contributed to the development of the Melissa's false self (Stern, 1985). Melissa continued to present a false self to the world to protect the vital core of her personality, her true self. Her avoidance of facing anxiety, being helped by an over developed false self, maintained her sense of omnipotence and hindered her development of her own sense of agency – thus always needing to be with someone when going out. This can also be seen played out when she faces heightened anxiety on hearing an ambulance. In these instances, she defended herself by creating fantasies of omnipotence in saying a prayer to prevent something "bad happening". It is suggested that this was actually her saving her mother, as Melissa was born and continued to live to save her. When her mother was no longer there, then someone else had to be saved. Her partner, an addict, also makes a very good person to be saved. There was also a transferential pull for her to save me, the therapist, by being

an ideal compliant client, and vice versa for me to save her – my own desire. Her current relationship can be seen to mirror her early relationship, as she now seems to be dependent on her partner as she was on her mother.

From Mellissa's' experience in childhood of the lack of a "good enough mother" there is a suggestion that her mother was an object unable to tolerate feelings of hate and anger from Melissa. This also resulted in Melissa not being offered a transitional object, enabling her to begin to transition and develop a sense of self. With an absent father, and a mother caring for Melissa to fulfil her own needs, Melissa was not given the opportunity to fulfil her own desires. She may have not developed a good transitional mode of relatedness or learnt that she can deal with and survive anxiety and develop an independent sense of self capable of surviving in the world. Winnicott (1974) states that transitional objects travel and extend into our later lives, and so are salient in treatment. Therefore, to aid better understanding of her internal world, her transitional relatedness to me as her therapist is important (Last, 1998). I recognised that her looking at me for all the answers came from her own experiences and attitudes from her childhood (Hough, 1998). This way of relating became her norm, keeping her dependant on others whilst helping to avoid anxiety (Teyber, 1997). Once again, this dependency interferes with the development of a strong sense of self, which would be helpful to explore within the therapeutic process.
Melissa's symptoms seem both a problem and a part of the solution, albeit at a high cost. Her symptoms were just hers, so why would she give them up? With such a controlling mother, anything of hers is going to be important, and will not easily be given up. This would explain previous unsuccessful CBT therapy, which emphasised symptom reduction.

6.2 Interventions

Throughout our sessions my aim was to develop a strong therapeutic relationship and holding environment, and to provide a corrective experience. The establishment of a secure therapeutic alliance, and its analysis, are a key feature in psychodynamic thinking (Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985) as are the concepts of transference and countertransference (Bateman & Holmes, 1995). Some argue that clinical interventions are only helpful if they emerge out of the transference-countertransference (Abram, 2012). I held this at the forefront of my mind when deciding on my interventions. Using the formulation above (Hinshelwood, 1991), together with examining the micro interactions between us, I used interpretations to try and make sense of what was being played out in the room to help Melissa become more aware of her unconscious processes (Walsh, 2008). My own awareness, moment-to-moment, gained through a mindfulness approach, also played

a large role. Although not using mindfulness as an intervention for Melissa, I used my own mindfulness skills of being present in session .

My first intervention was maintaining good eye contact, even though she did not always respond, in the hope of showing her that I wanted to see her. Although I had a goal of connecting with her sense of self, I was mindful that the treatment was not about exposing the true self, but more about letting go of parts of the false self that are unhealthy (Winnicott D. , 1969). During an early session I actually said, “I really want to see you”. She seemed to stop in her tracks for a split second, looked at me rather puzzled, then looked away and continued her narrative. Using mindfulness to bring her back to he here and now and to draw her attention to what had just happened, I asked her what she thought of what I had said. She paused for reflection and then became tearful. When I asked how she felt, she shared that she felt sad as, “no-one really knows me”. This, I think, was a missed opportunity. Although I initially thought it was helpful, it would have been better to make her the subject of the sentence, giving her the importance rather than myself, and say, “What are you really about”, rather than “I really want to see you”.

When Melissa spoke about her early years and I responded with, “I really feel compassion for that little girl”. Melissa burst into tears and although in session she shared that she was often able to feel anxiety and fear, she found it hard to feel self-compassion. At this point I felt a deep connection with Melissa and she shared at the end of the session that it was good to be heard and almost that she felt separation from that little girl inside for the first time.

Often when listening to Melissa, I would get confused over whether she was talking about her partner or her mother, and I noticed I felt anger towards them both. However, whenever I suggested anything “negative” about them, she became defensive saying how wonderfully supportive they were. When asking how Melissa felt after I had just suggested that her partner may be holding her back and benefitting from her anxiety, she replied she felt protective over her. I then enquired, “What would life be like without anxiety, and how would it affect the people around you?” She acknowledged that it would be difficult for her partner, who would worry that she would be going out and meeting people, making friends, and she may lose her. To bring her attention to this example of repeating relationships, I interpreted, “Just like your mum”, but Melissa ignored this comment. Although theoretically this makes sense, on reflection I realised there was an error in labelling it with her mother/partner. They are not the problem. It was the repetition within Melissa. It may have been more helpful at that time to reflect that although she did not want to do to her daughter what was done to her, this was nevertheless what was happening.

Exploring my initial feelings of anger and hate, McWilliams (2004) suggests that in this transference, Melissa was trying to assimilate a new transitional object within myself,

which she could then test to establish some kind of transitional relatedness. It was important for me to become the transitional phenomena/object, so I held these intense emotions within the room, not reacting to them. By taking this transitional position, tolerating the good and the bad, the love and the hate, within a holding environment provided by the therapeutic relationship, I was helping her separate, and allowing her true self to exist (Winnicott D. , 1969). The anger towards her mother, from her true self, may be related to her wanting her mother to have her own life, thus allowing Melissa to have her own life too. Also, in my ability to own my own anger, and be angry alongside, but not with, Melissa I was not repeating the narrative that anger was a problem, as her mother had done. It was important to acknowledge that some of the anger was mine, just like a child can learn that mum can be angry, and it is about her and not to do with the child, who is separate. With supervision I also learnt that the importance of developing my ability to hate the client objectively, would help her hate objectively and allow these feelings to exist (Winnicott, 1949). Her mother, together with Melissa's fear of annihilation, had not given her permission to do this. However, I realised at times, in my desire to do a good job and give her what I thought she needed, I tried to change the anger/hate into compassion, but then I was not bearing it. I was becoming compliant and essentially, at times, my false self began to talk to her false self, with both of us trying to satisfy the other and feel better.

In sessions, Melissa would move from two positions of rubbishing "it's no good", "I'll never get better" to idealisation and look to me for the answers. I would often reply with "what do you think I would say?" as I was mindful of resisting directing Melissa by not getting caught up in telling her how to live. This would be tapping into my desire for Melissa to live and living for someone else's desire (as her mother had done) may be hideous. Melissa's mother did not allow Melissa to live as her own individual person, but rather than an extension of her mother. This would explain her death anxiety. Melissa had in the past given up her individual self to her mother, and now her partner. This explains her need for me to tell her what to do in therapy, as how could she stay alive as her own individual separate self, because who was she really? However, in directing the treatment by asking her "what do you want from your life", I was encouraging her to listen to her own desires and autonomous right to live. Melissa would also often say "it's fine", to which I would reply "is it?" Her response would be a puzzled look and pause, followed by a "yes".

6.3 Key shift in therapy

Just over halfway through therapy, Melissa arrived rather distressed. She shared that her partner's mother, whom her partner had not seen for eight years, had died. Her partner felt unable to miss the funeral and, although consumed by fear, Melissa encouraged her to attend. The funeral was in the North of England and the trip would be for four days.

Melissa shared that it was too far for her to accompany her partner, and also it would be too unbearable for Melissa to meet so many new people. Her fear stemmed from the fact that this was the first time she would not be with her partner for more than a few hours. There was intense anxiety within the room, and I felt fearful for Melissa. She did not share any thoughts of self-harm, but she shared that she "was going to collapse". She became tearful in session, sobbing that she was "not going to cope". To manage potential risk issues that may arise before the next session, following NHS risk management protocol, I gave her all the risk numbers to call for support if needed, although I had already given them to her before. On reflection, I was aware this was linked to my own desire to save her. She asked for an interim session in a few days' time, whilst her partner was away, to help her "cope".

I also became aware that I really wanted to offer her the opportunity to ring me any time she needed to, and even had a fleeting thought that she could live with me. The pull I had was that if I did not offer this extra support she might not make it – she might die. This transference was an important barometer to reflect on the process being played out. I made a connection that there was a belief that the extra session would be saving her from impending threat, just like her mother had always saved her. However, just like her mother, this interim session would also prevent her from living through her anxiety, helping to build a strong sense of self. Therefore, I resisted my urge to offer her an interim session. I also resisted the urge I had to reassure her that she would be fine. I just gave her the Samaritans' number with "here is their number if you need it". I was trying to be the good enough therapist, keeping her safe but allowing her to feel her anxiety whilst surviving annihilation by it. It was very hard for me not to follow this up with reassurance. I felt cruel – but it was important to hold on to these feelings and not react to them as I realised this was another transference being played out in the therapy.

Melissa played on my mind during the week leading up to the next session. The following session was confirmation that she obviously did survive, but interestingly she presented that she had coped much better than she had ever thought. Somehow, she found it within herself to live for herself not just the other. On reflection, I remember a feeling of loss on hearing her success. I noticed the intensity of my own surprise, and remember a thought, "Oh – she didn't need me as much as I thought she did". Also, it was only then that Melissa shared that when her partner had suggested that she would not attend the funeral, Melissa encouraged her to go, not wanting her to miss her mothers' funeral.

This key shift in therapy was the result of my ability to become aware of the transference and counter transference being played out in the room and be "alone in the presence of another" (Winnicott, 1960, p. 41). Being able to be present in the room enabled me to reframe from acting on my urges and become more attuned to the client, which Somerstein would say is "beginning of mindfulness" (Somerstein, 2010, p. 270).

6.4 Reformulation

During her early years, Melissa's desire to stay alive as her individual self had been affected. However, she had still kept herself alive and there was great strength and resilience in that. In therapy I often enquired how it had been for her to live her life, not walking out of the house unescorted, and suggested that may have needed great strength. However, Melissa always refuted this by considering herself weak. Now at the funeral incident she started to own her own strength. She began to learn that she was no longer the baby that needed constant attention. She was an adult that could deal with someone being away for four days. The ambivalence of wanting her partner to go, but also to stay, demonstrates this daring within Melissa. Although Melissa presented in session as it being all about the partner not missing out, it is hypothesised that actually it was all about Melissa fighting for her own self and daring to live. In her partner deciding to go she was also reinforcing that she was separate to Melissa, and this may have connected with Melissa to question whether she also dared to be separate.

There was a part of Melissa, within her true self that had a desire and strength to be separate; otherwise she might have accompanied her partner. When Melissa was scared that she "was going to collapse" it is suggested that she was referring to her protective false self, that was living for the other, thus allowing her true self to emerge. Somehow, she knew that she could only live if the partner would go to the funeral – it would be awful, but it had to happen. She began to separate from her partner and start to become an individual – an other – that could survive annihilation.

6.5 Continued therapy

After the funeral, once she had gained this insight that she could survive, and in an attempt to not allow her to refuse her desires, I asked her," Where do you want to take this?" and, "How do you want to use this in your life?" On insisting on her desire, rather than my own by directing her at this point, Melissa decided not to have her daughter with her when she was upstairs. Continuing to explore this theme in the rest of the therapy, Melissa achieved symptom reduction - but she did it herself. She began to not check her pulse as often and was even able to make a short trip to the shops before ending therapy. She was surprised at how quickly some of anxiety began to subside. However, she was only truly able to relinquish her symptom robustly when she had something to replace it with – her desire to live.

7 Reflections

7.1 Use of supervision

Throughout my work with Melissa I used supervision to manage my own anxieties and fears of not being able to provide Melissa with what she needed, and my own desire for her to get better. It helped me stay grounded in the "good enough" therapist and manage my feelings of being overwhelmed with the severity of her anxiety, together with the lack of longer-term sessions. Also, in talking about the intricacies of the case during supervision, I remember reflecting that if people in the real world could hear us talk they would think we were "going mad". This was a parallel process being played out as Melissa would also describe that" it sounds mad" whilst she was talking about her anxiety (McNeill & Worthen, 1989). Linking back to her early history of her rights as an individual self being denied, there was a sense that we had no right to talk about these issues. I had missed that this may have been what she was referring to when she often said, "it's fine".

7.2 Difficulties and learning implications

On reflection, my interpretation of her saying she" wanted to fill me in" was that she wanted me to see her, and if I did that well enough all would be fine. Actually, a too good mother/therapist that can see everything can result in no secrets, no identity or individualisation – the person does not exist for herself if the other sees everything. Although not damaging, I realise this was an unhelpful wild interpretation. By reflecting on the language used – to fill something in - we fill it up to get rid of a space in the other, therefore filling the others need. This was central to Melissa's formulation. If she got rid of the other's lack (as she did with her mother, and now with me) they will love her. It was never about me seeing her but about her gratifying me. I now realise that I have an identification with this development, and it could possibly become a common factor transposing to other clients, so I need to be vigilant about it in my future practice.

Another point that felt important when reflecting back on this case was my sheer relief at the timing of the funeral. The timing, in the middle of therapy, felt perfect, with enough time for us to use this successfully in therapy. I remember being relieved that it had been "given to us" almost "by the Gods" and that it was a major factor in her success. Discussing this in supervision, together with sharing my fear of this happening in the last few sessions led my supervisor to ask me "What are you trying to do here?" On reflection, I realised that this perfect timing, combination, interpretation, intervention concept that I had developed was what Melissa had also done. This was once again something external to Melissa responsible for change, and this parallel process was reinforcing that things just happen, thereby eliminating her from the equation. My idea of the funeral being thrown on her and that she did not have a choice (and therefore control in the matter) was incorrect. This question of what is thrown at us, and what we make happen, is very important. I realised that I had put too great an importance on the event of the funeral, when it was in

fact Melissa's reaction and management of the funeral that was important. It was just used by her as a vehicle for change.

It is noted that Winnicott's object relations theory is seen very much as if it is 'the answer'; but this, like anything else, is partial rather than complete. Considering the importance that Lacan gave to the absent father, who can no longer save Melissa, would have been helpful (Skelton, 1994). Her father could have helped Melissa in her striving to live.

7.3 Mindfully psychodynamic

Carl Rogers (1957) emphasised that a key element of the therapeutic relationship was an "empathic understanding of the client's internal frame of reference" (p. 96). Although this is found in most theraputic schools, mindfulness can be used as a strategy to enhance this by enhancing the theraputic relationship (Brito, 2014). From this case, I agree with Martin (1997) who proposes that mindfulness is a common factor in successful therapy. As discussed previously, although mindfulness was essentially not from the field of psychodynamic school, it has been seen in this case to be particularly helpful. It indicates how mindfulness crosses the boundaries of the different methodical approaches taken in therapy (Martin, 1997). For me in this case, mindfulness was particularly helpful to develop my awareness in the moment-to-moment interactions with Melissa. This ability to be mindful positively impacted my ability to relate with Melissa (Siegel D. , 2007). I agree with Seigel's proposal that mindfulness is a form of self-attunement, which in turn increased my ability to attune to Melissa.

Another important factor in Melissa's change was her ability to accept her own struggle. This attitude of acceptance of struggle, core within mindfulness, also helped me accept struggle rather than the need to fix Melissa.

8 Conclusion

This case study is a re-submission due to a previous failure when submitting the case study of Tom. In a conversation with a tutor, there was a calm suggestion that I could use another client. This triggered huge amounts of anxiety for me, and I experienced feelings of hopelessness. I had thoughts of "there is no good that can come of it" and, "I can't do anything" and, "it's all new to me". The tutor sensed this within me but remained calm and stood her ground. I felt misunderstood, rejected, unsupported – I was angry towards her. For many weeks I refused to change clients and held onto the task of resubmitting Tom again as my case study. However, it became increasingly hard to write this resubmission and I became stuck. I reflected on my resistance to write about another client. I realised that with my tutor providing me with a holding environment for my anxiety,

anger and hopelessness, but not colluding with it by maintaining a third position, I was also able to hold this third position. Whilst holding onto these negative emotions I began exploring the idea of submitting Melissa as my case study.

During supervision it became clear that I was able to narrate freely about Melissa, and interestingly was able to write more confidently about this new client. I realised that what I perceived as my tutor's unsupportive attitude was her faith that I would be able to survive. This was at the polar end of my impression that it would kill me to change clients. By taking the lead from my tutor of holding a different position, I had been freed to thrive. Now I can see this as a parallel process of my experience with Melissa. The experience that I was trying to provide for her was what had been my own learning experience. This humbled me to remember the need for self-reflection, in particular about how our caring desires for the client might not actually serve them in the therapy (Sussman, 2007).

Section B - References

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Section C:
Journal Article

Experiences of counselling psychologists' use of mindfulness in their private and clinical lives: An IPA study

Farah Mitha and Dr Daphne Josselin

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