"A Phenomenological Exploration into Psychotherapists' Experiences of their Breath Awareness in Psychotherapy"

Shan Premachandra

Submitted in partial fulfilment of the requirements for the Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych). A joint programme of Middlesex University and Metanoia Institute.

2018

Acknowledgements

To Natasha, Yasmin, Mum, Dad, Rohan, William and Michael for their endless encouragement. To my supervisors who believed in me and my participants who inspired me.

Abstract

At a time when the interest in mindfulness continues to rapidly expand, its development as a therapeutic tool appears significant to both therapists and their clients. By 'going back' to the experience of breath awareness, this study offered new perspectives.

In this study I investigated psychotherapists' breath awareness in psychotherapy with their clients. My aim was to provide a 'bottom up' approach to investigate participants' experiences by examining the phenomena of breath itself in the context of psychotherapy and mindfulness. Participants were interviewed after a two week period of them paying attention to their breath. The accounts of their lived experiences provided rich data that were analysed by the utilisation of a qualitative methodology, namely interpretative phenomenological analysis (IPA). The six participants were not given any training prior to taking part in the study. However they were guided to observe their experiences of breath awareness that could include the physiological, emotional, cognitive and context while in sessions with their clients. Participants were invited to keep a journal for their private use to record their experiences.

The findings revealed several similar experiences across the group that pointed to the usefulness of psychotherapists' breath awareness such as, experiences of developing self-awareness. Difficulties in breath awareness such as, discomfort in breathing and coping with clients' distress were also explored. Themes revealed breath awareness related to: physical breath experiences, experiences of being present; developing awareness; regulating self and client as well as discomfort in breath awareness. Further sub-themes offered a detailed exploration into the accounts as expressed by the participants and the interpretation of their meaning making. The findings of this study related to various literature such as, empirical evidence, theory connected to clinical practice and Buddhist ancient perspectives.

This study made a contribution as it offered a first of its kind, investigation into psychotherapists' breath awareness within the context of therapy. It supported breath awareness as a method that can develop mindfulness. However within the context of IPA and qualitative research, limitations included that the findings cannot be related to the overall practice of mindfulness or meditation. The study is also limited by its reliance on the accuracy of participants' self-reporting outcome.

Chapter 1: Introduction

1.1 Introduction

The aim of this study is to explore psychotherapists' experiences of their breath awareness in sessions with their clients. By exploring these experiences within the therapeutic dyad, it is my intention that aspects of how breath awareness influences the therapist and their interactions with their clients, will be better understood. I also aim to look at what is helpful or difficult about these experiences. Additionally this study looks at therapeutic approaches and practices involving breath awareness and mindfulness, as well as potentially considering new perspectives.

As the intention of this investigation is to understand psychotherapists' lived experience of their breath awareness, a qualitative phenomenological approach appears compatible to explore the subject under investigation. An Interpretative Phenomenological Analytic (IPA) approach is therefore thought to be appropriate as it provides a flexible and systematic approach in which to examine the rich subjective experience of the participants.

In this introductory chapter I initially present my personal history and interest in this study. I then proceed to define breath awareness and mindfulness. Thereafter, I describe mindfulness research and clinical applications. This is followed by ancient perspectives of mindfulness and the limitations to the current application of mindfulness. After this section I provide a conclusion and highlight the area of research that this study intends to address.

1.2 Personal Background and Interest in the Study

In this part of the introduction my aim is to contribute to the validity, transparency and trustworthiness of this study. I begin at this point, when I describe my personal background and my position in relation to this project. I see my background as contributing to my interest in this proposed study, as I have been intrigued by experiences of breath awareness for several years. I particularly see my life within two distinct cultures and my own mindfulness practices that utilise the breath as having an influence.

I was born in England and spent most of my life in the west. However, my parents originate from Sri Lanka and from early adolescence I was interested in the Theravada Buddhist tradition that is prevalent in Sri Lanka. I was interested in mindfulness involving the breath as a method that is believed to support the emotional and mental well-being of those who practice it. At the same time, I was keen to learn about how mindfulness is reflected on, studied and utilised in modern day psychology.

In 1999, my continued interest led me to complete an undergraduate dissertation project titled 'The Psychological Experience of Mindfulness Meditation Practices. A Qualitative Study with a group of Working Mothers'. This exploration involved a sample of 8 participants that took part in a 3-week program. By utilising a content analysis methodology, significant and consistent findings were found. These included participants' inner calmness, abilities to cope with stress and increased patience toward others.

Presently, as a psychotherapist, I see that the most valuable quality that I can offer my clients is to be present with them, in the moments that unfold in therapy. I aspire to the work of Buber, (1923/1996) and find that 'being present' supports affective moments to include the 'I -Thou' meeting, as a genuine exchange between two human beings. I have personally found that mindfulness of breathing has supported me to be present

for my clients and I am aware of literature that supports mindfulness as beneficial in therapeutic work, such as Bruce et al. (2010) and Surrey (2005). Such findings have encouraged me to explore the experience of breath awareness and what these experiences mean to psychotherapists in their work with their clients.

Due to my interest in psychotherapists' breath awareness, specifically the influence of their experiences in sessions with clients, I decided to research this area and felt prompted to complete a research proposal. I found that the process of gaining ethical approval, from the Metanoia Institute Research Ethics Committee, particularly impacted me. I felt the significance of the research when the ethics committee panel supported me to 'go back' to the experience of breath awareness itself. Up until that point, I had immersed myself in the current theories attempting to understand breath experiences. However, this seemed to create more questions than answers. Yet, my own experiences had informed me how breath awareness can be encountered, so simply, for as little as a second or two. Discussion with the ethics panel encouraged me to go back to the experience by enlisting participants for a study. Therefore, I believe that at the core of this research is my motivation to explore, in as much detail as possible, the first-hand experience of participants' experiences of their breath awareness, in sessions with clients. At the same time, I am aware of the importance to remain open-minded to whatever is brought to light in the exploration.

1.3 Definitions of Breath Awareness and Mindfulness

Definitions of Breath Awareness:

Breath awareness is, in essence, the awareness of one's respiration. This includes inhalation and exhalation of the breath, as it enters and leaves the body. On a basic level, breath awareness is described by Weymouth (2007) as physiological. In other words, inhalation provides oxygen (O2) to the body, which is necessary for the function of all cells in the body. Exhalation expels carbon dioxide (CO2) that is produced by

metabolic function. Therefore, respiration operates to provide O2 and expel CO2 as effectively as possible depending on the activity of an individual. Therefore, breathing often occurs outside of our awareness. However, Weymouth (2007) describes breathing as more than an unconscious function, presenting it as accessible through conscious control. Breath awareness is seen to be experienced by all individuals; Johnson (2012, p1) describes this succinctly:

'From our very first inhalation that signals entrance into this world to our very last exhalation through which we bid the world our final farewell, breath is with us our entire life'

Therefore, I view experiences of the breath as a phenomena that occurs throughout our lives.

Furthermore, breath awareness is described as leading to expressions of our experiences. Manne (1999-2008) describes breath as a language that can inform us in all aspects of our lives. For example, Manne states that breath vocabulary, such as sighs and yawns, can indicate that we are under stress. However, when we breathe freely this can let us know we are at ease. Weymouth (2007) supports the idea that the breath can play a role in emotional experiences, when reference is made to Freud (1905). The importance Freud placed on clinical observations of breath is seen in his work with neurotic patients.

Freud's student, Wilhelm Reich, elaborated on this work, involving examination of the breath, as a method to access repressed emotions locked in the muscles and structure of the body.

Definitions of Mindfulness and Connections to Breath Awareness:

While the definition of breath awareness appears inherently physiological, literature and research increasingly point to the connections between the breath and the concept of mindfulness. Germer (2005a) informs us that breath awareness can serve as a method by which to develop mindfulness. More recently, the study by Doll et al. (2016) focuses on attention-to-breath (ATB) as a mindfulness practice. It points to neural mechanisms as the basis for mindfulness and self-regulation. While the essential component of mindfulness is described as involving an attention to the present experience, which is accompanied by acceptance and non-judgement (Bishop, et al. 2004). Germer (2005a) offers concise definitions stating that mindfulness is:

'moment-by-moment awareness' or 'awareness of present experience with acceptance' (Germer, 2005 a, p 6-7).

Nevertheless, Van Gordon et al. (2014) argues that in terms of western psychology there is a lack of consensus around what defines the mindfulness construct. Chiesa (2012) previously elaborated on the difficulty of defining mindfulness, as the concept cannot properly be understood without in-depth training. Chiesa (2012) states that attempts to disentangle the concept of mindfulness from related concepts such as equanimity, ethics, and wisdom, prove difficult.

However, Shonin et al. (2015) informs us that it is generally accepted that mindfulness includes components such as:

- It is fundamentally concerned with becoming more aware of the present moment.

- It can be practised during everyday activities and not just when seated in meditation.

- It is generated more easily by using a ‘meditative anchor’ such as observing the breath. It should not involve any forced breathing but allow the breath to follow its natural course.

- It is a practice that requires deliberate effort and sustained meditative concentration.

- It is concerned with observing sensory and cognitive-affective processes.

- It is generally easier to learn if individuals are taught using guided mindfulness meditations.

Shonin et al. (2015) refers to the use of the breath as an aspect of mindfulness that can act as an anchor; it does not include forced breathing but rather an observation of the breath. In other words, the breath, and awareness of the breath, is seen to support the development of mindfulness. These investigators also refer to mindfulness and meditation in their work.

For the purpose of gaining clarity, it is helpful to consider that mindfulness and meditation can be differentiated.

The Mindfulness Report by the Mental Health Foundation (2010) describes mindfulness as a quality that involves paying attention to experiences. It states that this is a quality all individuals can possess. However, mindfulness meditation refers to specific, simple practices designed to develop the ability to be mindful. To add to this, Germer (2005 a) offers insight into two approaches to mindfulness, described as formal, and informal mindfulness.

In formal mindfulness, a certain amount of time is dedicated to sustained, disciplined introspection which supports the practitioner's exploration of how the mind works. For example, sitting meditation involves focusing attention on the breath, thoughts, emotions and body sensations; noticing them as they arise, and pass by (Baker, 2012). However, mindfulness can be practiced informally. This can be done by remembering to become consciously aware and by applying mindfulness skills to everyday life. These day-to-day activities may include directly attending to one's breathing, paying attention to one's posture, or listening to ambient sounds (Germer, 2005 a).

My own reflections guide me to consider that mindfulness can be considered as an experience that is embodied and non-verbal. Thus, potentially forming a further barrier to defining it. This view is supported by Hick (2008) when he states:

'Defining mindfulness is a paradoxical undertaking, especially if one intends to use just words' and 'I have found that as my mindfulness practice develops, word-based definitions seem to capture less and less of its essence' (Hick, 2008, p.3).

Aligned with these perspectives, I found Baker (2012) contributing to how mindfulness might be defined when he states, 'Given this challenge in defining mindfulness, and my own view that mindfulness can only be truly understood experientially, informs my decision to investigate mindfulness using a phenomenological approach' (Baker, 2012, p.9-10).

In summary - defining breath awareness seems simple to comprehend in terms of a physiological experience which includes inhalation and exhalation of the breath. However, a strong consensus, and definition, of what mindfulness is remains, overall, unclear. That being said, investigators such as Shonin et al. (2015) propose that there is a developing acceptance of several components of mindfulness. These include the breath used as an anchor to generate mindfulness. Further distinctions are made

between ‘mindfulness’ and ‘mindfulness meditation’. The first describes a quality everyone can access (also described as informal mindfulness) whilst the latter requires specific meditation practices (that can be referred to as formal mindfulness meditation).

1.4 Mindfulness Research and Clinical Applications

When exploring the research and literature available, it is apparent that there has been extensive interest in the concept of mindfulness, in the last few years. (Brown, et al. 2013). In the year 2013, there were about 600 mindfulness related papers published. This reveals a tenfold increase in comparison to the number of scientific papers published in 2003 (Shonin, et al. 2013 a).

Breath Awareness, Mindfulness and Psychotherapy:

When considering the context of psychotherapy, and the interaction between psychotherapists and their clients, literature offers some guidance in how mindfulness can be applied beneficially. Germer (2005 b) describes mindfulness awareness and informs us that we need an object to focus our attention. The most common object is the breath, although he states any sensory experience can serve this purpose. He outlines a ‘Three Minute Breathing Space’ as a method of teaching mindfulness in therapy.

This includes three components: 1) Awareness (bringing the self to the present moment), 2) Gathering (redirecting attention to breathing and 3) Expanding (expanding the field of awareness around ones breathing).

Although Germer (2005 b) does not examine the development of mindfulness via breath awareness in psychotherapists, he does suggest exercises (such as, ‘breathing with’ and ‘breathing together’) in which therapists can develop mindfulness with their clients in therapy. Hick (2008) further adds to our understanding of mindfulness when he suggests that it can be considered as a shift from a ‘doing mode’ to a ‘being mode’.

He describes that most of the time individuals are ‘human doings’ and tend to run from one activity to another. In contrast to this, mindfulness encourages a ‘being mode’ supporting the therapist to remain directly in the here and now with the client. Gehart and McCollum (2010) align with Hick’s views when they refer to therapeutic presence as a quality of relationship. They describe the advantages of mindfulness practices and see these as helping trainees develop therapeutic presence directly.

I see the notion of ‘being mode’ aligning with Heidegger’s (1962) phenomenology and the view of being in the world as separate from the Cartesian perspective that outer reality is a distinct entity from a person’s experience. Hence supporting investigative approaches that examine lived experiences. A phenomenology approach also appears to fit well with mindfulness interventions that involve participants that practice it to examine their own experiences.

Similarly to the authors already mentioned, others in the field of therapy speak of the benefits of mindfulness within the context of the therapeutic relationship, and in terms of relational qualities such as empathy, openness, acceptance and compassion (Bruce et al. 2010), authentic presence (Stern,2004) and intrapersonal attunement (Siegel, 2007).

To summarise, in terms of breath awareness, mindfulness and psychotherapy, authors (such as Germer, 2005 b; Stern, 2004; and Siegel, 2007) support therapists in understanding the benefits of being mindful within the therapy setting. Nevertheless, there is a lack of material providing therapists with concrete ways to develop these skills. If breath awareness and mindfulness are inherently experiential, involving what Hick (2008) describes as ‘being mode’, then therapists require guidance to foster these ways of ‘being’ and interacting with their clients. Exploring psychotherapists’ first-hand experiences of their breath awareness, and experiences in their interactions with their clients, could be a way to support understanding these processes.

Treatment Outcomes:

Further applications of mindfulness as a therapeutic intervention can be found in the Mindfulness Based Stress Reduction program (Kabat-Zinn, 1982). This includes empirical support across various non-clinical populations (e.g. Shapiro et al. 1998). Mindfulness practices in clinical populations can also be found regarding depression (Teasdale et al. 2000); cancer (Speca et al. 2000), and psoriasis (Kabat-Zinn et al. 1998). Mindfulness based interventions, including mindfulness based cognitive therapy (Siegal et al. 2009), is supported as the treatment of recurrent depression in adults by the National Institute for Health and Care Excellence (NICE, 2009) and the American Psychiatric Association (APA, 2010).

More recently, Hepark et al. (2015) examined the effectiveness of mindfulness as a treatment for adults diagnosed with attention deficit hyperactive disorder (ADHD). These investigators adapted a mindfulness-based cognitive therapy (MBCT) program for a 12 week period. Adults with ADHD were randomly allocated to MBCT (n = 55) or waitlist (n = 48) group. Outcome measures were included in this investigation and findings showed that MBCT resulted in a significant reduction of ADHD symptoms. It showed improvements in executive functioning and mindfulness skills. Another study, by Dudley et al. (2017), examined symptoms of psychosis. They described relating mindfully to hearing voices as a method of reducing distress. The findings from their investigation included mindfulness mediating the relationship between self-compassion and the severity of voices.

Mindfulness based interventions (MBI) have also been used to support other areas of mental and physical health. These have included substance-use disorders, behavioural addictions (such as addiction with gambling, and work addiction), eating disorders, schizophrenia-spectrum disorders, sexual dysfunction, fibromyalgia, brain injury, coronary heart disease and diabetes (e.g. Arias et al. 2006; Baer, 2003; Chiesa and Serretti, 2011; Shonin et al. 2013c).

Mindfulness as a core component to other treatments includes its integral application in dialectical behaviour therapy (DBT) (Linehan,1993) for borderline personality disorders and acceptance and commitment therapy (ACT) (Bach and Hayes, 2002). Therefore, many of the explorations into mindfulness have been conducted with the view to utilise the technique for therapeutic purposes. Swart (2014) affirms that therapeutic approaches, such as DBT, MBCT, and ACT look to integrate mindfulness in order to affect emotional and cognitive processes.

Mindfulness is also becoming increasingly highlighted in terms of neuropsychological function and studies involving structural imaging. Mindfulness has been evidenced to increase self-regulatory efficacy, via alterations in neuroplasticity in the anterior cingulate cortex, insula, temporo-parietal junction, fronto-limbic network, and default mode network structures (Holzel et al. 2011b). In other words, there is increased evidence revealing mindfulness has the potential to alter the inner structures of the brain leading to positive outcomes. For example, mindfulness practices have been shown to enhance processes including emotional balance and response flexibility (Siegel, 2009).

Alongside the benefits of using mindfulness in mental and physical health, and neuropsychological function, initial investigations propose that the application of mindfulness can be used as an intervention in several areas of psychology. These include the following:

(i) forensic psychology as a method for decreasing reoffending, modulating impulsivity and anger management;

(ii) occupational psychology for improving work-related well-being, work productivity and performance;

(iii) educational psychology for increasing academic performance and cognitive functioning;

(iv) positive psychology for facilitating wisdom acquisition and well-being optimisation;

(v) sport psychology for achieving peak performance and task focus;

(vi) transpersonal psychology for developing spiritual and metacognitive awareness (e.g. Dane, 2010, Eberth and Sedlmeier, 2012, Shonin et al. 2013b, 2013c).

The introduction thus far reveals that our understanding of breath awareness and mindfulness within therapeutic contexts is dominated by quantitative approaches. Therefore, I see how approaches that incorporate hermeneutic phenomenology facilitating our understanding of phenomena that might have been previously uncovered. Interpretation that involves hermeneutics involving both participant and researchers' meaning making, appears to provide transparency in how meaning is constructed. A further advantage of this approach is that it goes beyond a purely descriptive sense making of experience and considers the dynamic process between researcher and participant.

Smith et al (2009) describe IPA to comprise of phenomenology, hermeneutics and idiography. Idiography is concerned with the particular, therefore given the experiential nature of breath awareness, by supporting an idiographic commitment, IPA can provide a depth of analysis and investigate how a particular phenomenon can be understood from a particular individual in a particular context

To summarise, the application of mindfulness is extensive. Its use as an intervention can be found in several treatments involving both mental and physical health. Mindfulness is also integrated into various treatment models such as dialectical behaviour therapy and mindfulness-based cognitive behaviour therapy. There is also a growing body of research into mindfulness in neuropsychology and the application of mindfulness is found across various psychology divisions (e.g. positive psychology and sports psychology). While the advantages of mindfulness appear far reaching, it is apparent, when exploring the literature, that there is not a consistent approach to comprehending mindfulness. To add to this, mindfulness is seen primarily as beneficial but are there any difficulties in mindfulness practices and interventions? Overall there does not appear to be adequate knowledge to address these questions.

Therefore, a phenomenological investigative approach that looks to investigate the direct experiences of participants within therapeutic contexts allows us to become very close to their actual experiences. Hence an approach such as, IPA that is discussed in more detail under Methodology appears to be an appropriate effective way in which to enrich our understanding.

1.5 Ancient Perspectives of Mindfulness

Thus far, modern day research has been explored and presented to reveal the benefits of mindfulness. However, mindfulness is a 2500 year old Buddhist meditation practice (Shonin et al. 2014) that can be found to have origins specifically in texts known as the Satipatthana Sutta (Guendelman et al. 2017) and the Anapanasati Sutta (Vajiragnana, 1995). Tracing back to these Theravada Buddhist traditions reveals mindfulness involving the observation of the breath described as 'awareness of respiration' and 'mindfulness of breathing'. These involve individuals using the breath as an object of concentration (Amaravati Publications, 1988). The observation of the breath is described as connecting one's outside 'world' with one's internal experience (Analayo, 2013).

The Satipatthana Sutta is a core text in Buddhism that presents The Four Foundations of Mindfulness. This text provides a systematic approach which includes mindfulness of the body; feelings; the mind (mental states) and mental objects (thoughts). The text referred to as the Anapanasati Sutta (mindfulness of breathing) assists the practitioner in Vipassana meditation which can be translated as 'insight'. 'Insight' is described as clear awareness of what is happening, as it happens (Gunaratna, 1992). Although mindfulness stems from Buddhist traditions, practices of mindfulness do not include an adherence to religion or a particular culture (Bruce et al. 2010). However, as we have seen, they can be applied as a beneficial intervention in various clinical contexts.

1.6 Limitations to the Current Application of Mindfulness

Although there is a steady increase in the application of mindfulness, both as a clinical approach to psychological health, and as a construct that is scientifically researched (Leary and Tate, 2007), establishing operational definitions and corresponding measurements are difficult (Rosch, 2007). Bruce et al. (2010) points to the various types of mindfulness and questions what different practices involve. Five types of meditative techniques that encompass mindfulness are identified by Levey (2006) some of which include Vispassana insight meditation that emphasises the cultivation of mindful attention; heart centred meditation to support compassion and loving kindness (metta), as well as other practices such as concentration meditation (Samadhi) which involves development of a focused mind. Some argue that certain definitions can be based on Buddhist philosophies (Kabat-Zinn, 1990) while others claim a reductionist approach (Hofmann and Asmunson, 2008).

While the benefits of mindfulness are wide in mental, physical and neuropsychological investigations, the lack of a clear definition, and agreement about what mindfulness entails, will continue to be limiting.

I believe this lack of consensus, regarding what mindfulness is, will therefore limit how it can be developed, measured and utilised effectively.

To add to this, although mindfulness based interventions are applied across a number of clinical contexts, Van Gordon et al. (2014) states the methodological quality of many studies continues to be questionable. This is due to a reliance on self-report rather than clinical interviews. A further issue being inadequately designed control conditions which do not take into consideration confounding factors such as therapeutic alliance, psychoeducational and non-meditative relaxation strategies. Furthermore, some studies fail to control delivery, including the extent to which mindfulness based interventions follow intervention protocol; variations in competence and experience of mindfulness instructors, and the various methods by which mindfulness is defined, and operationalised. Lastly, long-term follow up studies are scarce (Shonin et al. 2015).

In terms of psychotherapy, Lazar (2005) speaks of future directions in mindfulness-informed psychotherapy and refers to therapists who practice mindfulness. Lazar asks

several questions regarding mindfulness practice, therapy outcomes and relational qualities. Her questions include:

‘What level of therapist practice is required?’ and ‘What changes can we witness in therapy between patient and therapist? (Lazar, 2005, p237).

1.7 Conclusion

To conclude, this introduction reveals various areas that require clarity regarding how mindfulness can be understood and developed. Perhaps a study such as the one I conduct, which explores psychotherapists’ experiences of their breath awareness in their work with their clients, might shed light on these questions. Hence, I view this proposed study as having the potential to make a valuable contribution to knowledge, in terms of offering insights into clinical work and adding to our comprehension of mindfulness.

In the next chapter a literature review will be provided with the aim of detailing further the ‘gap’ in knowledge, and the rationale and research questions that this study intends to answer.

Chapter 2: Literature Review

2.1 Introduction

In this chapter I review the current literature and research related to this study: investigating psychotherapists' experiences of their breath awareness in psychotherapy. At the end of this chapter, I identify the 'gap' in knowledge and the research questions that this study aims to address.

My strategy to review literature primarily includes the use of electronic resources acquired through access to NHS Open Athens. Available databases include Nice Evidence Services, Wiley Online Library, Sage Journals etc. These databases provide relevant, research papers (i.e. empirical evidence), journal articles and books. These searches are conducted by entering key words such as "breath awareness" "psychotherapist breath awareness" and "psychotherapist mindfulness". A further strategy would be to follow up references in relevant literature that are related to this proposed study and then review them.

In my search I found different types of literature including: research that provided empirical evidence, theory related to clinical work, and literature that emphasised a conceptual framework.

This review will be presented in two parts. Firstly, literature that offers a conceptual framework with which to understand mindfulness will be set out under the following headings: acceptance and exposure, cognitive processes, neurobiological components, and ancient perspectives. Secondly, therapists' use of mindfulness in the areas of treatment results, the therapeutic relationship, and therapists' self-care, is presented. This section of the review will also examine negative findings related to mindfulness. This chapter will then offer a conclusion before the rationale for this study, and research questions, are put forward.

2.2 Conceptual Framework

Phenomenological approaches exploring psychotherapists' experiences of their breath awareness in psychotherapy were not found in this review. However, there is evidence of literature that endeavors to offer a conceptual framework in which to understand experiences of breath awareness and mindfulness. These concepts are presented below.

2.2.1 Acceptance and Exposure

Investigations into experiences of mindfulness are suggested by Hayes et al. (1999); they describe a non-judgment approach and ability to observe experiences as they arise that involves acceptance. Acceptance is viewed as a key component in mindfulness practice. It includes the acceptance of unpleasant experiences and symptoms, rather than the need to alter them. Hayes et al. (2012) provides details of their work in the development of acceptance and commitment therapy (ACT). This mode of therapy involves acceptance of what is out of personal control and a commitment to actions that enrich and improve one's life. ACT teaches mindfulness skills and looks to clarify what is truly meaningful to an individual. They can then utilise this knowledge to inspire and improve life for the better. Carson et al. (2004) support these perspectives further with their suggestions that the acceptance based component of mindfulness promotes an alternative approach for managing internal experiences. Through acceptance, practitioners of mindfulness are able to identify an increase in their empathy and compassion for others. These effects are thought to encompass many experiences whether difficult or joyful. It is reported that this kind of mindful, non-judging awareness can specifically involve optimal interpersonal functioning (Shapiro, et al. 1998).

Literature also points to mindfulness involving exposure to internal experiences that were previously avoided. Exposure to these sensations, such as pain, may lead to

decreased emotional responses and desensitisation over time. Although the experience of pain may not be alleviated, levels of distress may be reduced (Kabat Zinn, 1982). In Linehan's (1993) work developing dialectical behavioural therapy (DBT), she developed behavioural self-management with individuals diagnosed with borderline personality disorders. The main dialectic (i.e. involving opposing forces) is between acceptance and change. Individuals receiving this therapy are supported to take part in both processes. In other words, accepting their present circumstances and simultaneously improving them. The focus of her interventions have been to lessen self-harm, suicide attempts, and reduce drug abuse. A key component of the work is the use of mindfulness (Mental Health Foundation 2010). Linehan (1993) is seen to support this perspective. She suggests the observation of present thoughts and emotions promote the extinction of fear response and avoidant mechanisms. Linehan work (2015) views DBT as a cognitive intervention that integrates standard cognitive behavioural strategies for emotional regulation, and reality testing, with concepts of acceptance, and mindful awareness.

2.2.2 Cognitive Processes

Mindfulness can also be understood in terms of alterations in how an individual responds to their thoughts. According to Kabat Zinn (1990) practices of mindfulness include cognitive change. This is because mindfulness can include a non-judgmental observation of anxiety and pain related to thoughts. Kabat Zinn informs us that regular practice of mindfulness can lead to the comprehension that thoughts are 'just thoughts' and not specifically an indication of reality. Therefore mindfulness practice can involve the development of skills in self-observation and thus support self-management.

Teasdale et al. (2000) also speaks of observational skills when he states that mindfulness increases meta-cognition awareness. In other words, experiences and thoughts are observed as 'events' rather than reflections of the self. This viewpoint also aligns with Bishop et al. (2004) when mindfulness practice is referred to as relating to thoughts as mental events that are transient. Bishop et al. state that thoughts are observed as offering a wider, decentered view than accurate reflections on reality and self-reflections of self. It is therefore, possible that mindfulness can support

observations of difficult internal states, which are dissipated rather than elaborated on. Furthermore, Moore and Malinowski (2009) found in their study that cognitive flexibility and attentional performance are positively linked to meditation and levels of mindfulness. These investigators explored the results in terms of well-being and mental balance. Processes described by the several authors above assist in understanding how mindfulness can include cognitive change and how one relates to one's thoughts. It appears that these suggestions see mindfulness as providing opportunities for individuals to decrease their reactions to difficult experiences. Practicing mindfulness is considered to increase tolerance in their negative experiences.

2.2.3 Neurobiological Components

Although relaxation is not viewed as the key purpose of mindfulness, it can lead to physiological states that induce relaxation and decrease hyper-arousal (Shapiro, 1982). However, there are limitations to understanding biological links, due to different meditative practices such as mindfulness, producing different brain activity, thus making evaluation difficult (Lehmann et al. 2001). Several investigations indicate basic physiological, neurobiological, and immune alterations corresponding to mindfulness (Germer, 2005 a).

Siegel (2007) states mindfulness, involving the use of one's attention, creates brain states in which brain patterns can be stimulated developing networks of brain cells that are conducive to calming the mind.

Siegel (2009) further describes mindfulness practice as enhancing the development of the middle prefrontal cortex, which increases nine processes. These include: body regulation, attuned communication, emotional balance, fear modulation, response flexibility, insight, empathy, morality and intuition. Siegel states these are the qualities of a good therapist. Siegel (2010) speaks of neural integration at the basis of positive outcomes in psychotherapy from mindfulness (Siegel, 2007, Farb et al. 2010).

Ongoing anxious, fearful and distressed states are said to arise, in part, by imagined or real threats that impact the limbic system and amygdala circuits. These activate threat and protect systems that result in behaviours/outcomes involving fear and/or rage (Panksepp, 1998, Gilbert, 2010). In contrast to this, practices in meditation have the potential to activate areas of the pre-frontal cortex linked to positive outcomes. These include an increase in emotional balance and attunement to others, and a decrease in inappropriate reactions. It is said that these processes increase well-being via neural integration in the brain from neural circuits that were previously mis-attuned or mis-integrated.

Studies such as Holzel et al. (2011 a) report that just 8 weeks of mindfulness meditation (averaging 27 minutes a day), can alter the structure of the brain related to self-awareness and introspection. Investigations into individuals who frequently practice mindfulness have also discovered differences in the areas of the brain related to attention, awareness and decision-making. Regular mindfulness is shown to increase the size of aspects in the brain that regulate emotions such as the hippocampus, the inferior temporal lobe and the orbito-frontal cortex and thalamus. (Mental Health Foundation, 2010).

In exploring the literature, and particularly neurobiological components, in attempts to conceptualise mindfulness, I found the study by Doll et al. (2016) and their investigations involving breath awareness. Looking into this recent work, Doll and her colleagues suggest that neural mechanisms, which are at the basis of mindfulness and emotional regulation, are poorly understood. Their study focuses on the effects of attention-to-breath (ATB) as a mindfulness practice, on aversive emotions, at behavioral and brain levels.

A main finding, in terms of different emotion regulation strategies, is the modulation of amygdala and prefrontal activity. These researchers state that it is not clear in what way ATB works. However, they propose that, during emotional stimulation, ATB down-regulates activation in the amygdala and increases its integration with prefrontal regions. The results of their study indicate amygdala-dorsal prefrontal cortex

integration is a possible neural pathway of emotion regulation through the practice of mindfulness.

Furthermore, Doll et al. (2016) refer to potential implications for treatment protocol when they state that mindfulness training points to a reduction in ruminating thoughts. Their perspective links to the work of Chambers et al. (2008) who propose similar links. Likewise, when investigating the work of Siegel et al. (2007), sustained amygdala activation has been connected to increased rumination tendency during emotional processing. The findings by Doll et al. speak of a potential pathway of the anti-ruminating effect of mindfulness training that involves down-regulation of the amygdala through the prefrontal cortex.

2.2.4 Ancient Perspectives

Comprehending breath awareness and mindfulness can be discovered in ancient views. Buddhist teachers from all traditions have been informing us in one way or another to utilise the breath (Johnson, 2012). Suttas found in Theravada Buddhism speak of mindfulness and provide statements that connect to the

Buddha himself. Both the Anapanasati Sutta and Satipatthana Sutta specifically speak of mindfulness of breathing (Johnson, 2012). The Anapanasati Sutta teaches the process of mindfulness of breathing to involve present time awareness and attention to the details of inner feelings and thoughts as they arise in the mind (Vajiragnana, 1995). Therefore, mindfulness of breathing involves the focus of the mind being brought back to the present bodily phenomenon, namely the breath.

In terms of a conceptual framework, the ancient texts encourage understanding to derive from one's own experience and self-enquiry. This inner development that is connected to outer experiences is seen in the way the suttas are set out. Swart (2014) speaks of the strong connection between Buddhist ideas of attachment and the principles of emotional and cognitive defusion in psychology. Swart states that both systems affirm that unsatisfactoriness arises from clinging to a perception of self, others

and the world that is likely to be inaccurate. When linked to uncontrolled emotions these perceptions can lead to behaviour that is unhelpful. These behaviours may not be appropriate to the actual context but compared to the automatic perception based on previous experiences.

In his book 'Breath by Breath', Rosenberg (1998) describes in detail the development of Vipassana meditation. He informs us how awareness of breathing could be utilised methodically to cultivate Samadhi (concentration) and Vipassana (insight). He explains that the Anapanasati Sutta comprises of 16 contemplations. These include awareness of breathing as it manifests in the body; feelings, which include everything we perceive (i.e. mental formations and emotions when we add concepts to our feelings); contemplation of the mind (including being sensitive to the mind), and pure Vipassana where one gains insight, seeing reality clearly. Breathing forms the basis for all these contemplations, as it serves as an anchor and a reminder to remain in the present moment. Alongside these processes, ancient perspectives also highlight potential hindrances as obstacles in meditation practice and our daily lives.

To conclude, the above literature presents several conceptualisations in which we might understand breath awareness and mindfulness. However the next section presents literature that includes empirical evidence and theories linked to clinical work. These are related to how therapists' mindfulness is applied including treatment results, the therapeutic relationship and therapists' self-care. Attention is then given to negative findings related to mindfulness.

2.3 Therapists' Mindfulness and Treatment Results

Areas of investigation in the literature point to therapists' mindfulness and links to psychological treatment outcomes and results. The study carried out by Grepmair et al. (2007) suggests that 'all therapists must direct their attention to the best possible advantage during therapy' (Grepmair et al., 2007 p. 332).

The researchers suggest that Zen Buddhist mindfulness provides a special form of directing attention. Participants involved in this quantitative study were Psychotherapists in Training (PiT) and the focus of the study was to discover whether, and to what extent, promoting mindfulness had an influence on their client's treatment results. The PiT were randomly assigned to one of two groups:

1) Those practicing Zen meditation (MED; n=9)

2) The control group - those who did not practice meditation (noMED; n-9).

9 out of 18 participants (i.e. half of the group) had 1 hour of Zen meditation practice each morning, prior to their clinical work. Other aspects of supervision, clinical training and interventions remained the same between the groups. The findings revealed that after 9 weeks the patients of the trainees that meditated had greater levels of global functioning. Patients were more secure about socialising and had less phobias, anger and anxiety. They also had increased optimism regarding their progress. Patients were also better at comprehending their goals of therapy. Results were informed by quantitative measures including the Questionnaire of Changes in Experience and Behaviour (VEV) and the Symptoms Checklist (SCL-90-R). Comparisons of the two groups revealed that patients of the MED (n=63) group also had significantly higher evaluations for individual therapy and problem solving perspectives than the noMED group (n=61). The evaluations were also significantly higher for the entire therapeutic result on the VEV. Therefore, findings indicated that promoting mindfulness in PiT could positively influence the therapeutic process and outcomes of their patients.

More recently, Burg and Michalak's (2011) participants, similar to those of Grepmair et al. (2007), were given instructions in mindfulness, prior to their experiences being explored. Burg and Michalak examined the relationships between mindfulness and rumination, repetitive negative thinking and depressive symptoms. This study involved 42 undergraduate psychology students. The majority of students did not have meditation experience; only 3 indicated that they had. The students were asked to observe their breath for about 18 minutes. During this time they were prompted 22 times, at irregular intervals, to indicate whether they had lost mindful contact. The findings showed a negative correlation between the degree of ability to remain mindful with the breath, and measures of repetitive negative thinking, rumination and

depression. The authors make the suggestion that a new approach is found to assess mindfulness; stating that staying mindfully in contact with the breath has significant clinical relevance. Several quantitative measures were also utilised in this study, these included the Body Sensations Questionnaire (German version) and the Perseverative Thinking Questionnaire (PTQ). The discussion describes how the theoretical perspective of mindfulness based cognitive therapy (MBCT) supports mindfulness, and prevents the recurrence of major depression and relapse as it assists patients to disengage from ruminative processes.

A further study conducted by Baker (2012) offered a different approach to the above investigations. He explored the lived experience of trainee psychological therapists. However, Baker's participants were also instructed in mindfulness and had brief mindfulness meditation training. The study examined participants' experiences of relational depth, the cultivation of therapeutic qualities, their use of self in the therapeutic relationship and how they integrated mindfulness clinically. 15 of the 19 participants completed 2 months of training involving mindfulness based stress reduction (MBSR). The results included a proposed process model. The model set out how the therapists' intra-personal attunement facilitates therapist-client interpersonal attunement that then promotes client self-attunement within a co-created space.

Looking further at the literature I found the creative use of mindfulness and breathing in the work of Mitchell (2012). Mitchell examined intervention for adolescents and adults who had experiences of grief and loss. While his study did not look at therapists' use of breath, the intervention combined mindful breathing and yoga movements in a therapeutically supportive environment, to assist in the processing of grief. His findings suggested a 'dialogue' between mind and body that facilitated the processing of stored memories and emotions relating to the deceased, thus assisting the individual through their grief.

To summarise, this review highlighted that literature that examines therapists' mindfulness and their breath awareness is scarce. However, therapists' mindfulness

generally is seen to lead to beneficial results. For example, there is evidence for improved treatment outcomes for patients and support in the prevention of rumination and depressive symptoms. Mindfulness is also shown to contribute to increased client self-attunement. As mentioned previously, the participants in these studies took part in a form of mindfulness training/intervention, delivered by the investigator(s), prior to their experiences being explored. Furthermore, these studies reveal variations in the types of mindfulness and training, thus making it difficult to understand how different aspects of mindfulness influence the outcomes. These studies appear more prescriptive and reveal a 'top down' approach to exploration of therapists' mindfulness and treatment outcomes. Quantitative measures are seen as the prominent method of data collection. Burg and Michalak (2011) suggest that staying in contact with the breath has clinical relevance, yet this literature review reveals this is an area of mindfulness exploration that is still early in its development.

2.4 Therapists' Mindfulness and the Therapeutic Relationship

Another area of therapists' mindfulness and its use in clinical work can be found in connection to the therapeutic relationship. The work of Wexler (2006) contributes to our understanding in the study designed to examine the relationship between a therapist's mindfulness and the quality of the therapeutic alliance. This investigation explored whether being mindful enhanced the therapist's facilitative qualities. A correlational design was utilised involving the Mindful Attention Scale (MAAS; Brown & Ryan, 2003) and an experimental scale involving ratings from the Working Alliance Inventory (WAI; Horvath and Greenberg, 1989). The findings indicated significant positive correlations between therapist and client perception of the alliance, and the therapist's mindfulness in and out of therapy. However, therapist mindfulness was not strongly related to mindfulness out of therapy. Wexler suggested that the findings needed further assessment and that measurement of the phenomena was required. As with many of the studies that investigate mindfulness, Wexler (2006) relied on quantitative measurements to understand the phenomena of mindfulness and the influence it may have on those that practice or experience it.

Siegel (2007) offers insight into mindfulness when he proposes that it is, in essence, a state of intrapersonal attunement. He suggests that mindfulness supports awareness of the self and this in turn supports the ability to attune to others. Siegel (2010) suggests that mindfulness utilises the same neural pathways used to attune to the minds of others and in the development of secure attachment relationships (Bowlby,-1988; Winnicott,-1965). He therefore, suggests that mindfulness is a type of secure attachment to oneself. Siegel (2009) contributes further with, what he describes as, 'mindsight'. Mindsight refers to a type of secular perspective on mindfulness. In other words, mindsight is made of focused attention that enables the observation of the internal working of one's own mind. It supports awareness of mental processes, rather than remaining in 'autopilot', or relying on habitual responses.

A study by McCollum and Gehart (2010) adds to our understanding as it explored student's initial experience of learning mindful meditation and how it assisted in the cultivation of therapeutic presence. Thematic analysis of participants' journal entries were examined for the effects on the development of acceptance and compassion, toward their clients and within themselves. Results reported that students were explicitly experiencing: greater acceptance and compassion, for themselves; acceptance of their clients; and recognising their shared humanity with clients. While this study documented the benefits of mindfulness and looked at obstacles to participants practicing mindfulness, it did not examine if participants encountered any difficulties in their experience. Furthermore, this study did not offer conclusions in how mindfulness worked.

Bruce et al. (2010) provides a conceptual article that also posits 'mindfulness may be a method for developing and optimising clinically beneficial relational qualities'. Bruce and his colleagues suggest that these qualities, in a psychotherapist, can include empathy, openness, acceptance and compassion (Bruce et al., p 83).

Bruce et al. (2010) points to the acronym COAL used by Siegel (2007) to refer to similar qualities - Curiosity, Openness, Acceptance, Love. These authors point to the importance of a psychotherapist's self-attunement. They state that a self-attuned relationship includes remaining present with experiences, involving an attitude of

COAL. Furthermore, Bruce et al. (2010) suggest that self-attunement deepens the acceptance of oneself. These authors also suggest that mindfulness practice might be a means of training for psychotherapists, as mindfulness is seen to support a therapist's ability to attune to their clients which, in turn, can support a client's ability to self-attune. However, Bruce (2010), similarly to McCollum and Gehart (2010), does not provide further direction into how qualities, such as attunement, might be developed or what method/approaches would be helpful in the process.

The development of the therapeutic relationship, and relational attunement, were also highlighted in the work of Lambert and Simon (2008). They suggested that rather than traditional teaching skills, the cultivation of mindfulness with trainees and therapists can support improved therapeutic relationships and client outcomes. Surrey (2005), similar to Lambert and Simon (2008) proposed the benefits of mindfulness in what is described as 'a co-meditation practice'. This is where mindfulness and the attuned relationship are connected and support each other. The deep sense of mutuality is similar to Buber's (1923/1996) 'I-thou' interaction. This is embedded in a 'present moment' involving an openness with no agenda. For Buber, existence could be approached in two ways. These included the attitude of the 'I' towards an 'It' as an object that is separate in itself. Alternatively the attitude of the 'I' towards the 'Thou' in a relationship, in which the other is not separated by discrete boundaries. Buber emphasised that human beings found meaning in their relatedness to others. Within the context of attunement, I also see the work of Buber connect with Stern's (2004) 'moment of meeting' in therapy, where client's thoughts and feelings are received with acceptance. Stern describes the authentic presence of the therapist as one where they can open themselves to the client. Such openness is seen to support deeper changes in the client's implicit knowing than that which is found in a therapist's verbal interpretations. Stern also describes the 'now moment' that points to an unpredicted emergence in the interpersonal process, referred to as 'sloppiness'. He sees the 'now moment' as usually followed by a 'moment of meeting' and he stresses two important dyads. One dyad is the parent and child; the other is the therapist and client.

More recently, Schuman (2017) speaks of the emerging field of Buddhist-informed psychotherapy. She presents a framework to engage patients at levels of narrative, affect regulation and psychodynamic understanding. In her work she examines how mindfulness can be integrated into psychodynamic treatment, as a part of self-reflection rather than as a cognitive behavioral intervention.

Schuman looks at concepts of self, other and object relations from an integrative perspective that has both Buddhist perspectives and psychoanalytic theory. Schuman (2017) emphasises how the relationship between client and therapist is held in mind, including relating to one's own mind. She suggests inquiring deeply leads to emotional insight, psychological growth and healing.

The growth of literature related to mindfulness reveals that it is increasingly finding a place in the work of therapy and connects to psychodynamic perspectives. According to Germer (2005 a), psychodynamic psychotherapists have explored mindfulness because psychoanalysis and mindfulness share similar aspects. This is because they are both introspective ventures, they view awareness and acceptance occurring before change, as well as recognising unconscious processes. Furthermore (Germer, 2005 b) outlines ways in which the breath can be utilised to develop mindfulness in therapy. However, he informs us that there are countless mindfulness strategies to fit the needs of clients and therapists such as, sitting quietly or doing any activity mindfully.

The approach of relational cultural theory (RCT) draws from the intersubjective and relational modes of therapy. Surrey (2005) suggests that RCT can be thought of as a co-meditation that can support mindfulness. She states that the practice of mindfulness assists the therapist to view the process of therapy, and to repair breaches. Furthermore, Surrey points to mindfulness practice where learning is more present. She sees relational psychotherapy to be a process where the therapist and client work toward deepening their awareness of the present relational experience, with acceptance. Surrey continues to describe that, in mindfulness, the main aim is to connect with whatever arises in awareness. She posits that results may include a deeper interconnection with others and the world at large.

Stern (2004), similar to both Germer (2005 a) and Surrey (2005), links mindfulness and psychodynamic approaches. He critiques psychoanalysis and sees this perspective as too focused on verbal interventions. He argues that psychodynamic work can rush toward meaning that leaves behind the present moment.

‘We forget there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply’ (Stern, 2004, p.140).

Stern (2004) emphasises implicit experiences over explicit content. Stern states the aim of therapy is to move closer to the deepening and enriching of experiences, and less about comprehending its meaning. Stern’s perspective looks at how the experiential aligns with mindful awareness, as this too is concerned with inner experiences and involvement in present time. Looking further into psychodynamic approaches and mindfulness, it is clear links can be made to the work of Winnicott (1982). For Winnicott, an essential part of his approach was supporting the patient to have the time and space to make their own discoveries. Hence, it seems clear that therapists who foster mindfulness in their interactions with clients, allow those clients to create deeper connections, both with their therapist, and with themselves. Thus, enabling clients to understand what is true to them, rather than relying on their therapist’s interpretations.

In summary, the above literature reveals several ways in which mindfulness, that supports the therapeutic relationship, is advantageous. The literature points to areas of development to include the cultivation of presence, relational qualities, interpersonal attunement and links to psychodynamic perspectives. Despite the many benefits that are associated with mindfulness, a consistent understanding of what mindfulness essentially entails appears limited. While investigations document the advantages of mindfulness, questions such as: 'How was the therapist’s mindfulness developed?' and 'What were the processes?' remain unclear. Furthermore, there appears to be

several theories that support the use of mindfulness, yet there is a ‘gap’ in empirical evidence and knowledge to support these views.

2.5 Mindfulness and Therapists Self Care

Mindfulness and therapists’ self-care is a further aspect found in the literature. Burnout is described as the dislocation between what individuals are, and what they have to do (Maslach and Leiter, 1997). Literature describes mindfulness and self-care as having a potentially positive effect on the therapist and subsequently the therapeutic relationship. Investigations, involving teaching mindfulness practice to clinicians, have shown burnout can be significantly decreased when clinicians learn to attune to themselves. May and O’Donovan's (2007) study aimed to examine the relationship between mindfulness, well-being, burnout, and job satisfaction of individuals working as therapists. The results from 58 therapists revealed that increased levels of mindful attention, and non-judgment awareness, were linked with cognitive and affective well-being, satisfaction at work, and decreased experiences of burnout. The findings from this study are supportive of previous results with non-therapist groups, in that greater levels of well-being are related to mindfulness. According to these authors, this study was the first of its kind to consider the relationship between mindfulness and job satisfaction. These findings were contrary to the belief that practices such as yoga enhance mindfulness, but emphasised that mindfulness contributed to a therapist’s functioning and thereafter effective client outcome. Vredenburgh et al. (1999) informs us that the likelihood for burnout is more prevalent amongst therapists in the initial years of their career. Investigations, by May and O’Donovan (2007), and earlier studies from Shapiro et al. (2005), point to the benefits of mindfulness practice to therapists. Therefore, it is suggested that research into mindfulness interventions for novice therapists could be advantageous; especially as a protective factor toward possible burnout in the early stages of their career.

These findings connect with what Siegel (2010) describes as physiological states of stress being reduced by the practice of mindful awareness. In Siegel’s book ‘The Mindful Therapist’ he suggests incorporating mindfulness into psychotherapeutic work with clients.

He speaks of mindful awareness as being vital in order to maintain mental health for therapists, and sees this level of awareness as beneficial to both therapist and client. As mentioned previously, nine integrative functions are outlined which he affirms provide interconnecting circuits within the brain. These include: bodily regulation, attunement, emotional balance, response flexibility, fear extinction, insight, empathy, morality and intuition. Siegel states that the process of mindful integration is at the center of health and nurturing relationships.

Shapiro et al. (e.g. 2005, 2006, 2007), on the other hand, offers us several studies that include how mindfulness based stress reduction (MBSR) training can reduce stress and burnout, and increase a sense of well-being. This includes a quantitative study on trainee counselling psychologists (Shapiro et al. 2007). In this study a range of pre/post measures were used to examine the outcome in levels of distress and well-being. Trainee counselling psychologists took an 8-week MBSR course that focused specifically on reducing trainee therapist stress and burnout. The findings indicated that therapists had reduced stress levels, negative affect and trait anxiety. They also showed increased positive affect and mindfulness, in comparison to a non-meditating control. Results revealed the mindfulness intervention increased self-compassion and empathy. Following this study the researchers suggested that mindfulness based intervention could be included in training for therapists.

In the search for relevant research and literature which comprehends mindfulness and its effect on psychotherapeutic work, I explored the article by Christopher and Maris (2010). Their summary of research projects, conducted over the past 9 years, found that mindfulness training enhanced the physical and psychological well-being of its trainers, thus, preventing vicarious traumatisation and compassion fatigue. The authors of this article examine the integration of mindfulness as self-care into training, within counselling, and psychotherapy training. 5 qualitative studies, previously conducted, are examined. Similarities across the studies indicated all participants had training in some form of mindfulness.

However, it was clear that, in all the studies reviewed, mindfulness affected participants in ways that supported their self-care. For example, an increased

awareness and acceptance of emotional and personal issues (Schure et al., 2008), and decreased fears of incompetence and inadequacy (Christopher and Maris, 2010). Christopher and Maris report on their investigation and affirm that mindfulness practices positively impact clinical work. The authors state that students worried less about what they did while in therapy with clients, and spent less time dwelling on past moments. Also, when students did encounter feelings of confusion, anxiety or irritation, they could recognise and observe these occurrences in a way that was less threatening to them. Findings suggest mindfulness training can enhance the physical and psychological well-being of trainees. Hence, training mindfulness, in a specific way, can teach students strategies of self-care that can help to prevent burnout, compassion fatigue, and vicarious traumatisation.

Further considerations about mindfulness and therapists' self-care leads to explore experiences of compassion and self-compassion. The work of Feldman and Kuylen (2011) reveals mindfulness based approaches (e.g. an 8 week programme) are not explicitly developing qualities of compassion, yet the cultivation of compassion arises. These investigators elaborate further that self-compassion involves a re-examination of one's core beliefs. In other words, self-compassion enables a change in the relationship with one's own suffering. In their work, they look at compassion and how it is associated with mindfulness-based approaches. Compassion is thought to be an orientation of mind that perceives the universality of pain as part of the human experience. Furthermore, compassion is seen to include the ability to meet that pain with empathy, kindness, patience and equanimity. Similar to Feldman and Kuyken (2011), mindfulness based stress reduction training has been found to enhance self-compassion in health care professionals (Shapiro et al., 2005) and trainee therapists (Shapiro et al., 2007).

Another contribution to understanding mindfulness and therapist self-care comes from the work of Davis and Hayes (2011). In their practice review, they support mindfulness practices that offer psychotherapists positive affects in areas of therapeutic work that can lead to successful treatment. They consider the benefits of mindfulness by examining both ancient and modern concepts. Examples of mindfulness based

interventions for trainees and therapists are explored. The following benefits to therapists are emphasised; involving developing empathy, compassion, counselling skills, decreased stress and anxiety. Empathy, within the therapist and client dyad, is described as the therapist tracking their internal responses and experiences of empathy and, acceptance toward themselves. Compassion is described as involving both loving-kindness to oneself and toward the client. Counselling skills incorporate abilities for the therapist to pay attention to their internal experience, by utilising mindfulness and the breath, to remain present. Decreased stress and anxiety are also revealed by paying attention to feelings of anxiety and fear and noticing how they shift from moment to moment. Lastly, other benefits for therapists point to therapist practice of formal sitting mindfulness meditations, in a group, and individually by utilising the breath.

In summary, the body of literature identifies clear positive outcomes for the use of mindfulness as a method to increase self-care in therapists. The beneficial findings suggest mindfulness is associated with a decrease in burnout, enhances therapist well-being, and has a positive impact on clinical work and the development of self-compassion. Nevertheless, these studies, as in previous investigations already presented in this literature review, do not indicate how mindfulness can be developed.

To summarise, this section of this literature review, reveals connections between therapist mindfulness and treatment results. It also supports mindfulness training in therapists as contributing to stronger levels of attunement and therapeutic relationships between therapist and client.

Mindfulness is also seen to support capacities which counteract compassion fatigue and burnout in clinicians. I view these theories and studies as assisting our understanding and providing evidence of the benefits of mindfulness. However, overall explorations do not provide detailed examinations about the type of mindfulness involved. Nor do they state to what extent (if at all) breath awareness or experiences are part of this. The literature appears to focus on ‘top down’ approaches in our understanding.

2.6 Negative Findings Related to Mindfulness

Thus far, the literature offers conceptualisations, empirical evidence and theories on clinical work that highlight the benefits of breath awareness and mindfulness. However, findings also point to negative aspects related to mindfulness practice. Baker (2012), in his qualitative research that explored brief mindfulness training intervention on trainee therapists, found that there were a range of positive outcomes. However, one participant experienced a greater sense of embodied sensations and emotions, which had an adverse effect at times. She described experiencing her vulnerability and the possibility of being overwhelmed by feelings that she stated she had 'taken in' from her client. Baker (2012) discusses the potential danger of embodied countertransference awareness without the development of a corresponding ability to remain present and accept such difficult feelings.

Bhanji (2017), similar to Baker, investigated mindfulness in therapists. Her study offers a qualitative exploration into the personal and professional experiences of having a long-term daily practice, of informal mindfulness, for third wave therapists. She highlighted 6 themes derived from semi-structured interviews that pointed to several benefits and some challenging experiences. Bhanji (2017) states acceptance, which is considered part of mindfulness practice, is a gradual process and potentially painful.

Her work informs us that efforts to reduce pain with intensive mindfulness, could inadvertently lead to over-detachment and an increase in suffering.

'The challenges themselves are not new and have been identified in relation to the misunderstanding or misapplication of mindfulness meditation' (Bhanj, 2017 pp. 122),

Her study makes references to how meditation can be misapplied when it is utilised as an isolated strategy to cope, or, when a practitioner meditates too intensively for extensive periods of time, without actually meditating.

Prior to Baker's and Bhanj's contributions to our understanding of potential adverse effects, Lustgk et al. (2009) produced a paper that summarised safety concerns regarding Mindfulness Meditation (MM). One of the goals of this paper was to define categories of possible adverse reactions and side effects of meditation. Lustgk et al. refers to negative consequences to mental, physical and spiritual health. Findings suggest that mental health concerns have included MM delivery contributing to anxiety disorders, temporary dissociative states and psychosis. These investigators argue that the practice of MM is contrary to the avoidance that is symptomatic of conditions such as post-traumatic stress disorder (PTSD). This means that when an individual takes part in mindfulness practice, they might experience previously avoided effects, such as intrusive thoughts or flashbacks. These experiences can then lead to an individual being traumatised. Further psychological and physical health effects were described to include experiences of depersonalisation and psychosis. Lustgk et al. (2009) advises that when researchers consider participants for their studies in connection to mindfulness, they need to be screened carefully in terms of their suitability.

More recently, NHS Choices (2017) added to our understanding and the concerns raised by authors such as Lustgk et al. (2009). NHS Choices suggest that when individuals practice intensive meditation, they can encounter experiences that are difficult and challenging. References are made to religious teachers within Buddhism who view such challenges as part of the path of religious experience. However, individuals that meditate for health benefits not involving a context of religion, can find experiences arising from mediation as unexpected and difficult to cope with (NHS Choices, 2017).

When exploring the negative findings related to breath awareness and mindfulness Baer and Kuyken (2016), state that there is very little scientific information regarding possible risks involving mindfulness practices. Similar to Lustgk et al. (2009), Baer and Kuyken (2016) inform us that difficulties, such as depression, anxiety and panic (and more seriously, mania and psychotic symptoms) have been linked to mindfulness practices. While these difficulties are rare, they are significant and need further investigation. I also consider that individuals' vulnerability in terms of pre-existing

mental health difficulties - such as, trauma or psychosis - could increase the risks of adverse effects related to mindfulness practices (NHS Choices, 2017). At the same time, studies such as Chadwick et al. (2005), reveal highly vulnerable individuals who experience psychotic symptoms can safely practice mindfulness of the breath when their needs are carefully addressed. With the above points in mind, it seems apparent that adverse and negative experiences of mindfulness need to be explored further.

2.7 Conclusion

The different areas outlined above reveal that there are several concepts that try to explain how mindfulness works. Investigations endeavour to conceptualise mindfulness such as non-judgement, and more measurable factors found in neurobiology. However, more ancient views pay particular emphasis to the experience of breathing, providing a basis in which to develop mindfulness. Empirical evidence points to the various ways in which mindfulness can be applied clinically, such as the influences to treatment outcomes and therapists' self-care. Findings also reveal potential adverse effects and indicate that more investigations are needed to explore the difficulties of mindfulness practices. I see the conceptualisation of mindfulness, research and clinical theory trying to piece together their understanding of present moment awareness. However, without a clear agreement on the definition of mindfulness, and what it involves, it appears establishing a clear consensus, on what mindfulness is, remains a challenge.

2.8 The Rationale for this Study and Research Questions

This study aims to provide a deeper phenomenological exploration into the lived experience of psychotherapists' breath awareness, with the view to add to knowledge. By specifically examining the experience of psychotherapists' breath awareness in sessions with their clients, I believe this study can offer some clarity to the existing knowledge. This study proposes a different approach by offering a qualitative 'bottom up' exploration to investigate participants' breath awareness, without prior training in mindfulness.

As already described, mindfulness has been examined in various clinical contexts. It has been explored as a therapeutic tool (Stern, 2004, Hick, 2008, Baker, 2012) involving breath awareness (Germer, 2005 b). Mindfulness has also been found to have its roots in ancient Buddhist traditions. These ancient practices primarily utilised the awareness of the breath as a focus for attention to support the development of mindful abilities. In view of this lack of clarity, regarding how mindfulness is conceptualised, defined, developed and clinically utilised, I see these 'gaps' in how mindfulness is comprehended coupling with my interest in breath awareness within the context of psychotherapy. Therefore, I am motivated to conduct this study with the aim to explore psychotherapists' experiences of their breath awareness during sessions with their clients. I view this study as having the potential to contribute to knowledge in two areas:

<u>Important contribution to conceptual research base</u>

Despite the many theoretical works on ways to conceptualise mindfulness and the large evidence base that supports the benefits of mindfulness, research seems no closer to a coherent definition and framework with which to understand the phenomena. This proposed phenomenological exploration will examine psychotherapists' breath awareness and experiences, whilst also considering

difficulties in these experiences. This approach will be less focused on a particular outcome which is often emphasised in modern mindfulness investigations. Hence, a phenomenological inquiry into psychotherapists' experiences of their breath awareness in psychotherapy could make a valuable and unique contribution to the existing knowledge base.

Exploration into psychotherapists' experiences of their breath awareness potentially offering new insights for clinical work

If psychotherapists are to be assisted in clinical work, their experiences in psychotherapy need to be explored and understood in detail. This study intends to offer a first of its kind investigation which proposes to examine psychotherapists' lived accounts of their breath awareness in psychotherapy.

This exploration differs from previous studies as it intends to go to the heart of the experience. Having a deeper understanding involving a phenomenological inquiry into psychotherapists' experiences of their breath awareness can potentially provide knowledge that was previously unknown or unexplored.

Research Questions:

Taking into consideration the exploratory discussions in the pilot study (presented in Chapter 3 – Methodology), and the rationale for this study, I propose this study answers 1 primary question and 3 sub-questions. These are as follows:

Primary Question:

- What are psychotherapists' experiences of their breath awareness in psychotherapy?

Sub Questions:

- How do psychotherapists' experiences of their breath awareness influence them and their clients?

- What is positive or useful about psychotherapists' experiences of their breath awareness in psychotherapy?

- What is difficult or not useful about psychotherapists' experiences of their breath awareness in psychotherapy?

Chapter 3 : Methodology

3.1. Rationale for a qualitative approach

A qualitative phenomenological approach seemed the most appropriate for this research, to understand participants' experience of their breath awareness in psychotherapy with their clients. The purpose of this exploration was not to quantify or investigate the relationship between cause and effect which will not support me to explore the subjective experiences of my participants. My intention was to discover each individual's unique experience. I was particularly eager to see if there were new insights that have not been considered before, how my participants make sense of these and how I, the researcher, tried to make sense of my participants' experiences. Taking Heidegger's (1962/1927) perspective involving a combination of phenomenological and hermeneutic insights, this study sought to incorporate phenomenology when I was close to the personal experience of the participants' and make an interpretative endeavour as the researcher that required hermeneutics. In the process of this research, I intended to extend my understanding of breath awareness by a 'bottom up' approach when I explored the lived experiences of the participants. It was my hope that the findings were meaningful and contributed to a wider understanding.

3.2 Rationale for Interpretative Phenomenological Analysis (IPA) methodology

I considered other qualitative methodologies before deciding that interpretative phenomenological analysis (IPA) would be more suited to address the aim of this study. Grounded theory (GT) as an approach was considered, as it is a well-established methodology that aims to offer an account and explicate contextualised social processes of phenomena (Glaser and Strauss,1967) cited in Charmaz (2006).

GT emphasised hypotheses and theories and possibly how participants interpreted and constructed their experiences. However, IPA is a recent developing approach that

is primarily designed to focus on understanding the quality of individual experiences (Shaw, 2001). In my mind this proposed study and the research questions posed required what Finlay and Evans (2009) described as a return to experiential meanings and embodied lived experiences. Furthermore, GT looked to assist to build theory and explain phenomenon. However, I found by utilising IPA I could conduct a phenomenological analysis that is compatible with the research questions. I saw IPA assisting me to become close as possible to the participants experiences of their breath awareness in sessions with their clients.

Therefore, IPA seemed to be the most appropriate methodology for this exploration as it supported the aim to comprehend participants' experiences while at the same time considering, that participant and researcher will both take part in constructing and interpreting meaning (Eatough and Smith, 2008).

3.3 My Philosophical View and Researcher Position

My Philosophical View

My epistemological standpoint is influenced by social constructionism. I see social constructionism arguing that knowledge arises from relational and social processes (Frank, 1971) and the 'co-operative enterprise of person in relationship' (Gergen, 1985, p.267). In other words, I view knowledge arising through the phenomenology of everyday life when individuals interact with other human beings. Heidegger (1962/1927) shed light on this process when he suggested our 'being in the world' is always in relation to something. He described phenomenology as an interpretive activity and his concepts of hermeneutics of interpretation highlight how a person subjectively experiences something.

Taking this perspective, I do not believe it is possible to discover direct reality, but I see participants' experiences constructed by subjective experience that is socially contextualised. I am in agreement with Smith et al. (2009) as I do not attempt to

discover universal/ nomothetic understanding. However, I take into account the diversity of individuals experiences by comprehending participants' experience in detail using a small sample. Furthermore, by conducting a qualitative research I also intended to examine and interpret how participants make sense of their experiences by exploring experience in its own terms (Smith et al. 2009).

With these views in mind, it was my intention to keep a reflexive diary during the course of my research to support me to reflect and process the influences of my research (Finlay,2009). In the introduction, I described my personal reflexivity that included my interest in the study, my personal background and previous studies that I had undertaken. However, I recognised it was vital to continue being aware of my biases and assumptions as they arose during each stage of the research such as, data collection, analysis and writing up of the discussion. I acknowledged that the research was dependent on the expressions of the participants but also my understanding and interpretation. I saw these perspectives connecting with the qualitative exploration of this study.

During this research, I identified my assumption that I believed that awareness of the breath was beneficial to both the therapist and the client in the therapeutic space. While I hold these views, I sought to keep an open mind in my explorations with my participants. I had a willingness to discover further meaning of these experiences with them. I intended not to let my assumptions hinder the possibility of new insights and knowledge. I hoped to achieve this by providing transparency in my views and how these influenced my interpretations throughout this study.

Researcher Position

As well as taking into consideration my philosophical view, I am also alerted to my position as a researcher. I see myself influenced by my life experiences and particularly my cultural background and practices of meditation from a young age. My

experiences involved breath awareness both formally (in meditative practice) and informally (when I was in contact with present moment breath awareness in everyday activities).

I view my position to concur with a phenomenology inquiry when I consider Husserl's suggestion when he said 'go back to the things themselves' (Husserl, 1927, cited in Smith et al. 2009). I see the 'thing' Husserl referred to as the experiential content of consciousness and the lived experience. Interestingly, there are similarities between Husserl's suggestion and ancient approaches such as mindfulness of breathing, when an individual brings their awareness 'back' to their breath each time their attention wanders away. Bearing this in mind, I viewed a phenomenology approach an appropriate fit for the area this study proposed to research.

To provide further transparency and reflexivity, I highlight at this point my position in this study as an insider researcher. I viewed myself as an insider researcher as I come from a background as a practioner of mindfulness involving the use of the breath that started in my adolescence. Therefore, I acknowledged that I have lived experience of the subject matter 'breath awareness' that was under investigation in this study. Taking an IPA perspective, I saw my position as an insider researcher having advantages as well as disadvantages. I considered the main advantage is that due to my experiences of breath awareness I have empathy for what it is like from a participant's subjective view. Having said this Smith et al (2009) informed me that the researcher also needed to consider different perspectives as well ask questions.

A potential disadvantage can be that due to my insider researcher view, the analysis could step aside from participants' accounts and become more reliant on my interpretations. Ideally for successful IPA both the above approaches are advised that combine the researcher's empathy towards participants' experiences as well as the ability to question their experiences, Smith et al (2009). To ensure that being an insider researcher was supportive to the study rather than an obstacle, I as far as possible provided openness involving my views and processes and their influence at different stages of the research. I have also endeavoured to 'bracket off' my preconceptions particularly during the interviews with participants and analysis. I also at the same time acknowledged the social context and influences in the interactions between the

participant and myself. I kept in mind that I aimed to enable the participant to express their accounts on their own terms.

My researcher position supported me to be interested in going ‘back to basics’ when I looked to explore psychotherapists’ experience of their breath awareness. Taking an IPA methodology, as the researcher my task involved a double hermeneutic when I interpreted the accounts that participants’ provided and reflected on their sense making of their experience.

3.4 *Research Design/Method*

This study utilised a qualitative research methodology involving semi-structured interviews with a homogenous sample. Interviews were carried out by myself the researcher after the participants’ had spent a 2 week period of noticing their breath awareness while in sessions with their clients.

IPA as set out by Smith et al. (2009) was utilised to analyse the data. IPA processes were utilised flexibly and various steps undertaken were approached systematically. An audit trail also documented the research process from the start to end.

However prior to conducting the main study I undertook a pilot study. The details are provided as follows.

3.4.1Pilot Study

<u>Design</u>

I engaged in exploratory discussions on the topic of my research with 4 colleagues who were all therapists and who agreed to be pilot participants. The pilot participants agreed to keep a journal to reflect on experiences of their breath awareness in therapy

for a 2 week period. They felt this would be helpful. One participant suggested that I do not give a direct instruction as this might influence the experience but suggested participants were guided to reflect on their experiences that could include the physiological, emotional and cognitive as well as context during experiences of breath awareness.

Aims

I met the pilot participants individually with the aim to learn more about their breath awareness during therapy. It was the intention to use the findings to inform the main study including the refinement of the research questions and the interview schedule.

Pilot Outcome

Following a 2 week period, I asked the participants several questions and received feedback regarding their experiences. I asked the following questions and the responses have been summarised below.

- *Question- What would help you reflect on experiences of breath awareness/ what would help this process?*

To summarise, participants reported that keeping a journal to reflect on their breath awareness in therapy for a 2 week period was helpful. Participants reported the suggestion that participants may reflect on physiological, emotional, cognitive and context during breath experiences gave them guidance without directly influencing them.

- *Question- What questions would you like to be asked?*

Participants gave the following suggestions for suitable questions:

- What was your experience like?
- What did you notice about your breathing- what did it tell you?
- What point did you pay attention to your breath?
- How do you weave it into your clinical practice?
- What was your breath doing?
- How was having the breath useful or not useful?
- What was difficult about your experiences?
- Did you feel changed in anyway?
- Do you think the client benefited in any way? How would you know that?

Question- What were your experiences like?

Participants described various experiences such as being an observer in sessions with clients. This included participants watching their own reactions and feeling calm. Participants said they noticed their shallow breath. They were also aware of regulating their breath and noticing the connections between the mind and body.

- *Question- How could these reflections contribute to clinical work? Were there positive experiences?*

Participants spoke about their reflections of breath awareness promoting their own self-awareness in their work, that helped a sense of well-being and feeling contained. I was also informed that the study might help develop more confidence in therapists to act wisely than react. Participants also spoke of breath awareness helping therapists to remain present with clients.

- *Question- Did you come across any difficulties?*

Exploratory discussions pointed to reflections about discomfort when participants' experienced breathlessness or when the breath was held.

How Findings Informed the Main Study

The exploratory discussions with the pilot participants gave me an indication of the kinds of qualitative data I might receive from actual participants in the main study. Thus provided me with insight into aspects of research design of the study such as:

suitable time frames (i.e. participants noticing their breath for a 2 week period);

helpfulness of participants' keeping a personal journal to write down their reflections.

The findings also highlighted the types of questions I could have in a semi- structured interview schedule that would elicit data for analysis.

I felt conducting the pilot study was a turning point in the process of the research for the following reasons. Firstly, I was moved by the reports that pilot participants expressed in their use of the breath. I sensed similarities between the participants and I was very interested by how they felt their breath awareness influenced them and potentially their clients. Secondly, the pilot study offered me encouragement about the significance of the study, in how it may uncover phenomena that have not been considered before. It also emphasised to me that analysis would require participants' interpretation and my understanding to work together. The findings of the pilot also supported me in my choice of a qualitative research and methodology. It strengthened my epistemological standpoint as I considered the unique subjective experiences of the participants.

After establishing the area of research, conducting a pilot study and refining the research questions, the next step was to look at participants for the study.

3.4.2 Sampling and Participants

I aimed to recruit 6 participants to take part in the study. I decided on this number of participants to ensure adequate meaningful themes were generated from data.

‘A rough guide, we would suggest between 3 to 6 participants (Smith et al. 2009, p.51).

Smith et al. (2009) also highlighted that if there was a sufficient number of participants, similarities and differences between participants could be found in the data. However if there were many participants there was a danger of the researcher being overwhelmed by the amount of data.

Aligned with IPA methodology I looked to interview a reasonably homogenous sample.

In other words, I sought participants that could offer a perspective on their experiences of breath awareness in their work with clients. I kept in mind that the sample would be in a position to answer the research questions of this study. Therefore, participants that I accepted were required to have similar backgrounds in their training as therapists and length of experience as practicing therapists. Hence, an aspect that I held firmly in the inclusion criteria was that all participants were psychotherapists with the same registration and minimum (i.e. at least one years) length of experience across the group. Bearing these points in mind the inclusion criteria was as follows:

Inclusion criteria:

1. Psychotherapists are registered with the United Kingdom Council for Psychotherapy (i.e. UKCP registered);
2. Psychotherapists are recruited by self-selection via an advert (Appendix 1);
3. Psychotherapists have at least 1 years’ experience following registration;
4. Gender or age is not specific;
5. Psychotherapists are required to currently offer therapy to adult clients.

Recruitment of Participants

In order to recruit participants for the study, I informed work colleagues by word of mouth. I also created a flyer (Appendix 1) to advertise the study and placed this on a

notice board at Metanoia Institute. Additionally I contacted UKCP on Twitter to advertise. Contacting therapists on LinkedIn via professional networks was another method I used to recruit.

3.5 Procedures

Once contact was made with participants that were deemed to meet the inclusion criteria, the following procedures were undertaken:

i) Participant information sheet, consent forms and personal journal

I provided participants with information about the nature of the study and discussed details of the study over the phone. After the participants showed interest in taking part in the study, they were provided with further details (i.e. participants Information Sheet (Appendix 2). If participants were interested, I met them in person and discussed consent before sending them a consent form for them to sign and agree to participate in the study (Appendix 3).

After participants were clear about their involvement in the study and consent was received, they were invited to keep a journal to record their experiences of their breath awareness in psychotherapy for a 2-week period. I aimed to provide each participant with a journal so that they could record their reflections. While a direct instruction was not given to participants about their reflections, a guide was given in the first page of the journal (Appendix 4). It was suggested that participants' reflections may include physiological, emotional, cognitive and context during breath awareness experiences. After a 2-week period, they would be interviewed. If participants wished they could bring their journal notes with them. I informed them that I would not look at their notes (as these notes were for personal use, to help participants reflect on their experiences).

ii)*Individual Interviews*

Interviews were conducted in a place participants found convenient and face to face. Utilising a semi structured interview (Appendix 5), I intended to follow a schedule with prompts. However, aligned to an IPA methodology I used the interview schedule flexibly and remained open to the participant freely expressing themselves. To obtain a detailed account of participants' experiences my key interview strategy included picking up key phrases or words they might use and exploring these in detail. For instance, I asked for examples or clarified what they meant in the words they used. Therefore, I intended to be flexible in the way the questions might be phrased. I also took my time in the interview to listen carefully to what I was being told. I foresaw the interviews taking approximately 45 minutes to complete.

ii) Data Collection

The instrument for this study primarily involved the use of a semi-structured interview schedule. This was used as a guide when conducting the interview.

iii) Data Protection

Each interview was transcribed onto a Word Document and identifiable information anonymised. The transcripts were stored and saved on my personal computer that remained password protected. Furthermore, there continues to be no electronic documents that could be linked and identified to a particular participant.

Participants contact details and signed consent forms will be kept separately in a locked cabinet. This information will be destroyed after the completion of the study.

The recorded interviews were saved and listened to for the purpose of data collection and analysis. The recordings will be stored in a locked cabinet. The key to the cabinet is kept separate to the filing cabinet and only accessible to myself the researcher. The audio recordings to be destroyed at the end of the study. Anonymised transcripts will be kept for a further 2 years following the end of the study before these are destroyed also.

iv) Resources

A Sony digital recorder was used to record interviews.

I saved transcripts and written work in relation to the study on my personal computer.

A lockable filing cabinet will be used for storage.

3.6 *Analytic Strategy*

In order to analyse the data received from participants, an analytic strategy was enlisted based on Smith et al. (2009). The analytic strategy provided a clear process to support a methodical and auditable process in the analysis of the data and the overall findings. The steps are outlined in the following.

Step 1: Reading and re-reading

I immersed myself in the original data by listening to an individual audio-recording. Thereafter, the recording of the interview was transcribed. (An anonymised example of an interview transcript can be found in Appendix 6). I then spent time to re-read an individual transcript several times.

Step 2: Initial coding

Following step 1, I conducted a line by line analysis of participants' account by examining the transcripts for semantic content. I aimed to identify emergent themes with the transcript initially for a single participant case and then across the multiple cases. I stayed very close to participants' expressed experience and to their explicit meaning. Initial noting looked at using three discrete processes (Smith et al 2009,p.83) involving:

i) Descriptive
ii) Linguistic
iii) Conceptual

(An example of an anonymised coded transcript can be found in Appendix 7).

Step 3: Developing emergent themes

In this step I kept in mind the hermeneutic circle, 'where the part is interpreted in relation to the whole; the whole is interpreted in relation to the part' (Smith, et al. 2009, p.92). Developing emergent themes involved reducing the data in relation to the research questions. I had in mind that the emergent themes looked at capturing and reflecting participants understanding alongside my understanding or interpretation. (An example of super-ordinate themes can be found in Appendix 8).

Step 4: Searching for connections across emergent themes

I mapped out how the emergent themes could connect across all the participants' interviews. This was done by printing out all the emergent themes from each coded transcript and looking at how they fitted and related together. I intended to complete this with all 6 interviews.

Step 5: Moving to the next case

By using a process of ‘subsumption’, the data was reduced further when I worked to make connections between emergent themes across all the transcripts. This involved organising the emergent themes into clusters to create super-ordinate themes with related sub-ordinate themes.

Step 6: Looking for patterns across cases

Following a collation of patterns across cases, I looked at how a theme in one case may provide insight into a different case. I also examined similarities between cases and their differences. To illustrate the connections across cases I intended to create a summary of master table of themes for the group. The master table of themes for the group highlighted specific quotes made by participants to support transparency in the analytic process (this can be found in Chapter 4, page 67).

Step 7: Selection for the analysis write-up

The analytic process concluded when I utilised sub-ordinate themes and quotes by the participants in writing up the analysis. Selected quotes that were relevant to the research questions were written up in an interpretative account. The write up is evidenced by a detailed commentary of the data and the use of verbatim extracts. By utilising an IPA methodology, the lived experience of each participant and their meaning making was presented by how I the researcher made sense of the participant making sense described as the double hermeneutic. I stayed alert to this process and by understanding this I placed importance on my reflexive process. I kept a diary to reflect and record my processes including assumptions and biases that could influence my interpretations than attempt to bracket these.

3.7 Trustworthiness

I took into consideration the importance of trustworthiness in this study. To ensure that this research was trustworthy in its process and ultimately its findings, I found the work of Yardley (2008) helpful in the criteria that she set out to assess the quality of qualitative research. I followed the principles including:

Sensitivity to context- when I considered the socio-cultural milieu that the research was situated and an awareness of the interactive nature of structured interviewing and the use of verbatim extracts. The interview schedule was developed to support participants to openly reflect and express themselves and their experiences. When I analysed the data, I was aware of the necessity to find a balance between the participants' subjective experiences and my interpretation of their experiences. To this end, I kept in mind the hermeneutics in my sense making.

I also adhered to this principle by ensuring that I undertook a detailed literature review by exploring different theories and studies that were connected to the aim of this study. I also obtained relevant references that I investigated to ensure that I had a comprehensive and detailed understanding of the subject matter that I was exploring i.e. experiences of breath awareness and specifically psychotherapists' breath awareness in connection to their therapeutic work with clients. I also considered deeply my philosophical views and how these aligned with IPA and the aims of this study. This process added clarity to my position as a researcher and contributed toward having a firm rationale for utilising IPA as an appropriate method for this study;

Commitment and rigour- I believed I followed this principle when I worked to remain committed to the process. This began when I finalised my research proposal and obtained ethical approval before I began the research. I also approached the study with commitment when I conducted the pilot study and used the feedback from exploratory discussions to assist in the aims of the study, the interview schedule and

ways to support participants such as the use of a journal. Yardley described rigour in connection to sampling and completeness of the analysis. I have therefore included detailed interviews and an appropriate sample that was fairly homogenous and relevant to the research questions. I have presented a sampling strategy and detailed the process by which I have analysed the data (Smith et al. 2009) received from my participants.

Transparency and coherence- was evident throughout the research when I described my interest in the study involving my personal background in the introduction. I set out my philosophical views in the method and included my epistemological perspectives, my approach to reflexivity and researchers position under this heading. I have also engaged in a methodical approach to the study to ensure that the evidence of the work I have done is accessible at the different stages of the research. This included the initial research proposal to the final write up.

Impact and importance- I addressed a rationale for this study that outlined the useful contribution that this study intended to make. Since I began this study I took opportunities to share its aims in my work with other therapists and mental health practioners.

The above principles have also been strengthened by my consultations with my research supervisor and via peer reviews (i.e. other trainee psychologists have read through my work such as the introduction and literature review and offered their feedback).

3.8 *Ethical Considerations*

In preparation for this study and during the process of research, I kept at the forefront of the work ethical considerations. Considerations included receiving ethical approval and ensuring that guidelines were adhered to throughout the research project. This has included, informing participants with accurate information about their participation

in the study, issues of confidentiality, participant consent, data protection, ensuring the safety of participants and opportunities for debrief and support. These ethical considerations will be detailed further in the paragraphs below.

Prior to embarking on this study, I worked on a research proposal that outlined what I intended were the aims of the study, what I would be exploring and details of participants involvements in the study. The proposed research ensured it met the ethical codes of the British Psychological Society (2011). Following initial completion of an initial research proposal and subsequent amendments to it, the proposal for this study received ethical approval by the Metanoia Institute Research Ethics Committee (Appendix 7*).*

A further ethical consideration was to accurately inform participants prior to their involvement in the study. Initially this was in the form of a flyer to summarise the main points and later a participant information sheet was also provided. The participants were encouraged to ask questions about their involvement and to consider what this would mean to them*.*

Ethics involving confidentially was discussed when participation in the study was explored. Confidentiality was discussed including how long audio recordings and transcripts would be held before they were destroyed. Every effort was made to maintain confidentiality; although it was not possible to predict what might be explored in an interview.

Therefore, confidentiality was revisited at the end of interviews to ensure that each participant was happy for the comments they had made to be included in the study. Participants' confidentiality was assured as far as it was possible. Participants were able to withdraw from the study at any time up until the final write up. At any point of withdrawal prior to this time their interviews would not be used.

Written consent was another ethical consideration when participants were supported to understand what giving consent entailed. I discussed in detail every aspect of the consent and the form was signed by both participant and I the researcher.

Data protection already highlighted previously was discussed in detail with participants. They were informed that data collected would be stored in a locked cabinet. In the analysis and write up, participants would be identified by code only and no identifying information would be used. The key to the names and codes would be kept securely and separately from the other data. Permission would be sought from the participants to keep the transcripts for a period of 2 years after which they would be destroyed. Audio recordings would be destroyed at the end of the study.

Participants would be approached with care and respect ensuring that there was no risk of physical or mental harm from the research process. They were given the opportunity to debrief after the interview and to request the removal of any comments they made during the interview.

To conclude this chapter, I found the pilot study especially very helpful as it offered guidance regarding the main study and how to generate rich data in an area of research that was quite new. The IPA methodology (Smith et al. 2009) provided me clear guidance in how to analyse the qualitative data. Assessment of the quality of the research, by scrutinising the various processes involved was also an important aspect to ensure trustworthiness of the work (Yardley, 2008).

Chapter 4: Analysis and Findings

4.1 Introduction

In this chapter I provide an analysis of data obtained from all 6 participants. Initially the data was organised into themes by utilising an analytic process set out in Chapter 3 (Methodology).

In the following, ‘Summary of Master Table of Themes for the Group’ is presented. This table provides a summary of master themes for the group that includes exemplar excerpts for each superordinate themes.

Table 1 (found under Appendices page 196) offers a more detailed master table of themes for the group that identifies the separate themes and where these were found in the data (i.e. transcripts) across the group of participants. The number of references made by the group for each theme is also indicated.

When identifying themes, my focus was to answer the research questions while also staying open to the unexpected and ensuring a space to reflect on these perspectives too. Each theme was interpreted by exploring the participants meaning making while also encompasses hermeneutics when I the researcher was making sense of the participants making sense, while at the same time remaining self-reflexive in the analytic process.

4.2 Summary of Master Table of Themes for the Group

Super-ordinate theme	Themes and excerpts
1. Physical Breath Experiences	**1.1 Deeper breath** Sarah: breathing deeply just really slowing everything down
	1.2 Shallow breath Mark: or I haven't prepared myself then erm my breathing isn't right,it could be shallow
	1.3 Holding breath Sarah: I hold my breath as they are talking
2. Being Present	**2.1 Being present and allowing 'to be'** Linda: […] I would say I am fully present […] I'm just there
	2.2 Being present in experi-ences of connectedness Stewart: I'm really connected you know, when we are fully put aside our defences
3. Developing Awareness	**3.1 Developing self-awareness** Linda: […] be more conscious and have like an observer there within myself
	3.2 Developing awareness by reflection Joanna: I use it as a vehicle to help me understand a little more
4. Regulating self and client	**4.1 Self-regulation through breath awareness** Tracy:[…] feel that kind of pounding that kind of shallow breathing […] at those times I will try and breathe more deeply
	4.2 Regulating self through groundedness and posture Mark: when I'm breathing I have to feel that I'm rooted in that position […]

	4.3 Regulating self by remembering Joanna: […] the blue note book as a concrete reminder to come back to my breath […]
	4.4 Regulating clients by choosing how to respond Stewart: my client was agitated and panicky and at those points I became calmer that's what made my breathing steady.
5. Discomfort in Breathing Experiences	**5.1 Discomfort when coping with clients' distress** Sarah: sometimes it is difficult when it is triggering something in me
	5.2 Discomfort lessening with practice Mark: I think if you get regular sort of routine or every now and then just checking on yourself and breathing […]

4.3 Super-ordinate theme one: Physical breath experiences

Physical breath experiences focused on the breath awareness participants had at a physiological level involving the sensation of breathing itself. All participants reflected on how breath awareness was experienced in their body and three sub-themes were identified in relation to this.

4.3.1 Deeper breath

During the research, all the participants described experiences of taking deeper breaths. Deeper breaths had a certain quality that benefited them. When they described the deeper breath it revealed an awareness of the process of breathing involving 'breathing in' and 'breathing out'.

Mark during the interview demonstrated his familiarity by focussing on this in-breath and out-breath, in his own words *' I can do it within seconds'*

Mark: 'I can do it within seconds if I'm feeling that something, I can just (takes a deeper breath) I can just get there and that from what I just said to now it's happened'.

Mark's expression suggested that he had practice contacting his deeper breath when he said he 'can do it within seconds' My own sense when he demonstrated this deeper breath during the interview was that he was assured of the benefit of his breath awareness and how it would affect him. Marks inner assurance that the deeper breath would assist him is revealed in the following excerpt.

Mark: '[…] *if I'm not readied myself with a client and feeling a physical kind of ah stiffness in my body or I haven't grounded myself prepared myself then, erm so that's normally when I'll try to ground myself through breathing deeper'.*

In contrast to Mark, Stewart early in his interview said that being aware of his breath is not something that he did. When Stewart informed me of this, I felt my own bias that this would mean that Stewart would probably not have a depth of experience involving his breath. I had in mind that the study was limited to 2 weeks and wondered if it was enough time for him to reflect on his experiences. However, I was made to challenge this view when Stewart gave accounts that were similar to the expressions of other participants who reported that they had previous experiences of breath awareness. Stewart gave an account of his breath awareness and the physical experience of deeper breathing in this excerpt. He also described that his awareness was present prior to expecting a client to arrive. Stewart's words speak of the anticipation of waiting and when he says *' I'm settling myself'* I felt he was indicating his need to be settled than perhaps unsettled.

Stewart: 'so as I'm settling myself expecting somebody whose arrived we're going to meet I notice my breathing tend to tend to be drawing breath is my sense of it taking deeper breaths so forth'.

I found Stewarts words ‘drawing breath’ quite compelling as it described a conscious effort to take the deeper in-breath so that he could feel settled in preparation for his client. He seemed to use the breath to help him. Similarly Tracy spoke about taking deeper breaths to settle herself before seeing her clients.

Tracy: ‘*I’ll take just a little bit of time while I’m waiting for the client, just to maybe take a bit of time to take some deep breaths, I notice my breathing more before the clients come into the room to just kind of settle myself a little bit before my client’*.

My sense was that participants breath awareness occurred at certain points such as prior to meeting clients for their sessions and that they utilised their breath to prepare themselves. Sarah’s description provides further depth to subsequent experiences of deep breathing.

Sarah: ‘breathing deeper just really slowing everything down, so if, as I’m slowing my breathing down, I’m slowing my thinking down’.

She makes sense of deeper breathing slowing things down that for me meant that it gave her more time to think and reflect while in sessions with her clients. It came across that Sarah placed value on this ability following deeper breathing. Further connections were made about deeper breathing and the affects on abilities to comprehend.

Joanna: ‘(takes a deep breath) like that then what I do is that I use that like a register to understand what I’m holding for him, the hope, that he can’t hold, but it’s too much of a burden as well because I can’t hold it all the time so then what I do is use the breath to anchor myself to steady myself’.

Joanna demonstrates as did Mark her deeper breath in my presence and she describes that she uses it *'like a register to understand'*, when she spoke about her client I felt moved by the extent that she was present for her client when she used the words '*what I'm holding for him'* and her description of it being a burden. My sense was that the burden was hard and that the breath gave her support that she needed. When Joanna took the deep breath, I felt a sense of steadiness myself and I felt in touch with her experience and the benefit of deeper breathing. I felt connected to my breath and to Joanna. I reflected how the breath was assisting participants in their therapeutic work with clients as a tool that they could readily access at a given time.

Linda in her use of words *' deeper breath is more connected to the* core' spoke to me as I felt her experiences of deeper breath meant connection to her sense of self when she simultaneously pointed to her chest and left her palm faced down on her chest.

For me, descriptions of deeper breathing and live examples of participants demonstrating it in the interviews gave a sense of peace and calmness that can arise from deeper breath. I personally felt a connection to participants at these times when they breathed deeply in my presence. Their contact with deeper breathing appeared to assist them to self-regulate and experience a level of increased personal resilience.

4.3.2 Shallow breath

In contrast to the helpful deeper breath that participants described, all participants experienced shallow breath indicating they were perhaps struggling or experiencing discomfort. I was intrigued by the difference between deep and shallow breath awareness and how there was a distinction between the two across the group.

When Stewart spoke about his awareness of shallow breath, he described that at these times he was not functioning well. When he used the word *'laboured',* there was a sense that breathing was not easy but felt like hard work. He spoke about this

experience as different from when he feels engaged, indicating deeper breath feeling more engaged and shallow breath as less so.

Stewart: ‘ I’m not functioning very well my breathing you know may I would say is laboured by you know is is (sigh) not the same as when I am engaged and then my breathing changed it had a different quality to it. It had a depth and a clarity and you know as if all of me was involved in this now you know […]’.

In his account Stewart expressed the differences between shallow breath and deeper breath, and revealed his awareness of the change in its quality impacting him. When Joanna spoke of shallow breath awareness, she described it as informing her of her interaction with her client that was similar to Stewart.

Joanna: ‘how I make sense of the shallow breath is that I’m actually working a little bit too hard’.

Both Stewart and Joanna described shallow breathing they experienced as uncomfortable. Stewart spoke about it has being ‘laboured’ and similarly Joanna spoke about her sense of shallow breath as *‘working a little bit too hard’*.

There was a sense that shallow breath was stilted rather than engaging in the flow of respiration. Sarah added to my understanding of shallow breath awareness and the discomfort that can be experienced in her account.

Sarah*: ‘I could hear my breathing really, uncomfortable it was, yeah my breathing did increase and it was through regulating my breathing that I think helped calm them, because they were in state of confusion but their intensity in the way they stared was quite unnerving […] The breathing part of it, it was it brought something in me that I didn’t like so I started to feel quite shallowly almost fearful […] regaining my breathing actually did help the whole situation’.*

Sarah described the interaction between her and a client and she spoke of the impact the client had on her *'they were in a state of confusion but their intensity in the way they stared was quite unnerving'*. Sarah gave details of the shallow breath and its connection to her feeling *'almost fearful'* and then her regaining her breath.

I was aware of the discomfort that was experienced by the shallow breath. However, participants seemed to use this experience to develop awareness as well as support them in how to respond to their clients. (these themes are looked at under further super ordinate themes explored in this analysis).

Joanna provided further perspective to experiences of shallow breath

Joanna: *'it feels heavy it feels shallow feels you know, I feel, if it's just even and paced it helps me to feel equanimity but if it feels heavy or shallow that I might be anxious that it might be mine'.*

In her account she described the impact shallow breath had on her body when she said *'it feels heavy'* and she made a distinction between the shallow breath and breath that is even paced leading to what she described as equanimity. When I later enquired what Joanna meant by 'equanimity', she described it as a *'sense of wholeness in the sense that I feel erm available to whatever's there and whatever happens'*. Joanna's breath awareness contributed to my sense of how differences in the quality of the breath influenced participants at a bodily and emotional level.

Tuning into bodily sensations was an aspect that Sarah expressed when she described how her rushing around was leading to stress and physical tension. She conveyed that she needed to slow down and take time for herself.

Sarah: *'I've noticed it can be very easy to rush rush rush and not breathe properly […] I ended up with a headache with such pressure in my head[…] I just needed to just go out just breathe and that did really calm me down'.*

Once again there seemed to be a links between not breathing properly that I saw as shallow breath presenting itself in the body, or a connection between the ability to breathe perhaps more fully and deeply, leading to feeling calm.

4.3.3 Holding breath

While all participants spoke of deep breath and shallow breath, Sarah was the only participant who described holding breath.

Sarah: *'what I also noticed as well is how often I hold my breath, so if something is happening, if their talking about a traumatic event for example, I hold my breath as they are talking and I hadn't realised that I did that'.*

Sarah had not realised that she held her breath and so this was a new discovery for her. For Sarah holding her breath was in the context of her listening to a client's speaking about their trauma that indicated to Sarah her own discomfort.

She described later that following her held breath, she noticed it became shallow and that made her move. Sarah went on to say that taking her deeper breath felt more controlled and this assisted her in the session.

4.4 Super-ordinate theme two: Being Present

Being present described participants' presence in therapy with their clients. For the participants, this seemed to involve awareness of their breath supporting them to being

fully available and present in their interactions. This theme connected closely to sub-themes that encompassed allowing 'to be' and experiences of participants' connectedness to their clients.

4.4.1 Being present and allowing 'to be'

Most participants conveyed that presence in therapy was vital for therapy to be beneficial to the client. Mark, in particular, saw presence as fundamental to his work as a therapist. I felt that participants had an implicit understanding of this and that breath awareness contributed to their ability to being present and allowing the space between them and their clients 'to be'. Sarah spoke about social pressures for individuals to rush and meet expectations. In her saying '*just allow, allow that to be'* I felt it was a plea to herself that despite pressures to achieve certain goals, in therapy, she endeavoured to be present to whatever arose.

Sarah: *'just back into the situation just allow, allow that to be […] it's I think it's society generally where I am anyway, it's fast paced it's having to meet certain things, to be a certain way, to achieve certain goals and it's not good for any individual to be that way'.*

Mark was very direct in his response about the importance of being present as he saw it as an opportunity for *'something to happen'* between his clients and himself. I felt, while he did not elaborate on this point, he was revealing presence simply as being present in the moment when he said *'I'm there, they're present and there's something happening'.*

Stewart added that the study had prompted him to take note of his breathing and he expresses his experiences of feeling engaged or *'real connection'*. The word *'real'* particularly stressed the genuine connection and what he later described as *'oneness'*.

Stewart: *'I'm involved in a study just make a note of my breathing you know then as that engagement happens, have that real connection I might actually lose that sense of my breathing because you know there's some sort of psychological oneness'.*

Stewart went on to say that it was quite hard to describe the experience. Joanna also described presence when she said it involved '*to be with whatever'*, Joanna appeared to describe something that she perhaps found hard to find the words as well, when she did not quite complete her sentences but spoke of *'just spaces'* and *'I'm still with them'.*

Joanna: *'I haven't asked them what, how do you find this so I think it enables them to be with whatever is there and hopefully that it's okay whatever is there that it doesn't that's just spaces, I'm with them, yeah I'm still with them'.*

Similar to the expressions of the other participants, there was a sense that Joanna was *'allowing'* the experiences to be, to arise in therapy rather than seeking out a particular intervention such as interpretation or filling the *'spaces'*.

4.4.2 Being present in connectedness

This theme emphasised the participants' breath awareness influencing their feelings of connectedness to their clients. Presence and connectedness were highlighted in Mark's expressions when he spoke of a client finding for the first time someone who really listened to him and Mark stated that his breath awareness contributed to this process.

Mark: *'I've worked with some clients where I'm probably the first person that they actually had found that have really listening to them and that has a massive affect on their life, huge affect I think erm and breathing is part of that'.*

Mark's account appeared to describe how awareness of his breath supported him to be present with his clients and that this in turn helped Mark to *'really listen'*. Mark was very direct about his views involving psychotherapists not utilising their breath in their clinical work.

Mark: *'being present, I think erm being present is the most fundamental thing in psychotherapy and a client will pick up on it immediately if you're not there with them'.*

Connectedness was described as a moving experience particularly by Stewart, Stewart from all the participants was clear that prior to the study he did not pay attention to his breath while in therapy with his clients. In his expression he conveyed his understanding of what he experienced in terms theory i.e. Martin Buber's I- Thou interaction. I felt the depth of his experience when he said *'I'm I'm really connected you know'.*

Stewart: *'I I sort of see it as that sort of ' I Thou' or ' I-It' kind of distinction so then when I'm I'm really connected you know when we are fully put aside our defences our you know there's there's you know intimacy of the therapeutic sense of the word then my breathing is different you know'.*

When Stewart referred to the work of Buber, I was aware that I am encouraged by Buber's work and the contributions he makes to my understanding of 'being present'. As a psychotherapist, I have often considered his work in therapy when working with my clients. Due to this position, I felt that I had a greater sense of Stewart's experience, at the same time I did not want to influence his expressions by adding my own interpretation during the interview.

Similar to Stewart, another participant, Joanna, found her breath helped her 'to be with' her clients and for '*something to happen'*. Joanna also emphasised that this occured through the use of the breath when she said *'that wouldn't have before I started using the breath'.*

Joanna: *'I ground myself in the breath, taking a pause breath and slowing down that helps me to just to be with it and usually something happens either the client says something, or something else comes to me, that wouldn't have before I started using the breath'.*

Joanna appeared to express confidently how she utilised the breath to gain presence and to connect with her clients. The manner in which she described *' I ground myself in the breath, taking a pause breath and slowing down'*, seemed like a sequence that she was accustomed to as a participant who often practiced mindfulness of breathing prior to her involvement in the study.

4.5 Super-ordinate theme three: Developing Awareness

For all the participants, developing self-awareness arose as a by-product of their experiences of their breath awareness. Self-awareness appeared to be heightened by participants' observation of their breath. 5 of the 6 participants gained awareness by self-enquiry or by reflecting on their experiences and their client's experiences. These themes will be discussed in the following.

4.5.1 Developing self-awareness

All the participants spoke about developing awareness and saw this as deriving from their breath experiences. Their breath awareness seemed to direct them toward a greater understanding of themselves as well as, the clients that they interacted with. For Sarah, it appeared that there was an increase into her client's experiences of feeling '*more'* understood.

Sarah: *'I was more aware of what I was doing internally becoming more aware of what I was feeling which in turn gave me more insight into how they were so I'm feeling that they felt more understood to explain so much'.*

On a more personal level that did not involve direct contact with a client, Sarah spoke of how her breath impacted her.

Sarah: ' *just needed to just go out just breathe and that did really calm me down , it's rolled on it's made me very aware aware of my life really and that I need to just get back to basics'.*

When she said 'I just needed to' I felt she had already known that breathing would help her and that she could rely on it.

Her comment of, *'I need to just get back to basics'* and her mention of her life brought to my mind the relationship between breathing and it sustaining life and perhaps this what was meant by *' back to basics'*.

Mark specifically spoke about mindfulness and how it related to awareness of himself, his body and his environment. His reflection also indicated the ability to increase mindfulness when he said '*more mindful'.*

Mark*: 'you know it goes to even a point when I become a lot more mindful as well because being aware of yourself erm being aware of yourself erm and how your body is you become. I think you become a bit more aware of your environment as well as I become more mindful of what's around me'.*

Making sense of breath awareness as a new experience added depth to Stewart's expression when he spoke about opening up internally. I felt it was a profound experience for him when he said, *'I think the breathing is sort of opening my chest'*. It

felt like his opening up once experienced was something that moved him emotionally and that he wanted that to continue.

Stewart; *'you know I open up a little bit more internally, I think I, wanting to, I want to be really open with the people that I work with that's what I want to be and I think the breathing is sort of opening my chest'.*

For Joanna, her awareness and insight about what was happening for her and around her seem to unfold when she used the breath to 'pause'.

Joanna: *' the breath for me is a little bit like a pause when I return to my breath I'm having a pause which gives me a chance to notice where I am any sensations in my body, any thoughts, any feelings and in that pause, I'm just kind of coming into an observer position'.*

In the way that Joanna described *'a little bit like a pause',* I felt immediately a sense of space. There seemed for Joanna, that the breath gave her space and time to reflect and as she said, this assisted her to take up an *'observer position'*. I interpreted as her observation before she responds to anything involving herself or her client. Joanna also used a metaphor when she said breath awareness gave her *'a platform to stand on'*. Her increased awareness seemed considerable when she also stated that she had a sense of empowerment as it provided her with a window into emotions. For me, I found the word 'window' described a way in which to look into her emotions and look outward when she responded to her client. I felt Joanna described both of these happening in juxtaposition.

Joanna: *'I think it's empowering because again it's it's a tool as I say it gives me a window onto erm emotions and responses but it also gives me a platform to stand on when I want to erm get a handle on what's happening'.*

4.5.2 Developing awareness by reflection

Examining the different themes that arose from participants' interviews, developing self-awareness was different from developing awareness by reflection involving 5/6 participants in the group. Participants Mark and Stewart found that their breath awareness led them to ask themselves questions. While they did not come up with answers, the questioning itself seemed to support them to remain open to what was occurring between them and their clients. Mark called this *'checking in'.*

Mark: *'if you're feeling a little bit of anxiety and checking in you know whose anxiety is this which is fundamental I think in psychotherapy of actually knowing whose whose you know whose emotion does this emotion belong to erm and I think by breathing it helps you sort that as well'.*

Stewart also conveyed that he did not find his breath experiences unhelpful or negative, but he expressed that he too would question his experience and attempt to make sense of his interaction with his clients while in therapy with them.

Stewart: *'so so nothing sort of majorly negative about it just that just that sense of times when you know am I with me? or am I with them?'.*

The questioning appeared to help Stewart to be curious about what was happening between him and his clients.

Linda described instances in psychotherapy with her clients when she was not sure about what to do. She also said that she would question herself and if she doubted herself, then she noticed her breath changed and this informed her that she was anxious. The internal dialogues that Linda described gave her information about her own states that I saw as contributing to her understanding of herself.

Tracy also spoke of a change in her breath prompting her to *'just wonder why'* and that then supported further reflection that she might return to with a client in a subsequent session. Hence reflection assisted the therapeutic process between Tracy and her client.

4.6 Super-ordinate theme four: Regulating self and client

All participants described experiences of regulating themselves and their client through their breath awareness. Experiences of regulation was found in four areas that were, self-regulation: through breath awareness; through groundedness and posture; by remembering and lastly regulating clients by choosing how to respond.

4.6.1 Self-regulation through breath awareness

The participants 6/6 described their experiences of regulating themselves through their awareness of their breath. Their breath was encountered in various ways, but it was clear that it was felt to be a beneficial experience.

Tracy gave an example of how her breath awareness not only assisted her to consider how her client experienced their breath but then guided her to enquire into her own experience before she took deeper breaths to regulate herself.

Tracy: *' […] but I can see that it is tense in their chest and I notice that I can feel […] in myself that kind of tension in myself so I will try and maybe take deeper breaths when I am with that client'.*

For me, Tracy's account revealed the relatedness between herself and her client and how each could potentially influence each other when they interacted. When Tracy

spoke of *'when I am with that client,'* she seemed to imply that taking a deeper breath was her strategy to self regulate especially in the face of the client's difficulties.

Linda similar to Tracy acknowledged the influence of the breath when she stated that *'you can actually with your breath you can make yourself calmer or more anxious, or you can, you can change your own state by changing your breathing'*.

I found it very interesting when Linda spoke about her breath as generally having no *'fluctuations'*, she said that in most of her interactions with her clients her breath is steady and remains calm, therefore suggesting that she utilised the breath to place herself in a calm state.

Linda: *'so my breathing is quite calm, quite grounded and does not I haven't noticed fluctuations erm the only times that I have noticed fluctuations if I have been disturbed by something'.*

The act of consciously developing the ability to regulate the self through the breath was described again by Joanna when she said *'[…] I regulate the breath then I actually on purposefully if I notice for example, that shallow or anxious I'll purposefully focus in on it and use it especially to come down into my body, to anchor me in my body'.*

Unlike the other participants, Joanna gave details of the contact between the breath and her whole body when she spoke about the breath as it 'come down into my body' revealing the use of the breath influencing her whole being. Once again, my sense was that there was steadying or grounding of the self in this process.

The details of the actual experience of the breath entering the body was expressed vividly by Stewart, he too drew on his breath awareness when he felt that he needed to regulate his state while in the presence of his client.

Stewart: *'I noticed my breathing after an emotionally intense moment in the session and at that point I just appreciated the sensation of the breath entering my lungs through my airways so these moments of noticing are very brief and transitory'.*

When Stewart stated that his noticing of his breath was brief and transitory, it made me consider the depth of his awareness in that moment, as he seemed to convey such fine detail of his experience however brief it might have been.

Sarah was the only participant who spoke of experiences of holding her breath particularly when she was interacting with a client who was relaying experiences of trauma.

Making contact with her client's distress was uncomfortable for her. However, her breath awareness enabled her to regulate herself and possibly her client.

Sarah: *'I felt calmer being aware of when my breath changed, when I was holding my breath being able to regulate that I felt calmer and I I think they felt calmer'.*

Mark's interpretation offered a slightly different view when he considered his ability to think and make sense of his clients. He revealed that when he was unclear, he could draw on his breath to add clarity into how to respond.

Mark: '*[…] you're not quite understanding what's going on, when they're talking you can take a breath and then in that breath you can start to process what you really want to ask them'.*

Exploring Mark's accounts contributed to my sense that the breath provided a flexible approach to self-regulation as it connected to feelings, thoughts and the body thus providing guidance when it was needed.

4.6.2 Regulating through posture and groundedness

All the participants spoke about regulating themselves, while they used different words to convey this such as *'steady myself'*, *'settle myself'* or *'I'm grounded'*, they mostly reflected on their physical position influencing their ability to self- regulate. During her interview, Sarah described several times the importance of positioning herself and her posture supporting her to breathe deeper. For her, posture impacted her ability to feel more relaxed and in control of her experiences. She saw this in turn influencing her clients to have a safer experience in their interaction with her.

Sarah: *'and it's regaining control by sitting properly with the chairs so they push you back anyway so it's difficult to sit upright , but by positioning myself so that I can breathe deeper. I I feel it gives the client a much safer experience because I'm more relaxed, I am in control of me who I am'.*

Positioning was described as directly influencing Mark's experience of being grounded. He used the word *'I'm rooted'* which gave me the sense of feelings involving stability especially when he said he was not *'floating anywhere else'*. He further elaborated that this in turn supported presence in his interaction with his clients.

Mark: *'when I'm breathing I have to feel that I'm rooted in that position where if I'm going to be doing therapy with somebody so that I'm grounded in that position I'm not floating anywhere else and there's nothing else coming into my head and I think that's what breathing helps erm with presence'.*

I found Joanna's use of the word *'anchor'* to be similar to what Mark described as *'rooted'* and this appeared evident when she went into detail of her becoming

grounded. She gave an account of the breath supporting her as she uses the breath going down to her toes and helping her to be more solid on the ground.

Joanna*: 'what I do is I use the breath to anchor myself to steady myself and how I do that is I use the breath to when I breathe in to go right down to my toes and it feels almost imagine the breath going down to my toes and really grounding me and helping me to feel a bit more solid on the ground'.*

Stewart could identify preparing himself prior to meeting his clients, for him it included him breathing more deeply. While he did not describe posture or being grounded, he nonetheless was preparing himself for his clients.

Stewart: 'I noticed deeper breathing ahead of my meeting and I think as I say that I think I pick up a real thread that each time I'm I'm preparing to meet I tend to breathe a bit more deeply and there's sort of sense of preparation you know a preparatory feel to it'.

Tracy spoke of *'I'll take just a little bit of time while I'm, waiting for the client'*, in my mind I saw this as Tracy making time to prepare for her client as did the other participants. Here again breath awareness helped her in this process.

Tracy: *'[…] just to maybe take a bit of time to take some deep breaths, I notice my breathing more before the clients come into the room to just kind of settle myself a little bit before my client'.*

Both Stewart and Tracy while not explicitly referring to posture, they nonetheless spoke about preparing themselves that I saw included the experiences of groundedness.

4.6.3 Regulating self by remembering

An unexpected theme that was particularly significant to one participant was the reference of a concrete reminder assisting breath awareness. Joanna referred to the small blue notebook that I gave her and all participants to record their experiences. Joanna spoke about returning to her breath as a little bit like a pause. *'I'm just kind of coming into an observer position, like a witness and in that pause its space when I can choose my response'* Joanna spoke of the *'blue book'* as a reminder to her. She saw this reminder as almost synonymous to the experience of breath itself when she described *'reminder to come back to my breath'*. I was intrigued by the impact the blue book had on her but at the same time I could see how it had reminded her. I wondered if the other participants had reminders too, although these were not mentioned in their interviews.

Joanna: *'there was something in particular about having the blue book as a concrete reminder to come back to my breath that is almost synonymous with coming to my breath when I see it on the table'.*

4.6.4 Regulating clients by choosing how to respond

Most of the participants 5/6 spoke about their breath experiences helping them to regulate their clients. It appeared that participants' breath awareness informed them about their interaction with their clients and this in turn led them to choose how to respond. While their sense of influencing client's regulation was the participants' subjective view, participants' experiences provided compelling data into how their breath awareness impacted their interactions and responses to their clients.

Sarah often spoke about how her interactions could regulate her client's experiences. Sarah said at times she may be *'too rash'* in saying something. She was able to reflect that when she breathed deeper she was less likely to do that.

Sarah: *'cause I've noticed at times, I don't like it when I do it that I may be a little too rash in saying something, but by breathing deeper I am less prone to do that'.* Sarah also said *'if I feel uncertain about what's been said and I do keep quiet, my breathing shallows and when I do speak I feel I'm talking too fast'.*

The breath influencing speech was an aspect that Joanna also spoke about. Joanna identified noticing shallow breath and taking a breath or pause to *'slow everything down'* that leads to pacing what she says.

Joanna: '*when I notice the shallow breath I slow down my speech and I take a pause again I slow everything down and that again is like it's the breath but it's also the pace of my speaking and allowing space'.*

Another perspective of breath awareness influencing interaction with clients was given by Mark, *'I'm trying to tune in with them'* is how Mark described how he looked to regulate his clients and he went on to describe the use of his breath in this process.

Mark*: 'yeah so since I'm trying to tune in with them if their mood changes then I normally check my breathing to make sure that I'm constantly present with them'.*

I was interested in how Mark had made some connections between his experiences and developmental theory when he spoke of the attachment between an infant and their mother. It seemed that breath awareness for Mark really brought his interaction with his client to a present-time interaction that he could then reflect on and utilise in therapy.

Mark: *'they will sense if you're not breathing properly and your anxiety goes up somebody which is heightened state or used to living in a heightened state they'll pick up on it immediately as […] a baby would with it's mum'*

Stewart provided another example, about choosing how to respond to clients when he spoke about the impact that a client had on him.

Stewart: *'my client was agitated and panicky and at these points I became calmer that's what made my breathing steady'.*

As with all the participants that expressed their attempts to regulate their clients, Stewart also made connections between the clients' presentation and his chosen responses involving his breath. When he said *'I became calmer that's what made my breathing steady',* I believed that this process involved him making a choice to become calm in response to the difficulties that his client was experiencing and this in turn was reflected in his breathing.

The expressions made by the participants revealed how their breath awareness influenced their responses to clients. However, I kept in mind that it was not possible to explore whether these responses did in fact regulate their clients.

4.7 Super-ordinate theme five: Discomfort in breathing experiences

While all participants were quite firm that awareness of their breath was not unhelpful or difficult, most of them indicated their discomfort in breath experiences when in the presence of their client's distress. They spoke about managing the self or regulating the self in the face of their client's expressions of emotional distress. The first sub-theme below discusses their discomfort when coping with clients' distress and the second sub-theme identified that participants found that with practice their discomfort

lessened. Discomfort was often related to shallow breath and for one participant holding breath. However, most participants found that they were able to utilise their breath awareness to support their therapeutic work.

4.7.1 Discomfort when coping with clients' distress

All the participants spoke about their experiences of their breath changing significantly in the face of listening to their clients' distress. Sarah was the only participant who spoke about holding her breath when a client talked about a recent suicide attempt. The noticeable change in breathing informed Sarah about how she was responding to the expressed distress.

Sarah: *'somebody was talking about a recent suicide attempt and they were talking about what was going on for them at that time I realised that my breath was held? So I was very conscious about what was going on for me listening to them'.*

Mark spoke about often utilising his breath to support his interaction with his clients. He described not joining his clients when their mood declined but using his breath to ensure that he is grounded.

Mark: *'but if their mood then goes down, then I have to make sure that I don't go down with them so that's when I'd be checking on my breathing to make sure that I'm grounded'.*

This process of grounding appeared to assist Mark's ability to stay with his clients' experiences and prepare him in some way to sit with difficulties that arose in the room. Stewart went into detail about how he responded to discomfort during an emotionally intense moment and when he experienced the sensation of the breath entering his

lungs. I found his words implied that his breath awareness gave him respite at these moments.

Stewart: *'I valued my breathing after an emotionally intense moment in the session and at that point I just appreciated the sensation of the breath entering my lungs'.*

With practice Joanna described that she purposefully focused on her breath when she experienced shallow or anxious breath. Joanna spoke again about the breath providing her with an anchor in her body.

Joanna*: 'I'm anxious by the shallow breath but I also use it then when I notice that, just just even saying that I'm going to my breath, I notice it, just by noticing the breath then I have a choice then to ground myself'.*

Joanna went on to state that while experiences can be uncomfortable, she described how she could utilise her breath as did Sarah when she spoke of her experience as a *'reader'* to inform her of her state of mind. Therefore, despite the discomfort Joanna's experience of her breath was seen to be helpful

Joanna: *'yeah it is uncomfortable but I guess once you become aware of it then you've got an option, sometimes you're not quite aware that you're uncomfortable but once you've come to the breath again, it's a bit like a reader of your state of mind'.*

The majority of participants felt that noticing their discomfort could assist them. However, Tracy felt that her observations of her breath could distract her and hinder her from being with her client.

Tracy: *'[…] my breathing is becoming faster or shallower and sometimes that can be quite distracting from being with the client, I'm noticing that it's maybe taking me away from being present in that situation because it's impacting on something'.*

The participants' experiences in terms of the discomfort that they can encounter, left me feeling acutely aware of how much they as psychotherapists give of themselves in their work. I felt I had contact with how they utilise their internal experiences to guide their work and wondered if this was at a personal cost to them. I considered the possible affect of burnout. However, it was encouraging that the participants were able to utilise their breath in instances of discomfort to their benefit and that of their clients.

4.7.2 Discomfort lessening with practice

It was apparent that most participants (4/6) with practice, were able to use the breath to lessen discomfort they experienced in their body. Sarah was alerted to not breathing properly when she had a headache. She spoke about not having time to 'just get my breath' and described what seemed like taking the time to breathe to help elicit feelings of calmness.

Sarah: *'I've noticed it can be very rush rush rush and not to breathe properly there was this one particular day that I recalled, I ended up with a headache with such pressure in my head which I can honestly say that I hadn't had time to just to just get my breath'. it sounds so simple and I did in the end take myself away and so I just needed to just go out just breathe and that did really calm me down'.*

Mark informed me of his frequent use of his breath awareness to inform him of his interactions with his clients. He relayed his *'regular sort of routine'* that he said was him checking in on himself.

Mark: *'I think if you get regular sort of routine or every now and then just checking on yourself and breathing you become more present for the client and you don't end up going off in different directions.'*

Similar to Mark, Joanna often incorporated her breath awareness in her work and she expressed again that returning to her breath was an *'anchor'*. She also referred to her internal supervisor and ability to stand back when she described how the breath supported her when she said, 'the breath is me noticing how I'm participating'.

Joanna*: 'no it's just that I guess because I practice mindfulness and I use it as an anchor to come back to base to come back to my life it's coming back to base in therapy work, I'm coming back to my internal supervisor a bit so you know as a therapist I feel I'm participating in something with the client but that I also need to be able to stand back so the breath is me noticing how I'm participating when I suddenly become aware of it'.*

It seemed that when Joanna referred to *'coming back',* it involved coming back to herself internally, she appeared confident that she could rely on her inner abilities to support her which I felt had developed over time.

While all the participants reflected on several aspects in the 2 week period of them taking part in the study, their accounts indicated that practice of their breath awareness strengthened their abilities further.

4.8 Reflexivity of the Analysis

Throughout conducting the analysis of data, I remained reflexive of the process. I found there were various aspects that stood out for me and these were related to my biases regarding participants' previous experiences, the interview process and the analytic process itself.

Participants' previous experiences

I had some apprehension about participants not having any experience compared to those that had, as I considered whether they would struggle in their participation. I was also aware of my assumption that participants without prior experience had much to offer in their breath awareness as I assumed they looked at their experiences with 'fresh eyes'. By keeping in mind my biases and assumptions I was alerted to how these could influence my interpretations, therefore I aimed to remain open to both the experienced and non-experienced participants and to be mindful of my preconceived judgements.

Interview process

I found the interview process very interesting and I was moved by the enthusiasm that the participants showed. During the interviews I drew on Finaly (2009) in terms of phenomenological data arises from the co-created researcher- participant relationship. Therefore, I was aware of how my words and interaction would influence the course of the interview and what a participant might express or not.

I was acutely aware also of the participants impacting me and how I felt when I probed or enquired details of their experience. An example of this was my interview with participant Joanna. Joanna spoke about her awareness of the breath being a 'pause'. As the interview progressed with her I felt myself taking time to reflect and being less rushed. Therefore, influencing my ability to actively listen and remain open to her phenomenological experience.

Analytic process

I found that central to IPA was the production of data as the result of co-created meaning making between the participant and researcher. During the process, I stayed alert to my own biases influencing the findings.

Transcribing the interviews was painstaking and time consuming. However, in keeping with IPA it did bring me closer to the participants in terms of their expressions and my interactions with them. By the time I had completed each transcript, I had already gained some reflection on some of the participants meaning making. Following the initial coding of the first transcript, I then began working with the initial notes and analysed the exploratory comments to discover emergent themes. By the end of this process, I felt quite overwhelmed by the number of themes that had emerged. However, I also gained an understanding of the participants' experiences which really encouraged me to continue in the research and to answer the research questions. I kept in mind hermeneutics, as the original whole was now in parts. The intention was that these parts would join together to form a whole.

In the next step, I searched for connections across the emergent themes. I printed out the list of themes and cut them out. During this process, I started to feel that I was comprehending the experience of the participants much more. Through a process of abstraction and subsumption I gained a real sense of how themes related to each other and I looked at developing super-ordinate themes. I reflected on themes that might be polarised when I took into account differences than similarities.

4.9 Conclusion

To conclude, the analysis and findings set out a master table of themes for the group of participants. The super-ordinate themes were highlighted as well as verbatim extracts from the transcripts following the interviews with participants. During the analytic process, I offered transparency in my reflections so there was an openness as to how I sensed the participants' experiences and the way I interpreted meaning from their accounts. I continued in my reflexivity throughout the analysis and at particular points in the course of the analysis.

Chapter 5: Discussion

5.1 Introduction

The findings of this study revealed participants were influenced by their experiences of their breath awareness in different ways. In this discussion I will initially seek to address the primary question that is ‘What are psychotherapists’ experiences of their breath awareness in psychotherapy?’

Thereafter the three sub-questions, ‘How do psychotherapists’ experiences of their breath awareness influence them and their clients?’ ‘What is positive or useful about psychotherapists’ experiences of their breath awareness in psychotherapy?’ and ‘What is difficult or not useful about psychotherapists’ experiences of their breath awareness in psychotherapy?’ will be explored. The discussion will draw on literature including research and related theory to gain a broader understanding and meaning making of the accounts already given by the participants, and my own interpretations offered in the analysis. After addressing the research questions, I will present limitations of the study, and reflections on possible future directions. I will then conclude with a summary of findings and a summary of contribution to the field.

5.2 Primary Research Question

What are psychotherapists’ experiences of their breath awareness in psychotherapy?

When answering the above primary question, it was clear that the answers to the three sub-questions also contributed to answering it. Therefore, to limit repetition, the following will discuss participants’ overall experiences of breath awareness involving physiological experiences, breath awareness and self-regulation, and the influence of

breath awareness on interactions with clients. This section will then end with a summary.

5.2.1 Physiological Experiences

Analysis of the accounts that participants gave in their interviews offered rich data of how their breath awareness were intertwined with physiological experiences and mental states, as well as what was happening in the room with their clients. Having said this, some of these experiences, which still related to clients, happened outside of the sessions. For example, experiences prior to a client arriving.

Kabat Zinn (1990) described how it is possible to direct the breath, with precision, to different parts of the body. He placed value on the breath as an ally that can alleviate physical pain and settle the mind. More recently, Virtbauer (2016) described the use of the breath or 'mindfulness of breathing' as embodied concentration, where the breath is felt entering and leaving the body. Virtbauer (2016) provided us with these reflections in his reference to Theravada Buddhist meditation manuals. He stated that mindfulness is completely an embodied process that is linked directly and concretely to an individual's life in the present moment. Taking these views into account, the participants' experiences of their breath awareness can be seen to influence their experiences in their body. These appear to essentially involve an embodied process including variations in their breath that will be explored in the following.

i) Deeper breath

All the participants in the study described awareness of deeper breathing. They described how deeper breathing benefited them in a number of ways; preparing them to feel more settled before meeting a client or being able to utilise the deep breath to gain a greater sense of self. This is described by Linda (a participant of this study), as being 'connected to the core'.

These findings corresponded to Bien's (2006) description of how drawing and releasing breath enables benefits involving a nurturing, healing and calming potential. Bien went on to suggest that breathing deeper assists individuals to not become overwhelmed by difficult emotions.

According to Shapiro's (1982) review of literature, which examined clinical and physiological comparisons including meditation, the development of mindfulness can lead to physiological states that induce relaxed and decreased hyper-arousal. Several investigations revealed basic physiological, neurobiological, and immune alterations corresponding to mindfulness (Germer, 2005a). Siegel (2007) stated that mindfulness involved using one's attention, creating brain states in which brain patterns can be stimulated developing networks of brain cells that are conducive to calming the mind.

Taking a traditional perspective, the advantages of deeper breathing can be gained from a few, quick, deep breaths, when the mind is agitated, as this assists in re-establishing mindfulness (Gunaratana, 1992).

Nevertheless, due to the various meditative practices leading to different brain activity, there is a limitation to understanding the biological links, thus making evaluation difficult (Lehmann et al. 2001). However, examination of participants' accounts, in this study, show deeper breath was experienced as beneficial, as it supported feeling 'settled' and the ability to manage emotions.

ii) Shallow Breath

Shallow breath was a further experience of breath awareness that was encountered by all participants in this study. In most cases this was accompanied by some discomfort. Participants described that, physiologically, it was uncomfortable in their bodies, and related shallow breath to anxiety. Bien (2006) explained that shallow

breath can be experienced alongside anxiety, feelings of sadness, or a disturbing thought.

He described shallow breath as uneven and not taking in the breath that is needed. This is due to taking in inadequate oxygen which can lead to a build-up in toxins. He further described the feedback loop between breath and emotion, in other words, feeling anxious leads to shallow breathing; taking shallow breaths leads to an individual to feel anxious. Hence, respiration can be thought of as a reflection of one's mental state (Goenka and Hart, 1987)

'In this way, our respiration alerts us to our mental state and enables us to start to deal with it' (Goenka and Hart, 1987 p. 75).

At the same time, the findings of this study suggested we have the ability to affect how we breathe. This can include slowing the breath down or taking deeper breaths that cause it to become fuller. Tracy stated, "*I can feel my heart beating more in the shallower breathing and at those times I will maybe try and breathe more deeply".* These experiences related to the work of Kabat Zinn (1990) who stated that the rhythm of our breathing varies depending on one's activities and feelings. He suggested that this means sometimes the breath can be regular/irregular in its rhythm or laboured. Ancient perspectives set out by Gunaratana (1992) fit with descriptions by Kabat Zinn speaking of breath awareness to include 'inhalation and exhalation, long breath and short breath, deep breath, shallow breath, smooth breath and ragged breath' (Gunaratana,1992, p 81).

Further reflections were expressed by the participants when they were able to use their experiences to develop an awareness about their interactions with clients in sessions. E.g. Sarah said "*internally becoming more aware of what I was feeling which in turn gave more insight into how they were"*. How breath awareness influenced the interactions of participants with their clients, and the helpfulness of these experiences, will be explored further in this discussion (under the first and second sub research questions on pages 104 and 117).

iii) Holding breath

1 of the 6 participants interviewed made a unique contribution regarding holding breath. Sarah observed that she held her breath when she listened to a client describing details of their trauma. She also identified that she held her breath during an intense interaction with a client that evoked intense emotions in herself. Sarah described how she utilised her breath when she said that after holding her breath she regained her breathing and it became shallow. Sarah later said, "*yeah my breathing did increase and it was through regulating my breathing that I think helped calm [the client]"*. I was interested by Sarah's experience of holding her breath as it signified her ability to pick up on the subtle changes in her breathing.

Sarah's reflection of holding her breath, and the tension she felt, is recognised in Johnson's (2012) statement that breath can freely flow, like it would in a stream, or it can become stagnant; its current jammed. He continued to suggest that free flow breathing can be interrupted by chronic tensions in the body and contractions in the mind. Johnson particularly described not breathing freely and the effect this has on the body:

'Tension in the body always causes some degree of stillness as its nearest joint, and areas of frozen stillness always reset the force of the breath that wants to pass through that part of the body. Simply put, when you tense your body you become still, when you relax your body, everything can start to move again in resilient response to the natural flow of the breath' (Johnson, 2012, P.28).

Taking a Buddhist view, Gunaratana (2001) informed us that observing your breathing with mindfulness can also teach you many things about how your mind works. He described that as you 'breathe in' and then again as you 'breathe out' you experience a small degree of calmness. Yet if you hold the inhaled breath longer than usual, to prolong that feeling of calmness, you experience tension.

To summarise, participants in the study expressed details of their physiological experiences of their breath and how variations in their breath influenced them.

Connections were also made between their breath experiences and their interactions with clients. Breath awareness revealed variations in how the breath can be observed, and experienced, that included the deep breath, shallow breath and holding breath. Exploring the literature revealed that empirical evidence was scarce in relation to physiological aspects of breath awareness. Ancient perspectives offered some guidance to assist understanding the participants' experiences.

5.2.2 Breath awareness and self-regulation

All participants spoke about awareness of their breath influencing their ability to self-regulate. It is interesting to note that 2 of the 6 participants, who had previous experience in observing their breath, prior to the study, demonstrated the use of their breath during my interview with them. When they inhaled and exhaled, they reported that they were in a state of groundedness. Mark stated he could do it within seconds and Joanna said "*I use the breath to anchor myself to steady myself. And how I do that is I use the breath to when I breathe in, to go right down to my toes".* It seemed that exhaling included a type of release of tension, stress or anxiety in the body, and inhalation was the taking in of breath. Joanna said *"the breath for me is a little bit like a pause"*. I interpreted this to mean that she had the time to reflect, which contributed to her mind being at ease. I intended to link these experiences with research and found the work of Siegel (2009) provided a neurobiological perspective. He described mindfulness practice enhancing the development of the middle prefrontal cortex, which increased the following 9 processes: body regulation, attuned communication, emotional balance, fear modulation, response flexibility, insight, empathy, morality, and intuition. Siegel stated these are the qualities of a good therapist. However, Siegel did not specifically identify breath awareness as a method of developing mindfulness and subsequently self-regulation; the findings of this current study now offer a link between the two.

A further contribution to our understanding is offered by Holzel et al. (2011a) when he reported that just 8 weeks of mindfulness meditation, averaging 27 minutes a day, can

alter the structure of the brain related to self-awareness and introspection. The findings put forward by Siegel and Holzel revealed how mindfulness can influence an individual's internal structures, although details of a lived experience of mindfulness are not given.

On the other hand, the work of Doll et al. (2016) investigated the effects of attention-to-breath (ATB). They proposed that the neural mechanisms that are at the basis of mindfulness and emotional regulation are not clearly understood. Their investigation examined ATB, as a mindfulness practice, on aversive emotions at both behavioral and brain levels. One major finding of their study regarding different emotional regulation strategies, is the modulation of amygdala and prefrontal activity. These researchers stated that it is not clear in what way ATB brain areas function. However, they suggested that, during emotional stimulation, ATB down-regulates activation in the amygdala and increases its integration with prefrontal regions. They highlighted that the practice of mindfulness involved amygdala-dorsal prefrontal cortex integration as a possible neural pathway of emotional regulation. The recent research into ATB aligns with the findings of this current study as the investigators made a direct connection between breath awareness and emotional regulation.

5.2.3 Breath awareness influencing interactions with clients

The participants that were interviewed gave details of how their awareness of their breath influenced their interactions with their clients. Using their perspectives, we can draw on literature that examines the therapeutic relationship.

O'Brien and Houston, (2000) affirmed that the relationship between therapist and client is central to the work of psychotherapy. Furthermore, research and theory supports the significance of the development of the therapeutic relationship, and the therapist's ability to attune to their client (Siegel, 2007, 2009, 2010). Lambert and Simon (2008) also emphasised the therapeutic relationship and relational attunement in their work. They proposed that rather than traditional teaching skills, the cultivation of mindfulness with trainees and therapists can support improved therapeutic relationships and client

outcomes. Previously, Surrey (2005) offered theoretical views and suggested the benefits of mindfulness as ‘a co-meditation practice’ where mindfulness and the attuned relationship are connected and support each other. The deep sense of mutuality is similar to Buber’s (1923/1996) ‘I-thou’ interaction, which is embedded in a ‘present moment’ involving an openness with no agenda. Within the context of attunement, I view the work of Buber as related to Stern’s (2004) ‘moment of meeting’ in therapy when clients’ thoughts and feelings are received with acceptance.

Mindfulness has also been thought to be aligned to theories related to intersubjectivity, as they both support a sense of connection to others (Surrey, 2005) and relate to Hanh’s (1992) reference to ‘inter being’ or the interconnectedness of all beings. Furthermore, Davis and Hayes (2011) informed us that mindfulness is similar to other psychotherapy related constructs such as mentalization (Bateman and Fonagy, 2010; Fonagy and Bateman, 2008). This involves the process of comprehending one’s own, and others, behaviour in terms of individuals’ thoughts, feelings and desires. These constructs point to the temporary subjective and fluid nature of mental states and are thought to enhance cognitive flexibility and affect regulation (Wallin, 2007).

However, Schuman (2017) offered us a different view. She spoke of the growing field of Buddhist-informed psychotherapy and provided a framework for engaging patients at levels of narrative, affect regulation, and psychodynamic understanding. She investigated how mindfulness can be integrated into psychodynamic treatment as a part of self-reflection, rather than a cognitive behavioural intervention. Schuman explored psychoanalytic theory and concepts of self, other, and object relations, from an integrative perspective that has both psychoanalytic and Buddhist perspectives. Ancient texts emphasise that mindful breathing practices support the way in which one relates to another (Hanh, 2004). Furthermore, breath awareness is seen as integral to developing mindfulness. This view is supported by the findings of this study, which reveal breath awareness as influencing the therapist-client interaction.

In summary, the therapeutic relationship and a therapist's ability to attune to their clients has been seen as a vital component in psychotherapy. Research points to mindfulness as a vehicle to develop therapists' ability in their relatedness to clients (Surrey, 2005), referred to by Schuman (2017) as Buddhist-informed psychotherapy. The findings of this study suggest, breath awareness in the therapist influences the therapeutic dyad.

The discussion will proceed to answer three sub-research questions.

5.3 The first sub-research question

How do psychotherapists' experiences of their breath awareness influence them and their clients?

I was interested in what participants said they noticed in their interactions with their clients, as they seemed to be open to the immediate encounter they had with them. All participants said that their awareness of their breath influenced them, and this in turn influenced how they interacted with their clients. Participants spoke about their breath awareness contributing to being present with their clients, and feelings of connectedness with them. They also gave accounts of their breath awareness supporting with regulation of the self, and client. The regulation of self included: breath awareness, groundedness, posture and remembering. They also linked this to regulating clients by choosing how to respond. The following will discuss these areas and end with a brief summary to this first sub-research question.

5.3.1 Being Present

From the group of participants, 5 out of 6 spoke about being present with their clients. They also said how the experiences of their breath awareness helped them in this

process, for e.g. Mark expressed how he checks his breathing to make sure that he is constantly present with his clients. Another participant, Linda, described feeling fully present as connected to experiences of groundedness "*and I feel quite present, it's within, as quite comfortable or confident"*.

Geller and Greenberg (2002) presented a qualitative analysis of therapists' presence and developed a working model. Their model of therapeutic presence included: 1) preparing the ground for therapeutic presence; 2) process of presence; and 3) experiencing presence.

My reflections of the participants' breath awareness in this study, saw how their accounts connected to this model in terms of 1) *preparing the ground*. Geller and Greenberg view this as pre-session preparation. Participants of this study conveyed how they prepared themselves so that they were present for their clients. This was particularly highlighted when they spoke of utilising the breath to 'ground' themselves. This preparation occurred prior to sessions and during them.

The second point 2) *process of presence,* was observed in the various ways that the participants used their breath (e.g. deeper breath) to support themselves, their awareness and subsequently their feelings of presence. Geller and Greenberg viewed this point as the activities the individual engages with, while therapeutically present.

Geller and Greenberg's third point 3) *experiencing presence*; was demonstrated through participants' interviews and reflections of their lived experience of breath awareness with clients. When Sarah used the phrase *"just allow, allow that to be"* and Joanna said "*to be with whatever"*, it was clear both participants were attempting to put into words their experience of presence, with their clients. Geller and Greenberg elaborated on their view further when they discussed presence as the foundation of Rogers (2003) basic core conditions, including unconditional positive regard, empathy, and congruence.

More recently, Geller (2013) supported components of therapeutic presence to include: the ability to attend to clients' experiences; the ability to attend to one's own experience, and the ability to act therapeutically from the confluence of those attentions. Furthermore, Geller reported therapeutic presence to include moment to moment processes, or 'being present', and suggested preparation for presence can include utilising mindfulness and meditation.

The arguments set out by the above authors connect with participants' expressions of how they encountered being present involving breath awareness, thus supporting the working model of presence.

Taking another perspective, research by McCollum and Gehart (2010) examined students' experiences of learning mindfulness meditation as a way to help them develop therapeutic presence. Thematic analysis of their journal entries found several themes. These included the ability to be present in sessions and become more aware of their inner experiences that could be observed and responded to. These themes fit the accounts given in this study when participants were aware of their internal experiences. Results by McCollum and Gehart (2010) also revealed students explicitly experienced a greater acceptance and compassion for themselves as well as acceptance of their clients. Additionally, they recognised their shared humanity with clients. While these experiences were not expressed by the psychotherapists of the current study, being present appeared to relate to balancing 'being' and 'doing' modes in therapy. McCollum and Gerhart suggested that mindfulness meditation could be a beneficial part of clinical training. However, their study did not include a type of mindfulness involved such as breath awareness or another form. It is interesting to note that the participants of this study did not have formal training, yet their breath awareness led to some similar findings as those found in McCollum and Gerhart's investigation.

Baker (2012) also explored the accounts of trainee psychological therapists' experiences of mindfulness. While the participants in this investigation did not have any training prior to the study, Baker's participants were instructed in mindfulness and had brief mindfulness meditation training (i.e. 15 of the 19 participants completed training involving 2 months of Mindfulness Based Stress Reduction (MBSR). Baker

examined participants' experiences of relational depth, the cultivation of therapeutic qualities, and their use of self in the therapeutic relationship, as well as how they integrated mindfulness clinically.

The findings led to a proposed process model where the therapist intra-personal attunement facilitates therapist-client interpersonal attunement that in turn promotes client self-attunement within a co-created space. His findings aligned with several findings in this study in terms of participants' experiences of being present. Other similarities involved increased levels of attunement in the therapist and the subsequent influence on the interaction with clients. It is fascinating that these similarities arose for the participants in this study without formal training and only a limited direction to observe the breath while in sessions with clients.

Drawing on traditional perspectives, Hanh (2008) provided a depth of understanding involving being present when he described breathing as a present time process, as it occurs in the here and now. He made it clear that we are usually not living in the present; either we are preoccupied by memories or we look ahead to future plans and worries. The breath is understood not to have 'other timeness'. Therefore, when the breath is observed it places the individual in the present. This perspective is mirrored in the accounts of the participants; Joanna, referring to her client, said "*I think it enables them to be with whatever is there and hopefully that's okay whatever is there […] that's just spaces, I'm with them, yeah and I'm still with them"*.

Goenka and Hart (1987) stated that by using the technique of 'breathing in' and 'breathing out', the attention on the respiration brings one to be present in the moment. I would argue Johnson (2012) supported this notion when he suggested feeling presence can merge with the natural motions of the breath. To add to this, Gunaratana (1992) suggested that when we use the breath as a focus, it serves as an essential point of reference from which the mind wanders and is drawn back. He stated that distraction cannot be seen as a distraction unless there is central focus to be distracted from.

5.3.2 Being present in experiences of connectedness

The participants' accounts point to 5/6 of them linking being present to connectedness. Mark stated being present was the most fundamental thing in psychotherapy and Joanna spoke of an inner experience that she demonstrated to me in the interview. She said "*deeper breath is more connected to the core and more, yes, more connectedness possibly".*

The study by Geller and Greenberg (2002) offered further reflections about connectedness between a therapist and their client. According to them therapeutic presence is defined as the therapist engaging with the client through their whole self. This included being fully present in the moment for the client, in a way that is not self-centred or goal oriented. They viewed the therapist's availability as essential to the healing process, more than the therapist's theoretical orientation.

One of the participants, Stewart, specifically related his experience to the work of Martin Buber and the 'I-Thou' or 'I-It' interaction. Stewart stated "*I'm really connected, you know, when we are fully putting aside our defences".* Taking Stewarts meaning making of his experience and reference to the work of Buber (1923/1996), it is possible to comprehend Stewart's experience using Buber's description, where healing arises when there is a meeting between two people, as they become fully present to each other. I see Buber's work as relating to Stern's (2004) 'moment of meeting' in therapy, when the client's thoughts and feelings are received with acceptance. Stern described the authentic presence of the therapist as one where they can open themselves to the client. There seems an obvious parallel here to Stewart's account of his experience of connectedness.

In my mind, Surrey (2005) adds to our understanding of presence and connectedness in terms of relational psychotherapy. Surrey described a process where therapist and client work toward deepening their awareness of the present relational experience,

with acceptance and mindfulness. The central objective is to connect with whatever arises in awareness, which leads to an increased, deep interconnection with others. Ancient perspectives also contribute to comprehending the experiences of connectedness that were described by participants, in this following quote:

'Breath is a phenomena common to all living things' (Gunaratana, 1992, p 79).

I found this statement profound as it reflected the findings of this study insomuch as the participants' accounts had many similarities that connected them all. Therefore, this study highlighted to me the shared experiential understanding, which Gunaratana suggested, moves the individual closer to other living beings.

5.3.3 Self-regulation through breath awareness

All participants suggested their breath awareness assisting them in regulating themselves. This often arose when participants took deeper breaths that led them to feel calmer, and this in turn influenced their interactions with clients. The analysis revealed that there were several aspects connected to regulating the self and client. Linda, in her interview, noticed that when she became calmer within herself, her voice became calmer in her interactions with her client. She spoke about utilising her voice when a client was extremely anxious, and subsequently by changing something within herself it brought about changes in her client.

Research pointed to relational processes and emotional regulation. The work by Beebe and Lachmann (1998) proposed that self and mutual regulation impact each other, they stated that internal and relational processes are simultaneously organised and co-constructed. Their views suggested a reciprocal co-construction that aligned with the work of Winnicott (1982), Bowlby (1988) and Kohut (1984) who also described

the contribution of the dyad and the interactive process. I saw these contributions as understanding the reciprocal influence that occurs between a therapist and client, reflected in the findings of this study and expressions such as, of Linda. However, the findings of this study go a step further as they reveal psychotherapists' breath awareness as a method through which relational processes can be influenced.

All the participants described an ability to self-regulate through their breath. Sarah expressed "*breathing deeper just really slowing everything down. So if as I'm slowing my breathing down, I'm slowing my thinking down[…] so it's controlling everything about what's going on around me at that time"*.

In his book, '*The Mindful Brain',* Siegel (2010) examined interpersonal neurobiology. He wrote of combining personal knowing with scientific perspectives. References are made to the field of neuroscience and to attachment research. He took into account how fundamental processes of attunement might influence brain activity, in states of interpersonal communication. Siegel suggested a form of intra-personal attunement through mindfulness. Furthermore, Bruce et al. (2010) claimed that mindfulness is a means of self-attunement that assisted the ability to attune to others. He specifically looked at the role that a psychotherapists' mindfulness has in the process of psychotherapy and the development of the psychotherapist and patient relationship. Similarly to Siegel, (2010) he proposed that mindfulness is a form of self-attunement that impacts the ability to attune to others.

Self-regulation and self attunement, as described by Siegel (2010) and Bruce et al. (2010), relate to some of the accounts provided by the participants of this study. The participants appeared to connect to their breath as a strategy to regulate their emotions. Joanna described, in detail, how the breath for her was somewhat like a *'pause'* and that having this pause gave her a chance to observe and "*notice where I am".* These possible observations included sensations in her body and any thoughts and feelings she might have. This thereby enabled her to choose how she responded to clients. Another participant, Linda, spoke about an unconscious process where she experienced her breath remaining the same, without any great fluctuations, unless she had been disturbed by something.

The accounts provided by the participants of this study are compelling as they give details of using the breath to alter their inner state, which subsequently influenced their interactions with clients. Davis and Hayes (2011) stated that mindfulness meditation has strong empirical support to affirm that it contributes to emotional regulation. They expressed the benefits have led to the term 'mindful emotion regulation'. Davis and Hayes (2011) suggested evidence supports mindfulness assisting the development of effective emotional regulation in the brain (Siegel, 2007, Farb et al. 2010). Furthermore, the results of the study by Farb et al. (2010) pointed to mindfulness meditation as shifting the individual's ability to use emotional regulation techniques, to support them to experience emotion selectivity. Additionally, the emotions experienced may be processed differently in the brain (Farb et al. 2010, Williams, 2010). To add to this, mindfulness meditation is seen to decrease negative affect and rumination, and promote positive emotions. Williams (2010) suggested that just 8 weeks of mindfulness meditation practice can change processes in the brain, and the ways that emotions are regulated.

When exploring different perspectives, such as Davis and Hayes (2011), Siegel (2010) and Bruce et al. (2010), it appeared that while the literature supports the understanding of the benefits of mindfulness, there is no specific form of mindfulness that has been utilised or identified. However, the findings of this investigation pointed to the use of breath awareness as a vehicle to develop mindfulness that subsequently contributed to self-regulation.

5.3.4 Regulating self through groundedness and posture

An aspect that all participants spoke about was the feeling of groundedness. Mark particularly spoke about interactions with clients that are traumatised and the affect this had on him. Mark described how he regulated himself when he said "*I realised that I had to ground myself because he was being quite graphic about what actually happened to him"*. Mark went on to say that *"to me I think breathing is one of the most grounding things you can do".*

Participants also described posture influencing their sense of groundedness. Sarah gave a detailed account of how posture not only influenced how she breathed, but also how it supported her sense of control. Sarah conveyed "*if I push my chair up in a position where I'm more upright so I can breathe better and I think by doing that it made me feel that I'm thinking clearer*". Sarah later stated "*by positioning myself so that I can breathe deeper. I feel it gives the client a much safer experience because I'm more relaxed, I am in control of me of who I am".*

After examining the participants' accounts about their posture and the impact they felt it had on their breath awareness, and states of feeling grounded, I looked to investigations and literature that might contribute to an understanding of the participants' lived experiences in this area.

Although there was a lack of research connecting groundedness and posture, Kabat Zinn (1990) gave some instructions about meditation and posture. He stated that it helped to adopt a posture that is erect and dignified; with your head, neck, and back vertically aligned as this helps the easy flow of breath. He also stated that posture is the physical counterpart of internal attitudes that include self-awareness, self-reliance and alert attention that meditation cultivated.

I was intrigued to discover a depth of information about posture particularly in the Buddhist texts. While I recognised that correct posture is advised during meditation practice, I had not considered its strong connection to feelings of inner stability and groundedness, as described by the participants of this study. The Satipathana Sutta spoke of posture similar to the Anapanasati Sutta in the directions given under 'The Contemplation of the Body' and in references to 'The Postures of the Body'. These texts conveyed posture as an essential part of the development of mindfulness of breathing (Vajiragnana,1995). Hanh (2008) similar to Kabat Zinn (1990) also provided very precise instructions about posture and affirmed that keeping your back straight is essential. He advised the neck and spine should be in alignment with the spinal column but not held stiff or wood-like. In terms of this study, participants sat in chairs during their sessions, yet posture was attended to and seen as a contributing factor to their sense of groundedness. Mark expressed that for him a sense of groundedness was

achieved by feeling ‘rooted’ in a position rather than feeling that he was “*floating anywhere else”*.

Vajiragnana’s (1995) advice about posture supported the account given by Sarah that her chairs were not good for her posture. Sarah said that she noticed that her chairs contributed to her slouching more and that this related to her shallow breath. Vajiragnana encouraged the practitioner to experiment with various postures. He suggested it is best to sit in a way that allows free circulation of the blood. The back needs to be upright and still, while letting the shoulders drop naturally. Vajiragnana spoke about the importance of posture when he stated ‘poise of the body brings poise to the mind’ (Vajiragnana, 1995, p.11).

Similarly, Goldstein (2002) stated the importance of remaining grounded in the awareness of one’s body posture. Johnson (2012) offered a further perspective regarding posture when he stated that sitting upright expressed a bearing of dignity but the purpose is more to do with Newtonian physics,

‘simply put, structures that are aligned along a predominately vertical axis are supported by the force of gravity, while structures that are not aligned have to create that support themselves’ (Johnson, 2012, p.13-14).

Johnson confirmed that we cannot escape gravity’s pull. Therefore, by ensuring an upright spine we can utilise this pull as a source of support and buoyancy that assists us to relax, rather than gravity being a force we continuously brace ourselves against. I was fascinated by Johnson’s contribution to understanding posture and the associations involving gravity. Johnson also described that by sitting with an upright and erect spine the tensions in the body begin to relax through the simple gesture of surrendering one’s body weight to the pull of gravity. His description related to the feelings of stability that were expressed by participants.

5.3.5 Regulating self by remembering

1 participant out of the 6 specifically spoke about regulating the self by remembering. Joanna's reflection did not relate to other experiences across the group and therefore provided an unexpected account. As outlined in the Methodology, all the participants were given a journal that they could use to record their experiences and thoughts. Joanna spoke of the "*the blue note book"* and said, '*there was something in particular about having a blue note book as a concrete reminder to come back to my breath that is almost synonymous with coming to my breath when I see it on the table"*.

While I did not find any studies or theories about concrete reminders assisting awareness of the breath, Hanh (2008), taking an ancient view suggested having a day of mindfulness. He suggested one could think of ways to remember, at the moment of waking, to have a day of mindfulness. He stated that having something such as, a piece of paper with a word on, or something on the wall or ceiling, could act as a reminder.

5.3.6 Regulating clients by choosing how to respond

Participants spoke about how awareness of their breath supported them to choose how to respond to clients, and thus regulate clients. Examining the accounts of the participants, I kept in mind that their interpretation that they had regulated their clients was their subjective view. Joanna described how she would ground herself using the breath and this influenced her interaction with her client*, "either the client says something or something else comes to me, that wouldn't have before I started using the breath".* Linda specifically claimed "*I make changes within myself […] to influence changes within client".* Linda described her experience involving matching and pacing her inner state with that of the client to support regulation, assisting the client to feel calmer.

Stewart described a session when a client became agitated and panicky. He said at those points he became calmer and his breathing was steady. He also reflected on whether the breathing pattern was a cause or an effect and suggested that his experience was subject to his mental state. i.e. it was his mental state that influenced his steady breathing and not the other way around. As mentioned previously Bien (2006) suggested that a 'feedback loop' links breath and emotion that could assist in understanding Stewart's experience.

Sarah said that by taking deeper breaths she was less prone to say something

'rash' and Joanna spoke about '*slowing down her speech'*.

It appeared that both these participants responded to their clients with a deeper awareness and consideration. Taking a psychoanalytic perspective, I found these participants' experiences related to the work of Casement (1985). Casement described trial identification that I saw increased awareness in the presence of clients. This included imagining how a client might view interpretations or words that were used. Furthermore, how verbal interactions (including interpretations) could divert the client and therapist from uncomfortable, intense feelings, and prevent the relationship from moving to a deeper level.

Rosenberg and Guy (1998) informed us further when they stated, 'the breath can be a great help by giving you space around your words' (1998, p174). In my view Rosenberg and Guy described this well. They placed importance on moments in interactions with clients, and informed us that sometimes you are just moments away from saying something that is not helpful. Spending those moments with the breath can provide enough clarity to avoid this.

Regulating clients, by choosing how to respond, fits with the work of interpersonal attunement. Siegel (2007) argued that understanding mindfulness can support interpersonal attunement and the self-regulatory functions of attention and in doing so a new approach can be offered. His contribution highlighted the connections between mindful awareness and brain activity. He also stated that mindful awareness is a form of intra-personal attunement. Looking at the mechanisms in the brain, similarities

between the two forms of internal and interpersonal attunement can be revealed. Siegel informed us that through examination of the neural functioning and possible correlations, it may be possible to increase our understanding of why and how mindful awareness creates the documented improvements in one's inner sense of well-being, increased ability for rewarding interpersonal relationships, and increased immune function. Research has demonstrated that mindfulness meditation assists individuals to become less reactive (Goldin and Gross, 2010; Siegel, 2007) and have increased cognitive flexibility (Moore and Malinowski, 2009, Siegel, 2007). Additionally, evidence suggested that mindfulness meditations cultivated the skill of self-observation. In terms of neurobiology this disengages automatic pathways created from previous learning. Thus, supporting input in the present moment to be integrated in a new way (Siegel, 2007).

Literature that described Buddhist perspectives related mindfulness to how one responds to another person. Hanh (2004) spoke about loving speech arising when we are calm and not irritated. He advised that when we are irritated we should refrain from saying anything and suggested that, at these times, we should just breathe. Hereby using the breath as a strategy to regain a sense of calmness and serenity before we are able to speak language that is loving and kind. Hanh's (2008) reflection described the value he placed on the ability a person has to manage their internal experiences. His suggestion aligns with some of the accounts made by participants, e.g. Mark said, "*I mean just being patient in my daily life with people and somebody is irritating me and this is normal I just sort of not necessarily biting back and take a breath and in that breath I'm actually being able to rationalise what's going on".*

Participants' reflections, of regulation influencing how they chose to respond to their clients, offered a 'bottom up' account of what it means to have mindful awareness. Their expressions also indicated how, in the moments of interacting with a client, breath awareness appeared to support this process. I see Hanh's views relating to more modern day perspectives such as those proposed by Rogers (2003). Rogers' work provided a model of empathic understanding, involving genuineness and unconditional positive regard, to support capacities to attune to clients. In my mind

Rogers' person centred approach appeared to align with views that encourage increased awareness and presence in interactions with others. To this end, breath awareness appears to be a useful tool that can be utilised in this process.

5.4 Conclusion

To conclude, the first sub-research question 'how do psychotherapists' experience of their breath awareness influence them and their clients?' is addressed by the many accounts provided by the participants of this study. Breath awareness forms the basis from which several participants felt they were being present with their clients. Participants' breath awareness also contributed to their self-regulation that they saw, in turn, influenced their interactions with their clients. The awareness of their breath points to it as a strategy that assisted participants to elicit groundedness and posture. Regulating and choosing how to respond to clients also arose via breath awareness. Studies and research provided an evidence based approach involving neuroscience (e.g. Siegel, 2007) that emphasised a conceptual understanding; while the ancient perspectives advised an experiential approach to understanding the mind and the benefits of mindfulness of breathing.

5.5 The second sub-research question

What is positive or useful about psychotherapists' experiences of their breath awareness in psychotherapy?

Aspects already described under the previous research questions showed that breath awareness have been useful to participants in terms of their ability to develop their inner states, such as, the development of presence and regulating the self and the client. However, there were experiences that were particularly highlighted by participants as positive and useful. Participants spoke about the development of self-awareness and the development of awareness by reflection. They reported that their breath awareness assisted them in this process and, subsequently, helped them to

consider how to respond to their clients in a useful way. These will be discussed in the following and end with a brief summary.

5.5.1 Developing self-awareness

All the participants spoke about the experiences of their breath awareness that supported them to develop self-awareness. Tracy conveyed that the breath helped her to notice changes in her body and this allowed her to consider what was happening in the moment "*sometimes I will know that maybe it's from my own anxiety about the client or maybe triggering something for me".*

Stewart spoke of his awareness of his breath when he said, "*I think the breathing is sort of opening up my chest"*, and continued to say he saw it as opening windows within him. All the participants interviewed spoke about receiving guidance from their breath that helped them in their work. It seemed that they had increased awareness of experiences within themselves, as well their perceptions of their clients, and the outer environment.

When I examined the literature, I came across the work of Vago and Silbersweig (2012) and the presentation of their integrative theoretical framework. They suggested that although mindfulness is proven to be beneficial, there is inadequate clarity about the operationalisation of this construct and the mechanisms that underlie it. These authors presented mechanisms by which mindfulness decreases biases connected to self-processing and develops a healthy mind. They present a framework of self-awareness, -regulation, and –transcendence (S-ART), as a method for becoming aware. References are made to perceptual, cognitive, emotional and behavioural neuropsychological processes as supportive elements for S-ART. The work of Vago and Silbersweig is theoretical and provided a different viewpoint from the lived experiences in this study. Exploration of their work pointed to the significance of the

self-awareness and self-regulation that are observed in the findings of this current investigation.

The study by Holzel et al. (2011 a) revealed the development of self-awareness and introspection occurred from 8 weeks of mindfulness meditation (averaging 27 minutes a day). Mindfulness was seen, in this study, to alter the structure of the brain. Although the participants of this study did not take part in mindfulness meditation practices, I found it very interesting that with limited guidance they, nonetheless, experienced levels of self-awareness. More recently, Shapiro and Carlson (2017) spoke of intention and how it is related to the concept of mindfulness. They described awareness that arises by attending to oneself and others intentionally. Descriptions such as caring and openness are described to arise through mindfulness, which clearly relate to the expressions of the participants in this study.

More traditional approaches refer to Vipassana as insight meditation that involves a state of uninterrupted mindfulness. It trains the individual to observe the mind-body process within themselves in order to discover the true nature of things (Vajiragnana, 1995). The aim of Vipassana practice is to discover the truth of impermanence, unsatisfactoriness, and selflessness of phenomena. It is a mental training that contributes to seeing the world in an entirely new way. The potential development of Vipassana was beyond the scope of this study, as it refers to more advanced processes involving formal meditation practices. Nevertheless, participants of the current study reported experiences of their breath awareness assisted with the development of self-awareness and that they gained some knowledge to help their work with clients.

5.5.2 Developing awareness by reflection

From the participants that were interviewed, 5 out of 6 spoke about developing awareness through reflection that related to their breath experiences. Tracy noted,

when she noticed changes in her breath, that she did not convey her observations to her client but her experiences prompted her to wonder why, and to be alert to changes in herself.

I saw this as an example of a reflective approach as the participant took part in self-enquiry to comprehend her experiences, and those of the client.

Siegel (2007) shed light on awareness by reflection when he stated that mindfulness involves intrapersonal attunement. In other words, mindfulness assists awareness of the self and this supports the capacity to attune to another. He also spoke of 'mindsight', described as observing the inner working of the mind, involving focused attention, which appears to link with experiences of participants of this study.

When I explored the literature in more detail, I also considered psychoanalytic theory and its' connection to the participants' experiences. In terms of developing awareness by reflection, I was alerted to how participants' experiences could include countertransferential responses. Maroda (2004) describes the value of countertransference, and the incorporation of revelation and analysis of counter transference, in therapeutic work. Joanna reflected on how her breath experiences were useful saying *"I use it as a vehicle to help me understand a little bit, If I'm thinking psychoanalytically in terms of countertransference".* She also spoke about her internal supervisor, *"I'm coming back to my internal supervisor a bit so you know as a therapist I feel I'm participating in something with the client but I also need to be able to stand back so the breath is me noticing how I'm participating".*

Casement (1985) suggested patients often related to their therapists as transferential objects and he described the internal supervisor as the ability to remain close enough to the patients' experience whilst keeping a sufficient distance. For me, both the points made by Joanna, and the theoretical links, provided some understanding about awareness and how it can arise in self-awareness and reflection.

To summarise, participants across the group expressed the development of self-awareness and awareness by reflection involving their breath. Literature offered research, ancient perspectives, and psychoanalytic theory to support further understanding of participants' expressions, and how their experiences of breath awareness were positive and useful.

5.6 The third sub-research question

What is difficult or not useful about psychotherapists' experiences of their breath awareness in psychotherapy?

All 6 participants said that they did not feel experiences of their breath awareness were difficult or not useful. Instead, any discomfort they felt was an indicator to them, which was useful. The following will specifically look at the two areas emphasised in the findings. Firstly, discomfort in breathing and coping with clients' distress. Secondly, discomfort lessening with practice. This section will then end with a summary.

5.6.1 Discomfort in breathing when coping with clients' distress

Analysis of the participants' accounts made it clear that their experiences of shallow breath were uncomfortable. The participants spoke about how shallow breath involved some discomfort often associated with feelings of anxiety. Mark said that when his breathing is not right it could be shallow and the experience informed him that he had not prepared himself. Joanna spoke about her breath acting like a register to let her know what was happening. She referred to shallow breath stating, *"it is uncomfortable but I guess once you become aware of it then you've got an option*". Joanna went on to say that noticing her discomfort allowed her to *"start to become curious about that'.* In this way any discomfort experienced was utilised in a useful way.

Joanna's experiences were echoed by Linda in her interview when she said she felt the awareness of her discomfort assisted her to understand *"what was going on*".

From the participants 5 out of 6 spoke about their own anxiety and discomfort of breathing when interacting with clients that were distressed. Mark reflected on his interactions with his clients and said, "*but if their mood then goes down, then I have to make sure that I don't go down with them so that's when I'd be checking on my breathing to make sure I'm still grounded".*

The investigation into applying mindfulness practices to the training of therapists by Christopher and Maris (2010) provided further understanding of what therapists encountered when they mindfully interacted with their clients. These authors stated that having developed an increased capacity to observe, through mindfulness practices, therapists were able to be more attentive to the therapeutic process. Their report highlighted that although therapists felt anxiety, confusion or irritation, these feelings were recognised. In other words, by observing their emotions there was less pressure to react to them. This included emotions being more consciously felt and known, and therefore were experienced as less threatening. These findings aligned with the experiences of the participants in this study as their lived experience of breath awareness also highlighted their discomfort, such as anxiety. However, the observing capacity that arose through their breath awareness offered an increased ability to cope and respond in a non-reactive way. Christopher and Maris (2010) findings were reflected in the interview with Joanna from this current study when she said she was able to choose how to respond. The present study offered further insight when it revealed returning to the breath gave participants, including Joanna, a chance to notice sensations in their body that led to choosing how to respond.

The work of Hayes et al. (1994) and Carson et al. (2004) provided additional knowledge in the area of potentially difficult experiences in relation to mindfulness. Hayes et al. (1994) describe a non-judgment approach, and capacity to observe experiences as they arise, to include acceptance. Acceptance is thought to be a main

aspect in mindfulness practice, as it involves the acceptance of experiences that are unpleasant, rather than the need to change them. This work related to Carson et al. (2004) when they suggested that the acceptance based component of mindfulness assists a different way for coping with internal experiences. Through acceptance, mindfulness practitioners discover a growth in empathy and their compassion for others. These affects are considered to include several experiences, whether pleasant or difficult. It is proposed that this type of mindful, non-judging awareness can particularly involve optimal interpersonal functioning (Shapiro, et al. 1998). Although the participants of this study did not explicitly describe their experiences as 'acceptance', they remained open to encountering their discomfort in interactions with their clients, rather than attempting to negate these experiences. They also observed the discomfort they felt while, simultaneously, using this information in a useful way.

Negative Findings and Hindrances

It was worth noting that none of the participants of this study expressed negative experiences, or hindrances, in their encounters of breath awareness. Baker's (2012) qualitative research found one participant, at times, encountered an adverse effect involving the possibility of being overwhelmed by feelings. Baker's (2012) discussion pointed to the potential danger of embodied countertransference awareness. Concerns related to meditation and mindfulness practices have also been highlighted by NHS Choices (2017), Lustgk et al. (2009) and Baer and Kuyken (2016), although none of these concerns corresponded to the findings of this research.

Ancient texts such as the Satipathana Sutta, also known as the Four Foundations of Mindfulness, describe five hindrances to mindfulness. These are: sensual desire, anger, laziness, restlessness, and doubt (Johnson, 2012). When examining the accounts of the participants none of these hindrances were specifically identified. I kept in mind that the Satipathana Sutta refers to more detailed systematic development of mindfulness meditation, as found in a training programme, unlike this short study involving the observation of the breath over a limited 2 week period.

Therefore, ancient references made to hindrances could not be compared to the findings of this study.

5.6.2 Discomfort lessening with practice

4 out of 6 participants spoke of practice and familiarity with their breath awareness lessening the discomfort they might experience. Mark and Linda both described having previous experience in their breath awareness. Mark informed me "*I think if you get regular sort of routine of every now and then just checking yourself and breathing […] you don't end up going in different directions*".

A further perspective was described by Joanna when she spoke of her previous experience of mindfulness utilising the breath to assist her 'unconsciously', as she relied on what had worked previously. Therefore, Joanna seemed to have an implicit knowledge of the benefits of the breath. Joanna described noticing her breath *"I haven't noticed erm any great fluctuations in my breathing and er it just stays er it it's I guess it's erm unconsciously it's grounded state that I have learned to put myself in a grounded state*". Joanna said taking part in the study actually helped her recognise what she was doing unconsciously. It seemed that Joanna felt that through her own practice her breath awareness, and how she enlists the practice in sessions with her clients, was something she was confident in, which involved an understanding that she draws on unconsciously.

Exploration into related theory found the suggestion that a sincere effort is made so that the capacity to stay with the breath becomes increasingly stronger thus eliciting the breath itself to be more vivid and available (Rosenberg and Guy, 1998). Research by Christopher and Maris (2010) also supported the view that the developed capacity of mindfulness enables the individual to support their clinical work more fully. They reported that practicing meditation for 15 weeks reduced discomfort with silences in sessions. Increased abilities to tolerate difficult emotions, and to create a welcoming

'holding' environment (Winnicott,1965) were also suggested. Goldstein (2002) states the effect of practice quite clearly.

'so we begin with a very simple object of attention, like the breath and train ourselves to return to it even as we get distracted over and over again. This first insight into the habit of distraction leads us to understand the value and importance of steadying our attention' (Goldstein, 2002, p84).

The importance of practicing mindfulness is reflected on also by Surrey (2005). She examined the intersubjective and relational approaches to therapeutic work, suggesting that mindfulness practice involved learning to be more present. Regular mindfulness is also encouraged by the mindfulness report set out by the Mental Health Foundation (2010) which informs of the benefits of continued practice, such as abilities to emotionally regulate, resulting from changes in structures of the brain.

Gunaratana (1992) provided a traditional view when he suggested that meditation is the cultivation and application of mindfulness. He spoke about mindfulness as part of everyday life and activity. While he informed us that meditation does not require the individual to sit in formal meditative practice, meditation in motion is regarded as harder when it is amidst a fast pace and noisy environment.

Bearing this perspective in mind, I considered whether the participants were challenged in their taking part in the study, in terms of experiencing their breath awareness while simultaneously interacting with their clients. Nevertheless, given that 3 out of 6 participants had no previous experience of mindfulness, I was fascinated by how this short study still produced several results that were similar to individuals who have had more formal training, or direction in mindfulness.

Hanh (2004) suggested that practitioners are supported to practice and advised that when one finds themselves dispersed, and having difficulty to gain control of their self, the method of observing the breath can be utilised. This perspective is supported by

Sarah's experience when she spoke about her breath awareness extending beyond the therapy room; she considered the influence of her breath in her day to day life, "*it's rolled on it's made me very aware of my life really that I need to just go back to basics just the whole feeling inside my body, thinking clearer, gives me time for reflection a lot more".*

In summary, the accounts from the participants of this study revealed that they encountered discomfort in their experiences of their breath awareness. Nevertheless, these experiences were considered useful in their work as psychotherapists. Both current literature and ancient texts support the importance of mindfulness practice. However this study provided a unique insight into the influences and experiences of breath awareness. This is because the participants had minimal practice and no training, prior to the study. Their experiences were beneficial in their work as psychotherapists and were similar to the findings of studies that included the practice of mindfulness.

5.7 Limitations of the study and possible future research

This discussion will continue by looking at the limitations of this study and possible future research. Following this I will provide a summary of the findings and a summary of contribution. A conclusion will then end this investigation.

A limitation of this study is that the findings cannot be related to the overall practice of mindfulness or meditation but only to the awareness of breath as a method of mindfulness.

This study is also restricted in that it investigated a small sample number of participants that self-reported their experiences. Therefore, it is possible that participants' experiences may have been influenced by their own biases. There is the likelihood of a self-selection bias, as participants could have had preconceived attitudes about

experiences of breath awareness. However, in this current study, it would have been difficult to eliminate such biases as the participants volunteered their participation.

A further potential limitation to this study is that the participants interviewed described their experiences retrospectively, therefore there might be aspects of their actual experience that they omitted. However, participants were provided with a journal in which they could record or reflect on their experiences. They were also able to look at their notes when they were interviewed.

Another limitation, expressed by at least 2 participants, was the challenge they had, at times, to find the words to express their experiences. Therefore, some participants may not have been able to verbalise, accurately, their experiences, or might have been reluctant to do so as it was difficult.

This study can also be limited as it explored a specific sample. Therefore, the findings cannot be generalised to a broader population, nor can the results be quantified. This limitation signifies the disadvantages of qualitative methodology, although the pros are that the study has explored the research questions in more detail and depth than would have been possible in quantitative research. The findings that have been analysed and discussed provide rich data of the lived experiences of the participants' breath awareness in psychotherapy. These experiences may be unique to the participants of this study. However, the discussion highlights that similarities across the group are linked to theory and research, thus indicating that certain aspects can be related to outside of this investigation.

Whist I view a strength of this study is that it did not influence its participants with any formal training but asked them to report on their breath awareness, this approach can also be seen as a limitation as this study did not provide a structured procedure that every participant followed. Therefore, the findings were reliant only on the reports of the participants. Other factors that may have impacted the findings were not taken into

consideration such as, the amount of time or client contact that each participant had with their clients in the 2 week period.

On reflection, my inclusion criteria could have been more explicit about participants not requiring previous experiences with breath awareness. I believe that recruiting participants was particularly difficult because this was not made clear, and perhaps discouraged individuals without experience to come forward and take part in the study.

Another potential limitation to this study, is that it did not have an exclusion criteria outlining characteristics of individuals that were likely not to be suitable to take part in the study. In hindsight I realise it is not possible to ensure that there is no risk to participants as it is unclear how a study such as this could impact a person.

A relevant exclusion criteria could have been:

- Previous experiences of adverse affects in relation to breath awareness or breath experiences or mindfulness;
- Physical health issues, mental health issues or predisposing factors such as, trauma or psychosis that makes it difficult for the individual to contact their embodied experiences.

Having an exclusion criteria may have made a difference to the outcome of the study as it could have helped decrease risk in a participant encountering distress or adverse affects. An exclusion criteria could have also assisted in participants' safety during the study and reduce participants withdrawal from the study.

Possible future research

The findings of this study revealed that psychotherapists found their breath awareness useful and helpful in their interactions with their clients. However, further contributions can add to our understanding if we investigated how *clients* experienced these interactions with their psychotherapists. As Sarah described her feeling of calm came

out in the therapy room and this influenced the client's state of calm, she reported that these clients told her e.g. "*I'm glad I spoke about it".* She also expressed that they felt *"much calmer"*. Further exploration into the clients' experiences would add depth to understand the subjective experiences of clients interacting with mindful therapists.

Another area for future research could involve a longitudinal study of these participants to investigate how they continued to experience their breath awareness. The participants appeared to reach a threshold in 2 weeks of them taking part in the study. In this time their accounts revealed their experiences were beneficial. A longitudinal study could explore how their awareness continued to influence them personally, and in their clinical work, thus giving further knowledge into the development of breath awareness.

Opportunities to develop mindfulness are revealed to be advantageous to both therapists and clients by various researchers, such as Baker (2012). The findings of this present study contribute to our understanding by specifically investigating the several benefits that psychotherapists can access from the awareness of their breath. This study revealed breath awareness involved a type of mindfulness and further exploration in this area could support the themes found in this study. Continuing examination of mindfulness of breathing could assist in devising appropriate training programmes for trainees, and qualified psychotherapists, that is based on the lived experiences of therapists in their work with clients.

5.8 Summary of Findings

This investigation of psychotherapists' experiences of their breath awareness in psychotherapy revealed several findings. The following is a summary of the main themes that were highlighted in this investigation:

1) *Physical experiences:* Experiences at physiological levels were experienced by all participants. They encountered variations in their breath including deeper breath and shallow breath. One participant spoke about holding breath. The different forms of breath experiences influenced the psychotherapists and their interactions with their clients.

2) *Being Present:* Findings showed that participants' breath awareness contributed to their sense of being present with their clients, as well as experiences of connectedness to them.

3) *Developing Awareness:* Participants highlighted a greater sense of self-awareness via their breath awareness. These involved the development of self-awareness and development of awareness by reflection.

4) *Regulating self and client:* Participants described an ability to self-regulate that stemmed from their breath awareness. These experiences were reflected on as experiences of groundedness involving their posture. One participant spoke about their ability to regulate by remembering, and the majority of participants expressed regulating the client by choosing how to respond.

5) *Discomfort in breathing:* Experiences of discomfort in breath awareness were expressed by participants when they coped with their client's distress. However, participants reflected that these experiences were useful, despite the discomfort they felt. Furthermore, experiences of discomfort lessened with practice.

5.9 Summary of Contribution

Throughout the undertaking of this study I kept in mind my hope that the findings would make a valuable contribution to the knowledge base in the work of psychotherapy and understanding mindfulness. I believe there are several contributions that this study has made; these are detailed below.

This study offered an exploration into the breath awareness of a group of psychotherapists in their work with clients. Therefore, this study was a first of its kind, specifically examining the accounts of psychotherapists' use of breath awareness in psychotherapy, with no prior training before their participation in the study.

The discussion revealed that psychotherapists' experiences were related to findings in empirical research, literature that conceptualises mindfulness, and theories that describe clinical work. The findings were also supported by ancient Buddhist perspectives surrounding the specific use of mindfulness of breathing. I see the exploration of 'bottom up' experiences of the participants of this study informing the 'top down' conceptualisation that is often found in psychology and psychotherapy literature.

The findings point to psychotherapists gaining assistance in their therapeutic work from their breath awareness. The examination of their experiences revealed intricate details of their breath awareness, such as the variations in their breath experiences (e.g. deeper breath etc.) and the influence of these. This type of exploration has not been highlighted in the other studies that I have reviewed. Hence, these findings make a unique contribution to knowledge.

This study revealed that psychotherapists developing breath awareness subsequently influenced how they responded to their clients. This included aspects such as the use of their posture and how their breath awareness supported their self-awareness and reflection. Available empirical evidence revealed these areas have not been investigated previously. Therefore, I see this study shedding light on new areas that have not been examined before.

The phenomenological approach that this study has undertaken fits well with the ancient perspectives that emphasise the necessity of first-hand experience of the individual in their development of utilising the breath. The experiential accounts of the psychotherapists offer depth to our understanding of breath awareness aligning with mindfulness of breathing.

While research offers an optimistic view of the future of mindfulness in the work of therapy, it is limited as it does not examine the heart of the human experience itself. Therefore, by enlisting a 'bottom up' approach, this study has addressed a gap in knowledge as it investigated how breath awareness can be a method by which mindfulness is developed.

I believe a major contribution that this study has made is that it revealed that participants with no formal training yielded beneficial results for them and potentially for their clients. Participants were given guidance to become aware of their breath, while in sessions with their clients, for a 2 week period. Based on limited direction, participants were able to access advantageous results. Furthermore, participants across the group shared several themes, despite half of them having no prior awareness in the use of mindfulness, or breath awareness.

This study has contributed to my personal and professional growth in many ways. The interviews with the participants of this study opened up my enthusiasm and interest to learn more about mindfulness of breathing. I feel privileged to have been able to explore the participants' experiences. I also valued the opportunity to examine current research and ancient literature into the phenomena of breath awareness.

5.10 Conclusion

To conclude, I return to my philosophical view in the methodology, I view the findings of this study support the perspective that Heidegger (2001) himself held when he was convinced that psychotherapy relied on technical understanding of scientific knowledge, and that this was misleading.

Heidegger, referred to in Childs (2007) 'what good is all explaining if what has to be explained remains unclear' (Childs, 2007, p367)

Rather than focusing on a set of concepts for discussion, he emphasised the individual's careful examination of simple experience. For Heidegger, relevance of the phenomenology of being was at the centre of psychotherapy practice. Keeping to my philosophical views, I see the methodology utilised in this investigation providing a 'bottom up' approach to understanding breath awareness and mindfulness, at a time when there is a focus on 'top down' conceptualisation. For me, top down approaches appear restrictive and rigid, and not able to genuinely contribute to our understanding of breath awareness and mindfulness.

There is no doubt that the interest in mindfulness is very active in the world. This is reflected in the many books, literature, workshops, training centres and research in this area. I am in agreement with Germer (2005a) that we are likely to witness a development of mindfulness as a key part in treatment protocols with the aim to support the therapeutic relationship and personal therapeutic qualities; as well as connecting theory, research and clinical practice together. I see the findings of this study supporting the importance of examining the lived experience of the individual, so that breath awareness and mindfulness can be clearly understood.

6 References

Amaravati. (1988). *Introduction to Insight Meditation*. Amaravati Buddhist Monastery: England.

American Psychiatric Association. (2010*). American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder*. 3rd ed. Arlington VA: American Psychiatric Publishing.

Analayo. (2013). *Perspectives on Satipatthana*. Cambridge UK: Windhorse Publications.

Arias, A.J., Steinberg, K., Banga, A. and Trestman, R.L. (2006). Systematic review of the efficacy of meditation techniques as treatments for medical illness. *Journal of Alternative and Complementary Medicine*, 12 (8), pp. 817–832.

Bach, P. and Hayes, S.C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalisation of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70 (5), pp.1129-1139.

Baer, R. (2003). Mindfulness training as a clinical intervention. Clinical Psychology: *Science and Practice*, 10 (2), pp. 125–143.

Baer, R. and Kuyken, W. (2016). *Is Mindfulness Safe?* [online] Oxfordmindfulness.org/news/is-mindfulness-safe/ [Accessed 29 May 2018].

Baker, S. (2012). *Working in the present moment: A phenomenological enquiry into the impact of mindfulness practice on trainee psychological therapists' experience of therapeutic practice*. Doctoral Thesis. Middlesex University's Research Repository.

Bateman, A. and Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry*, 9 (1), pp. 11-15.

Beebe, B. and Lachmann, F. (1998). Co-constructing inner and relational processes: self and mutual regulation in infant research and adult treatment. *Psychoanalytic Psychology*, 15 (4) pp. 480-516.

Bhanj, S. (2017). *A Qualitative Exploration into the Personal and Professional Experience of Having Long-term Daily Practice of Informal Mindfulness for Third Wave Therapists*. Doctoral Thesis. London, City University of London, Institutional Repository.

Bien, T. (2006). *Mindful Therapy*. *A guide for therapists and helping professionals*. MA, USA: Wisdom.

Bishop, S.R; Lau, M; Shapiro, S; Carlson, L; Anderson, N.D; Carmody, J; Segal, Z.V; Abbey, S; Specca, M; Velting, D. and Devins, G. (2004). Mindfulnes: A proposed Operational Definition. Clinical Psychology: Science and Practice. *American Psychology Association*, 11(3), pp. 230-241.

Bowlby,J.(1988). *A Secure Base: Clinical Applications of Attachment Theory*. London: Tavistock/Routledge.

British Psychological Society. (2011). *Professional Practice Guidelines - Division of Counselling Psychology*. London: BPS.

Brown, K.W. and Ryan, R.M. (2003). The benefit of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84 (4),pp. 822-848.

Brown, A.P; Marquis, A. and Guiffrida, D.A. (2013). Mindfulness-Based Interventions in Counselling. *Journal of Counselling and Development*, 91 (1), pp.96-104.

Bruce, N.G; Manber. R; Shapiro. S.L. and Constantino. M.J. (2010). Psychotherapist Mindfulness and the Psychotherapy Process. Psychotherapy Theory, Research Practice, Training. *The American Psychological Association*, 47 (1), pp.83-97.

Buber, M. (1923/1996). *I and Thou*. (translated by W.Kaufman). New York: Touchstone.

Burg, J. M. and Michalak, J. (2011). The Healthy Quality of Mindful Breathing: Associations with Rumination and Depression. *Cogn Ther Res*, 35, pp.179-185.

Carson, J. W., Carson, K.M., Gil, K.M. and Baucom, D.H. (2004). Mindfulness-based relationship enhancement. *Behaviour Therapy*, 35 (3), pp.471-494.

Casement, P. (1985). *On Learning from the Patient*. London/New York: Tavistock Publications.

Chadwick, P; Newman Taylor, K. and Abba, N. (2005). Mindfulness Groups for People with Psychosis. *Behavioural and Cognitive Psychotherapy*, 33 (3), 351-359.

Chambers, R; Chuen Yee Lo, B. and Allen, N.B. (2008). The Impact of Intensive Mindfulness Training on Attentional Control, Cognitive Style and Affect. *Cognitive Therapy Research*, 32 (3), pp. 303-322.

Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis*. London: Sage Publications.

Chiesa, A. and Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders. *Psychiatry Research*, 187 (3), 441–453.

Chiesa, A. (2012). The Difficulty of Defining Mindfulness: Current Thought and Critical Issues. *Mindfulness*, 4 (3),pp.255-268.

Childs, D. (2007). Mindfulness and the psychology of presence. Psychology and Psychotherapy: Theory, Research and Practice. *The British Psychological Society,* 80 (3), pp. 367-376.

Christopher, J.C. and Maris, J.A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 10 (2), pp. 114-125.

Dane, E. (2010). Paying attention to mindfulness and its effects on task performance in the workplace. *Journal of Management*, 37 (4), pp. 997–1018.

Davis, D. and Hayes, J. (2011). What are the benefits of mindfulness? A practice review of psychotherapy related research. *The American Psychological Association*, 48 (2), pp.198-208.

Doll, A; Holzel, B.K; Bratec, S.M; Boucard, C.C; Xie, X; Wohlsclager, A.M. and Sorg, C. (2016). Mindful attention to breath regulates emotions via increased amygdala-prefontal cortex connectivity. *Neurolmage*, 134, pp. 305-313.

Dudley, J; Eames, C; Mulligan, J. and Fisher, N. (2017). *Clinical Psychology,* 57 (1), pp.1-17.

Eatough, V. and Smith, J.A. (2008). Interpretative Phenomenological Analysis. In: Willig,C and Stainton- Rogers,W, eds; *The Sage Handbook of Qualitative Research in Psychology*, London: Sage,pp 179-94.

Eberth, J. and Sedlmeier, P. (2012). The effects of mindfulness meditation. *Mindfulness*, 3 (3),pp. 174–189.

Farb, N. A.S; Anderson, A.K; Mayberg, H; Bean, J; Mckeon, D. and Segal, Z.V. (2010). Minding one's emotions: Mindfulness training alters the neural expression of sadness. *Emotion*, 10 (1), pp. 25-33.

Feldman, C. and Kuyken, W. (2011). Compassion in the Landscape of Suffering. *Contemporary Buddhism*, 12, (1), pp.143-155.

Finlay, L. (2009). Debating Phenomenological Research Methods. *Phenomenology and Practice*, 3 (1), pp.6-25.

Finlay, L. and Evans, K. (2009). *Relational-centered research for psychotherapists: exploring meanings and experience*. Wiley-Blackwell.

Fonagy, P. and Bateman, A. (2008). The development of borderline personality disorder. A mentalizing model. *Journal of personality disorders*, 22 (1), pp.4-21.

Frank, J.D. (1971). Therapeutic factors in psychotherapy. *Journal of Psychotherapy*,25 (3),pp. 350-361.

Gehart, D. and McCollum, E.E. (2010). Inviting Therapeutic Presence: A Mindfulness Based Approach. In: Hick, S and Bien, T, eds; *Mindfulness and the Therapeutic Relationship*, NY: The Guilford Press,pp. 176-194.

Geller, S. M. (2013). Therapeutic Presence: An Essential Way of Being. In Cooper, M.,Schmid, P. F., O'Hara, M. and Bohart, A. C, eds; *The Handbook of Person-Centred Psychotherapy and Counselling* ,2nd ed. Basingstoke: Palgrave, pp.71-86.

Geller, S.M. and Greenberg, L.S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapy encounter. *Person-Centred and Experiential Psychotherapies*,1(1-2), pp.71-86.

Gergen,K.J. (1985).The Social Constructionist Movement in Modern Psychology. Reprinted for *American Psychologist*, 40 (3), pp.266-275.

Germer, C.K. (2005a). Mindfulness What Is It? What Does It Matter? In Germer. C.K., Siegel, R.D. and Fulton, P.R, eds; *Mindfulness and Psychotherapy*. London: The Guilford Press, pp.3-27.

Germer. C.K. (2005b). Teaching Mindfulness in Therapy. In Germer. C.K., Siegel, R.D. and Fulton, P.R, eds; *Mindfulness and Psychotherapy*. London: The Guilford Press, pp.113-129.

Gilbert, P. (2010) *Compassion Focused Therapy.* London: Routledge.

Goenka, S.N. and Hart, W. (1987). *The Art of Living. Vipassana Meditation*. New York: Harper and Row Publishers.

Golden, P. L. and Gross, J.J. (2010). Effects of Mindfulness-Based Stress Reduction (MBSR) on Emotion Regulation in Social Anxiety Disorder. *Journal of Clinical Psychology*, 60. (6), pp. 677-687.

Goldstein. J. (2002). *One Dharma*. New York: HarperCollins Publishers.

Grepmair, L; Mitterlehner, F; Loew, T. and Nickel, M. (2007). Promotion of mindfulness in psychotherapists in training: Preliminary Study. *European Psychiatry,* (22), pp. 485-489.

Guendelman,S ; Medeiros, S and Rampas, H. (2017). Mindfulness and Emotional Regulation: Insights from Neurobiological, Psychological , and Clinical Studies. *Front Psychol*.[online] 8: 22. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5337506/ [Accessed 30 May 2018].

Gunaratna, H.B. (1992). *Mindfulness in Plain English*. Boston: Wisdom Publications.

Gunaratna, H.B. (2001). *Eight Mindful Steps to Happiness*. Boston: Wisdom.

Hanh, T.H. (1992). *Peace is Every Step*. New York: Bantam.

Hanh, T. H. (2004). *Teachings on Love*. New Delhi: Full Circle Publishing.

Hanh, T. H. (2008). *The Miracle of Mindfulness*. Boston Massachusetts: Rider.

Hayes, S.C; Jacobson, N.S; Follette, V.M. and Dougher, M.J, eds; (1994) *Acceptance and Change: Content and Context in Psychotherapy*. Reno, NV: Context Press.

Hayes, S.C., Strosahl, K. and Wilson, K.G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behaviour change*. NY: Guilford Press.

Hayes, S.C; Pistorello, J. and Levin, M. (2012). Acceptance and Commitment Therapy as a Unified Model of Behaviour Change. *The Counselling Psychologist* ,40(7), pp. 976-1002.

Heidegger, M. (1962/1927). *Being and Time*. Oxford: Blackwell.

Hepark, S; Janssen, L; Vries, A de; Schoenberg, PL. A; Donders, R; Kan, C.C. and Speckens, AE.M. (2015). The Efficacy of Adapted MBCT on Core Symptoms and Executive Functioning in Adults with ADHD. A Preliminary Tandomized Controlled Trail. *Sage Journals* [online].Available at: http://journals.sagepub.com/doi/pdf/10.1177/1087054715613587[Accessed 30 May 2018].

Hick, S. (2008). Cultivating Therapeutic Relationships: The role of mindfulness. In Hick, S. and Bien, T, eds; *Mindfulness and the Therapeutic Relationship*. NY. The Guildford Press, pp.3-18.

Hoffman, S.G. and Asmundson, G.J. G. (2008). Acceptance and Mindfulness-Based Therapy; New Wave or Old Hat? *Clinical Psychology Review*, 28 (1), pp.1-16.

Holzel, B.K; Carmody, J; Vangel, M; Congleton, C; Yerramsetti, S. M; Gard, T. and Lazar, S. W (2011a). Mindfulness Practice Leads to Increase in Regional Brain Grey Matter Density. *Psychiatry Res*, 19 (1), pp.36-43.

.

Holzel, B.K; Lazar, S. W; Gard, T; Schuman-Oliver, Z; Vago, D.R. and Ott, U. (2011b). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), pp.537-559.

Horvath, A.O. and Greenberg, L.S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counselling Psychology*, 36 (2),pp.223-233

Husserl. (1927). Phenomenology. In J. A. Smith, P. Flowers. and M. Larkin, (2009).

Interpretative Phenomenological Analysis. Theory Method and Research. London: Sage Publications,pp 12-16.

Johnson, W. (2012). *Breathing Through The Whole Body- The Buddha's Instruction on Integrating Mind, Body and Breath.* Rochester, Vermont: Inner Traditions.

Kabat- Zinn, J. (1982.) An outpatient program in behavioural medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4 (1),pp. 33-47.

Kabat-Zinn, J; Wheeler, E.; Light, T; Skillings, A; Scharf, M.J; Cropley, T.G; Hosmer, D. and Bernhard, J. D. (1998) Influence of a Mindfulness Meditation-Based Stress Reduction Intervention on Rates of Skin Clearing in Patients with Moderate to Severe Psoriasis Undergoing Phototherapy (UVB) and Photo chemotherapy (PUVA). *Psychosomatic Medicine*, 60, (5), pp. 625-632.

Kabat-Zinn, J. (1990*). Full Catastrophe Living. How to cope with stress, pain and illness using mindfulness meditation*. NY: Bantam.

Kohut, H. (1984). *How Does Analysis Cure?* Chicago: Chicago University Press.

Lazar, W. S. (2005). Mindfulness Research. In Germer, K.G; Siegel, D.R and Fulton, R. P, eds; *Mindfulness and Psychotherapy*. London: Guildford Press, pp.220-238.

Lambert, M. J. and Simon, W. (2008). The therapeutic relationship: Central and essential in psychotherapy outcome. In S. F. Hick. and T. Bien. eds; *Mindfulness and the therapeutic relationship* New York, NY: Guilford.

Leary, M. R. and Tate, E.B. (2007). The multi-faceted nature of mindfulness. *Psychological Inquiry*, 18 (4),pp. 251-255.

Lehmann, D., Faber, P. Achermann, P., Jeanmonod, D; Gianotti, L. and Pizzagalli, D. (2001). Brain sources of EEG gamma frequency during volitionally meditation-induced, altered states of consciousness, and experience of the self. *Psychiatry Research*, 108(2),pp. 111-121.

Levey. J. (2006). *The Luminous Mind: Meditation and Mind Fitness*. Conari Press. San Francisco.

Linehan.M.M. (1993). Cognitive Behavioural Treatment of Borderline Personality Disorder. New York: The Guildford Press.

Linehan.M.M. (2015). *DBT Skills Training Manual.* 2nd ed. New York: The Guilford Press.

Lustyk, M.K.; Chawla.N; Nolan, R.S. and Marlatt, G.A. (2009). Mindfulness Meditation Research: Issues of Participant Screening, Safety Procedures and Researcher Training. *Advance*s, 24(1), pp. 20-30.

Manne, J. (1999-2008). Only One Breath Collected Articles from the Healing Breath: A *Journal of Breath Work, Practice, Psychology and Spirituality*.

Maroda, K. J. (2004). *The Power of Counter Transference*. London: The Analytic Press.

Maslach, C. and Leiter, M.(1997). *The truth about burnout: How organisations cause personal stress and what to do about it.* San Francisco: Jossey-Bass.

May, S. and O'Donovan, A. (2007). The Advantages of the Mindful Therapist. *Psychotherapy in Australia*, 13 (4), pp. 46-53.

McCollum.E.E. and Gehart. D.R. (2010). Using Mindfulness Meditation to Teach Beginning Therapists Therapeutic Presence: Qualitative Study. *Journal of Marital and Family Therapy,* 36 (3),pp. 347-360.

Mental Health Foundation (2010). *Mindfulness Report* [online] Available at: https://www.mentalhealth.org.uk/sites/default/files/Mindfulness_report_2010.pdf.[Accessed 29 May 2018].

Mitchell, D. C. (2012). Moving and breathing through grief. Techniques of grief therapy: *Creative Practices for Counselling the Bereaved*, pp. 67-454.

Moore, A. and Malinowski, P. (2009). Meditation, mindfulness and cognitive flexibility. *Consciousness and Cognition*, 18 (1),pp. 176-186.

National Institute for Health and Clinical Excellence (NICE). (2009). *Depression: Management of depression in primary and secondary car*e. [online][Available at: https://www.nice.org.uk/guidance/Cg23.[Accessed 30 May 2018].

NHS Choices. (2017). Does Meditation Carry a Risk of Harmful Side Effects.[online] Available at : www. https://www.nhs.uk [Accessed 29 May 2018].

O' Brien, M. and Houston, G. (2000). *Integrative Therapy: A Practioner's Guide*. London: Sage Publications.

Panksepp, J. (1998*). Affective Neuroscience: The Foundation of Human and Animal Emotions*. Oxford: Oxford University Press Inc.

Rogers, C. R. (2003). *Client Centred Therapy: Its Current Practice, Implications and Theory*. London: Constable and Company Limited.

Rosch, E. (2007). More than Mindfulness: When You Have a Tiger by the Tail, Let it Eat You. *Psychological Inquiry*, 18 (4),pp. 258-264.

Rosenberg, L .and Guy, D. (1998). *Breath by Breath. The Liberating Practice of Insight Meditation*. Boston: Shambhala Publications.

Schuman, M. (2017). *Mindfulness-informed relational psychotherapy and psychoanalysis: Inquiring Deepy*. Oxon: Routledge.

Schure, M., Christopher, J. and Christopher, S. (2008). Mind-body medicine and the art of self-care: teaching mindfulness to counselling students through yoga, meditation and qigong. *Journal of Counselling and Development*, 86 (1), pp. 47-56.

Shapiro, D. H. (1982). Overview: Clinical and Physiological Comparisons of Meditation with Other Self-Control Strategies, *American Journal of Psychiatry*, 139 (3), pp. 267-274.

Shapiro, S.L.; Schwartz, G.E. and Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behaviour Medicine*, 21(6),pp. 581-599.

Shapiro, S.L; Astin, J.A; Bishop, S.R. and Cordova, M. (2005). Mindfulness-Based Stress Reduction for Health Care Professionals: Results from a Randomized Trial. International. *Journal of Stress Management*, 12 (2),pp. 164-176.

Shapiro, S., Carlson, E., Astin, J. and Freedman, B. (2006). Mechanisms of Mindfulness. *Journal of Clinical Psychology*, 62(3), pp.373-386.

Shapiro, Shauna L.; Brown, Kirk Warren. and Biegel, Gina M. (2007). Teaching self-care to caregivers: Effects of Mindfulness-Based Stress Reduction on the Mental Health of Therapists in Training. *Training and Education in Professional Psychology*, 1(2), pp.105-115.

Shapiro, S.L. and Carlson, L.E. (2017). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*, 2nd ed. Washington, DC, US: American Psychological Association.

Shaw, R. (2001). Why use interpretative phenomenological analysis in health psychology? *Health Psychology Update*, 10 (4),pp. 48-52.

Shonin, E., Van Gordon, W. and Griffiths, M.D. (2013a). Meditation as medication: Are attitudes changing? *British Journal of General Practice*, 63 (617), 654.

Shonin, E., Van Gordon, W. and Griffiths, M.D. (2013b). Mindfulness-based interventions: Towards mindful clinical integration. *Frontiers in Psychology* [online]. Available at: https://doi.org/10.3389/fpsyg.2013.00194 [Accessed 30 May 2018].

Shonin, E., Van Gordon W., Slade, K. and Griffiths M.D. (2013c). Mindfulness and other Buddhist-derived interventions in correctional settings: A systematic review. *Aggression and Violent Behaviour,*18,pp.365–372.6,123–137.[online]

Available at: http://irep.ntu.ac.uk/id/eprint/15494/1/PubSub3165_Griffiths.pdf [Accessed 30 May 2018].

Shonin, E., Van Gordon, W. and Griffiths, M.D. (2014). The emerging role of Buddhism in clinical psychology: Towards effective integration. *Psychology of Religion and Spirituality*,6 (2), pp. 123–137.

Shonin, E; Van Gordan, W. and Griffiths, M.D. (2015). Mindfulness in Psychology- a breath of fresh air? The Psychologist. *The British Psychological Society*.23 pp. 28-31.[online] Available at:

https://thepsychologist.bps.org.uk/volume-28/january-2015/mindfulness-psychology-breath-fresh-air. [Accessed 30 May 2018].

Siegel, D.J. (2007). *The Mindful Brain: Reflection and Attunement in the Cultivation of Wellbeing.* New York, NY: Norton.

Siegel, D.J. (2009). Mindful awareness, mindsight, and neural integration. *The Humanistic Psychologist,* 37(2), pp.137-158.

Siegel, D.J. (2010). *The Mindful Therapist. A Clinician's Guide to Mind sight and Neural Integration.* New York: W.W. Norton and Company.

.

Smith, A. J; Flowers, P. and Larkin, M. (2009). *Interpretative Phenomenological Analysis-Theory, Method and Research*. London: Sage Publications.

Speca, M., Carlson, L.E., Goodey, E. and Angen, M. J. (2000). A randomized wait-list controlled clinical trial: The effect of a mindfulness-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine,* 62 (5), pp.613-622.

Stern, D. (2004). *The present moment in psychotherapy and everyday life*. NY: Norton.

Surrey, J. (2005). Relational Psychotherapy, Relational Mindfulness. In: Germer. C.K., Siegel, R.D. and Fulton, P.R, eds; *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Swart, J. (2014). Applying Buddhist principles to mode deactivation theory and practice. *International Journal of Behavioural Consultation and Therapy*, 9 (2), pp.26-30.

Teasdale, J.D.; Segal, Z.V.; Williams, J. M.; Ridgeway, V.A.; Souls by, J.M. and Lau, M.A. (2000). Prevention of relapse/ recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68,pp. 615-623.

Vago, D.R. and Silbersweig, D.A.(2012). Self-awareness, self-regulation, and. self-transcendence (S-ART): a framework for understanding the neurobiological mechanisms of mindfulness. *Frontiers in Human Neuroscience,*[online] Available at:https://www.frontiersin.org/articles/10.3389/fnhum.2012.00296/full[Accessed 30 May 2018].

Van Gordon, W., Shonin, E., Sumich, A; Sundin, EC. and Griffiths, M.D. (2014). Meditation awareness training (MAT) for psychological wellbeing in a sub-clinical sample of university students: A controlled pilot study. *Mindfulness*, 5 (4), 381–391.

Vajiragnana, M. (1995). *Meditation = Awareness*. London: London Buddhist Vihara.

Virtbauer, G. (2016). Presencing Process Embodied and Healing in the Buddhist Practice of Mindfulness of Breathing. *Mental Health Religion and Culture*. 19 (1), pp. 68-81.

Vredenburgh, L.D; Carlozzi, A.F. and Stein; L.B. (1999). Burnout in Counselling Psychologists Type of practice setting and pertinent demographics. *Counselling Psychology Quarterly*, 12 (3), pp. 293-302.

Wallin, D.J. (2007). *Attachment in Psychotherapy*. New York: Guildford Press.

Wexler, J. (2006). *The relationship between therapist mindfulness and the therapeutic alliance*. Ph.D. Boston, MA: Massachusetts School of Professional Psychology.

Weymouth, W.B. (2007*) Breathing Interventions in Psychology: An overview of the Theoretical and Empirical Literature*. Master Thesis. Pacific University.

Williams, J. M.G. (2010). Mindfulness and Psychological Process. *Emotion*, 10 (1), pp1-7.

Winnicott, D.W. (1965). *The Maturational Processes and the Facilitating Environment Theory of Emotional Development*. London: Hogarth.

Winnicott, D.W. (1982). *Playing and reality*. London: Routledge.

Yardley, L. (2008). In Smith, J.A, ed; *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

7 Appendices

List of Tables:

Appendix 1

Are you a UKCP Registered Psychotherapist?

Would you like to take part in an interesting research to explore your breathing experiences in psychotherapy?

I am a trainee Counselling Psychologist & Psychotherapist at Metanoia Institute affiliated by Middlesex University. I am undertaking a dissertation as part of a doctorial study and I am looking for volunteer psychotherapists who would like to take part in this research.

This study will be exploring psychotherapists' experiences of their breathing while in sessions with clients. This study includes participants keeping a reflective journal followed by one interview with the researcher. The research has been approved by Metanoia Institute Ethics Committee. The researcher intends to gain a depth of understanding of psychotherapists' lived experience and what sense they make of their experiences.

Interested ?

Please contact via email or phone

Shan Premachandra
Tel: 07906575938
Email: shan-p1@hotmail.co.uk

Appendix 2

Participants Information Sheet

Version number 1

Study title

'Phenomenological Exploration into Psychotherapists' Experiences of their Breathing in Psychotherapy'

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

Thank you for reading this

What is the purpose of the study?

The aim of this study is to explore in detail psychotherapists' experiences of their breathing in psychotherapy. This research intends to gain a depth of understanding of psychotherapist's experiences and what sense they make of these experiences. The study will take about a year to complete.

1) Why have I been chosen?

Participates choose for themselves if they want to take part in this study. The research is open to therapists who meet the inclusion criteria below. Therapists taking part in this study are required to be:

- psychotherapists that are United Kingdom Council for Psychotherapy (UKCP) registered;

- psychotherapists that are currently seeing adult clients
- psychotherapists who can commit to taking part in the study

Do I have to take part?

You do not have to take part. Taking part in this research is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be

given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving reason. You can withdraw from the research up until the final write up.

What will happen to me if I take part?

You will first meet the researcher to discuss whether you are interested in taking part and whether you can commit to taking part in the study. You will then be invited to keep a journal (for your private use) in which you can record your reflections and details of your experiences over a 2 week period. After the 2 week period you will be asked to participate in an interview lasting approximately one hour. This can be held at a convenient location for you. The interview will be an informal conversation about your experiences. During the interview you can draw on your journal notes if you wish. I the researcher will not look at your notes.

What do I have to do?

If you take part in the study you will be given a journal and you will be invited to record your reflections of your breathing experiences while in sessions with your client during a two week period. You will not be given any instructions but it is suggested that your reflections may include physiological, emotional, cognitive and context during breathing experiences. I will not look at you journal notes, as any notes you make are for your personal use. After this period you will be interviewed. A semi-structured interview schedule will be used to ask you questions about your experiences. You have the option of omitting questions from the interview that you do not wish to answer.

The length of time that you will be involved in the study is a 2 week period to reflect on your experiences and approximately one hour when you are interviewed.

What are the possible disadvantages and risks of taking part?

It is possible that during the 2 week period of reflection on you experiences and in the interview, issues may arise for you. Therefore I will provide you with my contact details and my research supervisors contact details if you need to discuss any difficulties or if you have any questions about your participation. I will also ensure that there are opportunities to debrief following the interview. Furthermore, when an interview has ended we can revisit issues regarding confidentiality to ensure that you are happy for the comments you have made to be included in the study.

Another issue that you may consider a disadvantage is the use of your time. You will be asked to reflect on your experiences for a 2 week period before you are interviewed. The interview itself will take about an hour.

What are the possible benefits of taking part?

It is hoped that the findings of this study will significantly contribute to a greater understanding of mindfulness of breathing. Hence your participation in the study will offer you the experience to take part in primary research.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it. Data that is collected (i.e. from interviews) will be confidential and anonymous. Tape recordings of interviews will be destroyed at the end of the study. The names will be taken out from the transcripts and codes will be used to protect your identity. The key to names and codes will be kept separately from the transcripts and securely locked in a filing cabinet. Any other potentially identifying details will be changed in the final write up of the research and in any future publications. Access to the original records will only be available to me. I would like to request your permission to keep the anonymous

transcripts for a period of 2 years so that the information is accessible if I wish to publish the results of the study. After this period they will be destroyed.

Once the interview is completed we will visit the issue of confidentiality together to ensure that you are happy for the comments you have made to be included in the study.

If there are any other concerns that are not addressed in this information sheet, I am happy to discuss these with you.

2) What will happen to the results of the research study?

This research is part of a Doctorate in Counselling Psychology and Psychotherapy, a copy of the final project will be kept at Metanoia Institute and Middlesex University. It is hoped that the results of the study will eventually be published, thereby offering a formal contribution to the literature and theory in understanding psychotherapists experiences of their breathing in psychotherapy. It is my intention to finish this research during the years 2015- 2016.The results are likely to be published at a later date. You will not be identified in any report or publication. If you wish to obtain a copy of any publication, please let me know then I can inform you how you can have access to published results.

Who has reviewed the study?

The study is reviewed and ethically approved by Metanoia's Research Ethics Committee.

Contact for further information

The researcher, Ms Shan Premachandra, at Metanoia Institute, 13 North Common Road, Ealing, London W5 2QB. Mobile 07906575938

Research Supervisor- Dr Biljana van Rijn. Telephone-020 8579 2505 email Biljana.VanRijn@metanoia.ac.uk

A copy of the information sheet and a signed consent form will be given to you to keep. Thank you for your contribution to this research project is very much appreciated.

Appendix 3

CONSENT FORM

Participant Identification Number:

Title of Project: ***'Phenomenological Exploration into Psychotherapists' Experiences of their Breathing in Psychotherapy'***

Name of Researcher: **Shan Premachandra**

I confirm that I have read and understood the information sheet dated…… for the above study and have had the opportunity to ask questions. Please initial box

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.

Please initial box ☐

I understand that my interview will be recorded and subsequently transcribed. Please initial box ☐

I agree to take part in the above study. Please initial box ☐

I agree that this form that bears my name and signature may be seen by a designated auditor. Please initial box ☐

Name of participant Date Signature

Name of person taking consent Date Signature

(If different from researcher)

Researcher Date Signature

1 copy for participant; 1 copy for researcher

Appendix 4

Dear Participant,

You are invited to record your reflections of your breathing experiences while in sessions with your clients during a two week period. You are not given any specific instructions but it is suggested that your reflections may include physiological, emotional, cognitive and context during breathing experiences. I will not look at you journal notes, as any notes you make are for your personal use. After this period you will be interviewed. A semi-structured interview schedule will be used to ask you questions about your experiences. You have the option of omitting questions from the interview that you do not wish to answer.

Thank you,

Shan

Appendix 5

Semi Structured Interview Schedule

Tell me about your breathing experiences in therapy? (What did you notice about your breathing? What did it tell you?)

What is the experience like for you when you interact with clients?

In what way do you find awareness of your breathing influencing your experience?

(What contributes to this experience?)

Describe the interaction with a client you have had this experience with?

What point did you pay attention to your breathing? What was your breath doing?

Do you think your experience influenced the client in any way? (How did you know that?)

Do you find being aware of your breathing positive or useful in your interaction with your clients? If yes what are these experiences?

Do you find being aware of your breathing difficult or not useful in your interaction with clients? If yes what are these experiences?

<u>Ending Questions</u>

What are the most important aspects to you when you experience your breath?

Has your awareness of you breathing changed you in anyway?

Is there anything you would like to ask me?

Appendix 6

Example of anonymised interview transcript from participant Joanna

Appendix 6: Example of anonymised interview transcript from participant Joanna

	Participant 4 Transcript (Code Joanna) Interview= I Participant= P I= right okay so erm just to start with I'm just wondering what it's been like for you to erm to take part in this study, the process of taking part P= Shan I have found it very useful erm I do practice mindfulness meditation most days and I often build it into my practice both as a clinician, teaching it and before steadying myself in the session but there was something in particular about having the blue note book as a concrete reminder to come back to my breath that is almost synonymous with coming to my breath when I see it on the table I= so can you say a bit more about that? so you were saying the blue book was something, you're saying something very interesting there about coming back P= well the way I see the breath,	

	I=yes P= the breath for me is a little bit like a pause when I return to my breath I'm having a pause which gives me a chance to notice where I am any sensations in my body, any thoughts, any feelings and in that pause I'm just kind of coming into an observer position, like a witness and in that pause it's a space where I can choose my response so the blue book, coming back to the blue book , when I see the blue book ,which is like a concrete reminder of my breath I would come back to my breath I= this is very interesting erm so, so there's something about the book helping you in this process P= yes as a reminder I= so while in therapy, so that's something about you personally taking part in that process, so thinking slightly broader so while in therapy with erm with erm a client I'm just wondering how how that experience has been like for you. P= well it depends on the day, it depends on the client, on me how I am but I guess, when I decided to take part in the research and I	

	knew I was going to record it was kind of an invitation for me to really pay attention. I= hmm P = really thoroughly how do I feel before I see this client or how I am on this day so what I noticed was that certain clients noticing my breath I would feel kind of a heaviness sometimes, a deeper breathing and I suppose the way I make sense of it often was , sometimes I thought is it me am I tired today, I have a lot on or sometimes often I thought it's actually related to the client as well so for example for one client who experiences a lot of social anxiety and who is very much in his head and I've tried to teach him a little bit about coming back into his body mindfully that's been quite a task because he's so in his head and so analytical he can't feel his body so as I anticipate him as I go down the stairs and I'm noticing my the breath a couple of times I noticed a kind of heaviness because I feel I'm carrying the way I make sense of the breath the deeper breath is that I'm carrying a lot of hope for him that he is not able to really hold for the moment for himself and then there's a big sigh I've noticed sometimes when he leaves a kind of big sigh sometimes when he leaves. I have relief or letting go yeah, so that's for him	

	I= an interesting point that you've mentioned there about holding the hope I'm just wondering how you experience that in terms of breathing and how you experience that in your body P= yes I= could you say bit more about that? P= well, when so when I go to see him, when I'm going to see him as I say anticipating him and I feel (sigh) kind , (longer sigh) like that then what I do is that I use that like a register to understand what I'm holding for him , the hope, that he can't hold, but it's too much of a burden as well because I I can't hold it all the time so then what I do is I use the breath to anchor myself to steady myself and how I do that is I use the breath to when I breath in to go right down to my toes and it feels almost imagine the breath going down to my toes and really grounding me , and helping me to feel a bit more solid on the ground and then I exhale and again that just seems to give me a space really I= that makes real sense to me, so you've, so so you gave one example of that are there any other examples?	

	P= yes I= that comes to mind, P= erm yes I'm thinking of another client again who his history is of being a very parentified child an alcoholic mother looking after her and again with him I sometimes notice before the session, we'll it's not so heavy as the last one and I'm fine before the session I notice my breath it's just regular but when I'm in the session I've noticed that my breath can feel a little bit more shallow. I=right P= and what I find, I notice that my breath is a bit more shallow and I what I find is that I notice that how I make sense of the shallow breath is that I'm actually working a little bit too hard and the connection we've made really is again erm his history of being a very parentified child I was very much a parentified child erm is kind of working very hard to look after so when I notice the shallow breath I slow down my speech and I take a pause again I slow everything down and that again is like it's the breath but it's also the pace of my speaking and allowing space I= allowing space	

	P= that's what it is yeah allowing space yeah and there's one other one that I was thinking of that was quite salient, erm I think with this lady erm it's kind of, let me think, erm yes it is just the general tendency to use the breath to reign myself in I=right. P=yeah to reign myself in, I'ts just allowing space , allowing space for the client to find their own answers I=yep P= to slow down when I feel I can go into my head and start over thinking, part of that's anxiety and part of that is just I enjoy interpretations and ideas and stuff that's what I like, I like that part but this helps me to just to feel a bit more whole I= yep, right so so you've said quite a bit about your experience when you interact with clients and erm the way that you kind of pick up the awareness of the breathing erm do you find there were any particular points that you find that you particularly pay attention to your breathing , have you noticed that ? anything particular	

	P= well consciously through this practice in particular , I mean I've always tried a little bit mindful attention at the beginning of my day but particularly since I've got involved in the research project before each client and at the end sometimes I forget in the middle I=right P= erm but I do remember if I'm finding myself getting too busy , in my head or even if I feel stuck with a client , if I feel a bit stuck in the past I might have had more of an inclination to try and sort it out I find now just , I ground myself in the breath , taking a pause breath and slowing down that helps me just to be with it and usually something happens either the client says something , or something else comes to me , that wouldn't have before I started using the breath I= yep that makes sense to me, cause your allowing space aren't you , P= yeah I= allowing the pause to happen, allowing something else to come in P= yeah exactly erm just allowing other things to come in	

	I= so you spoke really well about your own experiences which were really really helpful I'm wondering er how do you think your responses erm influence your client, any idea any sense of how it might influence them ? P= usually if I do pause, I find it's difficult to sometimes distinguish whether you see some clients are uncomfortable with silences and there would have been a time when I wouldn't have been but I'm fine, the breath helps me as well because I see purpose to it , yeah so I think for my experience of the last few weeks , it's always been , it's just allowed space really for them to come up with something and and it just shows them , we don't helping them 'to be' I'm hoping but that's me, that's what I'm thinking I= that's what your sense is P= that's my sense because I haven't ask them what, how do you find this so I think it enables them to be with whatever is there and hopefully that it's okay whatever is there that it doesn't that's just spaces, I'm with the, yeah and I'm still with them I= yep, yep …right so do you find erm suppose thinking a little bit differently here, do you find being aware of your breathing	

	positive or useful in your interaction , you've already mentioned quite a few areas P= yeah I= haven't you? where it has become useful, it it kind of keeps you talking about kind of allowing pauses to happen and being present anything erm particularly that you'd that really stands out for you? P= I think it helps me I use it as a vehicle to help me understand a little bit, If I'm thinking psychoanalytically in terms of my counter transference so the pace of my breath , it feels heavy it feels shallow it feels you know, I feel, if it's just even and paced it helps me to feel equanimity, but if it feels heavy or shallow , that I might be anxious that it might be mine or I might be picking up something from them as well, so I use it as a stepping stone to reflect or a bridge really to understand my client I=right P= and myself what is happening between us I= you spoke about equanimity; can you say a bit more about how you might be	

	experiencing that in your body? with with the breath or P= yes, I suppose it's a sense of wholeness in the sense that I feel erm available to whatever's there and whatever happens that I'm a little bit in the driving seat, that I can handle it it's not going to be overwhelming and that if I can , if I can offer that, that will be containing for the client they will sense that and pick it up that in itself will be healing really I= yeah P=yeah I= erm right so erm I suppose going onto to do you find anything difficult being aware of your breathing, did you find anything that was difficult or not useful in your interactions with clients P= No it's just that I guess because I practice mindfulness and I use it as an anchor to come back to base, to come back so in my life it's coming back to base in my therapy work I'm coming back to my internal supervisor a bit so you know as a therapist I feel I'm participating in something with the client but that I also need to be able to stand back so the breath is me noticing how I'm participating	

	when I suddenly become aware of it , but also it's how I use it as a vehicle to come back to base then by regulating, I regulate the breath then I actually on purposefully if I notice for example, that shallow and anxious I'll purposefully focus in on it and use it especially to come down into my body, to anchor me in my body. I= so in terms of you saying that there's nothing particularly you can identify as being difficult, so that's quite interesting in that process it sounds like you see it as actually very supportive P= yes I= the whole process therapeutically and personally as well P= yes I= when you spoke about shallow erm and then you say that the shallow was a bit of a marker for you , P=yes I=lets you know about what is happening. Is there anything in particular that in that shallowness that is maybe I don't know uncomfortable or	

	P= yes I mean the shallow breath is is when you become aware of it I= yeah P= yeah it is uncomfortable but I guess once you become aware of it then you've got an option , sometimes you're not quite aware that you're uncomfortable but once you've come to the breath again it's a bit like a reader of your state of mind I=yeah P= so then once I've noticed that and start to become curious about that, that helps me to again erm gain perspective on it so it it that helps to loosen it the discomfort I= erm right so we're onto the ending questions now erm what do you feel for you, this is sort of your own summary really what are the most important aspects to you when you experience your breath , if you were able to kind of pin point the main important aspects	

	P = I think one of the most important main thing is it just helps me to erm observe or witness, it's it's almost like taking, standing up on top of a mountain and looking down really so that I can erm choose my responses rather than be at the mercy of my thoughts and my feelings , so it's that bridge really, it's like a bridge between erm those states of mind where you can just react or the state of mind where it feels more flexibility, so I use the breath, the breath like a bridge to stand on really to come back to so it gives me a reading on what's happening what I mean by that is , my reactions, I'm noticing, I'm anxious by the shallow breath but I also use it then when I notice that , just just even saying that I'm going to my breath, I notice it just by noticing the breath then I have the choice then to ground myself , I actively slow down my breathing and then I am back in other state of mind really that feels more more stable , it feels a bit more flexible erm I = has your awareness of your breathing changed you in anyway? P= I think it's empowering, because again it's it's a tool , as I say it gives me a window onto erm my emotions and responses but it also gives me a platform to stand on when I want to erm get a handle on what's happening yeah	

	I= it's very helpful the choice of words you use standing on a bridge, standing on a mountain,platform P= yes I= for me that kind of links in with the observer stance P= yes, yes, yeah, exactly and almost like, I don't know maybe some people call it like a sense of self, really that , that can take in all, everything the cognitive, the spiritual, the emotional the physical, so it feels very whole sense of wholeness I= yeah, as you're saying it it feels like you're getting a real view, of what's happening in different areas . Erm is there anything you'd like to ask me ? P=Shan it's been a very valuable experience erm first of all using the note book erm which help me to make it more of a habit. Which I think you need to develop it needs to be almost a habit for it to be useful it has to become a habit really and erm even doing the interview and talking through my reflections	

	has been very valuable as well so thank you for inviting me. I= thank you for taking part in the study erm, I'll bring the interview to a close now, thank you very much. Thank you.	

Appendix 7

Example of anonymised coded transcript from participant Mark

I = Interviewer

P = Participant

1 I= right so erm just to start with a general question erm can you tell me about your breathing experiences in therapy?

2 P= erm my breathing experiences when I'm with a client erm a very broad question (laughs)

3 I= it's broad

4 P= okay. alright my experiences erm when I am, when I am most noticing that I about my breathing is when in many erm different occasions normally erm first of all if I'm not grounded so if I'm not readied myself with a client and I'm feeling a physical kind of ah stiffness in my body or I haven't grounded myself prepared myself then erm my breathing isn't right it could be shallow for example erm so that's normally when I'll try to ground myself through breathing deeper and I can do that very quickly to erm ground myself erm I think I'm going to notice when I'm breathing again is sometimes when the atmosphere or the clients mood may change and so that's say for example , if there in a high mood that then something for example where it might be some form of sorrow or something like that

Noticing breath different occasions (e.g. when atmosphere changes)
Grounded linked to being ready for client.

Shallow breath = not grounded.

using erm in sentences
noticing breath in different occasions - If not grounded then feels grounded to being ready.

Feeling physical stiffness in body.
If not ground then breath is shallow
Ground self by breathing deeper
Does this very quickly

- Notice the breath when atmosphere changes -

e.g. when client expresses sorrow or something like that.

Exploratory Comments Key:
- descriptive comments
- linguistic comments
- conceptual comments

Participant 2 (Mark)

		comes into the therapy session then the mood then goes down erm	Compares screen to mood going down.
	5	I= can you say a bit more about that so you're saying when their when their mood changes	
Therapist tuning to client by checking breath.	6	P= yeah so since I'm trying to tune in with them if their mood changes then I normally check my breathing to make sure that I'm constantly present with them so it's hard to explain I think so if their feeling kind of I happy about something I would be up there happy and exhilarated with them for example	Therapist tries to tune to client. When tuning to client – Therapist present checks breathing checking constantly ✓ If client is happy, then Therapist feels this with them
	7	I= hmm	attunement?
Uses breath to remain grounded checking on breath. Self-regulation	8	P= but if their mood then goes down, then I have to make sure that I don't go down with them so that's when I'd be checking on my breathing to make sure that I'm still grounded	If mood goes down – don't go down too. Using the breath to make sure still grounded.
	9	I= yeah yeah that makes sense yep	
Use breath to ground self. by concentrating on the breath. (focus?)	10	P= if that makes sense okay because it's hard to kind of explain I think you know erm also if erm I'm not feeling particularly well, so say if I've got a cold or I've not had a great night sleep or there's other factors like children keeping me up or something that night you know then I maybe with the client feeling a little bit not a 100% that's when I have to concentrate on my breathing as well and try and relax as much as I can for my	uses 'you know' between sentences. Describes what it is not to be grounded or not 100% when not grounded then have to concentrate on breath – try to relax. Groundedness = relax = energy

		energy and anything else I must I think, really.	
	11	I = yep erm so you described, I'm quite interested in what you said about when the mood changes in a client or like you said if their mood goes down or it goes up can you say a bit more I'm wondering if maybe you can think of a particular client where something like that has happened , what were the actual breathing experiences like for you? If you think of what was going on for you? So if you think of the one if the mood was low erm or going down you said	
client's distress / trauma leads need to go down	12	P= the first client I'm thinking of is a gay man erm who was talking about when he was at the top of his profession he was making good money and then erm he lost his job erm he lost his partner erm so he was very quite high when he was speaking about it what he actually lost his mood went down erm and he became very tearful he went into how he'd been sexually abused by a number of men at one time and so forth erm and that's when that kind of mood went down and I realised I had to ground myself because he was being quite graphic about what had actually happened to him . I personally would say that I think there's many psychotherapists which make a big mistake and sometimes start following the client down that hole and to me I think breathing is one of the most grounding things you can do ,	Describes client's distress - and trauma, been sexually abused His mood goes down.
Therapist responds by having to ground self - does this by breathing.			- Therapist needed to ground herself when listening to graphic detail. • Big mistake to go 'down that hole' Breathing is one of the most grounding things you can do.
	13	I=hmm	

Participant 2 (Mark)

'going down a slide'

Whose anxiety is this Therapist or client.

14 P= erm to stop yourself going down that slide with the client because it can be quite easily, quite easily done erm and I think as also as well that awareness in your bodily reactions you know if you're feeling a little bit of anxiety and checking in you know whose anxiety is this which is fundamental I think in psychotherapy of actually knowing whose whose you know whose emotion does this emotion belong to erm and I think by breathing it helps you sort that as well , because if you start to shallow breathe you're not breathing then you could start to lose yourself and the client actually erm so more likely to zone out.

Metaphor 'going down the slide' can decline easily.
Reactions in Therapist body reveal anxiety.
Whose anxiety is this? – Client or Therapist
Fundamental to Therapy.

If breathing shallow, you're not breathing – could start to lose yourself 'zone out'.

15 I= erm is there any particular points in therapeutic work where you feel you particularly pay attention to your breathing ?

Pay attention to breath at the start of therapy.

Never rush.

Ground self before beginning ('bit late') – when rushed.

16 P= erm normally at the very very start that's fundamental and I think that erm all psychotherapists should do it in their life, I think not just always in therapy erm but in therapy is you know never, never rushing to work with a client really until you've grounded yourself and breathing is part of that so even for example on occasion like everybody where they could be a little bit late erm to work with a client by ' late' I mean you're on time but you've not had enough time to ground yourself so you got an appointment at 9 O'clock you get there for ten to nine , you've.rushed in , you know

Pay attention to the breath at the start.

Never rushing in therapy.

Ground self before working with client.
Metaphor – 'bit late'

mis attuned not on time

	you're not late for the client but you need to settle yourself erm so I'll make sure that to settle myself within those ten minutes before to see them and that is when I'm using the breathing to make sure that I ground myself.	Describes the need to settle the self. Using breath to ground the self.
17	I= so how would you go about settling yourself ?	Posture
Grounding self (Yogary) hand on thighs, close eyes 18	P= erm Me? I think mine is really quite yogary erm I normally put my hands on my thighs erm you know erm and sometimes I close my eyes for a short period of time just to get everything out of my head and just breathe to relax . I think breathing for me, when I'm breathing I have to feel that I'm rooted in that position where If I'm going to be doing therapy with somebody so that I'm grounded in that position I'm not floating anywhere else and there's nothing else coming into my mind and I think that's what breathing helps erm with presence.	Describes grounding self 'Yogary' hand on thighs, close eyes 'Rooted in that position' Posture - I'm in that position and not floating anywhere else. Breathing helps with presence.
'Rooted in posture' - not floating.		
Breath helps with presence 19	I= you used presence before you know and I just wondered whether you like to say a little bit more of what you mean by presence.	
20	P= being present, I think erm being present is the most fundamental thing in psychotherapy and a client will pick up on it immediately if you're not there with them. I think it's normal for anybody for a psychotherapist to zone out occasionally if something else comes in or a bit of transference comes in that you need to tuck underneath the	Being present fundamental thing in psychotherapy - client picks this up Describes zoning out as normal Aware 'zone out'
'Zone out' normal - client picks up if you're not with them		

checking in.

checking in on self Breathing helps keep more present for client. When distracted / or worried breath is shallow. Regain focus on breath.	chair erm but the presence side is erm I think if you get regular sort of routine of every now and then just checking on yourself and breathing you become more present for the client and you don't end up going off in different directions erm because you stay grounded yeah you stay grounded so erm that's what helps with presence.	Presence - regular routine checking in on yourself and breathing more present for client. - Different directions - distracted? Grounded helps presence.
	21 I= hmm	
	22 P= even if you start to even think about external things you worried about your kids cold whatever is going on in your mind you can I think through experience just ground yourself and you can do it actually quite shallowly or very quickly with experience that the client may not even notice . I can do it within seconds If I 'm feeling that something, I can just (sighs) I can just get there and that from what I just said to now it's happened, and very quickly. I think that's with experience.	Describes being distracted by external things. while distracted - ground yourself Experience - shallow Do it quickly client doesn't notice. Describes doing it in seconds. Demonstrates this in the interview
takes deeper breath.	23 I= yep	
	24 I= okay erm so do you think your experiences these types of experiences, it sounds like an obvious thing for me to ask but do you feel that your experiences influences the client in any way? In your interaction?	
	25 P= my er..can you explain that a bit more?	

		I= yes so you were saying about presence and being grounded and you being able to erm , you know use the breath to erm	
	26	P= yeah	
	27	I= I know it sounds like an obvious question but I just wondered you know how how would you, you know describe how this influences the client or does it influence the client?	
Important of therapist calmness.	28	P= I think it is erm you you have to have a calm therapist in you for the client but also there are other factors like if the client is going up and being happy and stuff you're celebrating that with them as well completely hippy like you know...	Describes he need to have a calm therapist. Uses he word 'happy' not grounded?? or present??
	29	I= what do you mean by 'hippy' like?	
Need to have presence - appropriate to client - be attuned to their mood.	30	P= well I mean many people which have experienced therapy with me when they come to me, they've said to me I've had a therapist before they went ' hmmm, ahh hmmm at me' and they didn't want that you know so its being able to actually maintain a presence which is appropriate for the client so if they go up you can say 'yeah that's great , that good news' 'brilliant I can sense you're feeling happy' but you know but also keep calm with it, erm when it comes down	Describes happy like as not being present. Describes he need to maintain presence that appropriate for client. Attunement to client. (attuned to their experiences).

Links attunement to presence ↓ affects client's progress ↓ Breathing part of This While intracting breathy/ bodywork = not big aspect. Links body aware, feely relaxed and breathy. Client pick it up - Therapist relaxed state. Client aware of Therapist grounded → more prepared to interact re: difficult stuff.	to the affect on the client , it comes to what I've said again it comes down to presence. I'm from a humanistic background so if you're not present it does not work. So erm for them presence erm maybe in some occasions I've worked with some clients where I'm probably the first person that they've actually had found that have really listened to them and that has a massive affect on their life, huge affect I think erm and breathing is part of that . I think when I was going through training erm and I've heard it from other psychotherapists as well that you know body work and breathing was never really sort of a big aspect of it but the more years I've done the more I've realised that being aware of your body and feeling relaxed and breathing	Describes attunement alongside presence. If not present - Therapy does not work. Describes that for some clients he's 1st person that has actually listened. = massive affect on their life. Breathing part of this You know' - While in training bodywork / breathy not big aspect. As years gone on - Realised. Being body aware, feeling relaxed and breathing. client 'pick it up' about how therapist is. Describes client's awareness of Therapist. client's awareness of Therapist. Keep self grounded, Then client more prepared to interact re: difficult stuff.
	31 I= yep	
	32 P= erm makes a huge difference and the client will pick it up because , they can see that you're relaxed	
	33 I= hmm	
	34 P= and especially with clients which are used to believing that if they say something to somebody it's going to freak them out yeah?	
	35 I =yeah so they can sense it in you	
	36 P= hmm they know by by keeping yourself grounded so they're more prepared to talk to you	

Participant 2 (Mark)

		about difficult stuff	
	37	I=yeah	
Attunement - through the breath	38	P=erm and yet again breathing is part of that you know, they will sense if you're not breathing properly and your anxiety goes up somebody which is in a heightened state or used to living in a heightened state they'll pick up on it immediately as a dog a baby would with it's mum.	Attunement - If not breathing properly - client client with heightened state will peak rapidly 'like a baby can sense it's mum' — Beebe Lachmann
	39	I= so I suppose I'm thinking from the other side	
	40	P= I'm trying to avoid the ums and aah's (laughs)	
	41	I= (laughs) once again what might erm seem like another obvious question, is erm how do you know, how do you know that your client is responding to you or they they can sense your presence, is there anything that tells you when you're interacting with them, what do you pick up from them ?	
	42	P=so what is the client's response to my presence	
	43	I= yes how would you, how would pick that up?	
Mirroring - client and therapist, mirror each other.	44	P= that's a difficult question actually, normally you're focusing very much on yourself erm and how you are erm how (4 seconds pause) how…interesting cause mirroring is something which often happens and very rarely picked up on because you can mirror each other which is not	Describes when breathing, focuses on self. Mirroring is something which often happens. Mirroring eachother.

		normally spoken about too much erm and they will , I think there'll be a feeling in the air maybe that there's a connection you can. We innately know when someone is connected to us and I would have a feeling that has that client has that animal you know instinct that	'Feeley in the aer' that there is a connection. Innately can when someone's connected.
	45	I= hmm	
Presence = I'm there	46	P=I'm there, they're present and there's something happening	Presence = I'm there"
supporting therapy - client	47	I= yep	↓
Increased progress	48	P= so erm I would sense it and I think as soon as that erm happens I think that's when clients can sometimes move very quickly in their therapy	client can sometimes move very quickly in therapy — really progress
	49	I= yeah	
	50	P= very quickly, when they find the right person and that is fundamental that erm the client finds the right therapist.	Presence = being the right therapist for client?
	51	I= erm okay... so a couple more	
	52	P= yep, yep, hope I've answered that question	
	53	I= erm I think you have, right do you find being aware of your breathing positive or useful in your interactions. I know you've said quite a few things quite a positive sort of experience there	

Not aware of breath = somethg wrong - (ie not self aware). ↓ client pick up on this	54	P= do I find it positive or useful ?	
	55	I= yeah yeah actually being aware of your breathing	
	56	P= yeah yeah cause it is without a doubt I mean I don't work with any client where I'm not aware of my breathing.	Describes that he is aware of his breath with all his clients.
	57	I=hmm	
	58	P= I think that erm my personal thing is that . If a psychotherapist erm is not aware of their breathing for a fifty minute session to think their doing there's something wrong , I think erm there's something wrong because I believe they may have missed something because they're not concentrating on themselves erm I think it's fundamental actually erm because they could be in a because breathing tells you about normally your state of your body what level you're at and it tells me that the therapist may not be aware of where their body is at they may be mentally thinking that they are present but actually if their bodies are tapping away, their foot is tapping and things and their not grounding themselves through breathing the chances are that the client will pick up on that yeah	- If Therapist not aware of breath, Then (something is wrong'. Not being aware of breath means you're missing something. Means not concentrating on themselves. Breathg tells you about state of your body - what level you're at. not self aware? Describes a Therapist who is not aware of their body. and not grounded. client will pick up on this
	59	I= okay , do you	
	60	P= did I answer that question is that okay ?	

Participant 2 (Mark)

	61 I= you've said quite a lot about your experiences haven't you, in a way that's helpful erm so do you find being aware of your breathing difficult or not useful? In your interaction?	
	62 P= do I?	
	63 I= has there been experiences that have been quite difficult	
	64 P= to breathe?	
	65 I= the awareness of the breathing… have you had experiences where it is actually quite difficult	
Awareness of breath not difficult.	66 P=I've never had an experience when it's a difficult thing	Does not find awareness of breath a difficult thing.
	67 I=hmm	
Tuning into the body. Deeper breath indicating tiredness? ↓ Breath awareness trigger triggers to think (why taken deep breath)	68 P= I've had a experience I think what it is is if you were tuned into your body, erm you're aware of your body there's sometimes in therapy when you'd take a deeper breath and that should be a trigger, so your sitting with somebody (participant breathes) you think whoa okay, is that me? I'm I tired ? erm is it something that their doing that is making me take a deeper breath you know erm and if that happens to me that could be a trigger so within seconds I have to quickly think why have to taken that deeper breath. Erm if it is because for example I'm going into a place where they are which could be an anxious place for	Describes tuning into the body (sign) Takes a deeper breath – Trigger – to question – Is that me? Different function of the deeper breath, indicator of tiredness Then start process

Polar: control/dif!

Indicate tiredness too

Is this a 'deep sigh'

Self monitoring?

Participant 2 (Mark)

start process - making sure	example, I'd be aware of it and that's when I start my processing making sure	process making sure
	69 I= hmm	
Checking in Breaths to chill out - listen to innate responses - ~~Checking in~~.	70 P= I chill out and take the breaths I should be. So I think it's listening to your or innate responses to the client can help you know when to be aware of your breath as well. Except from just checking in normally	The Process — chill out and take breaths. Listen to innate responses → let you know to be aware of your breath. (checking in)
	71 I= yeah	
Check in breathe is alright. Deeper breath - 'check in' again	72 P= erm they might be , cause you could check in breathing alright and you're grounded but if a client say's something in the next twenty words it could change , you know and you have that deeper breath (participant breathes) you check in again. Listen to your body, listen to your body	"check in" - "breathe alright" and you're grounded (goes back to deeper breath. check in) - 'Listen to your' therapist repeats this.
	73 I= there's a continuing checking in isn't there	
	74 P= yeah you've got to and it has to be done quickly you know, you know I'm I okay?, breathing okay, bum on the seat, I'm I grounded?	checking done quickly — in the moment. → Describes this.
	75 I= hmm	
Practice makes it easier	76 P= you know but you don't have to say those words to yourself because if you've been doing it long enough it's like just pressing a button and all the lights light up don't they yep fine , you' don't	With practice it becomes easier. (like just pressing a button and all the lights light up'

Participant 2 (Mark)

Mnemonic.

		have to say the words.	
	77	I= okay there's some ending questions now	
	78	P= hmm	
	79	I= erm what are the important aspects to you erm when you experience your breath is there one or two aspects that you think are particularly important or stand out for you?	
	80	P= say the question again	
	81	I= what are the most important aspects for you when you experience your breath, I know you've said some things already. So I might be repeating by asking	
	82	P= the most important aspects for me	
	83	I= for you	
Groundness most important aspect of breath experience.	84	P= so right it would be repeating it would be repeating that I am grounding myself,	Groundedness most important aspect of breath experience.
	85	I= yeah, yeah	
	86	P= is what it is, is the most important thing I don't think there's much more to say than that.	
	87	I=okay	
	88	P= you know, yeah	

	89 I= has you awareness of your breathing changed you in anyway?	
Helps therapist in work and in real life Breath awareness can relax you.	90 P= yeah yeah massively it's has helped me in working with clients but it has helped me through my normal life as well which I've kind of said before I guess erm being aware of your breathing when you are in either in therapy or in normal life whatever erm can relax you and I think that's the important thing, I believe in it. I wasn't always like that erm and from when I was first going through training I didn't consider it as being so important erm but through you know after a period of time working with clients I've realised that it is very important so how has it influenced me ? yeah I think it has made me , my breathing a bit more grounded generally, I think	massively helped therapist in their work and helped in normal life. - Being aware of breathy can relax you. Therapist believes in it. Did not have formal training? After period of time working with clients Breathy grounds therapist
	91 I= that you've experienced in other parts of your life	
	92 P= yeah I think so,	
	93 I=yeah yeah	
Breath connects ya to body. Awareness of the environment.	94 P= you know it goes to even a point when I become a lot more mindful as well because being aware of yourself erm being aware of yourself erm and how your body is you become . I think you become a bit more aware of your environment as well and I become more mindful	- Breathy connects you to your body = being aware of your environment - mindful of it increased

		of what's around me	
	95	I= any any particular parts of your environment you talked about interacting with other people as well	
Patience with others Rationalise (act)	96	P= yeah I think like, I mean I mean patience with other people you know I mean just being patient in my daily life with people and somebody is irritating me and this is normal I just sort of not necessarily biting back and take a breath and in that breath I'm actually being able to rationalise what's going on erm	Patience with others Not (bite back) but take a breath and (rationalise) what's going on.
	97	I= hmm	act rather than react
(deep breath) Take a Breath helps you to understand makes things clearer. INSIGHT?	98	P= erm and I think you can do that with clients as well, you know it's getting to a bit of a heightened state or you're not quite understanding what's going on , when they're talking you can take a breath and then in that breath you can start to process what you really want to ask them to make things more clearer for yourself, yep	regulatory* Take breath to understand what going on. When they talk what want to ask them makes things clearer for self.
	99	I= yep alright final one is there anything you would like to ask me? About any of the questions or anything at all.	Skilful active, speech
	100	P = erm what can I ask you? What impact would you want for your study on in the field of psychotherapy?	

	101	I= erm I suppose for me , there's two parts , one is just picking up on what you've said earlier as well that a lot of therapists erm you know being able to be really present with a client not just in your head but also physically in your body being there for them, that it appears that there is there is not any formal training in that , in training	
	102	P= hmm... hmm	
	103	I= so to suppose for me doing this study as an exploration , I am really interested to see what psychotherapists experiences are , I'm hoping that will contribute to to erm training and support for therapists	
	104	P= yeah	
	105	I= for them to be able to manage for themselves, self-care , so I'm kind of interested in that	
Breath awareness form of Self-care	106	P= it is a form of self-care	Breath awareness is a form of self-care.
	107	I= yep and the other part is because there's a lot of literature about being mindful and being present in the moment through breathing I'm quite interested in that as well and how this study might contribute erm to to our understanding of being mindful	
	108	P=I understand	

	109	I= so okay anything else	
	110	P= no that's fine	
	111	I= yep	
	112	P= that's fine	
	113	I= thank you very much and I will now end the interview.	

Appendix 8

Example of super-ordinate themes from participant Sarah

Box 1 Table of super-ordinate themes from Participant 1 (Sarah)

Themes	**Page/Paragraph**	**Key words**
Varying experiences of the breath		
Deeper breathing means controlled breath and slowing down/ clearer head	3/14	slowing everything it's controlling everything
Holding breath when client speaks of trauma	2/12	breath been held
Shallow breath and uncertainty	5/27	quite shallowly, almost fearful
Fascinated/ interested by breath	9/52	absolutely fascinated
Coping with client's trauma and distress		
Separating client's stuff from therapist	13/79	not the client's stuff/my stuff
Difficult interactions affecting the breath	14/15	it really did affect
Feeling discomfort in shallow breath	10/63	it affected me
Noted interesting but not difficult	11/67	very interesting
Gaining Insight		
Feeling conscious at varying levels	10/61	but not as conscious
Increased awareness	8/46	internally becoming more aware
Noticing time- to reflect	13/81	very easy to be rushed
Posture influencing the breath		
Connecting clear headed to posture	8/48	how I sit
Being 'grounded' links to posture	15/95	awareness of being grounded
Regulating self and other		
Regulating breath helps feeling calm	3/14	really slowing everything down
Regulating controls breath	3/12	controlling my breath I feel better

Appendix 9

METANOIA INSTITUTE

13 North Common Road

Ealing, London W5 2QB

Telephone: 020 8579 2505

Facsimile: 020 8832 3070

Shan Premachandra

DCPsych programme

Metanoia Institute

23rd April 2015

Ref: *10/14-15*

Dear Shan

Re: *A Phenomenological Exploration into Psychotherapists' Experiences of their Breathing in Psychotherapy*

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Institute Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as DCPsych representative for the Metanoia Institute Research Ethics Committee.

Yours sincerely,

Dr Patricia Moran
Research Subject Specialist, DCPsych Programme
Faculty of Applied Research and Clinical Practice

On behalf of Metanoia Institute Research Ethics Committee

Table 1 Summary of Master Table of Themes for the Group

Super-ordinate theme	Paragraph
1 Physical Breath Experiences *1.1 Deeper breath* (32 references) **Sarah:** breathing deeper just really slowing everything down	14
Mark: I can do it within seconds if I'm feeling that something	22
Stewart: I notice my breathing tend to tend to be drawing breath in	7
Joanna: (takes deep breath) like that then what I do is that I use that like a register	16
Linda: I feel more connected or grounded when I'm breathing deeply	162
Tracy:[…] take some deeper breaths […] settle myself a little bit before my client	11
1.2 Shallow breath (33 references) **Sarah:** I could hear my breathing really, uncomfortable it was	27
Mark: or I haven't prepared myself then erm my breathing isn't right, it could be shallow	4
Stewart: I'm not functioning very well my breathing you know may I would say is laboured	13

Joanna: It feels heavy it feels shallow	44
Linda: maybe connected to (sighs) sort of not knowing whatever it is	169
Tracy:[…] I am aware of my anxiety[…] I notice my breathing becoming a bit shallower […]	50
1.3 Holding breath (5 references) **Sarah:** If they're talking about a traumatic event for example, I hold my breath as they are talking	16
2 Being Present *2.1 Being present and allowing 'to be'* (14 references) **Sarah:** just back in the situation just allow, allow that to be	101
Joanna: it enables them to be with whatever is there	40
Mark: I'm there , they're present and there's something happening	46
Linda: […] I would say I am fully present […] I'm just there	92-97
Tracy: so I do just find sometimes it helps me to be really maybe be present in the room	13

2.2 Being present in experiences of connectedness (24 references) **Sarah:** becoming more aware of what I was feeling which in turn gave me more insight into how they were	46
Mark: being present is the most fundamental thing in psychotherapy and a client will pick up on it immediately if you're not with them	20
Stewart: I'm really connected you know, when we are fully put aside our defences	17
Joanna: taking a pause breath and slowing down that helps me to just to be with it	32
Linda: deeper breathing is connected to the core	169
Tracy:[…] more relaxed or more present, more grounded then I feel like my breathing is deeper	31
3 Developing Awareness *3.1 Developing self-awareness* (40 references) **Sarah:** it's made me very aware of my life really and I need to just get back to basics	81
Mark: erm being aware of yourself erm and how your body is […] I think you become a bit more aware of your environment	94

Stewart: I open up a little more internally […] the breathing is sort of opening my chest	76
Joanna: It's a tool, as I say, it gives me a window onto erm my emotions […] a platform to stand on	68
Linda:[…] be more conscious and have like an observer there within myself	177
Tracy: […] being interested in what it is telling me maybe about what's happening	104
3.2 Developing awareness by reflection (22 references) **Mark:** checking in you know, whose anxiety is this […] whose emotion does this belong to	14
Stewart: nothing sort of majorly negative[…] I'm I with me? Or am I with them?	161
Linda: when I feel perhaps anxious […] I question myself , If I doubt myself	81
Tracy: […] maybe will just wonder why and then notice something different in me.	74
Joanna: I use it as a vehicle to help me understand a little bit	44
4 Regulating self and client *4.1 Self-regulation through breath awareness*	

(21 references) **Sarah:** looking in recognising what the situation whether its verbal or physical or whatever and how to respond to it in a calm way	81
Mark: massively it's helped me in working with clients but it has helped me through my normal life […] I think it has made me, my breathing a bit more grounded.	90
Stewart: after an emotionally intense moment […] I just appreciated the sensation of the breath entering my lungs through my airways.	122
Joanna: I feel if it's just even and paced it helps me to feel equanimity	44
Linda: I need to change something within myself	44
Tracy: […] feel that kind of pounding that kind of shallow breathing[…] at those times I will try and breathe more deeply	56
4.2 Regulating self through groundedness and posture (42 references) **Sarah:** to sit upright, but positioning myself so that I can breathe deeper	1
Mark: when I'm breathing I have to feel that I'm rooted in that position […] so I'm	18

grounded in that position, I'm not floating anywhere else	
Stewart: I pick up as a real thread that each time I'm, I'm preparing to meet I tend to breathe	62
Joanna: what I do is use the breath to anchor myself to steady myself	2
Linda: I'm sort of grounded in the session with the client, the breathing is steady	79
Tracy:[…] before the client comes into the room to kind of settle myself […]	11
4.3 Regulating self by remembering (3 references) **Joanna:** there was something in particular about having the blue note book as a concrete reminder to come back to my breath that is almost synonymous with coming back to the breath when I see it on the table.	2
4.4 Regulating clients by choosing how to respond (13 references) **Sarah**: I may be a little too rash in saying something but by breathing deeper I am less prone to do that	14
Mark: and then in that breath you can start to process what you really want to ask them to make things clearer for yourself	98

Stewart: my client was agitated and panicky and at those points I became calmer that's what made my breathing steady	92-94
Joanna: when I notice shallow breath I slow down my speech and I take a pause again	22
Linda: once they're matching me they become calmer	65
5 Discomfort in breathing experiences *5.1Discomfort when coping with clients' distress* (16 references) **Sarah:** the breathing part of it, it was it brought something in me that I didn't like so I started to feel quite shallowly	27
Mark: if their mood goes down, then I have to make sure that I don't go down with them. So that's when I'd be checking on my breathing	8
Joanna: I'm anxious by the shallow breath but I also use it then when I notice that	66
Linda: I noticed that my breathing increased because I became a little bit concerned or anxious	14
Tracy: sometimes it is difficult when it's erm triggering something in me	81

5.2 Discomfort lessening with practice (7 references) **Sarah:** it sounds so simple and I did in the end take myself away[…] just breathe and that really did calm me down	81
Mark: I think if you get regular sort of routine or every now and then just checking on yourself and breathing […] you don't end up going in different directions.	20
Joanna: because I practice mindfulness I use it as an anchor to come back to base […] I'm coming back to my internal supervisor	52
Linda: I think something develops through experience	54

The following notation […] indicated editing of non-relevant material