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**"Working in the present moment:
A phenomenological enquiry into the impact
of mindfulness practice on trainee
psychological therapists'
experience of therapeutic practice."**

Stuart Baker

***Submitted in partial fulfilment of the requirements for the Doctorate in
Counselling Psychology and Psychotherapy by Professional Studies (DCPsych).
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To my family who supported me in this indulgence,
My supervisors and teachers who encouraged and inspired me,
And my participants.

ABSTRACT

This study explored the lived-experience and impact of a brief mindfulness meditation training intervention on trainee psychological therapists. Particular attention is given to participants' experiences of relational depth, the cultivation of therapeutic qualities and their use of the self in the therapeutic relationship; as well as how they integrated mindfulness into their clinical practice. The qualitative methodology of interpretative phenomenological analysis was used to investigate participants' lived-experience of mindfulness. Fifteen (out of nineteen) participants completed a two-month MBSR/MBCT mindfulness training, contextualised for therapists; followed by two focus groups, then eight individual interviews four months later.

The findings suggested that a brief mindfulness training programme can have a significant impact, with participants experiencing a range of positive outcomes and meaningful effects at both a personal and professional level. The study indicated the potential of mindfulness as a complementary clinical training, in developing 'being versus doing' qualities and the potential to experience relational depth. Mindfulness facilitated participants' confidence and ability to access and trust their own embodied experience or felt-sense of the emergent therapeutic process, in comparison to their core trainings where the emphasis was more on conceptual knowledge, theory and protocols. Although this research did not set out to build a model of mindfulness in the therapeutic encounter the findings were suggestive of a process model, where therapist intra-personal attunement facilitates therapist-client interpersonal attunement that in turn promotes client self-attunement, in a 'co-created co-meditation space'. Participants experienced mindfulness as providing an embodied developmental opportunity that complemented their core trainings and modalities.

Although participants proposed that mindfulness should be a training requirement for all psychological therapists the question of fit needs to be considered, with some participants finding this challenging at times both personally and in the context of jobs where adherence to a particular modality or process was required. It also seems that this training attracted those with a predisposition toward mindfulness; in contrast the four drop-outs indicate that this approach may not suit all. Thus future research needs to address these aspects.

In a political context where therapist training is becoming more protocol driven, mindfulness appears to provide a way to redress this imbalance, providing a complementary training route for the practical cultivation of relational qualities that allows participants a greater sense of authenticity, empowerment and trust in themselves and the therapeutic process.

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1. INTRODUCTION

1.1 Introduction

The aim of this study is to explore the lived experience and impact of a two-month mindfulness training intervention on trainee psychological therapists, in relation to both their personal and professional lives. Particular attention is given to the impact on the potential cultivation of therapeutic qualities and the impact on their experience of their use of the self in the therapeutic relationship. Additionally the study looks at participants' experiences of integrating mindfulness into their clinical practice and how they believe it fits with their core training and therapeutic modality.

In this introductory chapter, I will give an overview of the origins, definitions and current context of mindfulness and suggest that there are potential limitations to the current therapy training paradigm. I will propose that mindfulness meditation training may provide a promising way of addressing this. I will also place myself in relation to the topic and the current study, before introducing the research question.

There has been a tremendous surge in popularity of mindfulness in the last few years in the field of psychology and beyond: '*The world is all-abuzz nowadays about mindfulness*' according to Jon Kabat-Zinn (in foreword to Williams, 2011, p.ix). Despite it having been around for at least 2,500 years, Williams (2010) describes it as '*the most ancient and yet most modern of approaches*' (p. 6). Owing to the success of mindfulness based approaches in recent years it has become '*a mainstream psychotherapy construct*' (Kabat-Zinn, 2009, p.198) with applications across a range of psychological and medical areas. Holzel et al (2011) describing it as striking that '*this seemingly simplistic practice can have such a wide range of applications and effects.*'

Emerging out of this success has been the hope and belief that the qualities accruing to an individual from mindfulness meditation practice may enhance the therapeutic qualities and effectiveness of psychological therapists. Mindfulness has even been proposed as a common factor (e.g. Martin, 1997) that might contribute to the therapeutic relationship, with mounting interest in how mindfulness meditation practice

might allow therapists and trainee therapists to cultivate a range of therapeutic qualities.

Mindfulness and relationship are central to my integrative therapeutic model and way of working as a therapist and coach. Believing that mindfulness has significantly enhanced my capacity to be in relationship to myself, others and the world. Mindfulness allows me to be more present and accepting of what is, I am keen to understand how other trainees might experience this.

1.2 Mindfulness: origins, definitions and current context

In this part I will outline the Buddhist origins of mindfulness and address some of the challenges in defining mindfulness, the current context of mindfulness, psychological therapy and the therapeutic relationship:

Buddhist Origins of Mindfulness:

The cultivation of mindfulness through meditation has its origins in Buddhism and is one of the core teachings of the Buddha. The term *mindfulness meditation* is typically used synonymously with *Vipassana*, a form of meditation that derives from Theravada Buddhism (Davis and Hayes, 2011). *Vipassana* is a Pali term for 'insight' or 'clear awareness' and is often referred to as 'Insight Meditation'. The word mindfulness originally comes from the Pali word *sati*, which means having attention, awareness and remembering (Bodhi, 2000).

According to '*The Four Foundations of Mindfulness*' in Buddhist thinking, mindfulness is cultivated by systematically applying awareness to four general objects (Nyanaponika, 1962): body and posture, bodily felt-sense or affective processes, mind or cognitive processes and mind objects or mental contents. The ultimate goal of mindfulness practice is transformation and freedom from suffering. Such transformation may be modest at first with moments of insight into one's motivations, of freedom from the hold of conditioning and freedom from the struggle with desire or aversion. Through the practice of mindfulness one's awareness of these patterns is gradually deepened. Moments like these are cumulative enabling us to cultivate insight into the underlying patterns of our psychological process. Such insight is '*not*

the conceptual insight into one's personal narrative but a more visceral and intuitive glimpse of the conditioned, constructed, changeable and impersonal nature of our mental and physical life' (Olendzki, 2005).

Though mindfulness is rooted in Buddhism it is a universally applicable psychological process and not exclusive to a particular culture or religion (Bruce et al, 2010). Mindfulness is neither an ideology, a belief or a philosophy but “*a coherent phenomenological description of the nature of mind, emotion, suffering and its potential release, based on highly refined practices aimed at systematically training and cultivating various aspects of mind and heart via the faculty of mindful attention*” (Kabat-Zinn, 2003, p.145), which is potentially accessible and open to all.

Over the last half-century Buddhist traditions, including mindfulness, have taken root in the West. More recently Western clinicians and clinical researchers have proposed that the cultivation of mindfulness may be beneficial to people suffering from a wide range of problems, especially if decoupled from its Buddhist terminology and traditions (Baer, 2006; Kabat-Zinn, 2005). Jon Kabat-Zinn pioneered adapting and bringing such mindfulness meditation to the Western medical establishment with his introduction of the ‘Mindfulness Based Stress Reduction’ programme (MBSR) (the most frequently cited mindfulness based intervention according to Baer, 2003) at the University of Massachusetts Medical Center.

Defining Mindfulness:

The term mindfulness has been used to refer to a range of concepts, including: a psychological process of ‘being mindful’, a form of awareness or attentional control, a type of meditation practice, a state of being, a characterological trait or disposition, or a mode of processing information, (Brown et al 2007, Germer 2005, Segal et al, 2002; Williams, 2010). For the purposes of this study mindfulness is viewed from the perspective of a *state* that a practitioner cultivates through *mindfulness meditation and practice*, arising from the Buddhist tradition of Insight Meditation, rather than a dispositional trait.

Given the breadth of usage of mindfulness there are many definitions: at its most simple mindfulness is ‘*moment-by-moment awareness*’ or ‘*awareness of present*

experience with acceptance' (Germer, 2005, p.6-7), a 'turning-towards' our experience, a form of '*naturalistic participant observation*' (Grossman, 2004, p.36). Perhaps the most cited definition of mindfulness in the West is Jon Kabat-Zinn's:

"A particular way of paying attention: on purpose, in the present moment, and non-judgementally" (1994).

It is useful to compare this to other definitions of mindfulness as there is no consensus on an operational definition e.g. a particular definition that resonates with me is Crane's: '*Simply being aware of what is going on, as it is arising, connecting deeply and directly with this and relating to it with acceptance; a powerful act of participatory observation*' (2004, p. 2). Or Martin's (1997, p.291-2) '*a state of psychological freedom that occurs when attention remains quiet and limber, without attachment to any particular point of view.*'

Another way of defining mindfulness is to consider it at a skills level e.g. the five core mindfulness skills outlined by Baer et al (2006) in their development of their 'Five Factor Mindfulness Scale': observing, describing, non-judging of inner-experience, non-reactivity to inner-experience and acting with awareness.

Mindfulness can be contrasted to states of mind where one may be on 'automatic-pilot' or preoccupied with memories, ruminative worries or fantasies where mindful awareness is compromised or restricted; in such states '*emotions may occur outside of awareness or drive behaviour before one clearly acknowledges them*' (Brown and Ryan, 2003). It is also important to distinguish mindfulness from reflexive thought: mindfulness concerns process rather than content or narrative, focussing on the *quality* of consciousness and is "*pre-reflexive, operating on, rather than within, thought, feeling and other contents of consciousness*" (Brown and Ryan, 2003).

Another barrier to defining mindfulness is the challenge in describing such an embodied preconceptual and presymbolic (Hick, 2008) state of experience with language. Gunaratana (2002) argues that "*Ultimately, mindfulness cannot be captured with words, because it is a subtle, non-verbal experience.*" 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.

The mindfulness meditation practice in the current study is described as *formal* and *informal*. Formal mindfulness refers to formal introspective meditation practices e.g. a sitting meditation which entails focusing attention on the breath, body sensations, thoughts and emotions, simply observing them as they arise and pass away. Informal mindfulness refers to the application of mindfulness skills and attitudes to daily life e.g. mindful eating or walking. It is also possible to distinguish two distinct methods of mindfulness meditation used: insight (*Vipassana*) and concentration (*samatha*). Germer (2005, p.15) likens concentration meditation to a 'laser light-beam', which illuminates whichever object it is directed on e.g. the breath, a candle flame and insight meditation to a 'searchlight' that illuminates a wide range of objects as they arise in awareness. Both methods complement one another and mindfulness practice is a dance between these two forms.

Mindfulness and Psychotherapy:

Mindfulness and psychotherapy come from very different traditions, yet both have the same goal of alleviating emotional suffering. Over the last decade in particular these two traditions are coming to be seen by many as complementary and even converging:

Segal (one of the developers of MBCT) describes the emerging synthesis or intersection of psychotherapy and mindfulness as '*one of the signal events in our field*' (Forward in Hick, 2008, p.viii): "*Mindfulness and psychotherapy have quite naturally found each other in ways that allow both patients and therapists to reap the benefits of embedding awareness practices within a traditional therapeutic frame.*"

Three principal applications of mindfulness in psychotherapy are proposed in the literature e.g. Germer (2005): 1) *Mindful presence* - a therapist's personal approach or way of being in clinical practice; 2) *Mindfulness-informed psychotherapy* – where literature on mindfulness (and perhaps Buddhist psychology) is used as a theoretical frame of reference and supported by insights from one's own personal practice; and 3) *Mindfulness oriented psychotherapy* – where therapists explicitly teach mindfulness practices and/or use techniques with clients.

Germer (2005) proposes that *'mindfulness can expand and deepen the practice of psychotherapy'* (p.51) and that we are on the threshold of a new mindfulness-oriented model of psychotherapy in which treatment strategies can be derived from the basic elements of mindfulness, particularly present centred awareness with acceptance. There exists a vast literature on the effects of applying mindfulness approaches to psychotherapy and specific psychopathologies (see reviews by e.g. Didonna, 2009; Baer, 2006) and a growing range of mindfulness based applications (MBA's) within contemporary psychology and psychotherapy.

Within contemporary psychotherapy there are four principal MBA's which are sometimes collectively referred to as part of the 'Third Wave' in cognitive behavioural therapy: i) Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn, 1990), an 8-week mindfulness training course with applications to mental and physical health; ii) Mindfulness Based Cognitive Therapy (MBCT) (Segal, Williams and Teasdale, 2002), an application of MBSR to cognitive therapy and depression; iii) Dialectical Behaviour Therapy (DBT) (Linehan, 1993), used for affect-regulation and borderline personality disorder; and iv) Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl and Wilson, 1999) which encourages clients to accept rather than control negative internal experiences. According to Baer (2003) the most frequently cited method of mindfulness training is MBSR which is the core approach that will be used as the training intervention in this study.

However, the place of mindfulness is not restricted to these specific approaches and has long been present in many other schools including psychodynamic, humanistic, existential and integrative psychotherapies.

Mindfulness as a common factor that supports the therapeutic relationship:

There is a large body of evidence that supports the therapeutic relationship and therapist facilitative qualities as the key determinants of positive therapeutic outcome, after client specific variables; with Lambert's (1992) study suggesting the relationship accounted for round 30% of client improvement. Moreover the Dodo effect (Luborsky et al, 1975) suggests that the therapist's ability to provide these facilitative conditions is more important than the particular brand of therapy provided and a key element in fostering the therapeutic alliance (Bachelor and Horvath in Hubble et al, 1999). There

is a growing body of literature, to be explored below, suggesting that mindfulness meditation can be used to help therapists develop the facilitative conditions that are believed to be the core elements in fostering the therapeutic alliance. This has led some to propose mindfulness as a *common factor* across all schools of therapy (e.g. Martin 1997; Fulton, 2005; Hick, 2008). Given the importance of common factors in therapy, Bien (2006) argues that it makes sense to try and teach therapists such therapeutic attitudes.

1.3 Personal Reflexivity

I aim to demonstrate my reflexive process throughout this thesis, initially here in locating my interest and position in relation to this research, in order to contribute to the validity, transparency and trustworthiness of this study:

I have been practicing mindfulness meditation for ten years, in the Insight Meditation tradition, and though not a Buddhist, am open to its philosophy and psychology. I regularly attend mindfulness retreats, have a daily mindfulness practice and as my interest grew I trained as a mindfulness teacher.

I believe the most important thing I can offer my clients is my true presence and deep listening (e.g. Bien, 2006) and that *'To be fully present and fully human with another is healing of itself'* (Shepherd et al 1972, in Geller, 2002, p.72). When in a state of presence I am more able to maintain a wide, holistic, and receptive perceptual field from which I can hold the arising process, in myself, my client and the relationship. I believe that true presence is a pre-requisite for opening up the possibility of relational depth and aim to achieve this through being mindful in the room with my clients but also by preparing the ground through my own meditative and contemplative practice. Holding this philosophy I aspire to meet Bien's challenge to therapists: *'Therapy is a calling, a way of life. If mindful therapy is not part of our way of life we run the risk of becoming only technicians, not healers'* (2006, p.22).

In my own integrative counselling psychology and psychotherapy training relational and 'being qualities' were explored predominantly at a theoretical and discursive level. Though attunement, intersubjectivity and implicit relating were core to my Metanoia relational training, neither the theory we covered nor the training modules indicated

how a trainee might cultivate such qualities directly. Their development being left to: clinical practice, supervision, personal therapy and reflection. It was only through my parallel training and practice in mindfulness that I was able to move from a theoretical understanding of relational concepts like the 'in-between' or presence, to an embodied felt-sense, knowing these at a much deeper level. Given the extent to which I believe mindfulness has helped me develop a range of personal and therapeutic qualities, as well as informing my integrative therapeutic model and way of working as a therapist, I am motivated to explore how other trainees might experience this. I hope this research will also help me better understand my own experience of integrating mindfulness into therapy.

I strongly believe that mindfulness has the potential to have a huge impact on trainee psychological therapists, personally and professionally, from developing qualities such as presence, acceptance, compassion etc. to enhancing their own resilience and well-being. I believe that this research has the potential to be highly relevant to the field of counselling psychology, if it be shown how mindfulness might complement a trainee's core training in developing therapeutic qualities and the capacity for relational experiencing.

From the beginning of the training and research process, I have been well aware of my assumptions and biases with respect to mindfulness, and endeavored to be vigilant of them.

1.4 Potential limitations of core therapy trainings

Many researchers and writers who conceptualise the therapeutic relationship and corresponding common factors or therapeutic qualities as essential to client outcome also point to the shortcoming of existing therapy training in being able to deliver such qualities. They point to much therapist training emphasising the teaching of more tangible skills and treatment models versus therapeutic qualities, 'doing' skills versus 'being' qualities (e.g. Kramer et al, 2007; Germer, 2005; Lambert and Simon, 2008; Gehart and McCollum, 2008).

Despite the primacy of the therapeutic relationship Germer (2005) argues that paradoxically graduate-training programs emphasise protocol-driven models of

treatment and technique over the less tangible qualities of the therapist, possibly because it is easier to do so: *“the larger challenge is to find a way to help cultivate the qualities shared by excellent therapists. Such qualities may be harder to learn than basic skills and knowledge”* (p.57). Similarly Lambert and Simon (2008) argue that despite the abundant research evidence showing the relationship between facilitative conditions and client outcome, training programmes have neglected or failed to help trainees sufficiently develop these. Such training often focuses on teaching ‘interpersonal skills’ rather than instilling appropriate attitudes characterised by warmth, unconditional positive regard or acceptance.

Explicit training seems to have its limits, with graduate students in counselling demonstrating no more empathic ability than a random selection of high school students (Truax and Carkhuff, 1963), leading Lesh (1970) to ask *‘Why do counsellors in training programs gain little or nothing in their empathic capacities?’* Training to develop presence seems equally elusive with Gehart and McCollum (2008) asserting that *‘no mental health discipline has developed a systematic approach for teaching therapeutic presence as a skill or ability’*, arguing that much training focuses on the case conceptualisation, technique or intervention skills – the doing-mode - rather than the person of the therapist or therapeutic presence which are qualities of relationship rather than skills – the being-mode.

It seems then that there is a key challenge in therapy training today, to redress the imbalance (perhaps even split) between the emphasis on training to do versus training to be, with a need for the practical cultivation of a ‘being versus doing’ mode. However, this will be challenging in an environment where the prevailing worldview is for measurable competencies and doing, as Nanda (2005) recognizes:

“The importance given to these ‘being’ qualities stands in significant contrast to the over-riding values placed upon skills, theoretical knowledge, interventions and directive change that is emphasized both as part of our training and by our employers. It is my view that these findings present a real challenge for us” (p. 25)

It may also be that this tension between doing and being as a therapist is reflected in the philosophical differences and tensions between psychology which locates itself in relation to the positivist, ‘objective’ world of science as a way of ‘knowing’ versus the

subjective knowing of alternative approaches, such as counselling psychology and psychotherapy. This tension is particularly evident in the UK today in an environment where core professional therapy trainings seem to have become highly academic and focussed on measurable outcomes/competencies and skills (with BPS accreditation as a counselling psychologist now requiring a doctorate at entry level). This is in contrast to an experiential focus on attitudes, therapeutic qualities, and the person of the therapist; also a political context where evidence based protocol driven therapies are assuming more and more 'authority' and resource. These tensions particularly come to the fore in bringing mindfulness into practitioner training, which is aimed at developing the subjective use of the self, with a range of soft and hard to define qualities, alongside more objective, 'rational' ways of thinking and doing with highly defined and measurable assessed competence frameworks.

How then to train therapists in developing the ineffable qualities of 'being,' such as presence, empathy and relational depth? How can developing such qualities or common factors be brought formally into or alongside therapy training programmes? Mindfulness may be one possible approach.

1.5 Mindfulness: a promising way of developing therapeutic qualities?

Given such limitations of some contemporary training, supporters of mindfulness propose a range of benefits of mindfulness becoming a component of therapists' training. It is suggested that therapist mindfulness can potentially assist in cultivating positive relational experiences in psychotherapy (Bruce et al, 2010), including the cultivation of empathy and that the integration of meditation into clinical training programs merits further exploration (Shapiro and Izett, 2008). By focussing on being versus doing qualities it is proposed that mindfulness meditation training provides a unique way to develop therapeutic qualities, especially a quality of being in relationship rather than just a set of skills or techniques (Segal et al, 2002). This may transform trainee therapists' means to affect change mechanisms known to contribute to successful psychotherapy (Davis and Hayes, 2011, p.205). Additionally it is suggested that the development of such qualities from mindfulness training may feed through to increasing therapeutic effectiveness, e.g. Christopher et al (2011) made mindfulness training at Montana State University a requirement for trainees, following a successful study on students who took this as an elective.

Though there are many proponents of incorporating mindfulness training with traditional therapist training, there are also dangers of a reductionist approach to this, with the rise of trainings for therapists teaching mindfulness as a tool or technique for use with clients in a single day (with no need for the therapist to bother meditating themselves) rather than as a way of being, embodied practice or philosophy. This points to a concerning trend to reduce mindfulness to a package of skills that the therapist 'does' rather than leveraging mindfulness as a way of being. It seems doubtful that such approaches will yield the benefits demonstrated by studies of experienced meditators, and the UK Mindfulness-Based Teacher Trainer Network (2011) propose that therapists using mindfulness skills with clients should have a daily meditation practice for a minimum of two years. It is useful to note Kabat-Zinn's assertion that mindfulness *"is not simply a method that one encounters for a brief time at a professional seminar and then passes on for others to use...It is a way of being that takes ongoing effort to develop and refine"* (2003).

Given the wide range of support and emerging evidence attesting to how mindfulness might support the cultivation of therapeutic skills and the therapeutic relationship it is interesting to consider the these two challenges from Kramer et al and Fulton:

'Teaching therapists and therapist trainees [mindfulness meditation] is almost guaranteed to help them become more self-aware, more accepting and reflective, more available to the client in the present moment and more able to choose their responses skilfully' (Kramer, 2007, p.196).

Fulton (2005) proposes:

'There is evidence of another sort for this connection, that found in therapist's own experience of meditation, which, for those willing to take the journey, is compelling and self-evident' (p.58).

Having taken this challenge myself and seen the benefits of mindfulness I want to explore first-hand how it may impact other trainee therapists.

1.6 Research Question

There are two primary research questions with three sub-questions:

1. How do trainee psychological therapists experience mindfulness?
2. What impact does this have on them personally and their therapeutic practice?
 - What is their experience of how mindfulness impacts their therapeutic qualities and relational experiencing?
 - How do they experience mindfulness fitting with their core-training and therapeutic modality?
 - What are the implications for the training and development of psychological therapists?

2. LITERATURE REVIEW

In this chapter I will bring together the general claims for mindfulness meditation training, then specifically review the theoretical and empirical evidence on the beneficial effects of mindfulness meditation for psychological therapists.

2.1 General claims for mindfulness meditation training

Mindfulness-based approaches have accrued a wide evidence base for their efficacy in treating psychological disorders and medical populations for a wide range of conditions including depression, anxiety, stress, palliative care, chronic pain etc (Baer, 2006). As well as the specific outcome evidence for MBSR / MBCT in relation to specific disorders, it appears to have a much wider impact on an individual's way of being, intrapersonally and interpersonally, including the cultivation of a wide range of attitudes and personal qualities together with a different way of relating to one's experience, self, the world and others, or '*a new way of being*' (Segal et al, 2002, p.83).

Though there is ample evidence of the effectiveness of mindfulness meditation, most studies focus on the measurable *outcomes* of programmes for particular conditions rather than the impact on the *transferable skills, qualities and attitudes* participants develop in the process of mindfulness training that might enable such outcomes. It is more in the Buddhist literature that we find a focus on the qualities that are said to accrue from mindfulness training. Over 2,500 years of anecdotal and empirical evidence pointing to how the qualities of compassion, acceptance, presence, non-striving and beginner's mind etc may be cultivated (Hanh, 1999).

This section will explore the literature relating to these broader effects and beneficial qualities that are claimed for mindfulness meditation, particularly focussing on MBSR and MBCT. This will draw directly from the writings of the developers of MBSR, Jon Kabat-Zinn (1990), and MBCT, Mark Williams, John Teasdale and Zindel Segal (2002) as well as other key proponents of mindfulness in the field.

There are a wide range of claims within the mindfulness and psychology / psychotherapy literature for the general benefits of mindfulness meditation. First,

looking at the claims from Jon Kabat-Zinn (1990), the founder of MBSR, who proposes how mindfulness may help with a range of difficulties such as bodily symptoms and physical pain, stress, emotional pain, fear, panic and anxiety etc by paying present moment attention. The achievement of such outcomes relies not only on developing present-centred awareness but on the holding and developing of seven inter-linked ‘attitudinal foundations:’ non-judgement, acceptance, patience, non-striving, trust, letting go and beginner’s mind together with a certain intentionality and commitment (Kabat-Zinn, 1990). It seems that these attitudes are not only inputs to being mindful, but through practice are developed and also become outputs, in a virtuous circle.

From a more cognitive perspective the developers and proponents of MBCT (e.g. Segal et al, 2002; Williams and Penman, 2011; Crane, 2009) claim that the training enables participants to: shift appropriately from doing to being mode, increase their bodily-awareness and direct sensory experience, move from avoidance to approach modes, respond to events rather than react to them, develop acceptance, learn to relate *to* rather than *from* their experience, and to relate to thoughts and emotions differently. Their work in depression showed the effectiveness of mindfulness (Segal et al, 2002) and MBCT is now included in the NICE guidelines (2009) as a preferred treatment for depression.

Beyond these claims from the founders there is also a wide range of studies, theoretical and empirical literature, at behavioural, cognitive and neuroscience levels, on the benefits of mindfulness and how these occur (though there is not always clear differentiation between its benefits and mechanisms):

Self-regulation and self-attunement: e.g. self-management (Baer, 2003), attention regulation and emotion regulation (Holzel et al, 2011), self-regulation and emotional and behavioural flexibility (Shapiro et al, 2006), effective emotion regulation, response flexibility and decreased reactivity (Davis and Hayes, 2011), intrapersonal attunement, emotional balance and fear extinction or modulation (Siegel, 2007; Davis and Hayes, 2011). Closely linked to this area appears to be the mechanisms of reappraisal and exposure (Shapiro et al, 2006; Brown, Ryan and Cresswell, 2007; Baer, 2003).

Cognitive flexibility and insight: e.g. cognitive flexibility (Shapiro et al, 2006), cognitive change (Baer, 2003), change in perspective on the self (Holzel et al, 2011), insight (Brown, Ryan and Cresswell, 2007), values clarification (Shapiro et al, 2006) response flexibility, intuition and insight (Siegel, 2009), meta-cognitive awareness (Davis and Hayes, 2011).

Body: e.g. enhanced mind-body functioning (Brown, Ryan and Cresswell, 2007) body awareness (Holzel et al, 2011), body regulation (Siegel, 2009), integrated functioning (Brown, Ryan and Cresswell, 2007), relaxation (Baer, 2003).

Qualities: e.g. empathy (Andersen, 2005; Siegel, 2009; Kingsbury, 2009), presence, trust, curiosity, openness, acceptance and love (Siegel, 2010), non-attachment (Brown, Ryan and Cresswell, 2007), acceptance (Baer, 2003), compassion and self-compassion (Neff, 2003; Kingsbury, 2009; Birnie et al, 2010; Holzel et al, 2011).

Proponents of mindfulness also claim that such benefits occur at both the intrapersonal and interpersonal levels (e.g. Davis and Hayes, 2011; Siegel, 2009). Given this wide range of benefits and qualities claimed to accrue to individuals from mindfulness meditation raises the question of how these might impact psychological therapists and their work?

2.2 Claims for the effects of mindfulness meditation on psychological therapists

In the mindfulness and psychotherapy literature there are wide-ranging claims and suggestions by mindfulness teachers, practitioner-therapists and writers as to how mindfulness practice might enable therapists to cultivate a wide range of therapeutic and relational qualities that will positively enhance the therapeutic relationship and client outcomes. This growing body of literature proposes a range of effects of mindfulness meditation to practicing and trainee psychotherapists, from improved client outcomes of therapists who meditate, to enhanced relational experiencing and the cultivation of specific therapeutic qualities such as empathy and compassion. Despite these claims research studies looking specifically at the impact of mindfulness meditation on psychotherapists' therapeutic qualities and the relationship is in its early

stages, with relatively few studies underpinning these. The majority of these studies are quantitative, giving no sense of the impact of mindfulness on therapists' experience of themselves or their work and focus predominantly on qualified therapists rather than trainees. It also needs to be appreciated that some of these studies investigate mindfulness as a trait (with no mindfulness meditation training intervention) rather than the practice of mindfulness meditation itself. The key qualitative and quantitative studies are discussed below in relation to the current study, and as there are only five relating to *trainee* counsellors, psychotherapists and psychologists, the review is broadened out to include that relating to qualified practitioners also.

2.2.1. Relational attunement, mindfulness and the therapeutic relationship

The research on the importance of the therapeutic relationship to client outcome has been well established in psychotherapy and discussed above. Lambert and Simon (2008) propose that the facilitative conditions that enhance the therapeutic relationship and client outcome may be more effectively cultivated through mindfulness than traditional therapist teaching and skills training. They propose that *'research to establish that mindfulness interventions with trainees or therapists lead to improved therapeutic relationships or outcomes for clients is a wide open field'* (p.26).

Similarly, Fulton (2005), quoting Bickman's (1999) research that found little evidence that therapist effectiveness is improved with experience; he argues that the challenge then is to help trainees cultivate the qualities shared by excellent therapists, proposing *'mindfulness as an advanced clinical training'* (p.58) to support development of therapeutic qualities / common factors and the therapeutic alliance. He asserts mindfulness *'may be an untapped resource for training therapists of any theoretical persuasion, because it offers therapists a means to influence those factors that account most for success in treatment'* (p.55).

Despite such claims as to how mindfulness may positively influence the therapeutic relationship, there appears, however, to be only one study directly supporting this. Wexler's (2006) quantitative study of 19 client-therapist dyads using a correlational design, measured therapist mindfulness with the Mindful Attention and Awareness Scale (Brown and Ryan, 2003) and the therapeutic alliance using the Working Alliance Inventory (Horvath and Greenberg, 1989). The data revealed a significant positive

correlation between client and therapist perception of the alliance and therapist self-reported mindfulness. Though as a correlational study this does not demonstrate a causal relationship between therapist mindfulness and the working alliance. It needs to be emphasised though that this study investigated *trait* mindfulness using self-report instruments and did not look at the impact of mindfulness meditation practice, or the impact of any mindfulness training intervention on the therapeutic relationship. Thus this differs significantly to the current study which is qualitative versus quantitative, based on participants undertaking mindfulness meditation versus existing trait mindfulness and will use trainees versus qualified therapists.

Although mindfulness meditation is generally practiced as an individual endeavor, mindfulness practitioners generally attest to feeling greater connection to others and their wider environment. Surrey (2005) proposes that *'The fruits of meditation may include a growing experience of deep interconnection with others, and with the larger world'* (p.91). The relational facet of mindfulness seems to be gathering momentum and Surrey (2005) refers to *'the intersection of relational therapy and mindfulness'*. Mindful relational therapy may be seen as *'a co-meditation practice'* in which mindfulness and the attuned relationship support each other. This allows for deep connection and that therapy practiced in this way allows client and therapist to *'open to a deeper connection to self, other and the relational flow'* (Surrey, 2005, p.102). Such connection may be likened to Stern's (2004) *'moments of meeting'* and Buber's *'I-thou'* relationship (1958).

Looking beyond the therapeutic relationship, to a wider view of relationship and mindfulness brings us to the literature around attunement. Mindfulness is increasingly being seen as a way of enhancing a therapist's ability to create an attuned relationship (e.g. Bruce et al, 2010; Siegel 2007, 2010) with oneself and others. For Siegel (2007) mindfulness is essentially a state of intrapersonal attunement, where the individual attends to oneself with awareness, compassion and kindness, which is necessary to then be able to better attune to others. Siegel (2009) hypothesises that the process of mindfulness uses the same neural pathways used to attune to the minds of others and create relationships, highlighting the similarities between this self-relationship and secure attachment relationships (Bowlby, 1988; Winnicott, 1969), proposing mindfulness as a form of secure attachment to oneself. Similarly, Bruce et al (2010) propose that mindfulness practice may be a means of training psychotherapists to

better attune to themselves, creating the basis for a therapist's attuned relationship with their patients; and that the psychotherapist's successful ability to attune to the patient may be improvement in the patient's ability to attune to himself or herself', calling this '*patient self-attunement*' (p.90).

2.2.2. Client outcomes of therapists who meditate

Proponents of mindfulness and psychotherapy who suggest a positive impact between mindfulness and the therapeutic alliance also imply that this will increase therapist effectiveness and lead to better client outcomes. Though this makes intuitive sense there is again only one study in this area that provides evidence of these benefits extending to treatment outcomes. Grepmaier et al (2007) undertook the first controlled study of the effects of mindfulness on 18 psychotherapists in training in a hospital setting on treatment results with 124 in-patients using a randomised double-blind controlled study. The treatment outcomes of therapists who had undertaken a 9-week Zen-meditation course were shown to be significantly higher compared to the group of non-meditating therapists, with their clients reporting greater reductions in overall symptoms, greater change and well-being, and perceived their treatment to be more effective than clients of non-meditating therapists. This study with group meditation sessions led by a Zen master at the beginning of each day prior to client sessions differed significantly from the proposed current study (though the principles of Zen meditation are consistent with mindfulness meditation) their use of a single daily guided-meditation only equates to a single ingredient of a wider mindfulness-based approach such as MBSR or MBCT. Given the success of this low-intensity training approach it would have been interesting to understand how participants conceptualised their experience.

2.2.3. Therapeutic Qualities and Benefits Attributed to Mindfulness Practice:

Given that the therapist's provision of facilitative conditions is seen as a key element in fostering the therapeutic alliance (Bachelor and Horvath in Hubble et al, 1999) it is understandable why the interest in the use of mindfulness has grown rapidly over the last few years among clinicians. There are claims that it helps promote and cultivate a wide range of therapist qualities. Some of these key areas are highlighted, starting with general studies then looking at various specific qualities:

i) General studies:

Much of the literature on the benefits and qualities accruing to therapists from mindfulness meditation has at its foundation the personal qualities that are claimed to derive from personal meditation practice. A sample of the suggested benefits from the mindfulness informed psychotherapy literature are highlighted, with a focus more on the studies evidencing these claimed benefits. While some of the literature focuses on specific areas or qualities where mindfulness is proposed to support therapists (e.g. acceptance and non-attachment, Morgan, 2005; emotional intelligence, Walsh and Shapiro, 2006; listening, Shafir, 2008; decreasing ruptures, Bruce et al, 2010; etc.) other writers propose a whole range of benefits and see mindfulness as a clinical training in itself (Fulton, 2005, Bruce et al, 2010; Siegel, 2010). For example, Fulton (2005) claims that mindfulness promotes a range of therapist qualities that relate to the common factors underlying effective treatment, and proposes mindfulness as '*an advanced clinical training*' (p.58); enhancing therapists and trainees capacities in: paying attention, affect tolerance, empathy, compassion, learning to see / develop perspective, presence and understanding.

On a neurobiological level Siegel (2009) proposes that mindfulness practice enhances the growth of the middle prefrontal cortex which promotes '*a research proven list*' (p.139) of nine functions or processes, including attunement and body regulation, emotional balance, fear extinction or modulation, response flexibility, insight, empathy, morality and intuition - which he suggests also point to the qualities of a good therapist.

There are four general studies considered here, each contributing in some way to understanding therapists experience of mindfulness, though each differs significantly from the focus of the current study:

There appears to be a single phenomenological inquiry in this area: Nanda's (2005) '*Phenomenological enquiry into the effect of meditation on therapeutic practice*', which from a methodological and philosophical perspective is closest to the current study (though using Colaizzi's (1978) research methodology and not IPA). However, the eight participants in this study were very '*experienced therapist / meditators*' who had both meditated and practiced therapy for a minimum of 12 years, which is a very

different population, and there was no training intervention. It is not possible to discern from Nanda's inclusion criteria what type/form of meditation, if any, her 'co-researchers' practiced; though in introducing her Findings she refers to *mindfulness meditation* specifically. The key findings were that meditation was experienced as '*being with what is*' (p.17) and that with mindful meditation participants experienced '*a transformational change*' in all aspects of their life including their clinical interaction. Four main '*being qualities*' emerged from the practice of mindful-meditation: acceptance and non-judgment of own inner-processes (thoughts, feelings, body sensations), more open to allowing these to emerge, letting-go of their personal agendas and expectations, feeling more present and aware of what emerges. Also '*with the shift in relationship to themselves, co-researchers experience a similar shift in their way of relating to others, most significantly in their relationship to their clients.*' (p.17). It will be interesting to compare the experience of Nanda's '*experienced therapist-meditators*' with that of trainee therapist-meditators in the current study.

In designing the current study one of the questions I considered was to what extent I might adapt the basic MBSR structure for a trainee therapist population (see Appendix 9). Thus it was interesting that Aggs and Bambling (2010) designed their own '*Mindful Therapy*' training programme. Their programme trained 47 *psychotherapists* in '*mindfulness relative to therapy specific skills*' (p.279), including therapist practice, self-care, and therapeutic relationship skills and examined training outcomes of an eight-week training course. The study used self-rating measures developed by the authors, a 'MT-Q' (Mindful therapist questionnaire) to assess participants '*declarative knowledge of mindfulness*', mindfulness attitudes and the relationship between mindfulness and psychotherapy process skills and a 'MT-S' to assess in-session therapist mindfulness. Compared with baseline-scores participants demonstrated *knowledge acquisition* on a range of mindfulness measures, including mindfulness in clinical work, the capacity to intentionally invoke mindful states, and higher well being. The authors conclude the study provides preliminary evidence that a brief standardized mindfulness-training programme can aid therapeutic practice, resulting from changed mindfulness attitudes. Though interesting findings, there is no sense as to what participants' experience was of the training process or integrating mindfulness into their personal and professional lives. Though the study was titled '*Teaching mindfulness skills to psychotherapists in clinical practice*' it appears later in the paper that the study used a range of *health / social professionals* and again not trainees.

Where this study focussed very much on participants' knowledge acquisition of mindfulness and testing this, the current study is more concerned with participants' lived experience and felt-sense of mindfulness rather than mindfulness as yet another skill or knowledge stream.

The first study which appears to use an MBSR-based training intervention for trainee therapists was carried out by Schure and Christopher (2008) and focused on '*the art of self-care*' (p.47). The authors state that the training was only '*loosely based on the MBSR programme*' (p.48), focusing on yoga, meditation and qi-gong over a 15-week duration, which differs significantly from the current study which proposes to use the broader 8-week MBSR-MBCT hybrid mindfulness intervention rather than just focussing on the three elements of yoga, meditation and qi-gong. This training had the dual purpose of introducing students to mindfulness and practical methods of self-care. Though a qualitative approach was used, this was content analysis and based on written submissions versus participant interviews. The participants were 35 first and second year master's level graduate students in *counselling* (mental health, family, marriage and school). This training was delivered as part of a university delivered counselling programme on '*Mind/Body Medicine and the Art of Self-care*' where students were graded on attendance, participation and journal writing (acknowledged by the authors as a limitation of their study). The current study differs by using in-depth interviews to provide a more in-depth and phenomenological analysis of participants lived-experience and is independent of the participants core training with no assessment which may distort responses and the training is contextualized around participants wider role as psychological therapists rather than focusing specifically on self-care.

Schure and Christopher's (2008) found a range of '*meaningful effects*' (p.53) on trainees lives, including: i) intrapersonally: an increased awareness and sensitivity to their bodies, an increased capacity to deal with negative emotions, increased acceptance and letting-go of negative emotions and thought patterns, increased clarity of thought and reflection, a greater sense of confidence and self-trust, feeling grounded; ii) interpersonally: a greater capacity for empathy and compassion, increased focus on the therapeutic process and enhanced listening capability. They conclude that mindfulness training has the potential to transform counseling trainees by helping them become less reactive in the face of clients in crisis or discussing

painful emotions, relating to with greater awareness and tolerance, and '*to become more present and connect more intimately with themselves, their clients and their supervisors*' (p.54)

Although not clear, Christopher, Schure et al (2011) *appear* to have extended Schure and Christopher's (2008) study discussed above with 13 of the original sample following graduation. The 2011 study took place once they had graduated and were working as counsellors (with an average of four years experience since leaving the course). A semi-structured telephone '*survey*' (p.323) explored the type of life domains that were influenced by the training, broadening out from the 2008 study's focus on self-care. In the domain of their professional lives, participants reported a number of impacts: positive changes in their experience of themselves in the role of counsellors (their '*comfort in being in their own skin*' p.342), positive changes in the therapeutic relationship, changes in their clinical practice and a change in their 'conceptual framework'. What is interesting in this study is the apparent enduring nature of the benefits participants experienced, on average four years after completing the mindfulness training, suggesting the long-term benefits of mindfulness training. The current study will differ significantly by using in-depth face to face interviews versus a telephone survey, and with independent interviewers/ researcher versus participants' faculty.

In addition to this general mindfulness–therapist literature there is a range of more specific benefits claimed for mindfulness:

ii) Empathy:

Mindfulness meditation has been proposed by many clinicians and mindfulness practitioners as a means of cultivating therapist empathy e.g. Lesh, 1970; Anderson, 2005; Fulton, 2005; Martin, 1997; Morgan, 2005; Shapiro and Izett, 2008; Siegel, 2010; Walsh, 2008.

Despite such weight of opinion proposing mindfulness may impact therapist empathy there are only two studies supporting these assertions. The first, over forty years ago, by Lesh (1970), already proposed that meditation be used in counsellor training. A group of 39 counselling students who practiced zazen meditation over four weeks (30 minutes a day, five days a week) improved significantly in their empathic ability, as

measured by a behavioural experiment and self report measures, compared to two control groups who did not meditate. In discussing his findings Lesh describes meditation '*as an exercise in learning to listen to one's own inner experience*' (p.65), '*to be there*' or '*getting with oneself*' (p.70) and proposes that '*one cannot be empathic with another if he does not even know what his own experience is*', that a counsellor needs to be '*in tune with himself*' (p.43). The meditation intervention in Lesh's study differs significantly from the proposed current study. Though the zazen meditation is consistent with Vipassana meditation on which most MBA's are based, it corresponds only to the concentration (samathi) element of meditation and not to actual mindfulness practice (sati) of 'choiceless-awareness' (watching one's experience as it comes and goes with mindful attitudes). Again this study only partially covers the scope of the mindfulness training to be undertaken in the current study.

Despite Lesh's promising findings the next study is nearly 40 years later by Aiken (2006), who's qualitative study on '*The potential effect of mindfulness meditation on the cultivation of empathy on psychotherapy*' investigates six experienced psychotherapists with over 10 years mindfulness practice (cf. Nanda, 2005). Again this is a very different to the population of trainee therapists in the current study without previous mindfulness experience. Notwithstanding this, Aiken's findings support the proposals of the literature and mindfulness trainers, with the conclusion that the cultivation of the foundations of mindfulness: enhance the ability of the therapist to more accurately experience and understand the felt-sense of the clients inner-world; respond with greater insight into the clients physical, mental and emotional condition; help the therapist become more accepting of the client and treat them with unconditional positive regard. Though Aiken's study set out to explore empathy it seems that he tapped-into a much wider range of impacts of mindfulness for experienced therapists and it remains to be seen from the current study whether such benefits also accrue to trainees.

iii) Therapeutic presence:

Presence is central to mindfulness practice and included in most definitions, so it is to be expected that proponents of mindfulness-informed psychotherapy propose it as a way of developing therapeutic presence (e.g. Bien, 2006; Gehart and McCollum,

2008; Childs, 2007, Morgan, 2005). For many, therapeutic presence is a key ingredient of a nurturing therapeutic relationship and a pre-requisite for achieving relational depth. Thus it is perhaps surprising that there is so little theory or research on presence generally in the literature. Therapeutic presence seems to be an attitude or stance to the therapeutic encounter, *'a quality of being that a therapist brings to the therapeutic relationship that facilitates the therapeutic process'* (Gehart and McCollum, p.179) versus a set of skills or techniques, involving the whole person of the therapist, characterised by: compassion and equanimity and the ability to attend openly to one's own and the client's experience. Thus presence and mindfulness appear closely related, if not over-lapping, constructs. Gehart and McCollum believe that therapeutic presence is *'perhaps one of the most critical, yet elusive qualities of a skilled clinician'* and propose that mindfulness has the potential to help trainees develop therapeutic presence directly as well as by removing the obstacles to it.

In spite of its intuitive appeal to relational therapists there is very little evidence to support mindfulness as a way of cultivating therapeutic presence, except for a single study by Gehart and McCollum (2008). They developed a mindfulness-based curriculum in a US university setting for teaching new marriage and family *counsellors* how to develop therapeutic presence in their early clinical work. Their goal was *'to invite students to engage in the process of therapeutic presence'* and to try and create an environment of *'learning to be rather than to do'*. The course included in-class meditations and an expectation that students would engage in a minimum of five minutes of contemplative practice five days a week while keeping a meditation journal. Students reported significant improvement in their ability to be fully present with clients. However, it is not clear from the authors if a formal research method was used, and it seems their evaluation was based on student written coursework, class discussions and feedback over the two-semester training. Thus this study differs greatly from the proposed method of the current study, focussing on participants lived-experience as revealed by systemic analysis of interviews using IPA. As the curriculum details are not included it is difficult to make a clear comparison to MBSR/MBCT, though the 5 minutes a day practice is far less than the 30-45 recommended to participants in the current study.

iv) Awareness and attention:

Proponents of mindfulness informed psychotherapy also propose that mindfulness might enhance attention and awareness in the therapeutic encounter e.g. Goldstein, 2002; Morgan, 2005; Fulton, 2005; Siegel, 2009; Valentine and Sweet, 1999, which is not surprising given that mindfulness definitions generally include reference to paying attention in the present moment. The quality of developing the skill of 'choiceless awareness' (*sati*), which is central to mindfulness, has been compared to the concept of '*evenly-hovering attention*' and the use of free association described by Freud (e.g. Speeth, 1982); with Morgan (2005) proposing that mindfulness practice enhances the capacity for cultivating such evenly-hovering attention and bringing this into therapeutic encounter.

Perhaps surprisingly then, these assertions were not supported by the quantitative part of Wang's (2006) mixed-methods study, examining whether mindfulness meditation would enhance psychotherapist's levels of awareness, attention and empathy. Quantitative results indicated that *meditating therapists* had significantly higher levels of empathy than non-meditating therapists but found no difference in relation to awareness, compared to a control group of non-meditators. In contrast the qualitative data (eight participants) told a different story, finding enhanced levels of awareness, attention and empathy. Thus Wang proposed that mindfulness meditation could provide a meaningful basis for improved interventions, as well as a tool for psychotherapist's personal and professional development. It is interesting to note this discrepancy and tension between the quantitative and qualitative ways of knowing, with the former concluding there was no significant impact on attention while the participants themselves did experience an impact. The current study is much more interested in participants' phenomenological experience and what they themselves say about their experience and how they interpret this.

v) Well-being and self-compassion:

Given the evidence that mindfulness appears to enhance general well-being (e.g. Brown and Ryan, 2003; Rosenzweig et al, 2003) proponents of mindfulness informed psychotherapy suggest that such benefits will also extend to therapists. Again though

there is little specific evidence to confirm this. There is a range of studies by Shapiro et al (e.g. 2005, 2006) which demonstrate how an MBSR training can increase the well-being and decrease stress/burnout of a range of healthcare professionals. One of these was a quantitative study on trainee counselling psychologists (Shapiro et al, 2007) using a range of pre/post measures for mindfulness and distress/well-being. Trainee counselling psychologists who undertook an 8-week MBSR course *focussing specifically on reducing trainee therapist stress/ burnout* showed: reduced stress levels, negative affect and trait anxiety, together with increased mindfulness and positive affect compared to a non-meditating control. The findings also indicated that the mindfulness intervention increased trainees' levels of self-compassion and that these increases were related to increases in empathic concern for others. Given these findings the authors proposed the introduction of a brief mindfulness based intervention as a complement to core trainee curricula.

2.3 Conclusion

Of the literature reviewed there are only four published studies exploring the impact of mindfulness on *trainee* counsellors / psychotherapists: Lesh (1970), Grepmaier et al (2007), Shapiro et al (2007) and Schure and Christopher (2008). Of these, just one was a qualitative study exploring participants' actual experience of mindfulness: Schure and Christopher (2008). This differed from the current study: as its participants were masters level *counsellors* rather than trainee psychotherapists or psychologists, the training intervention was only '*loosely based on MBSR*', the mindfulness training formed part of their (assessed) core counselling university training rather than as a stand-alone course from an independent mindfulness teacher, and their qualitative methodology differed in using content analysis of written materials versus IPA with in-depth interviews.

The aim of the current study is to build on these previous studies, and fill a gap by providing a deeper phenomenological exploration of the lived experience of mindfulness at a personal and professional level, specifically for trainee psychological therapists. I believe this study will contribute to the field of counselling psychology and psychotherapy by shedding light on the possible mechanisms by which the claimed impacts of mindfulness are experienced. I hope that the contribution of this research will be in showing how mindfulness training may complement a psychological

therapist's core training and enhance their therapeutic ability and use of the self in the service of the therapeutic relationship. My ultimate hope is that such mindfulness training could be integrated with trainee psychological therapist's core training.

3. METHODOLOGY and PROCEDURES

3.1 Methodology

3.1.1. *Rationale for a qualitative approach*

There are clear parallels between mindfulness and phenomenology (Childs, 2007) and mindfulness might be compared to the direct experience of phenomenal consciousness, *'the raw feel'*, *'what it is like'* (Nagel, 1974) or the experience of *qualia* (e.g. redness). There is significant debate on the wide range of approaches to and definitions of phenomenological research and I find Finlay and Evan's (2009) resonates the most with my aims: *'our central concern is to return to embodied, experiential meanings aiming for a fresh, rich description of a phenomenon as it is concretely lived'* (p.6). Present moment awareness, which underlies mindfulness, relies heavily on a phenomenological perspective, the study of things as they appear to consciousness, prior to subsequent verbalisation and reflection: *'the present moment cannot be seized by language which (re) constitutes it after the fact'* (Stern, 2004).

Thus taking a qualitative phenomenological approach seems highly compatible with the subject-matter itself and my aim to understand participants' lived experience of mindfulness, particularly Heidegger's (1962) notion of being in the world and the rejection of Cartesian divide of body and mind, subject and object, person and world. In this study I am not concerned with quantification or cause and effect relationships, which don't enable me to get close to participants actual experience of mindfulness. The current research in mindfulness generally seems to be dominated by a quantitative approach, whereas I want to explore the richness of individual subjective experience. I am also curious to understand how others have experienced what I have experienced, and perhaps from this be able to re-conceptualise and further develop my own understanding of this mindfulness concept, which has impacted me so deeply as a person and as a therapist.

From an epistemological standpoint, I am interested in the phenomenal reality of how participants' experience is constructed, socially contextualised and subjectively experienced, not believing it possible to reveal an objective or direct reality. I adhere to

a light-constructionist stance (Eatough and Smith, 2008) and a philosophy of symbolic interactionism (Blumer, 1969) - where individuals develop their sense of self through intersubjective interpretative activity (cf. the group experience of training in this study). I do not assume that I can access the participants lifeworld (Ashworth, 2003) directly but only through their and my interpretations (Eatough and Smith, 2008). Thus my epistemological position lies between social-constructionism and critical-realism. Neither do I aim at the possibility of generating a universal / nomothetic understanding, but focusing on the idiographic, the variability and diversity of human experience (Smith et al, 2009), using small sample sizes so as to explore and understand participants experience in rich detail.

Phenomenology is consistent with my primary research aim of understanding the personal and professional impact of mindfulness of participants as it gives a central place to giving voice to the subjective world of the participant's subjective experience, which is complementary with the aims of counselling psychology (BPS, 2011; Woolfe et al; 2003). The early roots of counselling psychology in the tradition of the work of Wilhelm Wundt and William James (Woolfe et al, 2003) had a specific interest in consciousness and subjective experience; with William James reportedly saying to a Buddhist monk visiting Harvard in the early 1900's: *"Take my chair, you are better equipped to lecture on psychology than I. This is the psychology everyone will be studying twenty-five years from now"* (Fields, 1981 in Epstein, 2001). The later origins of counselling psychology in the humanistic approach e.g. Rogers, Hycner, Bughental are also compatible with the attitudes of mindfulness: experiencing of the subjective world, authenticity, presence, awareness etc.

There are parallels between the intersubjective relationship of research participant and researcher in qualitative research approaches, and therapist and client in counselling psychology (Woolfe et al; 2003) and teacher and participant in mindfulness training. In all three domains the focus is on the intersubjective relationship and 'being with versus doing to' the other. Thus, there appears to be methodological and epistemological compatibility between them, making a qualitative phenomenological approach a natural choice.

3.1.2 Rationale for Interpretative Phenomenological Analysis methodology

Several qualitative methodologies were considered for suitability before selecting Interpretative Phenomenological Analysis (IPA) as having the best fit with the research aims. Phenomenology is a philosophy that is concerned with describing and understanding lived experience, its epistemological underpinning is empiricism, that knowledge arises from experience (Willig, 2008). This fits with the mindfulness intervention of this study where participants are asked to be curious about and investigate their own experience, rather than simply believe what others say about their experience.

Of the different phenomenological approaches available IPA appeared to fit this study best by attempting to understand the essence of participant's lived-experience, while acknowledging that both they and the researcher will interpret and construct such experience to make sense of it and construct meaning (Eatough and Smith, 2008). IPA is described by Smith (1996) as *'concerned with an individual's personal perception of an event or experience as opposed to an attempt to produce an objective statement of the event itself'* (p.263). IPA then allows going beyond the purely descriptive to making sense of experience, which is equally important for this study. Again this fits with a mindfulness approach which aims to be aware of what is direct experience and what is interpretation.

Eatough and Smith (2006) argue it is impossible to access an individual's lifeworld directly or to understand a phenomenon without making an interpretation. To access this lifeworld requires interpretative activity from the researcher, in a dual process where *'the participants are trying to make sense of their world; the researcher is trying to make sense of their world'* (Smith and Osborn, 2003, p51). IPA then acknowledges the dynamic nature of the research process and the inevitable role of researcher implicated in the research process and the construction of meaning. Thus I aim to maintain a reflexive and transparent approach (Smith et al, 2009) in this research, given my relationship to the field of mindfulness, and recognize the potential influence of my values and biases on the findings. As part of this transparent approach I have made known my experiences that might shape the research in my reflexive diary and in Section 1.3 on my relationship to mindfulness. Throughout the research process I aim to be aware of my biases and assumptions, rather than assume it is possible just to bracket these off in practice. From this perspective I have endeavoured to meet the

challenge of remaining open and hold Dahlberg et al's (2001) idea of openness to discovery with a '*capacity to be surprised and sensitive to the unpredicted and unexpected*' (p.98).

Grounded theory and discourse-analytic approaches were briefly considered as alternatives to IPA. Grounded theory is concerned with the development of inductive theories and hypotheses and it is not the aim of this study to develop a theory about mindfulness or how it might 'work'. Though interested in how participants construct and interpret their own experience this study is less concerned with a specific focus on language as in the discourse-analytic approach. Instead I aim to focus on "*the empirical realities of people's lived experience and their sense of self*" (Eatough and Smith, 2008); especially given that so much of mindfulness is about felt-sense and embodiment versus language.

Given the focus on uncovering participants lived-experience of mindfulness, its impact and how they make sense of this, IPA was deemed the better method to uncover and analyse the themes that inform their experience. Additional considerations in choosing IPA were its active research community that I joined and the available resources and support (training courses, monthly learning group, publications, studies etc). Also the flexible framework it promotes which allows individual researchers to adapt IPA method to their research aims (Smith and Osborn, 2003) was important to me.

3.1.3 Research Design

The study employs a qualitative research methodology, using focus groups and semi-structured interviews with a fairly homogenous sample of 15 trainee psychologists / psychotherapists, with Interpretative Phenomenological Analysis (IPA) to analyse the data. Prior to the main study I undertook a pilot training course and investigation to inform my teaching and research practice, with an overview in Appendix 9. Interviews were carried-out by three peers from my doctoral training to avoid any transference issues that might potentially arise from my existing dual relationship with participants as their mindfulness teacher.

Initially I planned to do individual semi-structured interviews, to allow for in-depth reflection on each participant's experience as each voice can have more space in an individual interview, 3-4 months after the training to allow time for the mindfulness

training and practice to settle. Following further reflection and discussion with colleagues, I decided to include a focus group following the completion of each training group.

Though Smith et al (2009) acknowledge how focus groups can be used in IPA, they also caution that it has the potential to lead to '*attitudes and opinions*' (p.71) rather than produce sufficient experiential narratives. I was less concerned about this on two accounts: i) I would also be doing individual interviews and ii) '*attitudes and opinions*' are very much part of my phenomenological experiencing of myself and may be for others also. The rationale for the focus groups was to explore the experience of as many participants as possible closely following the training, while the experience was still fresh and to inform the subsequent individual interviews. Relying on third-party interviewers meant interviews would have had to be spread over several weeks, whilst the focus group '*allowed multiple voices to be heard at one sitting*' (Smith et al, 2009, p.71).

Additionally focus groups built on the group format of the training, providing continuity between the training and research processes. The focus group was also intended to promote a co-created and interactional response to the interview questions, which would be accentuated by the strong bond within each group and seemed to be experienced like an extension of the training, allowing participants to compare and contrast their experiences. Many participants specifically commented on valuing the focus group and listening to others' experiences.

3.2 Procedures

3.2.1. Sampling and participants

A purposive homogenous sample (Smith et al, 2009) was sought that met the following criteria:

Inclusion criteria:

- Trainees currently enrolled on an approved UKCP Psychotherapy or BPS Doctorate in Counselling Psychology training
- Completing their first year or above

- Currently seeing clients
- In supervision and personal therapy
- Could commit to the whole training and regular mindfulness practice

Exclusion criteria:

- Not have previously attended a mindfulness / meditation course or practice mindfulness meditation
- Less than 25 client hours and no more than 300 hours.

Participants were recruited by self-selection in response to an advertisement on a flyer in the Metanoia Institute and via the Counselling Psychologists Division's '*News For You from DoCP*' e-mail newsletter. Around 90 e-mail responses were received and each was sent further details of the mindfulness training and research, with a *Participant Information Sheet* and letter (Appendices 1 and 2). Respondee were invited to consider if they were interested, met the criteria, could commit to the training and home practice and could attend all training sessions. Around 30 respondees expressed interest in the two training courses with 19 starting the training (the other 11 selecting themselves out e.g. timing not suitable). There were 10 participants for Training Group 1 (TG1) and 9 for Training Group 2 (TG2). Each participant was e-mailed a '*Research Consent Form*' to ensure informed consent was explicit and a '*Mindfulness Training Registration Form*' (Appendix 5) which were collected by e-mail before the course with signed copies being provided at Session 1. Two participants left each training group (usually after the first session, citing 'personal reasons' for withdrawing) with 8 /10 completing in TG1 and 7 / 9 completing in TG2 (details and participant characteristics are given in Appendix 15). From these 15 completing, 8 were randomly selected for interview, in line with the principles of IPA (Smith et al, 2009), with 14 attending the two focus groups.

Of the 15 participants who completed the training: there were 5 males and 10 females with a range of 15-450 client hours (average of 185). Participants were either in Year 1-3 of a full-time training or Year 1-4 of a part-time training, with 12 undertaking a Counselling Psychology Doctorate and three a Masters in Gestalt or Integrative Psychotherapy, across five London based universities / training institutes. Their stated

modalities were: five Integrative, four CBT, two Gestalt, two CBT and Psychodynamic and two unstated (detailed in Appendix 16).

3.2.2. Mindfulness training intervention used

The mindfulness intervention used in this study was primarily a hybrid of the MBSR and MBCT programmes, as per my training by the Centre for Mindfulness Research and Practice at Bangor University (2009), with some additional elements of Insight Dialogue (Kramer, 2007), and contextualized for trainee psychological therapists.

The programme was run twice in the same way, though there were two alternative delivery formats to maximize participant take-up: i) 8-weekly evening sessions of 2.5 hours and a one day silent retreat between sessions 6 and 7; ii) 4 bi-weekly afternoon sessions of 4.5 hours and a one day silent retreat between sessions 3 and 4.

Each session was typically comprised of experiential exercises, meditation practices, practice inquiry, group discussions, didactic sessions, poetry and stories and homework reviews. A Course Overview and examples of Session Agendas is included in Appendix 6. Participants were also given course a course manual and set of practice meditation CD's (further details in Appendix 6).

Reflection on choosing the training intervention

One of the key choice points I needed to reflect carefully on in this research was which mindfulness intervention to use for the training. I considered a continuum of possibilities from adhering to the hybrid MBSR / MBCT programme I learned to teach at Bangor's centre for Mindfulness Research and Practice to developing or using a mindfulness training programme specifically targeted at therapists. The advantage of sticking with the existing MBSR/MBCT programme was that it is considered the 'gold-standard' mindfulness training course and I had been trained as a teacher in this.

The other possibility of developing a mindfulness training specifically for therapists did not fit given my belief that even a therapist needs to 'get' mindfulness at a personal level before extending this to a professional context.

Mindfulness teachers (e.g. my teachers at the Centre for Mindfulness and Research and Practice at Bangor University and my mindfulness training supervisor) who train therapists and others who work in a one to one context generally advocate the necessity of participants 'getting' mindfulness for themselves on a personal level before explicitly extending to their clients. 'Getting' it is about participants embodying mindfulness at a felt-sense level rather than at a cognitive level. Embodying mindfulness requires participants to engage in regular mindfulness practice, formal and informal, ideally with a daily practice. As Jon Kabat-Zinn reminds us mindfulness *"is not simply a method that one encounters for a brief time at a professional seminar and then passes on for others to use...It is a way of being that takes ongoing effort to develop and refine"* (2003). Participants in the pilot study I undertook confirmed this need to embody mindfulness at a personal level before using with clients. The literature (e.g. Germer, 2005) also emphasizes this, particularly in respect to the concept of modeling (Bandura, 1977), where it is assumed that much of what the mindful therapist brings to the therapeutic relationship arises at the implicit level, where the therapist models skills and attitudes such as 'being with' vs. 'doing to' or acceptance (cf Germer's first level of a mindfulness presence, 2005 p.18). Once this individual embodied level of mindfulness is established, the literature suggests that the therapist may start to use mindfulness at a more explicit level e.g. Germer's second and third levels: as a 'mindfulness informed therapist or in 'mindfulness based psychotherapy' (2005, p.19).

Embarking on the research process I was unable to find any therapist specific adaptations of mindfulness training; the Aggs & Bambling (2010) 'Mindful Therapy' Training programme was published following my own training interventions. Thus I chose to stick with the MBSR/MBCT programme. The next level of reflection was then to consider whether or not to adapt this at all for therapists. To support my thinking around this I undertook a pilot training (detailed in Appendix 9) which suggested that the training needed no adaptation. Rather than adapt the course what emerged was the possibility of 'contextualising' it for psychological therapists.

There were three levels to this 'contextualisation': firstly there was more subtle level around holding a certain intention and awareness around the training for myself and the participants. In the first session we would discuss lightly holding an awareness

and intention of the mindfulness for our clinical work but really to focus on this at the personal level to start with. Secondly, I would at times in the inquiry process make links to therapeutic practice and allow this to emerge in discussion, like a thread running through sometimes inquiring how something might impact our clinical experience, e.g. after the 'Raisin Practice' (where we spend 10 minutes being aware of our experience of a single raisin) I asked "What would it be like to be this present to your clients?" Thirdly, I explicitly wanted to introduce relational mindfulness into the training as mindfulness is sometimes criticised as being over introspective and not sufficiently relational. My own experience of relational mindfulness was that this provided another layer to my mindfulness experience which was directly relevant to being in relationship in the therapeutic encounter. I chose to slowly introduce some relational mindfulness exercises in the second half of the training, including some specific 'Insight Dialogue' practices (Kramer, 2007).

Though I have reviewed why I chose to contextualize the training it is also important to recognise the implications of not adapting this (as for example Aggs & Bambling, 2010): it may be that a training specifically customised for therapists (though based on first attaining a strong individual mindfulness foundation) may benefit some participants more. Such an approach might make more explicit, and earlier-on, the parallels between the individual and professional use of mindfulness, perhaps being more useful to some participants who might prefer a more direct approach. As three of the four drop-outs left after session one perhaps an explanation might be that they were unable to see how this initial focus on the personal might bridge their personal aspirations for this training.

Throughout this decision-making process I was supported though both research and clinical mindfulness supervision.

3.2.3. Data collection:

Both focus groups and individual interviews were used:

i) Focus Group

A Focus Group followed one week after the completion of each training group and were facilitated by an independent interviewer to keep the training and research processes separate so as to avoid any issues of transference/ collusion with myself in the dual role of trainer and researcher. A semi-structured interview schedule was provided and briefed in to the interviewer (Appendix 7) and informed consent re-established. The interview schedule was designed to cover a range of topics around their experience of mindfulness.

ii) Individual Interviews

Individual semi-structured interviews were chosen as the method to collect follow-up data 3-4 months after the training. Again the interviews were undertaken by two independent interviewers and informed consent was re-established. The interviewers for the focus groups and individual participants were peers from my counselling psychology training course also undertaking doctoral research. The original interview schedule was provided to each interviewer with modifications based on analysis of the preceding focus groups. Each first interview was treated as a pilot and I met with each interviewer afterward to get their feedback on the interview schedule and process and modified them accordingly for the following interviews (Appendix 8). Though I provided a comprehensive schedule with prompts, I briefed the interviewers to use this intuitively and flexibly to be consistent with the aims of IPA and allow for unanticipated areas to emerge. Following interviewer feedback after their two first interviews I modified the schedule: cutting-down on the number of questions and prompts; clarifying and simplifying language in some of the questions; putting more emphasis on asking for examples and probing for depth.

Each focus group lasted around 1 hour 40 minutes, and individual interviews from 40-80 minutes. They were recorded on an MP3 recorder, saved on a computer and coded to protect co-researchers identity. Each interview was transcribed into an Excel spreadsheet and any identifying information anonymised.

The focus groups and individual data were analysed as one data-set as they produced consistent findings, though the latter naturally contained much more depth as participants had the whole time to explore their individual experience. Other than depth there appeared to be no significant difference in the material emerging from the

individual interviews or focus groups. Similarly, although the three peer interviewers had quite different styles there appeared to be no systematic differences in the codes that emerged from each of their work.

3.2.4 Analytic strategy

The stages undertaken in the analysis were based on Smith et al's proposed '*common processes*' for analysis (2009, p.79) and implemented flexibly given their assertion that '*IPA has not prescribed a single method for working with data*' (p.79). Though this was an iterative process the following key stages were applied to ensure a systematic and auditable process (with detailed process details in Appendix 10):

Step 1: Immersion in the data:

The transcripts were entered into Excel (the '*Master Worksheet*') and read/listened to several times to immerse myself in the data. The left-hand column was used to make initial notes and impressions on anything significant or interesting that appeared (see Appendix 10.1).

Step 2: Capturing 'Descriptive Themes'

A 'Descriptive Theme' for each line was chosen (demonstrated in Appendix 10.2 and 10.3, with two spreadsheet extracts from Sally and Peter) which captured the '*descriptive core*' of the participant's experience with '*a clear phenomenological focus*' on areas that mattered to them while staying very close to their expressed experience (Smith et al 2009, p.83).

Step 3 Developing 'Emergent Themes:'

The data was reduced into a smaller number of 'Emergent Themes' (Appendix 10.2) which related to the research questions, that encapsulated the essence of the participant's original words together with my interpretation or understanding of this, reflecting '*a synergistic process of description and interpretation*' (Smith et al, 2009, p.92).

Step 4 Connecting 'Emergent Themes' across cases:

To map how these themes might fit together across cases I printed and cut-out all the Emergent Themes from each coded case and explored a spatial-representation of how they related to one another (Smith et al, 2009, p.96). I also repeated this exercise with a colleague to get a fresh perspective and reduced the data further.

Step 5 Developing ‘Super-ordinate and sub-ordinate Themes:’

The purpose of this stage was to further reduce the data in a process of ‘subsumption’ (Smith et al, 2009, p.97) by determining connections between the ‘Emergent Themes’ across all the transcripts (Smith et al, 2009, p.101). I put the themes on post-it notes on a wall and experimented with different clusterings (examples shown in Appendix 11) to gradually reduce the number of themes.

Following this a *Master Table of Themes* was produced (see Table 1) showing the super-ordinate and sub-themes with descriptive labels that captured the conceptual nature of each theme. A *‘Master Table of Themes by Participant’* was also produced to cross-tabulate each sub-ordinate theme by participant to highlight the high-level similarities and differences between them (Appendix 12).

Step 6 Producing transcript extracts and summaries of sub-ordinate themes:

A spreadsheet file of *‘compiled extracts’* (Smith et al, 2009, p.114) was created to illustrate each sub-ordinate theme mapping all relevant quotes for each sub-ordinate theme by participant (example in Appendix 13). A *‘Master Table of Theme Locations by Participant’* (Appendix 14) was then produced to summarise the relevant quote locations for each sub-ordinate theme by participant, as a further attempt to demonstrate transparency.

The stages and processes above are described sequentially to convey a directional sense of the clear and logical ‘macro’ processes followed. However, the overall process involved many ‘micro’ processes of cycling back and forth between the stages and transcripts over several months, updating themes and re-applying many times, as my thinking deepened and developed.

Step 7 Quote validation and selection for the analysis write-up:

Each of the 15 *‘compiled extracts’* showing all the quotes by sub-ordinate theme by participant were printed-off where I highlighted quotes to use in writing-up the analysis

that I thought best illustrated the sub-ordinate themes. This concluded this stage of the analytic process and these selected quotes, relevant to the research questions, were copied and pasted from Excel into Word for the writing-up process.

3.2.5 Trustworthiness

With the growth of qualitative research, there has been considerable debate about how to assess its quality. Yardley offers a broad set of guidelines that are argued to be flexible enough to cover a wide range of qualitative approaches (Smith and Osborn, 2003). I have aimed to adhere to these guidelines in the research process to enhance the trustworthiness of this study and outline how this was achieved:

The first principle is '*sensitivity to context*' which can be established in a number of ways (Yardley, 2008): I aimed for sensitivity to the context of undertaking a thorough literature review around mindfulness and its linkages to psychological therapy. Additionally I reviewed the literature around qualitative methods and IPA. In the literature review I demonstrated a clear rationale for my study and highlight the particular research gap I noticed at the trainee level. I was also sensitive to the context of my position as trainer and researcher and minimized the impact of this dual-role by engaging independent peer interviewers. The interview schedules were constructed flexibly to engage participants and allow them room to fully discuss their experiences. During the analytic and writing-up processes I was also conscious of being sensitive to balancing being attuned to each participant's experience presented in the transcript, with my experience of them from the training and my role of interpreting their experience.

The second principle is '*commitment, rigour, transparency and coherence*' (Yardley, 2008). I have endeavored to demonstrate a high degree of commitment to the research process, starting with the training delivery itself, through to the analysis and write-up by fully engaging with the participants and their narratives. Additionally I have remained committed to the research participants and offered additional mindfulness practice days, as well as e-mail and telephone support. Rigour refers to the thoroughness of the study in relation to sampling and completeness of the analysis (Yardley, 2008). I have openly explained my sampling techniques and rationale to find

a purposive and homogenous-enough sample to be representative of the trainee psychological therapist group and acknowledge challenges identified in this process.

In terms of transparency and coherence I have described in detail what I have done and why, covering the thorough explicit process I undertook throughout the research process, from study design through to the analysis and write-up. I have worked with the data systematically, in such a way that it is possible to follow the chain of evidence that flows from the initial transcript through to the final report (Yin, 1989). In particular the coding and analytic process is contained in a single Excel Workbook, which is clearly annotated, with pivot tables summarising themes at different levels, automated links between the Master code-sheet and all data. I asked a peer to audit all the stages of this *analytic process* against the various Excel spreadsheets; on a scale of 1-10 the auditor scored 10 for the degree to which she could see the transparency of my analysis and how it matched the stated analytic process. Additionally this process is clearly described above with example screen-shots of extracts from two participants transcript and coding spreadsheets, enabling a clear and transparent audit trail. This transparent description of the research process is complemented by a methodological and procedural reflexivity section. As well as the use of peer reviewers at different stages of the coding process and taking samples to the IPA Group at UEL, two independent ‘auditors’ (doctoral peers) were engaged to review the final codes against the transcripts, arriving at over 90% consistency with my coding. Also to validate the integrity and systematic nature of the process followed (Smith et al, 2009),

‘Commitment, rigour, transparency and coherence’ (Yardley, 2008) was also underpinned by regular consultations with my research supervisor, and enhanced by ongoing personal critical reflexivity (Etherington, 2004). My relationship to this area and potential biases that may impact the study (Finlay, 2009) are explored in the reflexivity section.

The third principle is *‘impact and importance’* (Yardley, 2008): since carrying out this research I have been actively promoting its findings and using it in further training programmes. The extent to which this principle has been achieved can be best judged by the reader in the implications section of the discussion chapter.

3.2.6 Ethical considerations

The proposal for this research was granted full ethical approval by the *Metanoia Ethical Committee*. Additionally the research was conducted within the ethical codes of the British Psychological Society (BPS, 2011) and the Metanoia Institute. I took a process approach to ethics (Parnis et al 2005, in Liamputtong, 2007), viewing it as an ongoing negotiated process and ensured participants had an opportunity to voice any concerns and voice any queries throughout both the training and research processes. Interested participants were provided with a '*Participant Information Sheet*' (Appendix 2) and a '*Mindfulness and Training Information Sheet*' which outlined what mindfulness is and the format of the training element (Appendix 3). Those who remained interested in participating were sent a '*Research Consent Form*' (Appendix 4) and a '*Mindfulness Training Registration*' (Appendix 5). The consent form reiterated their right to withdraw at any time etc and informed consent was negotiated in an ongoing process (Kemmis and McTaggart, 1981). The '*Mindfulness Training Registration*' contained standard questions used for an MBSR training as a form of 'due diligence' to screen out unsuitable participants together with a '*Research Study Criteria Checklist*' (Appendix 5) to be signed to ensure participants met the research criteria.

Precautions were taken to ensure confidentiality with audio-files and transcripts kept in secure computer files and anonymised to protect the identity of the participants and their training institutions, with paper forms secured in a filing-cabinet. The report aims to ensure quotes are non-attributable to participants.

I did not anticipate any risk of physical or mental harm to participants from the research process, given they had spent two months discussing their experience of mindfulness with me on a weekly basis. However, I aimed to avoid any potential for harm from the mindfulness training itself as the process may be quite intense or revelatory for some. There were several factors to mitigate risk: making personal therapy and supervision inclusion criteria to ensure adequate participant support, pre-training screening for suitability, monitoring participant well-being in the training sessions, and regular supervision of my training by a leading mindfulness trainer / psychotherapy supervisor. Following the research and training interventions I have remained available to participants for discussion and support. Participants were offered a debrief on the research findings in the form of a half day workshop.

It was anticipated that the mindfulness training was likely to impact clients on a number of levels with the potential to be personally and professionally challenging; though it

was not expected that the research process itself would have such a potential impact. Thus the potential for participant change was a critical ethical issue to consider and plan for in this research. From my own experience and the literature review it is clear that mindfulness training can lead to a range of positive changes for practitioners at emotional, bodily and cognitive levels, from increased empathy and presence to being better able to be with the difficult - both personally and professionally. In contrast, the literature reviewed did not highlight any specific contraindications for mindfulness training. However, I was strongly aware of the powerful potential for change that mindfulness has and worked to ensure participants were fully informed of this and the training and research processes, through the Participant Information Sheet (Appendix 2) and information on mindfulness itself (Appendix 3 Mindfulness Information for participants) and in an ongoing process during the training sessions.

Reflecting carefully on this I implemented a range of steps to minimize risk and support participants. Mindfulness teacher training organizations emphasise that teachers assess participants for suitability and readiness e.g. that participants are not currently experiencing any significant mental health or emotional issues. The Mindfulness Training Participant Registration Form (Appendix 6), together follow-up telephone calls / e-mail where I decided I needed further clarification, were used to assess readiness and suitability for the mindfulness training. Given this potential for change I wanted to ensure participants were fully supported by being in both regular personal therapy and clinical supervision. Additionally I monitored participants well-being throughout the mindfulness training, with one or more inquiry or debrief processes in each session. I was also available after sessions and by phone in between should participants have needed this, though this offer was not taken up. In summary, I recognized that there were some potential risks associated with participation in both the programme and the research, but I took appropriate steps throughout the project to address such risks in order to minimize the chance of them occurring.

A particular dilemma in this research was balancing participants' identity protection with how much to disclose of their personal characteristics and experience. In the end the only identifying personal information I provided was that in Appendix 15 'Participant Characteristics'. In an earlier version of this I had included participants training organisation but in discussion with peers and supervision considered that this, in conjunction with their stated year of study could lead to individuals being identified

(e.g. where there might be 12 students in a particular year in a training institution it would not be difficult to identify who had done the mindfulness training, especially as this may arise in the context of primary supervision). Additionally I reflected that I also needed to extend the confidentiality of the research to participants' research institutions.

It was also necessary to review the Analysis & Findings section and ensure that any identifying information of participants and training institutions was removed / disguised, especially where participants criticized their training organizations and employers / placement organizations. An example would be where one participant in an IAPT service explicitly criticized how they struggled with certain policies and procedures as well as supervisory style when they moved away from set protocols. I hadn't anticipated how the mindfulness training might impact the relationship between trainees and their training institution / employer and address this further in Section 5.4.

3.3 Personal, Epistemological and Procedural Reflexivity

In this section I will draw on some of the key aspects of my personal, epistemological and procedural reflexivity (Willig, 2001) from my 'Reflexive Diary' kept during the research that served as a means of processing the influences on my research (Finlay, 2009). As well as my personal reflexivity discussed above in the context of what brought me to research mindfulness and my own potential values, biases and beliefs it is also necessary to acknowledge how I am further implicated in the data collection and analysis and recognize how the analysis relies in part on my own interpretation of the participants' accounts. I have engaged in a process of critical reflexivity during the research process and highlight relevant aspects throughout. In terms of epistemological reflexivity I have also reflected above on the assumptions about the type of knowledge this research seeks to generate and ontological assumptions about the world and how these may impact the research process. Linked to this there has also been methodological reflexivity on the choice of qualitative method used. The following section focuses in on my procedural reflexivity:

Sample selection:

I believe my inclusion and exclusion criteria were not tight enough leading to acceptance of a number of participants who had had some experience of meditation in its broadest sense, even if not mindfulness. Irrespective of actual previous experience there was a clear predisposition in most participants to a mindfulness approach. Any potential issue around different therapeutic modalities and training types didn't occur to me until the training had started and with hindsight I may have restricted the sample to trainee counselling psychologists only. Having said that there were marked differences within the group of counselling psychologists between those on a CBT focused course and those on a more integrative training. Given these factors the sample was not as homogenous as I initially envisaged.

Drop-outs:

Though disappointed by the three who left in the first session (one in TG1 and two in TG2) I was not entirely surprised as one did not participate in the group inquiry process and another slept for large parts of the session. The other drop-out left half-way through the course following life changing personal issues that arose at this time. Although I have specific details about this participant's choice I have chosen not to give specific details so as to protect their confidentiality.

At the time I took participants' reasons for dropping-out at face value, respecting their decision to withdraw. I did not *decide* explicitly to not follow this up in a more structured way. It simply did not occur to me to probe more deeply at that time. With hindsight it is clear that this was not an optimal decision from a research perspective. However, I would need to balance this with recognizing participants were offered the right to withdraw from the research / training at any time without having to give a reason.

If I were redoing the study again I would ensure I followed up more systematically with the drop-outs. Though I inquired with the four drop-outs, who e-mailed me to say they were discontinuing, what prompted this I would now consider getting them interviewed independently by one of my peer interviewers to provide a fuller exploration for their reasons for dropping out. It would have been helpful to have obtained their feedback during the programme so that I could have considered whether there were any amendments needed that would have made the difference for them continuing to participate. Full exploration of the reasons for drop-out would have been helpful, not

just in terms of understanding what makes someone suitable for the programme but in terms of the programme's suitability for them. This may have indicated how possibly amending the programme may better meet participants' needs, as well as highlighting more practical issues they may encounter, such as finding the time to practice daily etc, which would have further helped me consider how helping people find solutions to such issues in the future may help minimize drop-out. Additionally in future training /research I would consider running a 'taster' session before the course itself commences so that participants could better determine in advance

Interview process:

Another critical choice point I encountered in planning this research was whether to undertake the focus groups and interviews myself or use a third party. I found this a difficult choice to make, reflecting on a range of disadvantages and advantages for each. Part of me was strongly drawn to doing the interviews myself: a wanting to 'own' the whole process, both for completeness and perhaps also for reasons of perceived control over the process and not having to rely on recruiting others to assist. I believed that carrying out the interviews would enable me to build on the relationship we would develop through the training and achieve a greater depth of inquiry in trying to describe and interpret their experience of the mindfulness training. However, subsequently, I recognize that this could have been a tricky position, as it would be unclear what the data set was – the interview transcripts or my memory of all the sessions.

Part of me also recognized that if I were to undertake the interviews myself there would be the potential for transference dynamics to come to the fore. In particular, the potential for a positive transference (which generally occurs with many trainees in the mindfulness training) or experimenter effect, which may limit the participants opportunity to be completely open and honest about their experience. In retrospect I recognize that given the strength of some of the relationships it may have been hard for some participants to voice negative or less positive aspects of their experience, with their perhaps being the potential for an idealizing or twin-ship transference in some instances (Kohut, 1977). A further disadvantage of carrying out the interviews myself would be my evident bias toward the efficacy of mindfulness, which may have led me to question in a way to reveal what I already now or what I felt the participant

should respond. Equally this inevitable bias may lead me to miss emergent themes that I was not really expecting e.g. spirituality.

I pondered on this dilemma for a while, discussing it in supervision and with other IPA researchers and concluded that despite my heartfelt desire to do the interviews, in the interest of the integrity and transparency I needed to use independent interviewers. This was also a key topic at the Programme Approval Panel for this research study, where opinion also supported the separation of the roles of trainer and interviewer.

Though I am drawn to Finlay's (n.d) views around a collaborative relational approach to phenomenological research and the idea that data emerges from the co-created researcher-participant relationship in an embodied dialogical encounter (p.1) this was a challenge to achieve in this study. Although involved in the dialogic and experiential co-creation of their experience over the 30 training hours I was absent from the interviews as discussed above. Throughout the training intervention part of this study I was aware of the centrality of the co-created relationship with the group as a whole and the individual participants and my role as 'steward' of the group (McCown, 2010).

A key part of IPA is that the data produced from the interview is a product of the interaction and co-creation between the interviewer and participant, where the interviewer is making sense of the participant making sense of the mindfulness in this '*double-hermeneutic*' (Smith and Osborn, 2003). Though I understood the need to keep my roles of trainer and researcher separate, I also feel I 'missed-out' on this part of the process, that the data was co-created not with me but by third parties, who were without direct attachment to the content but engaged in a role of process facilitator. Though the interviewers did their best, I felt one-step removed from my participants, unable to '*touch and impact*' the intersubjective space between researcher and co-researcher (Finlay, 2009, p.1). I feel I missed the opportunity to have that further engagement with the participants and the possibility of asking follow up questions, clarifying or probing areas that arose on my listening to the interviews. However, as I became more and more immersed in the transcripts, coding and analysis I began to regain more of a connection with the participants and the data and gradually able to start interpreting their experience. As this process emerged I endeavored to keep an open mindful awareness of my biases and assumptions. In retrospect I feel I made the right decision. The one change I would make though would be to have used just one

interviewer rather than three, though I was constrained by my peers' own workload and availability.

Analytic process:

Though it was initially exciting to immerse myself in the data and start the coding process I reached a point after some weeks where it felt more like I was drowning in the data and huge number of themes. When I returned to it after a holiday I was able to approach it afresh and reduce the plethora of themes. It was particularly helpful to engage with colleagues to discuss this and have them sense-check the themes and coding. The next challenge was reducing the number of themes and as I chunked-up to more abstract and conceptual themes I felt I was disregarding and losing so much of the participants' experiences. This felt like a real loss with a difficult process of my letting-go as I reduced the data again and again. However, as I began to move to the final group of sub-ordinate themes there was a feeling that through this process of distillation over months I had arrived at a set of themes that seemed to capture their experience, as well as my interpretation and biases as to what that experience might be. It felt like I had come out of the other side of a tunnel when I had arrived at my final themes.

Though I had inevitably made interpretations in the process up to this point they felt quite 'soft-touch' or 'light' and it was challenging in the writing-up of the themes to extend this interpretation (with a 'small i') to offering a deeper level of Interpretation (more 'big I'). It took several iterations to arrive at a more interpretative position and felt like I was tentatively building layers, each time I redrafted, reducing the quotes and description, to get more of my interpretation into the analysis. This analysis writing stage felt very satisfying, as if I were integrating and building-up something valuable in contrast to the coding process that felt quite reductive. I began to regain a real sense of a fit between these themes and the actual experience of participants.

4. ANALYSIS and FINDINGS

This section reports on the super-ordinate themes derived from the analysis. Four super-ordinate themes were found, each with a number of sub-themes, summarised below:

Super-ordinate theme	Theme
1. Opening up another way of being	1.1 Deepening self-attunement and embodiment
	1.2 A new way of connecting to experience with openness and acceptance
	1.3 A path of self-discovery
	1.4 Creating a sense of well-being and resilience
2. Mindfulness as a therapist resource	2.1 Greater self and process awareness
	2.2 Being with what is and developing a capacity to sit with the difficult
	2.3 A sense of trust and empowerment
3. Enhancing relational depth	3.1 Being with vs doing to
	3.2 Modelling mindful qualities
	3.3 Deeper connection and Moments of meeting
4. Integrating mindfulness	4.1 Integrating mindfulness into clinical practice
	4.2 Integrating mindfulness into core modality and training
	4.3 A different training experience

Table 1: Master Table of Themes for the Group

Given the large volume of data generated it was necessary to 'prioritise' that which directly answered the research questions, while still remaining open to the unexpected or surprising. Thus a sample of extracts is presented which are representative of the issues and themes that have arisen from the analytic process, as well as highlighting others that are particularly evocative or in contrast to the majority. There is also a cross-tabulation of each theme by participant (interviewed and focus group) to show the frequency with which each theme presented in a '*Master Table of Themes by Participant*' (Appendix 12). The analysis uses a '*case within theme presentation*' (Smith et al, 2009), with data presented thematically with an interpretative analysis. Although presented separately there is significant overlap within and across themes.

The following notation is used in participant extracts: [xxxx] indicates explanatory text by author; [...] indicates editing of non-relevant material.

4.1 Super-ordinate Theme One: 'Opening up another way of being:'

'Opening up another way of being:' presents an account of the *personal* significance and impact of mindfulness and the training on participants as individuals rather than in their role as therapists. Four sub-themes were identified in relation to this:

4.1.1. '*Deepening self-attunement and embodiment*'

All individual interviewees found the mindfulness promoted greater awareness of their internal experience, which seemed to start with increased bodily awareness and a greater sense of the body-mind connection e.g. for Tracy its about "*learning to get in tune with your body*" while Peter goes further by pointing to the connection it opens: '*I see mindfulness as this connection between body and mind. Well again, it's this awareness this greater understanding really of what's going on inside of me*'. The mindfulness has enabled Gabriella "*to recognize how negative thoughts have affected my body*" and we see through her narrative how she has come to put more trust in what her body is feeling than just relying on what her mind tells her. Paradoxically although Tania is a part-time fitness instructor the mindfulness provided a space to reveal what she has missed in terms of knowing her own body, particularly in stillness: "*I never had time to just think about my body and my self, to look around, to be with my body, my sensations*". Katia came to the course believing she wasn't very connected

to her body and internal experience but found “*It’s a way of touching base in a way with myself*” enabling her to develop a felt-sense of embodiment that had been hard to grasp before.

There is a sense for many that mindfulness meditation seems to slow down the experience of time, perhaps leading to this feeling of more space or expansion that allows participants to better access their physical experience and connect to themselves. For example this slowing down has enabled Liz to feel a ‘*real shift*’ by becoming more physically available to herself in a way she hadn’t been previously (and perhaps a necessary stepping-stone for the availability and connection to others which she discusses later):

Liz: so that whole experience of slowing down into body, yeah, the sort of very gentle way of learning another way in to being curious about yourself. Yeah.... Its impacted my felt-sense. My sense of physical availability to me, and then of course, my availability to be. I think it’s had a huge impact...through being more connected with myself.

Though this increased awareness might be exciting and really open up her experiencing there is perhaps also a sense of her being confronted by an increased awareness of time and life slipping by, without being fully experienced:

Liz: I was suddenly aware of time and how... you know, actually I am missing so much of my life, so that was the sort of sensation, that you know, if you slow down, if you do things mindfully, suddenly there is all these sort of other levels of experience which are just being completely neglected.

Tracy also recognises this phenomenon, how slowing down enables her to reconnect more to her body and mind as she has become aware of her tendency to live on ‘*auto-pilot*’:

Tracy: For me, I think as well noticing I have been living on auto-pilot and going through the days, reconnecting more... its just given me the chance to slow down and get in touch with what’s going on in my mind and body.

For most there is a sense that this slowing-down and re-connection to their bodily-awareness also opens a door to greater awareness of the presence of feelings and emotions, allowing, in Tracy’s words, ‘*to get back in touch with yourself.*’ This enhanced awareness and connection to their internal experience seems to go deeper, giving many participants a sense of connecting to themselves more deeply. For Peter

“when I practice mindfulness meditation, I’m really calm but I can go a lot deeper into myself and what’s going on for me” which seems to unlock or provide access to a *“greater sense of self...and gaining a better understanding of who I am.”* Liz’s experience appears to echo this, with the mindfulness enabling *“more awareness about who I am”* not just as a ‘tool’ but allowing ‘access’ to a deeper experience of herself:

Jaswinder: its given me some tools, but its, its, what its done it is more than that, its sort of its, its allowed to me to sort of access, I mean I like the idea that it allows you to access something that is already there within you, and I find that a very healing idea, because it... it... its sort of... isn’t sort of the way that we sort of conventionally learn and practice.

In a similar way for Sally there’s something about this deeper connection to oneself allowing *“an authentic relationship with yourself.”* Really knowing her internal experience by paying attention to it and allowing it be as it is, is experienced as beneficial:

Sally:...just paying attention to what I’m really feeling, where I’m really at and it sounds so kind of simple in some ways, but I think its been invaluable, knowing when I feel more content and more calm and more satisfied through any experience in my life or the opposite of that, knowing when I’m feeling more tight in my body or stressed out or demanded upon, being able to identify that better, that helps me prepare for it.

This enhanced awareness of the different strands of their internal experience enabled participants to be much more present to themselves. Most noticed that such presence coupled with an attitude of growing curiosity about their experience enabled a different relationship to their experience, which could even transform it. There are many participant examples of this, e.g. Sally and Gabriella found that turning toward, being curious about and experiencing feelings and sensations of anxiety paradoxically enabled them to open to them and make them more manageable. This experience raises the paradox of mindfulness not being about controlling or changing experience but allowing them to be; participants recognised this paradox and still hope that mindfulness might change their experience. Linked to this turning toward unpleasant internal experience is participants’ discovery that how bringing attention to the body and away from difficult thoughts grounds them and enables a shift in their experience, e.g.:

Olga: Maybe things will come to light or I’ll realize something’s bugging me and I don’t know what it was before, then it becomes apparent...if I bring attention to

my body it can help me stop doing that, and its like a new way, I've realized that's very useful to me...bringing it to the body helps me break some sort of pattern...

Another aspect of a deeper connection to self was around thoughts. Paradoxically as mindfulness meditation made participants more aware of the volume of thoughts and their attachment to and privileging of this aspect of internal experience. They were then able to let go of over identification with thoughts and thinking (see 4.1.3) to open to a wider awareness of their embodied experience e.g. Matthew has become aware that to live more fully he needs to pay attention to his '*whole experience*' and not privileging thoughts:

Matthew: the cognitive you know, and that's one only aspect of that whole experience. So much effort is spent, and time, just focused on that particular aspect when there is so much more experience, and it seems like a real loss, not to...be more, to live more fully, ... and yeah, so my understanding of mindfulness is really to live more fully.

Jaswinder shows how staying with both difficult thoughts and feelings linked to her longstanding anxiety enables her to access hidden parts of herself to make a deeper contact with a sadness inside her which then shifts how they are experienced. In changing their relationship to their internal experience mindful awareness led most participants to a greater sense of acceptance of this (whether thoughts, feelings or sensations) versus judging themselves:

Gabriella: accepting your experience for what it is and this whole thing of its negative, its positive, its good or bad, have been touched on in therapy but in coming to these groups I felt it and can actually accept this experience for what it is".

For Sally it seems to be about really accepting where she's at rather than where she thinks she might want to be. Others recognised their pattern of adding extra layers of judgment on to difficult feelings and to "*not feel bad about having the feelings*" (Katia), or trying to alter them, itself an energy consuming process (Sally) but just "*actually experiencing myself as I am...*" (Jaswinder). Linked to this growing tendency for self-acceptance by most participants is a recognition of the need for self-compassion "*trying to have a bit more compassion for yourself*" (Katia). From Peter's account it seems that it maybe that self-compassion allows the move toward acceptance or that the two co-arise.

There is also a strong sense that the mindfulness has enabled participants to access an expanded sense of spatiality, temporality and identity which impacts how they both experience themselves and relate to that experience. For example, in becoming more present to himself Matthew has become more aware of discriminating the constituent parts of his experience, thoughts, emotions, sensations, but in a way that integrates these *'fragments'* together *"so it forms a whole and you feel a bit more sort of solid I suppose."* Similarly Katia, in her first interview response, gives a powerful sense of how mindful awareness of these constituent parts of experience then enables her to transcend these to find something more holistic: *"it gives me a sense of myself that's outside time [...] so a sense of being bigger than all that's in the now."*

4.1.2 'A new way of connecting to experience with openness and acceptance'

In this theme the scope broadens from the impact of mindfulness on participants' relationship to their internal experience to their broader experience of others and the external world. The internal and external aspects of participants' experience clearly co-exist and are co-created, and only separated out in this analysis to focus on the particularities of each theme. In terms of the 'lifeworld' lens of viewing participants' experience this theme covers in a small way their identity and sociality while focusing more on 'place' in terms of an individual's sense of their connection to their physical environment.

Most interviewed participants experienced an expanded awareness of what is going on around them and in turn their own response to this. For many this involves a *'stopping for a minute'* (Sally) or *'slowing things down'* (Matthew) to pay attention to what is happening in the present moment, here and now, and being present to both the 'out there' and 'in here' as it unfolds, without trying to change that experience. Participants' mindfulness practice enables them to clearly distinguish being in the present or on auto-pilot, often becoming aware of experience in a heightened way, *"experience has taken on a richer quality"* (Matthew). There is a real sense of energy to participants as they describe a sense of living more fully e.g. Tracy:

Tracy: Everything seems more, I don't know, more enhanced, like the relationship with my daughter or just the noticing of things, which before I might not have thought about, sometimes tasting food, you just sort of, I don't know, awaken your senses, if that makes sense?

There are many examples of how this increased awareness shows up in their lives: e.g. to *“appreciate a nice day, the breeze, feel the sun, but I wasn’t listening to sounds or tasting things”* (Olga), *“thinking about, the action of my body against the pavement, and the sense of the freshness of the wind”* (Matthew), *“to stop and notice so much incredible detail and beauty in everyday things”* (Mark), *“I appreciate views more, sunsets, there’s something about stopping, and just taking a look in a way that I just wouldn’t do before in the same way”* (Sally). Jaswinder’s experience really captures how using mindful awareness to be present opens or even transforms her sensing, making her feel *‘richer’* (Jaswinder) and more alive:

Jaswinder: if you thought of a stream of sunlight that’s coming through the window or something [...] it becomes somehow multi-dimensional, you feel the warmth, you see the light, you notice the way that the detail, real detail, that it lights up something. You, you suddenly, your senses become, you become aware of them [...] and giving them... their maximum use...

and goes on to suggest that *‘mindfulness is embracing life’* and we can *choose* to live by it. Being more open, present and connected to their experience enhances their quality of experiencing, leading to a fuller experience of life where the sensory experience is enhanced, rather than taken for granted or even missed: *“it’s a 3D of way of taking in the senses, of being in the world, rather than sort of... missing it”* (Jaswinder). Without mindfulness they notice the potential to miss out on their lives e.g. Matthew recognises *“how much you miss out on, if you don’t switch on your mindfulness”*, implying it’s a matter of choice whether to wake up to our full experience or live on auto-pilot and that the mindfulness course is a *“kind of a gift actually, something that has really enriched my life”*, and we get a sense of how he experiences its transformative power which *‘switches him on to his life’* and has left *‘something important in him’*:

Matthew: I only really have one life, and...so it’s very important for me to make the most of it. And...so...I suppose mindfulness helps you make more of your life, really, because if you have more presence of what’s going on, you know, you...you notice more and so your life is richer.

Not only does increased mindful awareness enhance these positive and beautiful aspects of life, paying attention to experience may also transform it, even the seemingly mundane according to some participants: Luke described how he used to find shopping a chore but by attending to this *“it just changes the experience.”* Not only did mindful awareness *‘takes the chore out of doing chores’* when washing-up but

it actually transformed Sally's experience, or perhaps her relationship to this experience, into something quite different:

Sally: so there's something quite satisfying about it, quite...I want to say healing or peaceful but it doesn't quite touch it. There's something about de-stressing in that moment and not allowing all the other normal things to interfere [...] but there's something emptying about it, without leaving you empty, it's quite fulfilling.

There is a clear sense of the gap between how this mindful awareness of her direct experience of actually doing the washing-up differs from the *thought* of the chore. Though she has become aware of the felt-sense of this gap it is difficult to put this experience into language, and there is this kind of paradox where it seems there is first a need to empty from the clutter of thoughts to make room and be available for the direct experience itself.

Mindful awareness seems to have particularly impacted Matthew's experience of being in the world, enabling him to open more to the present moment, the richness of his internal and external experience and how these two are perhaps co-created. This seems to be more than about just noticing things more from time to time but integrated at a deeper level, which feels like "*another way of being in the world.*" He describes himself slowing down and walking mindfully: "*I feel I lift my head up a bit more and sort of notice people a bit more*" and have a sense of this being offered at a metaphorical level as well as literally. Likewise Sally also speaks about now holding her head up more as she goes through life more mindfully:

Sally: I can't put words to it, its almost a bit like if you're walking down the street and your eyes are looking down on the road and you're just walking, whereas now I feel like I hold my head up a bit more, and I'm not talking about literally when I'm walking, but a metaphor...

In the same way that participant's awareness and openness to internal experience in 4.1.1 facilitated acceptance, this is also mirrored in how they relate and respond to external experience. For example, Gabriella describes a difficult situation where mindfulness supports her by allowing her to pause, to '*step-back*', so she can acknowledge where she is, '*own those feelings*' and move toward acceptance of the situation while retaining her equanimity. Likewise, when Liz is truly present in the moment there is a feeling that '*time stops still*' and an acceptance that "*you don't need to be anywhere else at that time in the moment.*"

Opening to the spiritual:

Many of the participants went beyond experiencing a greater richness in life and deeper connection to themselves, others and the world, to an opening-up to a more spiritual dimension, with a felt-sense of some connection beyond themselves. In describing these experiences there seem a sense of uncertainty and tentativeness, even surprise or awe, occasionally embarrassment. It seems that the opening to the spiritual may come first from opening or connecting to oneself “*mindfulness is kind of learning to be open to really fully living, with oneself and others, so there is a spiritual and there is a felt sense*” (Jaswinder). For Liz there is a sense that this spiritual connection may be quite powerful, even overwhelming:

Liz: I feel more connected with myself and I suppose it does sound a bit cheesy [...] and I don't know whether that's spiritual or not but it certainly feels different, doesn't it? And almost quite overwhelming in a positive way...

Although both John and Katia alluded to challenges with their experience of religion in their pasts, the mindfulness seems to open-up spiritual experience in what seems a more acceptable way to them.

Tania was particularly impacted by meditating seemingly opening up a spiritual dimension to her, leading to feelings of being ‘*complete*’ and ‘*whole*’, maybe providing her with something missing from her life, a feeling of connecting to something larger and outside herself. She describes her experience quite tentatively to the group, being unsure where this is leading and appears quite self-conscious, perhaps quite reluctant at first to label this as spiritual, seemingly asking the group for confirmation that this line of disclosure is OK:

Tania: I don't know if this is some kind of spiritual thing, but I feel like, if you, say you had a puzzle and the puzzle is missing something, but then you suddenly find the piece that was missing from the puzzle, so in a way if I had to describe this in a word it would be completeness and whole but I'm not sure why, part of something bigger or that's the main thing...and perfect like, yeah, and sometimes I feel about it is this, something to do with spiritual things [...] if it makes sense?

Following the facilitator's confirmation this does make sense to her she seems to continue with more confidence, herself accepting how it also now makes sense to her.

4.1.3 'A path of self-discovery'

All participants described experienced 'a path of self-discovery' from the insight and self-awareness that emerged from developing mindfulness, both at the intra level of internal experience discussed in 4.1.1, and their external experience in 4.1.2.

Mindful attunement to the components of their internal and external experience often led participants to noticing a range of habitual patterns they exhibited. Tracy noticed for the first time how she interacted with her daughter without really being present to her and almost seems shocked by this self-revelation of how time '*slipped-away.*' Increased presence to herself also makes her more aware of her 'shoulds' and highlighted a discrepancy between how she was leading her life and how she felt about it, allowing her to question what she's doing with the possibility of freeing herself rather than carrying on. It is not clear what she wants to free herself from, though she does refer to finding a model that suits her better, which perhaps links to a possible ambivalence to CBT that arises in her individual interview:

Tracy: I'm beginning to see how you could make changes, right down to the acceptance, accepting maybe this isn't right for me now, try something different, that's been really useful for me I think [...] But it's just given me that freedom to consider other things in life, appreciating how I'm actually feeling, rather than doing, just carrying on...

Moving beyond just a better noticing of one's experience is the capacity to turn-toward it, to investigate it with an attitude of curiosity which can reveal greater understanding and acceptance, e.g. Sally's self-questioning and curiosity about her experience facilitates a deeper understanding and enables a more direct relationship to her experience, reducing the dissonance between where she thinks she is and where she really is:

Sally: I guess its also made me question things in a different way, sometimes like [...] where if I've done any meditation, I know if I notice any kind of areas in my body, I think about that a bit more, maybe in a more curious way, what that might that be about, why did that happen, what just happened, then what made that happen, curiosity really, that's probably made a difference in leading to more a better understanding or better relationship with where I'm really at then where I think I might be at.

Likewise by being curious about her tendency to dissociate, moving toward rather than away from this experience, Jaswinder has made an important discovery that she can

be with such difficult experience while also moving to a position of greater understanding and acceptance:

Jaswinder: I disassociate very easily...and so for me I think I was, there feels like there is a slight desperation in me to really make peace with that in myself and understand it and be curious and interested in it rather than afraid of it, and I think the timing of Stuart's workshop for me as a personal experience was really pivotal in finding ways of really understanding that and feeling okay with that process so that was yeah, it felt very big.

Another common discovery was how experience is impermanent and changes over time, even the uncomfortable, and that it is possible to notice this directly as we attend to it. Though Liz knew this at a cognitive level it was only through developing a real felt-sense of how her experience changes over time from the 'Mindfulness of Sounds' meditation that she could truly embody this knowledge:

Liz: I remembered that, in the way that sounds come and go there was this sense that you know your feelings change, everything is constantly moving so, if you do stay with what's more uncomfortable you know, it's alright because it keeps on changing and... and that was a sort of an experiential, you know, learning for me.

This theme of self-discovery goes well beyond cognitive insight and many participants have discovered how bringing attention to the body provides an additional source of information and insight into patterns in their lives to allow a more holistic picture of what is unfolding. It also seems for some that this direct knowing at the bodily level, before the mind adds its interpretive layers, may be a more reliable or trustworthy source of one's experience. Most participants discovered the 'mind the gap' phenomenon, where, for example, they might think or pre-judge that an experience was going to be bad or unwelcome, but on locating how it actually feels in the body and paying attention to this, found it to be a very different experience e.g. Olga found that when she became mindful during her commute and turned toward the felt-experience of this it changed her experience:

Olga: The felt experience wasn't actually that bad and a lot of what I was attaching to it was just my thoughts, you can call something good or bad, but actually, it isn't what the actual sensation is, so it helped question that sometimes when you are experiencing something that you think is bad, that actually how does it feel in the body can help re-evaluate some of my experiences.

and that by bringing awareness to her body rather than just following thoughts enables her to 'break patterns' (Olga) more quickly, implying that bringing mindful awareness to

her experience expands her options and allows her to make a more informed and holistic choice about her behaviour than relying on thoughts. Likewise for Matthew there's something about focusing on the body, which enables him to '*open his eyes a bit more*' to focus on his direct experience as it unfolds and escape '*the clutter of his mind*':

Matthew: Having some time out or just focusing on your body can just give you a bit of perspective and see those thoughts as just thoughts and you know, not...equaling your whole experience but...

For Tania and Liz the mindfulness proposition that 'thoughts are not facts' had a particularly powerful impact once they'd discovered this for themselves at a felt-sense level. This seemed to help them loosen their over-identification with particular thought patterns, literally experienced as being liberated from their thoughts. Liz captures this realisation quite succinctly and sounds excited as she recounts the pressure she puts on herself, and feels liberated when she realises she can choose to go more easily on herself and "*I don't have to run up the escalators*".

Liz: Thoughts are mental events so they're not reality, it is, it has a massive impact if you take that around [...] it changes your position, yeah, you, doesn't it, I am my thoughts, well you're not ...it's a big thing. It's so helpful.

Tania is also excited and liberated by this realisation, this embodied knowledge that allows her to access a wider truth and reveals a whole new world for her. There is a sense of real empowerment as she seems to dismantle the restrictions some of her thoughts were causing her: "*It was so simple, they are just not facts, and that for me just opened another world, so they're not facts, who said they're facts? It's just me!*"

Once participants have got this at an embodied level it seems to open up or create a space where they can stand back and notice more options, which might open up a possibility of choice and change. For Sally, slowing-down and paying more attention leads to a feeling of greater control that provides the moment to "*perhaps do something differently.*" Likewise for Tracy "*there's that space in-between, [...] and now, I've got a choice now, I can step away from them and have options really, that's it.*" In this '*standing back*' (Luke) there seems to be the opportunity to take more of a meta or observer position on their experience as it unfolds, again gaining distance from any tendency to struggle with or get lost in one's experience e.g. Jaswinder found the mindfulness helped her become aware of an internal fight between two parts and then

to be able to take more of an observer position and separate herself from this struggle giving her the opportunity to choose to respond rather than react to this.

For Luke this not only allows him to observe his experience rather than get caught up in it but also changes the nature of the experience, which he finds liberating. He gives a range of examples of this and really seems to get the subtlety of mindfulness being about changing his relationship to his experience rather than actively trying to change the experience itself:

Luke: Mindfulness is quite liberating in the sense that there isn't really any emphasis on change is there, its more about being with experience, which then actually can change the nature of it.

4.1.4 'Creating a sense of well-being and resilience'

The three themes of 'opening up another way of being' described above seem to result in a sense of well-being in most interviewed participants (7 out of 8). Well-being is used to describe the sense of peace, relaxation and grounding that arise from their meditation and mindfulness practice. Furthermore their practice appears to help them better self-regulate and create a sense of personal resilience.

Matthew's description of the well-being he derives from mindfulness practice is typical of most participants, finding that mindfulness practice gives him '*a wholesome feeling*', '*a sense of peace*' that '*grounds*' him and '*recalibrates his whole system*'. Also when he's feeling '*fragmented*', mindfulness allows him to emerge with a sense of '*freshness*' and a new perspective.

Katia finds it helps her to let go of stress and worries and develop greater '*equanimity*' and strength, which seems to empower her to better deal with challenging issues that arise. Likewise Gabriella found that the mindfulness made her '*much more robust*' and able to connect with a sense of equanimity, recalling an example where it helped her remain grounded during a stressful incident. Where before she may have denied the presence of painful feelings, appearing calm on the outside but '*knotted up inside*', she can now turn a mindful curiosity to investigate what she's feeling so as to contact a real calm presence.

Despite a clear felt sense of the benefits of mindfulness many still find maintaining a regular formal mindfulness practice challenging, turning to practice as a kind of first-aid in challenging moments e.g. Tracy uses the 3MBS and Body Scan when she needs to *'calm her nerves'* and finds *'the pressure just lifts'* and *'helps keep things controllable.'* Tracy is like most other participants who experience the paradox of knowing that mindfulness is about developing acceptance and a capacity to be present with the difficult versus trying to manage it or get rid of it. Yet many use mindfulness as a tool at moments of stress with the goal of 'getting rid of' unpleasant feelings e.g. Sally says *"I had a bit of a goal already which isn't entirely the way you should go about it."*

In the previous theme participants were seen to use mindful awareness to develop the capacity to let go of their thoughts and tune into their embodied sense, which seems to contribute to their sense of well-being. By letting-go of *'racy thoughts'* and *'emptying the clutter'* in her mind Sally was able to *'de-stress'*, become *'still,'* allowing her anxiety to dissipate. Knowing she has mindfulness as a resource and coupled with a growing sense of self-compassion seems to provide her with a resilience where she is better able to accept unpleasant feeling states and trust more in her capacity to manage these.

Tuning into this bodily message Liz recognised how her rushing around was leading to stress and physical tension and that she needed to slow down and take time for herself. By turning toward this discomfort with mindfulness she notices *"I have a reminder to slow down, to sort of, to breathe, to, to just, and everything feels quite different when I do that"*. She gives examples of *'staying with'* uncomfortable experience and the felt sense of her anxiety and insecurity versus her normal tendency to analyse it. There is a sense of her being quite brave in relinquishing her normal cognitive defences, to feel the feelings and having the courage to stay with them, when it was clearly challenging. Yet she discovered for the first time through this process how to access her more vulnerable, hidden-parts and in a sense befriend these, allowing something to shift for her (and I feel quite awed as I hear her words). In this she experiences how she can withstand the pain of her inner-experience through accessing something deep and compassionate inside herself, perhaps emerging more resilient for this.

Some participants took resilience beyond the pain from their emotional experiences to working with physical discomfort or physical pain mindfully e.g. Sally successfully used mindful awareness to work with her migraines and change her relationship to them. Peter recounts training for a marathon where he practiced mindfulness as he was running and found that by acknowledging the pain he was able to *'accept the pain and deal with it'* and could push himself much further and allowed him to question *'who am I?'*

4.2 Super-ordinate Theme Two: 'Mindfulness as a therapist resource:'

In the themes that follow we move away from a focus on the personal impact of mindfulness to focusing on its impact in the clinical and professional domain. The mindful qualities participants experienced at a personal level in Super-ordinate Theme 1 are mirrored in this theme at the level of participant as a clinician. Three sub-themes were identified in relation to this:

4.2.1 'Greater self and process awareness'

All participants noticed an increased awareness of their feelings and bodily sensations in the room with clients, several explicitly referring to increased transference / countertransference awareness. There was also an expanded awareness of the therapeutic process and unfolding events in the room with clients, enabling participants to respond to what the process / client needed:

Sally uses mindfulness practices to ground herself in her body before client sessions which enables her to better notice changes in her state with the client and be aware of what is her's and what is the client's:

Sally: I have a greater capacity to notice what happens when I'm with certain clients, I've got a good baseline measurement that then I can use to kind of experience what its like to be with individual clients, then perhaps I wasn't paying enough attention to that before.

Sally gives an example of where she's with a frightened client and notices her *'wanting to make it better'* and by noticing this was now able to *'sit with my urge'*. Noticing such tendencies or departures from her *'baseline' state* enabling her to pause and choose

whether to take this information back to the client in the form of an intervention, or respond more directly to the client's needs from a more embodied place, responding from choice versus reacting to her own initial urges:

Sally: I guess I'm more able to notice my urges in ways that may not be helpful, that are more about what I need rather than what the client needs, like I said, to fix or move out of this state and be distracting or rescuing or things like that.

Similarly Katia finds that by being mindful of her embodied state in the room enables her differentiate between her feelings and those of the client's: *"I think doing that helps me to separate the transference and counter-transference, what's mine what's theirs"* and gives her enough space to recognise her tendency to want to rescue: *"the rescuer thing that comes out, and just being mindful, the mindfulness moment just gave me that kind of space not to do that."* Being present to her clients in this way and more aware of her own process seems to empower her more by allowing her to open to a recognition of what is needed in the moment and be more available for her clients:

Katia: I think in a way it makes you more professional...you're really present to what's yours, what's the clients, what is therapeutic here, less driven by the transferences, other agendas going on, you feel you can be more genuinely there for the client, maybe...I just think you're more equipped really, equipped as a professional.

Likewise Gabriella is more aware and open to her own feelings generally which possibly opens the door to her greater appreciation and sensitivity to the countertransference, and generally across her narrative there feels to be a growing confidence and trust in herself. She asserts how mindfulness has made her more aware of process in the room e.g. being more aware of when she's missed a client or when her client's 'gone off':

Gabriella: I think it's affected my client work, because again its, I'm more open to my feelings, transference and countertransference and stuff. Before I was, I don't know, and blocking a lot of feelings and now I'm much more accepting of them, I guess less frightened of the feelings that are coming into the room.

Mindfulness seems to help her to be more in the room and become aware of her body in relation to the client, becoming *"more aware of what's actually going on in the room and being much more present with clients now"*, allowing her to now bring more of herself to the encounter.

Jaswinder seems to make that direct connection that others allude to, that it is the dropping into the body and out of the head, which can slow-down experiencing and bring one into presence with oneself and the other:

Jaswinder: In order to stay with the present experience between me and other, I'll drop down and that just automatically slows me down, If I disengage this, and slow down into the body, I can really feel the others presence.

Matthew refers less to bodily-awareness/ countertransference than other participants, focusing more on taking an observer position: *"I'm kind of watching myself"* or calling on his internal supervisor: *"I ask myself sometimes, what is going on right now?"* What appears important to Matthew is a commitment or intention to being present and aware of where he is with his client, and in his soft-spoken modest way makes it clear that this is an aspiration:

Matthew: But I feel committed to trying to be present to my own awareness, although I don't always achieve it to a satisfactory extent, but, its sort of important to have some of that to aspire to.

and like Sally, encourages himself to be present before the session which enables him to become more aware of *"where I am with the person."*

Tracy also developed an increased awareness and connection to her bodily feelings and those of her client in the room but in contrast to all other participants found this distressing and perhaps unwanted. There is a somewhat confusing account as to the overwhelming impact of this:

Tracy: Sometimes it's not so good because where I'm in touch with my feelings I sometimes get quite overcome with emotion so I then have to learn to manage that in the room.

She gives several examples in her client work where there is a sense that her increased awareness has made her vulnerable to being overwhelmed and possibly flooded by the client's material e.g. *"they've offloaded and I've taken it all in"* and *"there's a danger of letting yourself be taken over too much by that"* and from this perspective perhaps increased mindful awareness of feelings is detrimental to her? Later she adds that *"sometimes I want to be less mindful, and it's learning that again"* though balances this by recognising how this awareness may also facilitate the connection. It appears that although the training has facilitated an increased

awareness of bodily sensations and emotions for Tracy it has failed to support her in developing a corresponding amount of resilience and acceptance to work with these. It is unclear whether this is simply a matter of more time and practice or something more inherent.

Peter describes how the mindfulness has helped him become more aware of his feelings and bodily awareness with clients, particularly in noticing his motivations and being able to adjust these where he becomes aware that he is perhaps following his own agenda rather than what is better for the client. It is interesting how he appears to have shifted to trusting his greater awareness of his feelings and body sensations over his thinking, enabling him to use these in the service of his clients and a stronger therapeutic alliance:

Peter: The greater awareness of how I'm feeling, so being just being aware of that and paying attention to my bodily symptoms and how I'm feeling, not so much initially to how I'm thinking or to much more to what I'm feeling and then from that becoming more aware of what I've been thinking...and I guess that awareness was gained from the mindfulness training [...] that's been helpful in terms of creating a therapeutic relationship.

This mindful awareness helps Peter deal with some of his own issues that have come up during the session, enabling him to feel he is being more genuine in the therapeutic encounter which he believes his clients can sense. More than awareness though, this seems to have helped him develop a clearer insight into his sense of self around his identity as a therapist and what he brings to the encounter and accepting himself:

Peter: At least I'm aware of it now and at least I can deal with it instead of, maybe in the past I wouldn't have been as aware of it and may be or at times not as willing to accept it and through the mindfulness practice it's been helpful to gain that awareness and acceptance through it.

4.2.2 'Being with what is and developing a capacity to sit with the difficult:'

All of the interviewed participants noticed how they have developed their capacity for being present to what unfolds in the room, particularly an increased capacity to sit with difficulty, whether their own or their clients'. This increased tolerance of difficult feelings and openness to accepting them seen in the personal impact of mindfulness on participants, is mirrored in their clinical work. A mindful approach appears to

increase participants' resilience, supporting them in challenging moments and making them more available to their clients:

Most participants describe how they use mindfulness practices to ground / centre themselves before and during client sessions, which they believe prepares them for being present and available to their clients. Sally, in particular, refers several times to how she uses mindfulness to *'feel out where she is'* and establish a *'baseline measurement'* which *"allows myself to be with that client in a fresh and new way, rather than carrying so much of that stuff in."* This grounding process alongside her own increased ability to stay with her own unpleasant experiences seems to prepare her in some way to be able to sit with difficulties in the room, such that she has developed a greater *"capacity to hold and contain more difficult affect in the room."* There is also a pre-requisite it seems to develop this for oneself in personal practice before building the capacity with clients:

Sally: There's something about staying with difficulties in the room that I am able to do in a different way and I think that's probably about staying, or I associate that with having learned to stay with...anxious experiences or pain that I've done personally on the course.

There is a real sense of Sally's struggle to reconcile her felt-sense and idea of how she wants to work in the face of managers, supervisors and NHS procedures which seem to constrain her being real and present to her clients, being open to their distress and pain rather than managing these away. She has come to trust that by being with what is and accepting a person and their difficulties, that this is a safer, more satisfying and empowering way of working and being in relationship, that is more true to herself, versus 'managing' them and attempting to manage the risk away:

Sally: Whilst, since doing this course, I can really, have been able to sit with people in lots of distress and kind of experience that with them and share that with them without thinking 'my aim here is to get rid of these feelings, to manage, make this safe' and I think by doing that you are achieving an outcome which makes things safer anyway.

Similar to other participants Peter uses the 'Three Minute Breathing Space' ('3MBS') practice between sessions to check out where he is and to centre himself, and also to be mindful in session about what he is experiencing in the moment: *"I guess it just centres me a bit and yeah, just brings me into the moment."* Jaswinder describes how she uses this in sessions with clients to ground herself when she notices she's moved

away from the client and contact is broken and how this kept her present when she was at the 7/7 inquest. Perhaps this is used at moments when she feels herself ‘dissociating’ as it seems to allow her to re-establish contact with her body:

Jaswinder: I do it during sessions when I am working with a client and I can feel myself sort of going, a little light headed or zoning out or you know, trying to come back into contact [...] and come into body to really ground, to be with, yeah.

Katia also grounds herself in her body or sounds before client sessions so as to ‘observe’ where she is and found that mindfulness makes her more aware of any discomfort and helps create a space to respond in a different way: *“I’m also aware of my discomfort, but still able to look at it in a different way and not act upon it, it gives me that moment between acting, leveraging that.”*

Matthew experiences mindfulness as enabling him to be *“better equipped to deal with difficult...difficult scenarios maybe”* and that through learning to allow one’s experience it is easier to sit with. He seems to really embody the mindfulness notion of acceptance versus resisting difficulty: *“you may not want that emotion, but the crucial thing is just to be present to it, I think once you accept it, it can become less confusing and easier to be present to it.”*

Gabriella also uses the ‘3MBS’ prior to client sessions to ground herself which she believes helps her pay more mindful attention to her clients and strengthens the alliance but goes further by using the ‘Mountain meditation practice’ to access an inner strength. Perhaps establishing this sense of groundedness facilitates her greater acceptance of her countertransference feelings: *“Before I was, I don’t know and blocking a lot of feelings and now I’m much more accepting of them, I guess less frightened of the feelings that are coming into the room.”* She provides a range of examples of how she is now able to sit with her anxiety more in the room and now model this for the client and even goes as far as to say how she is no longer afraid of her feelings. They are still present but she seems to have a different relationship with them now which allows her in turn to more easily work with her clients’ anxieties. In one example of being with a challenging client she experiences successfully used body awareness to keep herself grounded and present. Another time when presented with a distressed client she was able to sit with him and put the CBT homework aside and follows her instinct as to what the client needed:

Gabriella: So we just sat there and I think, because I'm much more...I feel a lot less, I'm not fidgety but feel much more grounded in the room with my clients and I think that is reflecting back a lot more in my client work that they feel I'm more present and much more like a safe environment.

4.2.3 'A sense of trust and empowerment'

This theme examines how this greater sense of body-awareness and a greater capacity to sit with the difficult combine to provide participants with a greater sense of confidence and trust, in both themselves and the process:

Despite Tracy's reservations about her increased awareness of her feelings, she believes the mindfulness has given her a sense of control and recognises that mindful awareness of her body can help her *'keep things controllable'*:

Tracy: I think it just helps me be more in control of my body reactions and my thoughts so that I can be more present and not either tensed or thinking about what I'm going to do...but this has helped me bring it more as a, being able to notice it and put it aside and work on it.

It is interesting to note how mindfulness may have challenged Tracy's relationship to her core modality of CBT that she is expected to practice in her job. She provides several examples of clinical work where she has begun to set-aside CBT protocols and follow her own instinct about what the client needs in the moment.

Though there is the sense throughout Peter's account that he already followed his own intuition as to what the client needs, he confirms how the course has empowered him to trust his instinct as to what is needed in the room, rather than following CBT protocols:

Peter: This course has been helpful in being able to get the balance right, sometimes, despite having instructions from supervisors, anything else, just doing my own thing really, not following, sitting with the client, because that's what's best for the client at that point, not following some sort of protocol like I'm supposed to be doing. I think that's been very helpful, both for me and lots of the clients.

More than any other participant perhaps Sally demonstrates a real sense of having developed greater trust in herself. She seems able to embody a position of being

grounded and available in a way she could not before the training and is more able to trust in herself and let go of the need to push for change:

Sally: I think less...geared to have to change, if I'm anxious for example I can sit with that a bit more, rather than feeling I have to change it and I think that, I guess indicates I have a bit more trust in my capacity to manage it.

Generally in her account, she appears to embody a more authentic sense of herself as a therapist that transfers to how she works. There seems to be less self-imposed pressure to get it right or to strive to be a certain way to meet service 'needs', but an opening and '*trusting emergence*' to respond from a natural and human place to what is needed, and in so doing discover she's a '*good-enough*' therapist:

Sally: I think there's something a little bit more natural about me as well in the room, less of a kind of role play, as the therapist, I feel a lot more like Sally now than the therapist with the client [...] helps you think differently then and enables me to be, to feel good-enough really.

She later proposes that mindfulness has provided her with '*skills for life*,' while highlighting two of the paradoxes of mindfulness: that in accepting we have no control actually seems to give her a sense of control; and how through mindful acceptance of the difficult she is better able to manage her experience or at least her relationship to the experience.

Like Sally, Liz believes the mindfulness practice enables her to really connect with her clients, empowering her to free herself from agendas, theories, making interpretations and expectations, but to trust in herself and work in the present moment. In describing a particular moment of meeting she shows how she is able to relinquish hiding behind theory which feels liberating.

After a tentative start in her account there is a sense of a growing strength, as Gabriella describes how in her personal life and clinical work she recognises the powerful impact of mindfulness on her in allowing her to become more sure of herself. This empowerment comes perhaps from feeling she can "*take more risks in the room*" and from a sense of groundedness, that enables her to go further and deeper with her clients than before. By turning toward difficult feelings in herself and accepting these she now appears to have greater confidence to meet such difficulties in her clients:

Gabriella: I think what mindfulness is doing is making me more sure of myself, more present, as I'm more grounded in myself, so then I feel stronger and more able to go there with the client and able to have that relational depth with the client.

This sense of acceptance in herself seems to allow her to recognise a greater freedom and choice, empowering her to use this self-acceptance in the service of her clients, to accept them and their experience:

Gabriella: Yeah, definitely, a sense of empowerment and a sense of control [...] makes you feel like you've got choices and which I didn't feel like I had before and also being much more accepting of my experience, I think it will allow me to be much more accepting of my client's experience.

4.3 Super-ordinate Theme Three: 'Enhancing relational depth'

Super-ordinate Theme 3 'Enhancing relational depth' identifies how mindfulness impacts participants' experience of and capacity to be in the co-created relationship in the room:

4.3.1 'Being with versus doing to'

The majority of interviewed participants (5/8) referred to an increased capacity for 'being with' their clients rather than 'doing to'. This theme links to 'Being with what is' and maybe emanates from 'A sense of trust and empowerment' but is treated separately as there is a distinct nuance to this. It seems to go beyond staying with the client, but being extremely present, while letting-go of therapist agendas, theories, models, protocols and techniques. When this feeling of being with versus doing to arises in the work it seems to be experienced as a kind of flow, which is often associated with 'a deeper connection and possibly 'moments of meeting.'

Sally believes the mindfulness training has impacted the way she is present to clients, providing a client example where she reflects on her ability to soften into the moment, which gives her a greater capacity to sit with and 'join' her distressed client. This appears to invite a deeper trust and contact between them, such that she feels she is simply 'being with someone in a way that wasn't doing therapy' and doesn't feel impelled to act but simply be with her: 'being able to sit with her in the way that I could is related to what I've learned from the training.'

As highlighted previously it is not possible to disentangle some of these themes, client narratives cannot be neatly compartmentalised, there is an inevitable cross-over and interaction of client narratives across themes. A good example of this is Sally's description earlier (see 4.2.1/ 4.2.2) of how the course has enabled her to reduce her striving to meet NHS risk-management requirements and balance this with being open to clients' difficult feelings rather than manage these away. This corresponds to the 'being with' theme, and perhaps also requires a level of empowerment and trust to exercise (2.2).

Gabriella describes her understanding of the need for *"being in the room more with them"* (clients) and gives an example of being present to a client's panic attack and deciding to sit with the distress rather than try and 'do' anything to fix it. It seems that by providing her client with this space, the client felt held and more empowered, allowing them to work more in the present moment:

Gabriella: I remember thinking what do I do here? [...] And I thought the best thing for me to do is actually to sit here, let her, she was dealing with it [...] so I just sat and asked her what she wanted to do, giving the client back her choices, and just being aware of that.

Though it seems a challenge to relinquish her CBT 'expert role' Gabriella seems to be naturally moving to more of a being stance where she is holding the space for her clients, even in moments of intensity:

Gabriella: Its not just what I'm saying, sometimes I'm not saying anything I'm just sitting with them, maybe mindfulness has helped me be much more aware of how my body is in terms of relating to the client, I'm here for you even if you're going to sit in silence

Tracy appears quite absorbed as she reflects on a client example where she intuitively seems to give herself permission to put aside writing a thought record and just sit with the intense emotion in the room, which seems like a different side of her compared to her usual 'doing-mode' required by her CBT employment:

Tracy: I wasn't writing a thought record [...] I was aware of myself being, I was aware of myself being more quiet than usual and not responding [...] so I'd just given him a couple of minutes to sit with those feelings rather than jump to, you know, just sort of being, allowing that time, allowing the feelings to...Mmmm, rather than just doing something, we were just sat and just...it was quiet and he did cry [...] I think a lot about it afterwards.....

Given that Tracy has commented in several earlier exerts about her wariness of feeling too much emotion in the room it is moving to hear this example where she really notices how this different way of being for her, this accepting of her own and her client's emotions, and her being stance versus doing CBT to the client co-creates a different therapeutic experience. She appears moved herself as she reflects on this and perhaps even a little surprised how effectively she created and held this therapeutic space, a million miles away from completing the normal thought record: *"it was quite nice in that way, giving someone a chance to do that in that safe contained space and that you're there and didn't tell them to stop or...mmm."*

Peter reprises Tracy's theme quite succinctly in suggesting 'less is more' and what is needed is getting the balance right between the being with and doing to:

Peter: The expression more is less, I feel like that sometimes, instead of...less is more, that's what I'm trying to say [all laugh]...its just literally sitting with the client not doing anything, not following any formal schemas or following an agenda, I mean I'm not against following agendas but I think getting the balance right, that's the key.

Like Peter, Liz also believes "less is more" and really appears to explore this idea aloud with the interviewer. Integrating mindfulness into her clinical practice seems to have had a significant impact by enabling to let go of what on some level are perhaps seen as distractions: her professional role, effortful tracking, theory, analytic tendency and pressure to perform. By focusing her mindful attention on the process and feelings in the room, non-judgmentally, this seems to create more space for herself to simply be with her clients in the room:

Liz: You can let go somewhat of your, your professional role and what you should say, the skills that you have learnt and some of the theory and stuff which helps guide us of course, but its not always necessary, and its not central to what we do arguably [...] and sort of the mindfulness helped me also be in the room if you like.

Liz recalls moments of how she is present in the room with clients, where she "wasn't trying to do anything" but just be in the room, just being herself, which seems to correspond to Sally's finding a more authentic sense of self in the room by doing less to interfere with the emergence of her real self, just being:

Liz: I wasn't trying to do anything, with him, I wasn't trying to explain anything or I wasn't trying to use this skill... What I was doing was just...being in the room with him.

It seems that for Liz this way of just being and abandoning the doing '*felt very natural*' and opened the path to a genuine connection with him.

4.3.2 'Modeling mindful qualities'

All participants experienced bringing the mindful qualities they developed at a personal level into relationship with their clients, seemingly modeling these in such a way as to enhance relational depth through a 'deeper connection' (3.3) and 'being with versus doing to' (3.1). It seems that such modeling may facilitate client awareness and change, when clients implicitly adopt such corresponding stances toward themselves:

In describing how mindfulness has impacted her client work Liz she explores how in just accepting herself and offering her humanity rather than through using knowledge she is maybe able to better meet her client needs. Where she modeled being more open and less '*guarded*' it seemed to create a space for her client to open up in a different way creating more space in the room for her clients. What stands out in Liz's practice is the idea of '*less is more*', when she '*feels free enough to let go*' of her anxiety, self-judgments, rules or goals and simply be present and available with the mindful qualities of non-striving, love and compassion, non-judgment and empathy there seems to be a corresponding dropping of client defences allowing moments of stillness to arise:

Liz: I keep I keep calling it sort of a stillness, I'm not sure that's a quality, its sort of part of one perhaps its more, I find myself feeling more patient, I find... you know, I'm not in such a rush, there's not such an urgency to understand everything at once, to reach a certain point or goal

Like Liz, Sally asserts how by developing her capacity to be present to herself first then enabled her to bring this into the room more with clients and that this enhanced ability to be with clients and just sit with things as they are creates a level of trust and encouragement which provides an opportunity for clients to try this out for themselves:

Sally: By being able to sit with her in the way that I could is related to what I've learned from the training. I think that demonstrated a kind of level of trust for her

to stay there with me, I might not have known about if I hadn't given her that opportunity

Later in her account she explicitly recognises this process as modeling, and it appears that her grounding preparation (4.2.2) before seeing clients facilitates her bringing her mindful qualities to the fore in the relationship, such that she becomes more available to herself, implicitly encouraging her clients to also be more open.

Through the mindfulness training Peter has experienced himself as more genuine, accepting and compassionate toward himself which he implies he models to his clients that they become aware of this. He gives a client example where instead of '*working on*' or '*dealing with*' the client's stress he chooses to put the CBT to one side, modeling a process of accepting what the client brings without trying to fix it. Through the development of his own self-compassion he feels able to help clients be more accepting and compassionate toward themselves:

Peter: I think its also helped me acknowledge that sometimes clients want or just need to be more compassionate toward themselves, focusing on that, sometimes that can be enough for them, just accepting what's been going on and not putting themselves down, being able to show self-compassion and sometimes that what's been helpful for me too.

Though Tracy does not name '*modeling*' she seems to be doing this implicitly. One of the qualities of mindfulness she has noticed in herself is acceptance and how she tries to encourage this in her clients '*without teaching*' it explicitly. There seems to be an implicit understanding of the power of modeling in relating an example where, by allowing her feelings and not being defensive she was then able to acknowledge her client's anger, who in turn was able to own this and name it, such that they could work with it in the session, allowing the work to move forward. Tracy recalls when she was aware of giving a client more time than usual: "*you know just sort of being, allowing that time, allowing the feelings...*" and through her acceptance of him implicitly modeled that its OK for him to feel like he does.

In contrast to Tracy and more like Sally, Jaswinder has a clearer appreciation of the link between therapist mindfulness and the impact of this on the client. Experiencing and opening to mindful qualities in herself first, seems to allow her to convey these to others, for example needing "*compassion with yourself first then with other*", likewise with her availability: "*because it's changed my availability to me, so it can't not have*

changed my availability to the other.” Through Jaswinder’s mindfulness and experience of ‘*holding*’ herself in relation to her personal experience of others’ suicide, she seems to be able to bring more of herself into relationship, enabling her to model a holding and knowing of this from a deeper, more authentic place. Her clients may recognize this, leading to a stronger therapeutic relationship:

Jaswinder: To be able to reveal more of myself and bring more of myself and say my own experiences, how suicide has affected me and what I thought about it, without that being too intense to bear, to tell her that. I think the holding of myself and therefore the possibility of very difficult things...they go hand in hand don’t they, they can’t be separated, so I think it does influence.

In terms of compassion, Jaswinder not only recognises the modeling from therapist to client but extends this link to how the mindfulness training itself modeled compassion, both in terms of the trainer and the other participants. It is particularly interesting that this perhaps emerged on the silent one-day practice, so even in (or perhaps because of) the silence there was this arising compassion.

Katia describes the qualities of mindfulness she’s noticed in herself and seems to suggest if she’s less judgmental with herself than her clients are likely to experience this also: *“I guess, I’m probably more present to them, more available to them and more, probably less judgmental as well, and if I’m doing that with myself hopefully.”* Later in her narrative she implicitly points to a need for acceptance and compassion to originate in the self of the therapist to facilitate empathic attunement with the client and allow healing to arise. There is an understanding that such awareness and acceptance of one’s own wounds can be channeled as a resource in the therapy, and the suggestion is that without this she is not bringing her whole self to the therapeutic encounter or working optimally:

Katia: If you’re being kind of self-judgmental as well that’s all going to feed into the work, you’re not being able to accept parts of yourself, you’re not able to use those parts of yourself, those wounds, you’re not able to use them in a curative way.

This self-acceptance she’s developed over the training seems to have given her a greater sense of confidence and groundedness which enables her to meet clients more as ‘*equals*’, leading to an equanimity which she perhaps models in the room.

In speaking of how he can experience a sense of '*shared mindfulness*' with clients and describing a '*deeper connection*' or '*moment of meeting*' (these therapeutic qualities and outcomes of mindful process appear intertwined) Matthew describes how in modeling his presence to the client they can become present to themselves:

Matthew: I suppose it does feel like there is mindfulness happening, there's, your being present to that person's experience and they are becoming present to it themselves, in the sharing of it.

Gabriella found that the mindfulness has impacted how she is in the room with clients: by helping ground her, she is able to model being more present, and compassionate and through this to '*bring the client back*' into the room. She believes that her changing relationship to her own feelings, especially fear and anxiety '*because I'm not afraid of anxiety anymore, because I was an anxious person before*' has led her to be more open and accepting of these in herself, and that this is '*reflected*' back to clients. Rather than being '*really CBT*' she has become more willing to relinquish a focus on tools and techniques and stay present to the feelings in the room. She seems to recognise the link between her being able to stay with more difficult feelings in the room and acceptance of her own fears and anxiety over the mindfulness training.

4.3.3 '*Deeper connection and moments of meeting*'

The majority of participants (7 out of 8) felt the mindfulness impacted their capacity for mutual attunement or connection with the client and deepening the therapeutic relationship. Four of these further found that this '*deeper connection*' and '*being with*' may prepare the ground for the experiencing of more profound '*moments of meeting*:'

Matthew describes his experience of mindfulness as being present and empathically attuned to the needs of others and being '*really with them*.' He suggests it is through this being present and open to both his and the clients' emotions that facilitates mutual attunement and mindfulness seems to be a path to allow this to emerge. There is a sense that he sees part of his therapeutic task as attuning so closely to his client that he can pick up a sense of their '*reality*' name that and '*make it present*' in the room and '*share*' it in a way that makes the client's implicit process explicit in the room. He refers to such empathic connection as '*a shared mindfulness*' that creates a powerful '*sense of connection*', and provides him with a sense of the '*in-between*.'

Matthew experiences '*powerful moments*' of connection when he '*feels like there is mindfulness happening.*' In these '*special moments*' when he is so focused and present he seems to experience a sense of flow or absorption, which feels very intimate and different. In such powerful and rare moments that he describes as '*two-person mindfulness*', he experiences a shared vulnerability and a sense of awe that he can be a part of this with his client.

Similarly for Katia it seems that in a state of mindful presence she can experience a feeling of flow and absorption, creating empathic attunement and trust: "*Well, I think it'll [the mindfulness] enhance the empathy, the empathic attunement really, and I think that's where a lot of the healing occurs.*" In her terms, moments of meeting, are '*big moments*' and she gives an example of a young woman who responded to her empathy in such a way as to become empowered, and available to the healing power of this relationship. She interprets this by suggesting that the understanding and acceptance she provides her clients and the opportunity to be heard allow the client to '*take this back in*', leading to their self-acceptance and empowerment. This sounds like modeling mindful qualities again which seems to co-occur with or be a contributing factor to deepening client connections.

Gabriella finds it difficult to disentangle the impact of the mindfulness from her course, starting by saying mindfulness's contribution to relationship is like what she has already learned on her course. Then as she continues, she seems to become more sure of the contribution of mindfulness to how she experiences '*relational depth*' in the therapeutic relationship. Perhaps the greater trust from her clients is linked to how she has come to be more open to her own experience and trust in herself over and since the training.

Peter doesn't comment much directly on the impact on the therapeutic relationship and relational depth as the interviewer omits this question. However, he found that with the mindfulness "*it's been a lot easier for me to connect with clients and also be in a better therapeutic relationship.*" He describes an experience with a client where he believes the mindfulness enabled him to attune more at a bodily level, which they were able to explore, and from this a '*moment*' emerged which transformed the relationship. In returning to this moment following a prompt from the interviewer, he seems to be saying that he's '*changed his approach*' to therapy by going beyond the client's words

to tuning into a more embodied empathy which promotes a different quality of connection:

Peter: well maybe in the past I would have just listened to what he was saying, paying attention to the actual content of what he was saying and not how I was feeling at this point I was much more aware of how I was actually feeling as well as the content of what he was saying.

There is a real sense in Sally's account of how she has been impacted by the mindfulness training and really holds a mindful stance in the room to attune and deepen the connection. This seems to have impacted her clinical practice through facilitating a deeper and more meaningful contact where she meets her clients 'in a different way':

Sally: And I think for me that suggests a much more deeper, meaningful level of contact between me and my client so that...we, I feel like I'm meeting them in a different way, I suppose more open to that, something opening that's different [...] I feel like its influenced my practice quite a bit...

Through this depth of 'trust and alliance' she senses "a quality of relating that is different" which she understands as allowing her to provide a different self with other experience. Again, like other participants, Sally seems to enter an effortless flow-like state when so present to her clients, without any need to strive, feeling a sense of the 'in-between' (like Matthew) as if in an altered state of consciousness.

As Liz starts describing her experience of deeper connection arising from the mindfulness, she is the first participant to explicitly acknowledge the difficulty of putting such experiences into words and the limitations of language to convey her felt-sense. First there is a sense of a different quality of relationship for her, a mutuality, which she terms 'a connectiveness' or 'a sort of togetherness' unfolding with a sense of timelessness, flowing and 'sort of consuming':

Liz: I think... It feels, I mean, sometimes I felt it difficult in mindfulness to put it into words...cos it, it almost felt...timeless in the moment, 'cos you sort of, you sort of lose track of being in a session and sort of... sort of what, why you are there and your roles and all of that...

As she continues her narrative there is a real sense of her curiosity and sensitivity in investigating these aspects of her relational experience and the metaphorical language she employs to communicate her experience: the being together and 'sharing...without guards', a 'softening' and opening into 'reciprocal exchanging', by letting her

'defensiveness fall away' and accepting whatever experiences arise whether good or bad. She also experienced how the mindfulness allows a *'clearing the way, for bringing yourself into a relationship.'* Perhaps it is this clearing with the dropping of roles and agendas that facilitates her availability, creating a space for this mutual connection to grow and flourish.

Liz specifically refers to *'moments of meeting'* or *'really special moments'* when she experiences feelings of compassion that feel healing. She seems to understand that for such moments to arise she needs to prepare herself in some way, by letting go of her anxieties, the rules and self-judgment; and the more she is willing to let go it seems, the more such moments are likely to occur. There appears to be a sense of something natural and 'healing' about how these moments arise when she *'relaxes into being with the other'* and trusts the emerging process. When prompted further as to how she experiences these moments of *'relational depth'* she sounds excited as she explores with the interviewer her felt-sense of her embodied connection to the other which is so powerful it can feel like a physical joining or metaphorical communion:

Liz: There's this sense of...opening, sort of, an opening of, of both within my sort solar plexus [...] the connection feels like a sort of...a literal, you know, stream that goes between us, it feels like we are having a connection, if you could see it would be fantastic, wouldn't it? If you could see sort of, feelings and sort of...but it would yes, it would be like the cord that runs between us.

It appears from her account that mindfulness is one way to facilitate entering such states, where *"There is nothing stopping you from joining and communicating and sharing at depth, you know. Is that alright?"* It seems so innocent and endearing how she finds this the most natural thing in the world and finishes by checking with the interviewer that this is *'alright'*. So despite Liz's self-professed *'linguistic challenge'* she conveys a clear embodied sense of her experience of deeper connecting and moments of meeting and how this relates to a range of mindful qualities.

4.4 Super-ordinate Theme Four: ‘Integrating mindfulness’

Though participants spoke of continuing to practice and develop mindfulness, integrating this into their personal lives, this theme focuses on their professional integration of mindfulness, identifying how participants are integrating mindfulness into their therapeutic training and practice:

4.4.1 ‘Integrating mindfulness into clinical practice’

This theme looks at how participants introduced mindfulness more directly with their clients, beyond the modeling of mindful qualities discussed in 4.3.2 and how they understand it impacting their clients. It appears that these two themes co-occur and to use mindfulness explicitly with clients necessitates personally internalising and modeling a mindfulness approach before extending to clients. All participants except two (the interviewer omitted this question with Sally and Katia) explicitly used mindfulness in a range of ways with their clients from bringing mindfulness approaches, concepts, discourse, ideas and metaphors into dialogue, to teaching clients specific exercises and meditation practices. Some have implemented mindfulness as a technique while others seemed to integrate it in their clinical work at a deeper level. Although outside the scope of this programme to train participants how to explicitly teach clients mindfulness, some participants felt empowered enough to do so and others said they would seek further training.

Gabriella gives a range of examples of how mindfulness has impacted her clinical work and how she uses it with clients, though like most others wants to learn more so that she can use it in her clinical work. The way she teaches her clients both formal meditation practices such as the ‘Body Scan’, and uses mindfulness concepts to encourage them to turn toward and accept their experience, seems to directly parallel her own internalisation of a mindful attitude toward her own difficult experience and capacity to sit with her own anxiety. She appears to extend and transfer her own experience of change through mindfulness to her clients from a position of having been there herself versus ‘*university lectures.*’ This supports the view that practitioners need to develop mindfulness for themselves before attempting to use it with others. This excerpt captures a range of ways Gabriella understands and has used mindfulness with her clients:

Gabriella: Her opinion was I want to get rid of my anxiety and I think what I was trying to do is helping her accept that anxiety as part of her life, and different levels of it and if we can just have a new relationship with anxiety [...] also with her what I've done is use the body-scan and a bit of meditation with her just to help her accept the feelings that she has...

Peter seems a strong advocate for integrating a mindful approach into his clinical work, offering clients the option of working from a mindfulness perspective, giving examples where he has found that '*practicing mindfulness*' with clients and encouraging clients to connect with and differentiate their bodily sensations, thoughts and feelings has increased their mindful awareness:

Peter: Just helping the client feel the bodily sensations she was feeling while ruminating, helping the client to connect that feeling between bodily symptoms and thoughts and feelings and so on, so just helping the client connect to that.

Not only does he believe using mindfulness with his clients has benefited them but in turn it's led to him valuing mindfulness even more at a personal level: '*it's given me a much greater depth*' seemingly creating a virtuous circle of transmission of mindfulness teachings. This deepens as he in turn embodies it with others and sees them grappling with the concepts: "*It was helpful for me to see someone else practicing it having tried to teach it and also really helpful when they do.*"

In contrast to Peter, Tracy seems to use mindfulness with clients more tactically to support her use of CBT rather than integrating into her work, talking about using 'mindfulness techniques', introducing '*some relaxation and breathing*' and encouraging her clients with addictions to be mindful of their experience while taking drugs. She gives an example where she uses the idea of acceptance with a particular client, though seems to doubt her ability to go as far as she would like:

Tracy: I haven't got the skill to be going through those kind of things with her and I think she's being referred on for proper CBT for ME or whatever her diagnosis is and it will include stuff like that, the pace stuff, using your energy, but that's where I think I'd like to incorporate it.

Perhaps it is challenging for her to work with clients on acceptance given her challenges in accepting her own difficult feelings (in contrast to Gabriella for example). Like other participants she will continue to use mindfulness in her daily life but feels the need for more training to use with clients.

Like Tracy, Katia believes mindfulness would benefit her clients and would like to use it directly but feels she needs more confidence and training to do so: *“I mean a lot of them could do with training in mindfulness now I find that I almost want to do the exercises I’ve learned but don’t quite have the confidence to do it.”*

When Jaswinder talks of using mindfulness with clients explicitly it is at the level of teaching mindfulness practices to help anxious clients to self-regulate. Its interesting that she uses the ‘Body Scan’ and ‘3MBS’ with clients as these specifically help her self-regulate personally when she disassociates and enable her to feel more embodied. She describes using these two practices with a client.

For Matthew it was about using mindfulness concepts and metaphors with clients rather than teaching meditation practices:

Matthew: I have had a better understanding of what mindfulness is, having experienced this course, and, and it has affected the way I work with clients in that I will just, I know I’m not a mindfulness teacher, I feel I can use small examples or metaphors or concepts inspired by the mindfulness course.

Matthew describes how he helped a client with excessive ruminations by using (and adapting to his client’s needs) one of the mindfulness metaphors of not being swept up in a river to demonstrate the idea of taking an observer position so he could gain some perspective.

To conclude this theme of integrating mindfulness in client work its useful to turn to Liz’s reflection on her experience of mindfulness at the end of her interview where she summarises how she believes that integrating mindfulness in her work not only impacts the relationship, but like Peter, intimates that it further helps her personal learning and integration of mindfulness, like a kind of virtuous circle:

Liz: I would like to be mindful of what I have learnt through this experience and...and I think its useful to remember those moments that I have had in practice with clients when I have felt that I have been integrating some of this stuff [...] I don’t think its a coincidence that, that you know, when that has occurred, there has been a shift or, or sort...an important occurrence in the relationship, I would like to use it, if I can.

4.4.2 'Integrating mindfulness into core modality and training'

This theme describes how participants make sense of their personal and clinical experience of mindfulness in the context of their own therapeutic modality and core training and the extent to which they have or plan to integrate mindfulness. All of the individually interviewed participants believed that mindfulness sits alongside and complements their core training and modality. As described in the themes above it appears to give them something that is more than tools or techniques but provides a different way of being with themselves and in relationship.

In integrating a mindful perspective into their work, some of the predominantly CBT practitioners appear to be taking mindfulness on board as a way to balance applying tools and techniques with paying attention to the therapeutic relationship. Though identifying himself as a CBT practitioner at the start of the mindfulness training Peter describes himself in his interview as more open to an integrative stance and believes mindfulness has made a '*huge difference*' in his client work through developing his awareness of transference and countertransference and goes as far as to describe himself as a '*mindfulness practitioner*.' Like many of the participants Peter is clear that he takes what he wants from the mindfulness training and integrates this in a way that best serves him:

Peter: I take what I need to take from other approaches and then I try to integrate it so maybe I practice more as an integrative practitioner in that way [...] I'm then also open to use mindfulness and being a mindfulness practitioner.

Throughout Peter's interview there is a sense that he has assimilated / integrated mindfulness almost effortlessly and he points to a deeper integration of mindfulness at a philosophical level rather than it just being a set of additional tools in his repertoire:

Peter: I really do like the philosophy of mindfulness, so for me I'm not sure if I can detach myself from it, it just seems to be part of the way I think and part of the way I practice...

Like Peter, there is a real sense of Liz being an advocate for mindfulness, though this seems a more challenging process for her as she talks of her struggle to integrate this experience which has '*shaken up my sort of thinking and feeling and experience*.' Despite having a strong felt sense of mindfulness personally and with clients, '*what I've taken from this is so experiential*', she struggles to reconcile her experiencing at an

embodied level with a cognitive understanding or acceptance of this and we get a real sense of this disconnect or split as her thoughts perhaps challenge her experience, sometimes *'getting a bit sort of lost in understanding and theory.'* So mindfulness seems to be another area of challenge, that cannot be neatly put into boxes and understood leading to a sense of her *'battling with it.'* Despite the struggle there is perhaps also a sense of excitement as if she is on the brink of discovering something deeper, which goes beyond theory and empowers her:

Liz: I feel like I am replacing...or bringing new or integrating a more, sort of, a broader and more holistic part of myself which is otherwise hidden away which feels like it can only be a good thing.

As she continues her reflection she seems to be making more sense of the mindfulness and seems to conclude that in some way this process has cleared the way to enable her to discover and access something already within her, perhaps something more core and more real (than cognitions or analysis) which allows a deeper contact with herself and others:

Liz: It allows you to access something that is already there within you [...] sort of, clearing the way, for bringing yourself into, into a relationship.

It sounds like this is a different way of learning and experiencing for Liz compared to 'conventional' modes of delivery and that maybe more time and exploration are required for her to integrate her mindfulness experiences. Though perhaps the key for Liz may be to further develop the mindful quality of letting go and striving less, in her own words *'less is more.'*

In contrast Tracy seems to use the mindfulness more tactically as a way of supporting her approach to get the prescribed CBT tasks done: *'it's been really helpful in completing the functional analysis and doing the normal CBT stuff.'* However, as we saw in (4.3.1) she recognises the pressure she faces in using these techniques and will on occasion put the forms to one side to just be with the client (76).

Although Matthew feels the mindfulness training has been complimentary to his approach and he models it and uses a mindfulness approach with clients, he finds it difficult to disentangle it from his core training. Perhaps this is also because his way of being and working are so closely aligned with mindfulness already that this provides

less of a contrasting position than for other participants, and the one approach simply *'endorses'* the other.

As an integrative therapist Katia believes that mindfulness fits well and is *'like something you can have alongside'* and like Liz and Sally understands mindfulness as somehow helping access a more authentic self underneath: *'making you more aware of you, your true self.'* She compares mindful awareness to Casement's (1985) idea of an *'internal supervisor'*, believing that the mindfulness *'equips'* her and *'makes her more professional'* through a greater awareness of what is therapeutic and what transference processes and agendas are occurring, such that she can be more authentic and available to the client. However, she is very clear that as an integrative practitioner that she does not want to be a *'clone student'* and takes what she wants from her core training, and likewise with the mindfulness: *"I've taken the mindfulness bits that I want that are meaningful for me."*

Gabriella talks about learning to integrate mindfulness with CBT and other models and how they *'bridge'* each other. She gives several examples of going beyond modeling mindfulness to clients but *choosing* to put the CBT on hold and just sit with her client, though reveals the challenge of letting-go of the expert role of CBT practitioner. She now seems to be more open to an integrative approach and even questions whether she did the right training initially.

Sally reflects on how the mindfulness training has had a significant impact on her experience of being an integrative therapist. What has been important for her is not assimilating a further complementary theory into her integrative framework but consolidating her position by tapping-into an embodied or felt-sense of some of the existing relational concepts already used in her core training that she had previously struggled with. This exert seems to really capture a kind of break-through from her struggling with a superficial understanding of such relational concepts at a cognitive level to a position of really knowing these:

Sally: ...and definitely notice since doing this course that I've just been able to experience an embodied sense of what they're [her tutors] talking about and what that really means [...] I think that for me is probably, is the most important and exciting in terms of how this has affected me in terms of a practitioner.

4.4.3 'A different training experience'

This theme focuses on what it was about the mindfulness *training* and its *delivery* that was important to participants: the highly experiential nature of the course, the variety, the focus on finding one's own felt-sense or truth and the co-created experience and intimacy that emerged from the group bond, which felt like a journey together.

Following on from Sally's exert above about integrating mindfulness into her core training we turn to how she experienced this specific mindfulness training. She playfully describes how her core training '*produce(s) stress and anxiety*' whereas the mindfulness training actually gave her a way of managing stress. The difference between the two that really seemed to stand out for her was her ability in the mindfulness training to get a clear felt-sense for a range of relational concepts / theory like 'being versus doing', and intersubjectivity, that previously she had understood in a limited way at a cognitive level. It seemed that she was unable to internalise or really come to *know* these concepts until she experienced them experientially in an embodied way for herself by '*putting them into her body*', especially through the relational mindfulness practices. She describes the mindfulness training as '*fast-tracking*' this process:

Sally: ...in the training for the first 2 years you know there was this kind of, it was fashionable to talk about being and not doing, and there was a sense of me not being able to [...] and I guess mindfulness gave me this, an experience of being, in a way that I was then able to hold onto. It was no longer an elusive concept [...] I guess mindfulness kind of fast-tracked that.

It seems that Sally really has hit the core of what the mindfulness training is about, going beyond the cognitive level of training to a more embodied level of experiencing. Given this preference for an embodied level of knowing, we can understand her reaction to certain cognitive elements of the training, originating from the MBCT stable, that seemed '*gimmicky*' and jarred with her. Like Peter, Sally agrees that this training would benefit all therapists:

Sally: I guess what I'm struck by now is the implications for my own practice and I've kind of known that...or felt something happening in the therapy room since starting this course [...] and your suggestion Peter that everyone should do a mindfulness course if they're going to be a therapist.

Again this exert shows the role of the group and the inseparability of the training and research processes, how the focus group itself has provided participants with a way to further share, interpret and integrate their experiences.

Throughout Peter's narrative he has acknowledged the significance of mindfulness to him and presents himself as a particularly strong advocate of the training, recommending it to therapists and people in general; so much so that he is the first to propose in the focus group that mindfulness training should be a training requirement for all counselling psychologists, in the same way that personal therapy is. He sees the need for more than just a '*massive box of tools*' which its possible to '*hide behind*' and describes how the mindfulness training has helped him actually experience some of the qualities he believes are needed to balance these out versus reading or hearing about them. In some ways the training has helped him reconnect perhaps to his natural mindful approach, while also opening up new challenges.

For Jaswinder what stood-out was the group nature of the training, the experience of being on a '*journey*' together and '*how we changed as a group.*' She points to a feeling of compassion '*from the room, from the others*' that seemed to allow her own compassion to emerge (cf. modeling 4.3.2) like '*the opening lotus flower...very gentle flowering*' in comparison to a '*more abrupt process*' that she may experience in her core training (group process) which could be '*brutal*' and shaming. There's a sense that the nature of the mindfulness training enabled her to feel safe enough '*to be so available*' that she could discover or reach in to her own self-compassion. This appears to be somehow mediated by the group acceptance, which in turn enables her to be compassionate to others in the group, in some way creating a virtuous circle of compassion. This experience of being on a journey extended beyond her fellow participants but to the trainer as well, as a fellow '*journeyer with me*' '*alongside*' her, where there was perhaps more of an experience of equality than being observed or assessed.

John refers to having experienced feeling '*cared for*' and supported by the teacher's modeling a '*spirit of acceptance*' which enabled him to '*go about the training his own way.*'

John: I also have a sense of feeling cared for, I guess by Stuart, in terms of he's interested in us, [verbal agreements] in the sense that this is all set up as if it matters. It gives weight to the experience, which I appreciate.

Like Sally, Katia also found the mindfulness training really helped her develop her *'growing edge'* of embodiment, of getting a felt-sense versus the *'intellectual'* journey from her core training: *"so if you'd asked me a few months ago if there's a bodily-sense I wouldn't know what that meant, but I'm starting to get a sense of what that means."*

This mindfulness training enabled Matthew to understand meditation in a straightforward way compared to his previous experience. What seems to particularly resonate is the lack of pressure to get it *'right'* such that he felt *'so you can't really lose'*. Now as a trainee he sees *'parallels'* between the emphasis on relationship in counselling psychology, psychodynamic therapy and mindfulness and finds it *"difficult to distinguish where one leaves and another begins, because, they are so similar."*

Gabriella also found the group experience beneficial and that *"being in the room with 8 other people and experiencing your own feelings did help, because that broke down a load of barriers."* It is apparent from many of the participants that there is a huge gap between being told or taught what mindfulness is conceptually and actually practicing it, to know and get a felt-sense of it at an internalised, embodied level and In found this experiential training helped her *'get'* mindfulness.

Liz experienced the experiential aspect of how mindfulness can challenge her being in her head and *'sort of brings me back into my body and experience'* in a way that counselling psychology theories do not. The training appears to have made a significant impact to her *'personal development'*, by gently encouraging her to slow-down and be still enough to reveal thought patterns (often around control, struggle and anxiety) that her core training and personal therapy hadn't exposed:

Liz: I think for a long time I have been keeping myself so busy, you know as people do, that, that I, I was not seeing them, I was not seeing them, and, and actually, mindfulness practice was... sort of, I think I was surprised that even compared to sort of...my own personal therapy.

Though most participants refer to appreciating the combination of experiential techniques, practices, metaphors, inquiry into participant experience etc. in the training there were a couple of aspects that some participants struggled with: the amount of *'homework practice'* and Sally reacted against some of the cognitive exercises and elements of the training, especially those involving *'the board and marker.'*

The ending of the training following the focus group was quite poignant and points to the crucial quality of the group experience, the co-creation and intersubjective nature of the venture, both the research and training pieces. Near the end of the focus group Sally refers to this explicitly and Sarah names the sadness in the room. Sally has the last word in the focus group, pointing to the reciprocal nature of what we have all been engaged in and co-created together:

Sally: I guess I'm aware as well you know of [...] really valuing the kind of reciprocal nature of this project, I think we're all going to come away with something as participants, a lot of participants don't get what the researcher gets, obviously its different, that by participating we've helped Stuart with his research but also we've also gained something for ourselves [agreements]..... [silence].

5. DISCUSSION

5.1 Overview

The aim of this study has been to explore the experiences of mindfulness meditation on trainee counselling psychologists and psychotherapists at a personal and professional practice level. The study shows how a brief mindfulness training programme can have a significant impact, with all participants indicating a positive outcome from the training and experiencing a range of meaningful effects at both a personal and professional level. Most participants explicitly stated their desire to continue mindfulness practice and undertake additional mindfulness training.

In addressing the primary research question on participants' experiencing of mindfulness at the personal level we see how they experienced a wide range of positive impacts on their lifeworld (Ashworth, 2003). This includes: the cultivation of mindful qualities and attitudes: a sense of more holistic and embodied experiencing, living more fully, being more aware, present and accepting of their experience. Mindfulness also impacted their relationship with themselves and their experience, their intrapersonal attunement and self-integration, relating to difficult thoughts and emotions in a new way. All these seemingly impacting their sense of self generally.

These findings closely match the outcomes of those proposed by the originators of MBSR and MBCT and other mindfulness teachers /writers cited in the literature review and are also highly consistent with Holzel et al's (2011) review of the mechanisms believed to provide the benefits of mindfulness: i) attention regulation, ii) body awareness, iii) emotion regulation, iv) change in perspective on the self. For many the mindfulness seems to have provided a resource for participants to manage themselves differently and develop trust in their capacity to be with what is.

This foundation in mindfulness developed at a personal level was also experienced in therapeutic practice. Mindfulness awareness in the therapeutic encounter seemed to allow participants to expand and deepen their practice of psychological therapy through access to a greater present-centred awareness with acceptance. Returning to Germer's (2005) suggestion of three principal applications of mindfulness in

psychotherapy, we see that all interviewed participants experienced working with *Mindful Presence* (a therapist's personal approach or way of being in clinical practice); some were starting to use mindfulness more explicitly in *Mindfulness-informed Psychotherapy* (where mindfulness is used as a theoretical frame of reference and supported by insights from one's own personal practice); and *Mindfulness-oriented Psychotherapy* (where therapists explicitly teach mindfulness practices and/or use techniques with clients).

The remainder of the discussion is structured to address the research questions:

5.2 How do trainee psychological therapists experience mindfulness and what impact does this have on them personally?

The first part of this discussion will focus on the research question addressing the personal impact of mindfulness on participants, reviewing what they experienced with reference to the mindfulness and psychology literature. The reason for investigating the personal impact first is the view (from many therapist-mindfulness practitioners) that mindfulness needs to be experienced at a personal level first, before being extended to therapeutic practice and especially before being used directly with clients (cf. Germer's, 2005, 3 levels of mindfulness informed therapy). The current findings support researchers' and theorists' suggestion that mindfulness meditation is positively associated with the capacity to attune to oneself, intrapersonal attunement, and that this is a prerequisite for interpersonal attunement (e.g. Davis and Hayes, 2011; Bruce et al, 2010; Siegel, 2007; Schure and Christopher, 2008; Lesh, 1970). Given that this mindfulness training was based on Jon Kabat-Zinn's MBSR programme (1990), which has been delivered to hundreds of thousands of people and refined over several decades, it is not surprising that the participants of this study met with similar experiences.

Participants' experience of mindfulness at a personal level is largely encompassed by the first super-ordinate theme of '*Opening up another way of being*' which presents an account of the personal significance and experience of mindfulness on participants as individuals rather than in their role as therapists. Rather than discuss each theme individually I will focus on a number of 'meta-themes' which traverse participants

subjective experiencing of: i) their lifeworld (Ashworth, 2003); ii) the cultivation of mindful qualities and attitudes; iii) their relationship to their experience; and iv) their sense of self.

5.2.1 Experience of mindfulness on experiencing of the lifeworld

Given the phenomenological focus of mindfulness and this research I will highlight the impact of mindfulness practice (formal and informal) on the lifeworld of participants (Ashworth, 2003). Ashworth (2003) refers to the lifeworld as *'the things themselves in their appearing'* (p.145) and that it *'has essential features and is a human universal, and it is through the evocation of this structure that a particular empirical lifeworld can be described'* (p.147). Through the analysis of participants' accounts we not only saw their idiographic experience of mindfulness in each of their lives, we also saw a large degree of commonality in some of their descriptions of their experiences. This perhaps pointing to *'an essential structure fundamental to human experience'* (Ashworth, 2003, p.146) in the realm of their mindfulness experiencing.

I will highlight these commonalities by pointing to participants' experience of mindfulness through the lens of Ashworth's (2003) seven intertwined *'fractions'* of the lifeworld, particularly the impact on their experiencing of *embodiment* and *selfhood*. When practicing formal or informal mindfulness, participants experienced greater awareness and contact with their unfolding subjective experience; a slowing-down of their experience of time (*temporality*). This enabled an expanded awareness of what is going on in their environment and by stopping and noticing both their internal and external experience unfolding, they become more present to themselves (*embodiment* and *selfhood*). Another aspect of temporality was many participants' discovery of the transient nature of their internal experience, especially thoughts and emotions, which in mindfulness are often viewed like the weather, changing and temporary. Such experience is consistent with the mindfulness literature (e.g. Kabat-Zinn, 1990; Kornfield, 2002) and the Buddhist notion of impermanence (Hanh, 1999). Alongside this they often experienced an enhanced sense of space and a felt-sense of expansion (*spatiality* and *embodiment*).

All participants found that mindfulness practice enhanced their experience of embodiment and bodily awareness (*'Deepening self-attunement and embodiment'*),

supporting the propositions in the mindfulness (training) literature (e.g. Kabat-Zinn, 1990; Kornfield, 2002; Siegel et al, 2002; Crane, 2009; Holzel et al's, 2011) and Schure and Christopher's (2008) study. Participants found mindfulness of body practices in particular facilitated becoming more physically available to oneself, with a better and more differentiated attunement to bodily sensations, as in Aiken's (2006) study. This also facilitated experiencing a greater felt-sense of themselves and greater mind-body integration, e.g. Peter experienced the opening of a connection between body and mind. Many also discovered how the body can be a gateway to contacting underlying emotions and a deeper sense of self, e.g. for Tracy it allows her to get back in touch with herself and for Liz allows access to a deeper experience of herself. As their body-awareness deepened participants became able to differentiate cognitive and body insight, knowing their felt-experience at a bodily level (c.f. Gendlin's felt-sense, 1981; Aiken, 2006) before the mind adds an interpretative layer. One explanation for this on a neuro-scientific level this is theorised to be due to increased bottom-up processing which enables enhanced sensory processing, i.e. awareness of the stimulus as it is: *'we become freed to sense the world more from the 'bottom-up', rather than being constrained by prior leaning and habit in the form of 'top-down' constraints on how we live'* (Siegel, 2010, p.146).

Some participants experienced mindfulness meditation as a method for loosening defences, allowing pre-symbolic primary process and painful non-verbal material (e.g. Gellar, 2003; Fulton, 2005) to emerge into conscious awareness, discovering insights from such embodied knowledge, in contrast to an over-identification with thoughts and emotions. For example, Sally's increased awareness of her bodily sensations when in contact with certain members of her family led to her noticing for the first time how certain sensations and feelings co-arose, providing a felt-sense of knowing that she couldn't previously verbalise (cf. Bollas's 'unthought-known', 1987).

As well as this greater attunement to their internal experience, participants' lifeworld was also impacted through experiencing an expanded awareness of their external environment, encompassing their lifeworlds of 'spatiality, temporality, embodiment' (Ashworth, 2003); described in *'A new way of connecting to experience with openness and acceptance'*. Participants experienced greater attunement to their senses, such as noticing the sunlight or the wind, and for some a more profound sense of awakening or transformation, with a sense of slowing-down and flow (Csikszentmihalyi, 1990)

which provided a sense of enrichment and living more fully. In contrast some participants came to experience that being unmindful or on auto-pilot is missing life. Again this enhanced awareness and experiencing may not be anything 'mystical' or transpersonal, but at a neuro-psychological level may simply be viewed as a switch to more bottom-up processing (Holzel et al, 2011; Siegel, 2006). This alteration in the quality of subjective experiencing participants encountered through mindfulness, e.g. Matthew's '*a sense of the freshness of the wind,*' corresponds to Brown and Ryan's (2003) study findings: '*mindfulness captures a quality of consciousness that is characterised by clarity and vividness of current experience and functioning*' (p.823). This might be compared to the direct experience of phenomenal consciousness i.e., '*the raw feel*', '*what it is like*' (Nagel, 1974) or the experience of *qualia* (e.g. redness) and could even be experienced in seemingly mundane tasks such as washing-up mindfully (Sally).

5.2.2 Experience of mindfulness on the cultivation of mindful qualities and attitudes

Together with this experiencing of the lifeworld participants also experienced the seven attitudinal foundations of mindfulness practice: non-judging, patience, beginner's mind (openness), trust, non-striving, acceptance and letting-go (Kabat-Zinn, 1990). They experienced a range of qualities and attitudes that are well supported by the mindfulness literature (e.g. Kabat-Zinn, 1990; Crane, 2009; Segal et al 2002; Williams, 2011) and several studies (Lesh, 1970; Nanda, 2005; Aiken, 2006; Christopher and Schure, 2008): presence, being versus doing, equanimity, curiosity to turn toward their experience, self-compassion, a sense of groundedness and stability, openness and availability, a more authentic relationship to themselves.

Of these qualities and attitudes it is perhaps the meta-themes of awareness, presence and acceptance, seen across the super-ordinate theme of '*Opening up another way of being*', that most impacted participants' personal experience of mindfulness. Their accounts show how they were able to become more aware and present to both their internal and external experiencing. As they turned toward their experience with mindfulness, including the difficult and uncomfortable, they were able to acknowledge it and move toward a stance of acceptance. These meta-themes of awareness, presence and acceptance are developed in the next part of the discussion exploring

the impact of mindfulness on participants' relationship with their experience and later in the discussing the impact on their therapeutic practice.

5.2.3 Impact of mindfulness on participants' relationship with their experience

Most participants experienced a change in their *relationship* to their experience. By paying attention to their whole experience and not privileging thoughts they were able to see the 'gap' between their thoughts and direct experience, simply bringing mindful presence, attention and acceptance to this, for example, commuting for Luke. By developing a capacity to turn towards experience and investigate it with kindness and curiosity in this way, participants were more able to be present to the experiential process as it unfolded versus the specific content that arises. This supports Geller's (2003) proposal that in being present '*the content being experienced is less important than the process of how they are with the experience*' (p.264).

Participants described this experience as having a liberating and profound impact on their relationship to thoughts, enabling them to see 'thoughts as thoughts', and recognize that 'thoughts are not facts' (Segal et al, 2002, p.244). Their experience of this ('*A path of self-discovery*') corresponds closely to Kabat-Zinn's (1990) description of this insight: '*It is remarkable how liberating it feels to be able to see that your thoughts are just thoughts and that they are not "you" or "reality"...the simple act of recognizing your thoughts as thoughts can free you from the distorted reality they often create and allow for more clear-sightedness and a greater sense of manageability in your life*' (pp.69-70). Recognising this enabled participants to step-back or de-centre from unhelpful thoughts, and take a meta-position as a non-judgmental observer or witness position (e.g. Deikman, 1982).

As suggested in the literature (e.g. Segal et al, 2002, Crane, 2009) mindfulness similarly impacted participants' experience of relating to emotions differently: encouraging and supporting them in paying attention to painful emotions on a bodily level; acknowledging their presence; turning toward rather than avoiding them, and developing a more accepting relationship to such internal experiencing. Several participants describe how being more mindful of their anxiety could take the edge off of it, facilitating self-regulation when facing difficult emotions, finding calmness and expansiveness under the surface weather of their emotions. Mindful attention seemed

to provide ‘a way of learning to live emotions in their immediacy without judging or reacting against them’ (Geller, 2003, p.269) or over-identifying with them, allowing participants to be with and feel the depth of their experience without being overwhelmed.

This ability to relate differently to their thoughts and emotions is supported by the mindfulness literature on self-regulation. Shapiro et al (2006) propose self-regulation to be one of the four change mechanisms underlying the impact of mindfulness and Brown and Ryan’s (2003) study supported the self-regulatory capacity of mindfulness. Deci and Ryan’s (1980) self-determination theory may also help explain how self-regulation occurs through an increased recognition of prompts arising from organismic needs, making one more likely to regulate behaviour so as to fulfill these needs; whereas dysregulation may occur when signals are ignored or suppressed (Brown and Ryan, 2003). From a neuropsychological perspective, Siegel (2007) proposes that mindfulness itself is a process of self-regulation, leading to a state of intrapersonal attunement, where the individual attends to themselves with awareness, compassion and kindness.

It seems from this that participants experienced mindfulness as enabling them ‘to relate to rather than from [their] experience’ (Crane, 2009, p.61). By grounding themselves in their direct sensory experience / body, approaching and relating to thoughts and emotions in a new way with openness and curiosity as opposed to avoidance and aversion, they were able to create space from which to respond rather than react. This ability to switch gears from doing to being mode, closely matches the outcomes of mindfulness detailed by the mindfulness training literature. Luke clearly experiences the paradox of how liberating it is that by simply changing one’s relationship to an experience one ‘*can actually change the nature of it,*’ and echoing Beisser’s (1970) paradoxical theory of change, recognises there is not really any emphasis on explicit change.

5.2.4 Impact of mindfulness on participants’ sense of self

Taking a holistic view of participants’ mindfulness experience discussed so far suggests a broader impact on their general sense of self (cf. Ashworth’s ‘selfhood’, 2003). As participants cultivated self-attunement, awareness, presence and

acceptance, many participants began to connect to themselves more deeply, sometimes discovering or accessing something more core within themselves. This deepening self-knowledge through coming to better know their mental and bodily processes impacted their sense of self, offering the possibility of knowing and discovering themselves more fully, while also allowing the letting-go of old fixed identifications or ideas of themselves. This is perhaps similar to Christopher and Schure's (2011) study which found mindfulness led to changes in participants 'conceptual framework' and Holzel et al's (2011) suggestion that one of four primary change mechanisms of mindfulness is through a '*change in perspective of the self*', arising from the development of a meta-awareness of the transitory nature of thoughts, emotions and thereby the sense of self itself: and '*in place of the identification with the static self, there emerges a tendency to identify with the phenomenon of "experiencing" itself*' (Holzel et al, 2011, p. 547).

This disidentification participants experienced from thoughts and emotions through the observation of their transience and impermanence links to the Buddhist concept of '*no-self*' (Hanh, 1999) and corresponds to Germer's idea of '*self as process*' (2005). For example, several participants who '*suffered*' from migraine found that by attending to the direct physical sensations of the pain rather than creating additional layers of suffering by constructing and elaborating thoughts and emotions *about* the pain, were able to experience the transient nature of the pain itself and relate to it differently. In this way they were able to disidentify with a fixed notion of being a 'migraine sufferer' and move to a more flexible position of 'experiencing strong sensations'.

Paradoxically through being more aware of the individual strands or components of their experience (cf. Epstein's, 1988, *deconstruction of the self*) participants experienced a greater felt-sense of integration, contacting a more holistic experience of themselves, e.g. for Liz '*more awareness about who I am*'. There is a sense that their enhanced awareness of the particular constituents of their subjective experience allowed them to re-combine them in a more synergistic way, a kind of '*self-integration*.' This led to a fuller, richer experiencing, as seen in their relationship to their environment, particularly the natural world, and appears phenomenologically close to the notion of *flow* described earlier (Csikszentmihalyi, 1998). This holistic experiencing may in part explained by the increased bottom-up processing discussed above and is supported by Siegel's (2009) proposal that the '*intrapersonal attunement that comes*

from mindfulness practice is an internal form of integration' (p.145) with mindfulness being a specific methodology for achieving integration of brain processes.

For some participants mindfulness was more than a path to support self-integration but opened up the transpersonal. Though the training did not explicitly address the spiritual it became clear from the focus groups that some participants experienced aspects of spirituality or the transpersonal. For some there was a felt-sense of wholeness, with a connection or opening to something beyond themselves, feelings of being 'complete' and 'whole', with feelings of connecting to something larger and outside themselves. I was surprised by the impact of the training in this dimension, not having included exploration of this in the curriculum and given my own ambivalence to the spiritual aspects of mindfulness. However, the participants experience of transcendence / spirituality is consistent with the wider meditation literature and of course Buddhist concepts of interconnection of all things (e.g. Hanh's, 1999, notion of *interbeing*). For example, Welwood (2000) proposes that meditation in general provides a way of inquiring into the nature of self, of 'I', and going beyond it to experience a greater sense of aliveness and connection beyond the self, a state of transcendence. Similarly, Kristeller and Johnson (2005) propose that mindfulness meditation fosters transcendence of self-focused concerns by emphasizing a realisation of oneself as part of a larger humanity.

5.3 How do trainee psychological therapists experience mindfulness and what impact does this have on their therapeutic practice, therapeutic qualities and relational experiencing?

In this section we address the research question around the impact of mindfulness on therapeutic practice, and how the mindful qualities participants experienced at a personal level in Super-ordinate Theme 1 are mirrored as a clinician. It is within the super-ordinate themes of '*Mindfulness as a therapist resource*' and '*Enhancing relational depth*' that we see how the mindfulness has impacted participants' experience of themselves as therapists and how they experience the relationship in the therapeutic encounter.

5.3.1 The experience of mindfulness on participants' experiencing of the therapeutic process

Participants found that many of the benefits of the mindfulness training experienced at a personal level could also be harnessed in the therapeutic relationship. Participants were able to call on their embodied felt-sense to work with their countertransference feelings and be much more aware of the unfolding therapeutic process and more able to be with what arises, contributing to a sense of trust and empowerment.

Following the benefits that participants found in terms of well-being, relaxation and grounding in their personal meditation practice, most described how they incorporated this into their client work, by using a range of mindfulness practices (e.g. Mindful Movement, Mountain Meditation or the Three Minute Breathing Space) to prepare and ground themselves before and even in client sessions. Such practices for bringing themselves into the present moment through bodily awareness correspond to the mindfulness literature which proposes the body as '*a door to the present*' (Crane, 2009) which grounds participants in their direct experience (Welwood, 2000). It seems that establishing this centredness or groundedness prior to client work facilitated entering a state of presence, receptivity and openness, which Sally referred to as '*de-cluttering*', allowing them to get in the right space to be fully available to their clients, which Geller (199-) describes as preparing for being in presence with a client.

In the way that participants became more connected to their embodied experience in personal practice ('*Self-attunement and embodiment*'), they were able to bring such bodily awareness into the relationship to experience greater transference/countertransference awareness. It has been suggested that countertransference is primarily a somatic experience (Aron, 1998), and it seems that a mindful stance allows a heightened awareness of this. By using mindfulness to ground themselves prior to meeting clients some participants found this enabled them to gauge their '*baseline*' state such that they were better able to pay attention to and distinguish what was theirs and what was the clients in the unfolding process. A greater openness and sensitivity to their feelings enabled more awareness of what was going on in the room and the experience of greater presence to themselves and their clients; especially where this was experienced as '*dropping into the body*' and out of the head.

It seems that participants increased ability to stay with their own difficult process, developed in personal mindfulness practice, facilitates their being able to better hold clients' difficult feelings (using the metaphor from earlier) in a larger 'bowl' of awareness, without having to push them away. This enhanced body-awareness might also help differentiate participants' arising process from their clients, helping them distinguish whether their countertransference is reactive or proactive (Racker, 1968). This also appeared to allow them to adopt a stance of 'inclusion' (Hycner, 1993), moving between their subjective experience of the countertransference and an observer position. However, for one participant, her greater sense of embodied sensations and emotions seemed to have an adverse affect at times, making her vulnerable to the possibility of being overwhelmed by the feelings she 'takes-in' from her clients. Thus there may be a danger for participants who develop such embodied countertransference awareness without developing a corresponding ability be present to such difficult feelings and accept them.

There don't appear to be any studies around the impact of mindfulness meditation on therapist countertransference sensitivity specifically, though some studies allude to this e.g. developing a greater understanding of one's felt sense (Aiken, 2006) and listening to one's own inner experience (Lesh, 1970). It is also only briefly addressed in the mindfulness literature: Morgan (2005) suggests that mindful awareness expands countertransference awareness such that therapists are more likely to notice '*more subtle levels of reactivity*' (p.141) which mirrors Davis and Hayes (2010) suggestion that one would expect mindfulness to support countertransference management by allowing a therapist to be able to respond less defensively and more freely to their clients. Safran and Reading (2008) go further in proposing that therapists' regular mindfulness practice and meta-communication of the implicit to clients, can play a valuable role in helping refine their countertransference and capacity to manage difficult feelings.

Alongside this greater ability to tune into the body and potential to tap into implicit client communications (Boston Change Process Study Group, 2008) many participants reported a greater capacity to attend to and be aware of the unfolding therapeutic process (consistent with Schure and Christopher's, 2008, findings). They described an ability to hold and shift awareness between the client, themselves, the '*in-between*' and the overall therapeutic process. Perhaps this ability was facilitated by participants

developing the skill of '*choiceless awareness*' (where participants learn to pay attention to the ongoing stream of internal experiences) and extending this into the interpersonal realm. This has also been likened to the concept of 'evenly hovering attention' and the use of free association described by Freud (Speeth, 1982) and corresponds to the process of meta-cognitive monitoring or awareness (Segal et al, 2002) that participants first developed for themselves intra-personally.

The experience of greater self and process awareness in the relationship was experienced by some as stepping-back into an '*observer position*' where one is not entangled in the contents of awareness. This corresponds to the non-judgmental 'observer' or 'witness' position described by Deikman (1982), allowing the therapist to simultaneously observe and participate (Crane, 2009) in the arising therapeutic process moment by moment.

Participants experience went beyond cultivating an embodied presence and process awareness to developing a greater capacity to sit with the difficult when it arose in the therapeutic encounter. It was clear from participants' accounts that this capacity they cultivated to hold and contain difficult client affect in the room emerges directly from their personal mindfulness practice where they experienced turning toward their own difficult thoughts and emotions. Through being open to their own distress and pain, working mindfully with this and moving toward self-acceptance seemed to be an important foundation, even pre-requisite, for then extending and authentically modeling this receptivity to clients. This *mode of approach* (Davidson et al, 2003) participants developed in their personal practice seemed to extend to the therapeutic encounter, allowing them space to choose their next response, rather than reacting to the client or avoiding the clients' difficult feelings.

While mindfulness training is recognised by many (e.g. Segal, 2002 etc.) as a way to cultivate a personal capacity to sit with difficult thoughts and feelings there is very little in the literature about how this may extend to the therapeutic relationship. The findings of the current study around greater process awareness and sitting with difficulty support Nanda's (2005) findings in her phenomenological study of experienced meditator-therapists who experienced '*being present to the process*', '*feeling more grounded*' and '*being better able to stay with client's suffering*' (p.24) and Christopher and Schure's study (2008). Participants seemed to have developed a greater *affect-*

tolerance (Fulton, 2005) as an outcome of their personal mindfulness practice which Fulton proposes enables the therapist to become a larger container within which to hold the client's difficult affect. This supports Birnie et al's (2010) proposal that *'mindfulness training aims to strengthen...the tendency to become a vessel able to hold an increasing larger and larger amount of emotional material without becoming immobilized.'*

The greater sense of bodily awareness, counter-transference and a greater capacity to sit with the difficult combine to provide participants with a greater sense of confidence and trust, both in themselves and the process. Being in a mindful state with clients allowed them to: more easily let go of preoccupations with agendas (as in Nanda's, 2005, qualitative study), protocols and theories (cf. Jung's *'learn your theories as well as you can, but put them aside when you touch the miracle of the living soul,'* 1953, p.4); trust more in their own bodily wisdom, intuitions and embodied knowledge so as to be more present to the unfolding relationship. Several of the CBT oriented participants spoke about feeling empowered to *'let go of some of the forms'* or protocols to focus on the client and their felt-sense of what was needed in the moment. Others noticed their tendency to focus on management issues or striving to fix or change their client. Such experience corresponds to Fulton's proposal of mindfulness as an *'advanced clinical training'* which supports therapists in learning not to know and overcome their *'infatuation with theory.'* Mindful awareness *'allows us to stop trying to fix things long enough to see what is'* (p.65) and helps the therapist unburden from the need to feel effective. There was a sense that letting-go of such preoccupations was liberating for participants, decreasing their self-imposed pressure, allowing them to let-go of striving and be themselves, to be more natural and authentic and offer what is called for in the moment.

Paradoxically this letting-go gave some a greater sense of control and confidence as they came to trust the emergent process and their ability to be with what arises, increasing their *counselling self-efficacy* (Greason and Cashwell, 2009). Participants gave a wide range of examples of how their mindful stance in the room empowered them and impacted clients. It maybe that such a perception of increased self-efficacy may also contribute to successful client outcome. This corresponds to Frank's (1961) suggestion that one predictor of successful outcome is the therapist's own confidence

in the efficacy of their methods and if therapist feels helpless this undermines treatment.

5.3.2 Experience of mindfulness on relational qualities and experiencing

We have seen how a foundation of personal mindfulness practice has impacted participants' experience of their own embodiment, therapeutic qualities and the therapeutic process in the room, as well as their capacity to be with what is. Mindfulness appears to effectively resource participants by giving them greater self-confidence and preparing the ground for presence in the intersubjective meeting. In this section of the discussion, we look more specifically at how mindfulness impacted participants experiencing of the co-created relationship itself.

Participants recognized how the doing and being modes (Segal et al, 2002) they experienced at a personal level extended to their experience with clients. The majority experienced an enhanced capacity for 'being-with' their clients rather than 'doing-to'. 'Being with' was experienced as a state of flow where the participant lets go of the 'distractions' and 'interferences' of the doing-mode, such as agendas, goal-oriented striving, theories, thought records, interpretations and pressure to perform, to simply hold a therapeutic space and be more alive to the possibility of the moment. Participants referred to this as 'less is more', by letting go of striving and doing allowed them to be more present to their clients, providing them with a greater sense of holding (Winnicott, 1969) and connection. Perhaps Beisser's 'paradoxical theory of change' (1970), which proposes that *'change can occur when the patient abandons, at least for the moment, what he would like to become and attempts to be what he is'* (p.1) equally applies to therapist.

Being mode is characterized by direct, immediate, intimate experience of the present as the world is perceived directly by the senses (Segal et al, 2003, p.73); and not motivated to achieve specific goals as in the 'discrepancy-based' processing of the doing mode or judging things as good or bad. Crane (2009) propose that the subjective experience of *'dwelling in the being mode is one of connectedness with internal experience and with the world around us...and interconnectedness of self, life and the world'* (p.43). It seems that participants not only understood and recognized which 'gear' or mode of mind they were in and intentionally shift from doing to being as

needed at a personal level (described by the originators of MBCT as the 'core skill' - Segal et al, 2002, p.75), they were also able to bring this into their client relationships. Thus the mindfulness skills and qualities participants learned in this study at a personal level appear to be readily and implicitly transferable to their clinical work.

Though 'being versus doing' is central to the literature on the effect of mindfulness at a personal level there here is little direct mention of it in the literature at the therapist level, though this quality is significant in Nanda's qualitative study (2005) and Greason and Cashwell's (2009) belief that mindfulness may indicate differences in the ability to be rather than do. Achieving such a '*state of being rather than a state of doing*' is likened by Gehart and McCollum (2008, p.177) to Geller and Greenberg's (2002) concept of *therapeutic presence*, which they suggest is a primary ingredient of a sound therapeutic alliance. Their qualitative study of therapeutic presence in 'expert therapists' found that meditation practices such as mindfulness were used as a means of developing such therapeutic presence, supporting the findings in the current study.

The findings of this study indicate the potential of mindfulness in developing being versus doing qualities in possible contrast to core trainings which Gehart and McCollum (2008) believe do not address this explicitly and are primarily focused on case conceptualisation and intervention - the 'doing-mode' - rather than the person of the therapist - the 'being-mode'. This capacity for 'being with' is entwined with many of the other findings of this study, and perhaps emerges in part from participants' increased capacity to trust the emergent therapeutic process, their embodied sense, and capacity to sit with the difficult. 'Being with' also seems to be linked to participants' ability to model mindfulness qualities and establish a deeper connection with their clients.

Modeling mindfulness for clients:

Participants in this study experienced themselves modeling the mindful qualities to their clients that they had cultivated for themselves through their own mindfulness practice. Although the development of mindful qualities such as presence, compassion, acceptance etc are recognised as arising from mindfulness meditation in the literature (e.g. Aiken, 2006; Nanda, 2005 and Christopher et al, 2011) there

doesn't appear to be an explicit recognition of how therapists who meditate model such qualities to clients.

The theme '*Modeling Mindful Qualities*' shows how all interviewed participants experienced implicitly bringing these qualities into relationship with their clients, seemingly modeling these in such a way as to enhance relational depth through a '*deeper connection*' and '*being with versus doing to*'. Many participants explicitly recognised this process as *modeling* (cf. Bandura's, 1977, Social Learning Theory) and were clear that they needed to develop and embody such qualities or capacities for themselves before bringing them into the room with their clients. It is more of a letting-go of theories, agendas, trying to fix, etc, as discussed above and being present to and accepting of one's own experience, encapsulated by some participants as 'less is more' or letting-go. Also such qualities appear not to be 'provided' explicitly as a technique or intervention but arise implicitly from the ground of participants' own authentic self and mindful state e.g. Jaswinder's experiencing that to convey compassion to another she first needs compassion for herself. This need to embody a particular quality for oneself before being able to use it therapeutically for others underlies the rationale of the mindfulness training intervention in this study, where the ethos is that mindfulness has to be embodied before it can be 'applied' or arise interpersonally. This ethos is recognised by many mindfulness teachers e.g. Chodron (2001) proposes that '*without loving kindness for ourselves, it is difficult, if not impossible to genuinely feel it for others*' (p.42).

Participants experienced that such modeling may facilitate client awareness and change, when clients implicitly adopt such corresponding stances toward themselves. They gave a wide a range of examples where they recognised the impact of their modeling these qualities to clients, from increasing trust, to showing authenticity, reducing judgment, encouraging clients to be present to their own experience and creating a safe holding space (Winnicott, 1969). With such modeling (Bandura, 1977) or scaffolding (Vgotsky, 1978) the client is experienced as more likely to be able to be present to their own experience with attitudes of kindness, self-acceptance and self-compassion. This corresponds to Bruce et al's (2010) concept of '*patient self-attunement*' (p.90), in which the psychotherapist's ability to attune to the patient may facilitate the patient's ability to attune to himself or herself. To continue with the bowl metaphor above, when a therapist is able to own and hold their own experience, in the

‘bowl’ of awareness, this communicates to the client that their experience is tolerable and that another person can be close to them and their suffering and survive.

It seems that the way participants modelled mindful qualities to their clients was more implicit than explicit, so perhaps what appears at first sight to be a modelling process may be more a function of implicit processes around attunement (Stern, 2003) and right brain to right brain processes (Schoore, 2007). Alternative explanations for this ‘modelling’ process and the perception of its positive impact on clients may also include Kohut’s (1977) provision of different self-object experience to counter client developmental deficits in self-structure, or DeYoung’s (2003) provision of a ‘different-self-with–other-experience’.

Deeper connection and moments of meeting:

The majority of interviewed participants (seven out of eight) felt mindfulness impacted their capacity for and experience of connection with the client and deepening the therapeutic relationship. Four of these further found that this ‘*deeper connection*’ and ‘*being with*’ may prepare the ground for the experiencing of more profound ‘*moments of meeting*.’ Participants described how mindfulness seems to be a path that allows this experience of deeper connection to emerge in a range of ways: as being ‘*really with them*’, ‘*a shared mindfulness*’, ‘*opening up the relationship*’, ‘*meeting them in a different way*’, ‘*a different self with other experience*’, ‘*a sharing without guards*’, *empathic attunement, relational depth, a mutuality, connectiveness, a more embodied empathy, greater trust and acceptance*. Their experience seems to resonate with Mearns and Cooper’s (2005) concept of *relational depth*.

Underlying participants’ experience of a deeper connection are many of the enablers discussed previously: grounding to access a state of embodied presence; attuning more at a bodily level; mindful awareness of therapeutic process; letting-go of striving; being open and letting defences fall-away; self-acceptance; trust in self and the emergent process; the modeling of therapeutic qualities and in particular, being with their clients versus doing to. These qualities they experienced seem to combine and interact in different configurations for different participants, to create the conditions for a deeper relational experiencing.

The way participants described connection resonates with the relational concepts of affect attunement (Stern, 2003), interactive affect regulation (Schore, 1994) and implicit relational knowing (BCPSG, 2008). In Schore's interactive affect regulation and '*model of clinical expertise*' (2007), he proposes that we can directly engage and regulate the patient's inefficient right-brain processes with our own right-brain (2007). This requires the therapist's: clinical sensitivity, empathy, intuition, affect regulation, the ability to take the transference, and facilitating interactive repair of ruptures; and Schore emphasises that it is through these non-conscious functions of the right-brain, rather than the ability to generate interpretations from the left-brain, that facilitate change in the patient's unconscious (2007). Schore proposes that this is to be provided by '*the emotionally intelligent expert clinician*' in a way that is more than a technical skill. However, he does not suggest how therapists might develop these qualities. Mindfulness seems to be one possible way.

There appears to be a convergence in the field between psychology, neuroscience and mindfulness, with research suggesting that the part of the brain that is developed in the process of emotional attunement is the same part of the brain that is developed during mindfulness practice (Siegel, 2007, Hanson, 2009 and Davidson et al, 2003). Siegel (2007) proposes that mindfulness practice may increase an individual's capacity for empathy by building the brain's resonance and self-regulatory circuits as well as promoting attuned communication '*when two systems are allowed to become a part of one resonating whole*' (2009, p.138). Perhaps mindfulness enables a therapist to facilitate developmental reparation (Clarkson, 2003) through cultivating the quality of being a self-regulating other to facilitate Schore's affect-regulation (1994), Stern's (2003) affect-attunement or Beebe and Lachmann's (1998) interactive regulation of rupture and repair. Mindfulness is increasingly being seen as a way of enhancing a therapist's ability to create an attuned relationship to oneself and others (e.g. Bruce et al, 2010, Siegel, 2007) and is proposed as '*the heart of therapeutic change*' by Siegel (p.290).

Though it is interesting to review the literature of affect-regulation and neurobiology in relation to mindfulness, there appear to be no studies exploring this for therapists or trainees. The way many participants describe their experience of mindfulness in the room with clients corresponds to Goodman's (2005) '*mindfulness in connection*' where the relationship is grounded in a quality of mind which involves the therapist being

aware of fluctuations in their own attention while being emotionally engaged with the client. This also corresponds to Surrey's (2005) concept of '*mindful relational therapy*' as '*a co-meditation practice*' where mindfulness and the attuned relationship support each other, allowing for moments of deep connection where '*a new experience of connection in the present*' allows client and therapist to '*open to a deeper connection to self, other and the relational flow*' (p.102).

Participants' experience of coming-back to mindful awareness supports Surrey's (2005) view that in the same way we might make the breath our object of meditation in individual practice, in mindful therapy the *connection* with the client can be seen as the object of meditation. The mindful therapist cultivates an expansive '*tripartite awareness*' of relationship, encompassing self, other and the flow of the relationship (cf. the 'in-between'), attending to the moment by moment changes, noticing successive moments of turning towards (connection), turning away (disconnection) and returning, holding the intention to return again and again to the relationship. In this way some participants talked about re-grounding themselves in mid-session when they notice they've moved away from the client and the contact is broken.

Such connection may be likened to Stern's (2004) '*moments of meeting*' (p.168), Hycner and Jacobs' (1999) dialogical attitude and '*healing through meeting*' and Buber's (1958) '*I-thou*' way of being. Half of the participants experienced such moments, referring to them as '*special moments*', '*big moments*' or as '*a shared mindfulness*'. Common to these experiences was a strong awareness of their embodied connection (and in the case of Liz a metaphorical joining or communion with the other), a letting go of self, or a relaxing into being with the other. Some also experienced a felt-sense of the 'in-between', the contact boundary of therapist and client that is the source of healing '*out of which our separateness and uniqueness emerge*' (Hycner and Jacobs, 1995, p.3).

Through mindful presence it seems that some participants moved beyond '*the nature of relationship as customarily described in object relations, relational, or intersubjective psychology*' (Surrey, 2005, p.95) in such moments to experience a deeper relationship than usual. Perhaps mindfulness may be a way of bringing our transpersonal self into the room to forge a '*being to being*' inter-connection with the other (Sills, 2009) or perhaps as Fulton (2005) proposes: '*mindfulness begins to dissolve the artificial*

boundaries that define our separateness, we begin to experience our innate affinity with all beings' (p.63).

5.4 How do trainee psychological therapists experience mindfulness fitting with their core-training and therapeutic modality?

To respond to this question we turn to the findings from two of the themes that emerged: *Integrating mindfulness into core modality and training* and *A different training experience* and review these in the context of the relevant literature in this area. However, there is little theory or research specifically looking at this, the literature reviewed is largely empirical, based on the experience and views of trainers and practitioners in the therapy-mindfulness field.

All of the interviewed participants believed that mindfulness complemented their core training and modality, describing it as: '*complementing, fitting, bridging or sitting alongside*'. However, some participants found it challenging to distinguish and /or disentangle mindfulness from their therapeutic approach and training, as their way of being and working are so closely aligned with mindfulness already with each approach simply 'endorsing' the other. Most participants had become strong advocates of mindfulness and described the significant impact it had on their experience of being a therapist, with all describing how they would continue to integrate mindfulness into their theoretical framework and clinical practice.

Participants described their experience of mindfulness as giving them something more than their core training, more than additional theory or tools or techniques to add to their repertoire. Mindfulness seems to provide something much more fundamental: a different way of being with themselves and in relationship, corresponding to Kramer et al's (2007) assertion that '*the disciplines that train therapists...have generally succeeded better at teaching theories, concepts and techniques of therapy than at fostering the quality of therapeutic relationship*' (p.195).

There was a range of levels and ways in which participants intended to incorporate mindfulness into their practice: those from a predominantly CBT perspective demonstrated more of a tendency to use mindfulness at a more 'tactical' level, as a tool to support the CBT approach, to get the prescribed CBT tasks completed (such as

functional analyses or thought records). At the other end of the spectrum participants pointed to a deeper integration of mindfulness at a philosophical level rather than it just being a set of additional tools. These participants saw its role in contributing to a stronger therapeutic relationship, as more than just a '*massive box of tools*' which its possible to '*hide behind*'; and provided a way to balance the complementary role of techniques alongside the relationship.

Although we have seen how most participants were successfully able to integrate aspects of mindfulness into their work and therapeutic model, that was not to say that this was easy or without challenge. Some participants came up against specific challenges at some interfaces of the mindfulness and their clinical work. One participant who was expected to focus on a CBT approach in her placement found it natural to start letting go of the CBT forms and protocols and follow her felt sense of what was needed in the relationship in the moment, however, this could lead to tension with her placement supervisor who expected complete adherence to the requisite IAPT protocols. In contrast other CBT practitioners did find they could integrate their CBT requirements and balance this with the needs of the relationship in a particular moment. Another CBT focused participant shifted his position over the training from being a CBT practitioner to being more integrative. A particular area of challenge for two participants appeared to be a kind of re-balancing or re-calibration from a more cognitive stance in their therapeutic practice to opening up more to their felt sense and use of the self in the relationship.

Thus the training had a direct impact on the way participants worked clinically, with the unintended consequence that for some this could potentially create a challenging edge to manage which may need more time to integrate. The mindfulness training also raised some more fundamental questions about therapist identity and choice of therapeutic training, with two participants questioning their choice of core training, and that in retrospect they may now have chosen a different training route / integrative pathway. From an ethical perspective, in running future research / training, I would explicitly point out how the training may raise uncomfortable questions and can lead to participants shifting their perspective.

For those participants who identified themselves as more integrative or relational this finding might be expected to be less consequential. Interestingly though they also benefited from an enhanced understanding and experience of relational qualities from the mindfulness training. For Sally, what was important was not assimilating a further complementary theory into her integrative framework but consolidating her position by tapping-into an embodied sense of some of the existing relational concepts already used in her core training. She experienced a kind of break-through from her struggling with a superficial understanding of such relational concepts like ‘being versus doing’ and intersubjectivity at an intellectual level, to really knowing these at a felt-sense or embodied level. For others, like Katia, the mindfulness provided a contrast to traditional therapeutic trainings, helping her experience and develop a more embodied level of experiencing compared to the ‘*intellectual*’ journey on her core training. It is perhaps this ability of participants to tap-into and develop such a felt-sense experience of embodiment and connection to themselves that distinguishes this mindfulness training from their core trainings where the focus is more theoretical and conceptual.

It seems this mode of development through mindfulness was a different way of learning and experiencing compared to ‘conventional’ modes of training delivery or even personal therapy. In this way several commented that ‘*less is more*’, that it is not that the mindfulness gives you more ‘content’, in the sense that further knowledge-based training courses might. More that it allows one to strip away that which might obscure one from knowing one’s ‘process’ more clearly and more directly, allowing one to ‘*reconnect*’ to oneself.

Mindfulness may have the potential to address one of the key challenges in therapy training today, to redress the imbalance (perhaps even split) between the emphasis on training to do versus training to be, by providing a training route for the practical cultivation of a ‘being versus doing’ mode. However, as Nanda (2005) and Gehart and McCollum (2008) point out this will be challenging in an environment where the prevailing worldview is for measurable competencies and doing. This may be further challenged by the philosophical differences and tensions between psychology, which locates itself in relation to the positivist, ‘objective’ world of science as a way of ‘knowing’, versus the subjective knowing of alternative approaches, such as counselling psychology and psychotherapy.

Beyond the inherent benefits of a mindfulness approach and how this complements their core-training and therapeutic modality, participants experienced the nature of the training itself as a valuable experience and key enabler. The key elements that seemed important to participants' experience were the highly experiential nature of the course, the variety, the focus on finding one's own felt-sense or truth and the co-created experience and intimacy that emerged from the strong group nature of the training, which felt like a journey together. This stood in contrast to participants' experience of their core training where the emphasis was often on conceptual knowledge, theory and protocols and assessment, handed down or fed to them, compared to an embodied experience based on direct knowing where participants discovered their own 'truth', at a bodily felt-sense versus cognitive level. Even for participants who were used to a more experiential core training which had 'group process' this could be experienced as a brutal or shaming experience compared to mindfulness training which was felt to be like a gentle flowering and safe enough for participants to be available to themselves and their co-participants. Linked to this was the relative power differential between the role of the mindfulness teacher, embodying the qualities of mindfulness and modeling this to the group, rather than a core therapy trainer with dual role of student assessor.

In the mindfulness teaching model the teacher models a process of acceptance and compassion in the training delivery itself, such that it felt like a journey, both for the participants and for the teacher as a fellow *'journeyer with me' 'alongside'*, we were in this together, there was no split. This corresponds directly to the mindfulness teaching literature which proposes that teachers need an authentic embodiment of mindfulness with several years of meditation practice, as it is from this place that the teaching arises. McCown et al (2010) suggest that: *'the being, of the teacher is what does the teaching in MBSR'* (p.16).

What stood out was the group nature of the training, the experience of being on a *'journey'* together and changing as a group. Participants highlight how the group itself contributed to their development and understanding of mindfulness, not cognitively but experientially; many point to the feeling of acceptance and compassion in the group that seemed to allow their own compassion and acceptance to emerge, like *'the opening lotus flower...very gentle flowering'*. There is a sense of the different layers of the mindfulness training experience and how mindfulness may be modeled and

extended to others, like a virtuous chain of sharing, and starting with teacher modeling of a '*spirit of acceptance*' as described in the mindfulness teaching literature (McCown et al, 2011).

All the participants narratives show how they benefited from the mindfulness training alongside their core training with some suggesting that mindfulness training would benefit all therapists and that trainee therapists should undertake mindfulness training alongside their core therapeutic training, with Peter suggesting it is '*relevant to any model*', proposing that it should be a training requirement for all counselling psychologists in the same way that personal therapy is. This stance corresponds to the views of Gehart and McCollum (2008), Greason and Cashwell (2009) and Christopher et al (2011) who incorporate mindfulness training into their university-based counselling trainings.

There was a range of intentions in how participants stated they might continue to practice mindfulness following the training. All participants stated they would continue developing their personal mindfulness practice as a way of being for themselves, and that they could draw on in the therapeutic encounter, corresponding to Germer's (2005) '*Mindful Presence*' level of application of mindfulness in psychotherapy. Some were interested in more directly integrating mindfulness ideas and practices in their work, wanting to do further mindfulness training so as to be able to explicitly teach clients mindfulness practices and concepts, corresponding to Germer's next level of '*Mindfulness-informed psychotherapy*.'

5.5 Limitations of the current study and reflections on possible future directions

Although participants reported many benefits from the mindfulness training the study was non-randomised and had no control group for comparison and verification, therefore there are limits to the generalisability of this study. Additionally we cannot be sure to what extent the mindfulness training was responsible for the changes experienced and to what extent these changes may have developed as a result of participants' therapeutic training and practice. It was clear that at times some participants found it hard to separate out aspects of what they had learned through mindfulness from their core therapy training. However, generalisability, causality and

theory development were not aims of this study, which aimed to understand the lived experience of a specific group in a particular context.

There may possibly be a self-selection bias, with some participants holding pre-existing positive attitudes and disposition toward mindfulness. This is difficult to overcome in a study like this where participants volunteer. A compulsory programme would be needed to counter this limitation to understand more about who in particular would benefit from mindfulness training and this could be a matter for future research; though this introduces different limitations (as in Christopher et al, 2011). Additionally, though there were exclusion criteria in place for not having done a mindfulness course previously, some participants had had some experience of other meditation types that they had 'forgotten' or not disclosed. It would also have been useful to interview the four people who dropped out of the first couple of sessions to better understand their reasons, which may have helped with adapting the training. It would have been useful to understand the reasons for the drop-outs to have a better understanding about who this programme may or may not be suitable for, or more about how it might be amended in future. The drop-out issue may also point to mindfulness only appealing to a particular 'type' of person.

There may be a question around the heterogeneity of participants: in first setting out to do this study the target population was trainee therapists and psychologists to give a wide enough pool to draw on to ensure sufficient take-up. Of the 15 participants, three were psychotherapy trainees and 12 were counselling psychology trainees. In retrospect just using one trainee category would have produced a more homogenous sample. However, even within the 12 counselling psychology trainees there was a range of different training institutions, training approaches, predominant modalities and integrative approaches. Further studies may investigate how experience differs by therapeutic modality and training types.

In considering future research it would be beneficial to conduct a longitudinal study of these participants to explore if and how they continue to use mindfulness at a personal level and their continuing experience of how this impacts their clinical work. It would be interesting for a therapy training organization with greater resources to undertake further qualitative studies to verify if the themes identified in this study are found in other groups, other settings. It would also be interesting to see some exploratory

quantitative work to determine the overall effect of such a training programme on trainees. Given that mindfulness appears to have such a range of effects on trainees it may also be informative to focus future research on specific areas e.g. how mindfulness might impact therapist countertransference awareness and to what extent this might facilitate therapists harnessing countertransference as a resource in their work. Further exploration as to the optimal type of mindfulness intervention may also be warranted, including whether to develop a training intervention specifically for trainee psychologists and psychotherapists.

5.6 Conclusions and Implications

Although this research did not set out to build a model of mindfulness in the therapeutic encounter, the findings are suggestive of a potential empirical model. It seems that through experiencing enhanced self-attunement and mindful qualities such as presence and acceptance for themselves, that participants were able to extend and model this to their clients in the therapeutic encounter. Participants were clear that they needed to develop these qualities and attitudes for themselves *before* they could authentically extend this to others. As the therapist embodies and models this mindful stance and attunes to the client, this appears to facilitate relational depth, in turn facilitating the client to attune more to themselves and the therapist, and in so doing appears to move from initially therapist provided mindful qualities to facilitate '***a co-created co-meditation space.***'

Participants' experience suggests an interactive process or virtuous circle, perhaps a 'three stage model,' of therapist self-attunement – therapist-client interpersonal attunement - client self-attunement (see Figure 1 below), supporting Bruce et al's (2010) '*conceptual*' proposal of the possibility of such a process. Further research will be needed to validate this process.

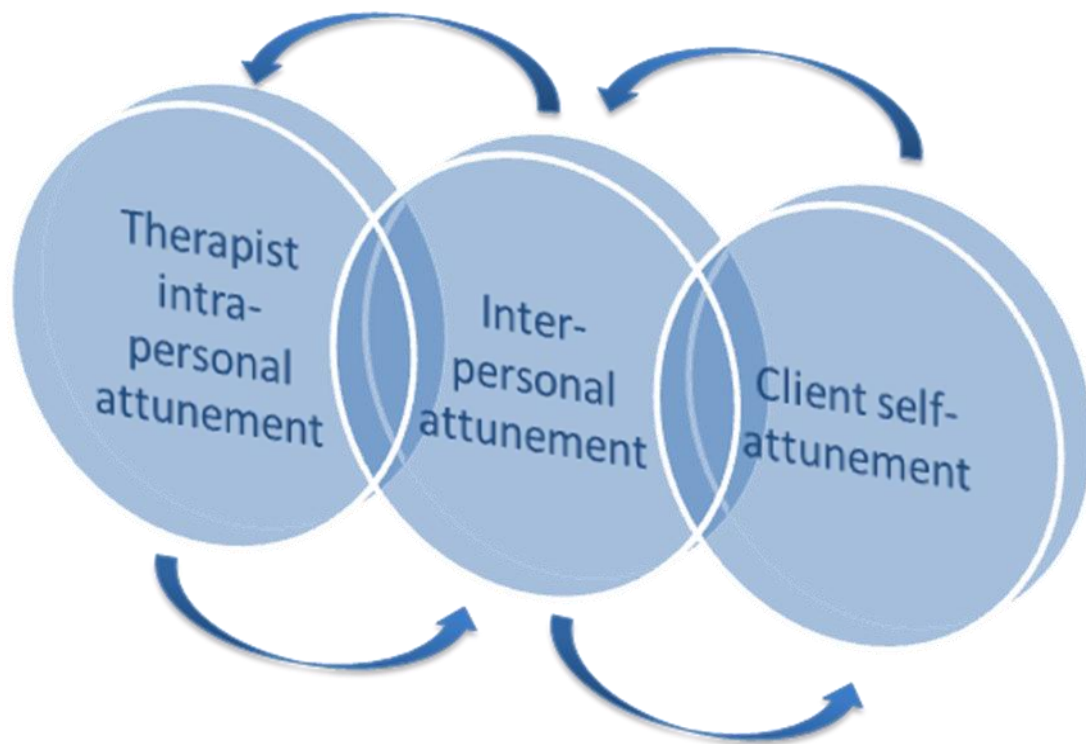


Figure 1. The Co-created Co-meditation Space: A Process Model of Mindfulness in the Therapeutic Relationship

Potential impact of participation

Though Training Group 1 explicitly concluded that “*all trainees should do mindfulness training*” I believe this needs to be treated with caution and caveated. Firstly, on a personal level, there is clearly a question of personal fit with the mindfulness approach and it isn’t for everyone; this study seemed to attract some participants who had a predisposition toward this type of approach. Also as with therapy training itself there is the question of personal readiness, and in retrospect it seems that one of the participants may not have been suited and / or ready to this mindfulness training. It may have been that for the three unexplained drop-outs that these were factors. Secondly, on a professional level there may be a need for caution around using this mindfulness approach where aspects may *appear* to or have the potential to conflict with the policies and procedures of participants’ employers e.g. not completing thought records to simply be with the client. Thus participation in future studies will need further consideration of these questions.

It is important to acknowledge that there can be quite a lot of ‘ripples’ that the training sets off for people, as well as giving them benefits. For some mindfulness may be perceived as a double-edged sword: the slowing down and stopping that mindfulness facilitates, together with encouragement to take an observer position and develop meta-cognitive awareness made some people (more) aware of challenges or dissatisfactions in their personal and professional life as demonstrated in the analysis: e.g. Gabriella and Tracy questioned their choice of training modality, Liz became more aware of her struggle between the need for cognitive understanding vs. a felt–sense knowing, in becoming more in touch with her emotions Tracy felt more vulnerable at times with her clients and several commented that they realised they spent part of their lives on auto-pilot rather than truly living. Thus this mindfulness training wasn’t simply a course one could simply choose what to take on and what to discard, for once awareness has surfaced it cannot be re-buried (cf. Oliver Wendell Holmes analogy that ‘Man’s mind, once stretched by a new idea, never regains its original dimensions’). It was evident that the impact of the mindfulness did not end after the training itself but was still influencing participants four months later at interview stage and even two years later with those I re-encountered. Given the potential for mindfulness to catalyse significant personal change I implemented a pre-training screening process (Appendix 5) to exclude non suitable participants. Participants were asked to disclose, for example, any mental health issues or other limitations. Also to confirm they were in both personal therapy and supervision to ensure an adequate support network should this be necessary.

If undertaking further research / training it may be more ethical to have quite thorough discussions with each participant individually at the outset, prior to the programme, to get them to reflect on the possible implications of taking part in terms of the types of changes that the programme can bring about for people. It would be useful to have a meeting with each person individually in order to fully prepare them/discuss the nature of what they are undertaking and the potential effects for them, taking into account their particular context (e.g. that work/supervisor expectations and how the mindfulness training may ‘interfere’ in some ways). In summary there is possibly a need for a more thorough ‘screening’ of participants, to better understand their context and potential conflicts that might arise, so that they go into the training better ‘prepared’.

Summary of participant findings

Mindfulness meditation training appeared to provide participants with a range of benefits and developmental opportunities to complement their core trainings. The following aspects of the training were experienced as particularly relevant to participants' development, and supported by the mindfulness meditation training.

- i) *Mindfulness as personal development:* the process of self-discovery and insight, as well as self-attunement and self-integration was experienced by trainees as developmental and even transformational. Participants proposed that such mindfulness training should be a requirement in all psychological therapy training courses just as personal therapy is.
- ii) *Mindfulness as a therapist resource:* mindfulness equips trainees with a range of ways of being as well as a philosophical stance for engaging with clients that appeared to enhance their core training. In discovering a greater self and process awareness and ability to be with what is and develop capacity to sit with the difficult, they were freed-up to access an embodied sense of trust and empowerment in themselves, in comparison to the theories and protocols they amassed in their core trainings.
- iii) *Mindfulness as a clinical training:* mindfulness appears to enable trainees to cultivate a range of therapeutic and relational qualities such as acceptance, compassion and presence which support the therapeutic relationship. These are skills that are not easily taught in conventional core training programmes or those with an emphasis on skills, tools and protocols.
- iv) *Enhanced experience of relational depth:* the training appeared to facilitate trainees deepening of relational contact, especially at an embodied level, and the ability to model therapeutic qualities to clients. In part this was cultivated through letting-go of the theories and agendas learned in their core training to contacting a deeper more authentic sense of self and trusting emergence in the co-created relationship.

- v) *'Being with' versus 'doing to':* trainees discovered an embodied understanding of simply being present with clients and what is unfolding in the room, without the need to implement tools, techniques etc, a 'less is more' approach. In particular the CBT practitioners found the relational philosophy of mindfulness balanced their conceptual framework.
- vi) *Use of mindfulness in clinical practice:* though the training was not intended to train participants in using mindfulness with clients, many found themselves using a mindfulness stance and / or interventions directly – as well as indirectly modeling such qualities to clients.

Summary of contribution

It seems that these aspects may be insufficiently accessible or attainable through core training, especially at doctoral level, which has moved to become a more academic versus experiential endeavour. Thus I hope that the contribution of this research will be in showing how mindfulness training may complement a psychological therapist's core training and enhance their therapeutic ability and use of the self in the service of the therapeutic relationship. My hope is that such mindfulness training could be extended or at least encouraged for trainee psychotherapists and counselling psychologists alongside their core training; especially given such training is relatively efficient from an economic and time perspective, providing an effective and enjoyable experience. I am already seeing the practical application of this research in additional coach and therapist mindfulness trainings I am implementing at a psychological therapy training institute and in corporate settings.

On a personal level, this study has given me, as a trainer, researcher and therapist, a much deeper understanding of mindfulness and its dissemination, as well as influencing my own mindfulness and clinical practice. I have also been gratified to reconnect with many of the participants after the research in further silent mindfulness days or at BPS events, where they tell me that they still practice and how it continues to significantly inform their personal and professional selves.

Returning to Fulton's (2005) proposal in the introduction:

'There is evidence of another sort for this connection, that found in therapist's own experience of meditation, which, for those willing to take the journey, is compelling and self-evident.' (p.58).

It seems that his challenge has been borne out by the participants of this study.

6. REFERENCES

- Aggs, C. and Bambling, M, 2010. Teaching mindfulness to psychotherapists in clinical practice: The Mindful Therapy Programme. *Counselling and Psychotherapy Research*, 10 (4), pp.278-286.
- Aiken, G.A. 2006. *The potential effect of mindfulness meditation on the cultivation of empathy in psychotherapy: a qualitative enquiry*. Ph.D. Saybrook Graduate School and Research Center, San Francisco.
- Andersen, D.T. 2005. Empathy, psychotherapy integration, and meditation: A Buddhist contribution to the common factors movement. *Journal of Humanistic Psychology*, 45 (4), pp.483-502.
- Aron, L. and Anderson, F.S., 1998. *Relational Perspectives on the Body*. NJ: Hillsdale, The Analytic Press.
- Ashworth, P. 2003. An approach to phenomenological psychology: the contingencies of the lifeworld. *Journal of Phenomenological Psychology*, 34 (2), pp.145-156.
- Bachelor, A. Horvath, A.O., 1999. The Therapeutic Relationship. In: Hubble et al (1999) *The Heart and Soul of Change: What works in Therapy*. Washington D.C.: American Psychological Association.
- Baer, R.A., 2003. Mindfulness training as a clinical intervention: a conceptual and empirical review. *American Psychological Association*, D12.
- Baer, R.A. ed., 2006. *Mindfulness-based Treatment Approaches: clinician's guide to evidence base and applications*. NY: Elsevier.
- Baer, R.A. et al, 2006. Using Self-Report Assessment Methods to Explore Facets of Mindfulness. *Assessment*, March, 13(1), pp.27-45.
- Ballinger, C., 2006. Demonstrating rigour and quality. In Finlay, L. and Ballinger, C. *Qualitative research for allied health professionals*. West Sussex: Wiley.
- Bandura, A., 1977. *Social Learning Theory*. New York: General Learning Press.
- 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, pp. 480-516.
- Beisser, A., 1970 *Paradoxical Theory of Change*. Originally appeared in Fagan and Shepherd's *Gestalt Therapy Now*, a publication of The Gestalt Journal Press.
- Berking, M. and von Kanel, M., 2007. Mindfulness training as a psychotherapeutic tool: Clarification of concept, clinical application and current state of empirical research. *Psychotherapie und Psychosomatik Medizinische Psychologie*, 57 (3-4), pp.170-177.

- Bhante, G. 1993. *Mindfulness in Plain English*. Boston: Wisdom Publications.
- Bickman, L., 1999. AEA, Bold or Timid? *American Journal of Evaluation*, September 20(3), pp. 519-520.
- Bien, T. 2006. *Mindful Therapy*. A guide for therapists and helping professionals. MA, USA: Wisdom.
- Birnie, K., Speca, M. and Carlson, L., 2010. Exploring self-compassion and empathy in the context of MBSR. *Stress and Health*.
- Bishop, S.R. et al, 2004. Mindfulness: a proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), pp. 230-241.
- Blumer, H., 1969. *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
- Bodhi, B., 2000. *A Comprehensive Manual of Adhidhamma*. Seattle: BPS Pariyatti.
- Bohart, A.C., Elliott, R., Greenberg, L.S. and Watson, J.C., 2002. Empathy. In: Norcross, J.C., ed. *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. UK: Oxford University Press.
- Bollas, C., 1987. *The Shadow of the Object: Psychoanalysis of the Unthought-known*. New York: Columbia University Press.
- Boston Change Process Study Group, 2008. Forms of Relational Meaning: Issues in the Relations Between the Implicit and Reflective-Verbal Domains. *Psychoanalytic Dialogues*, 18, pp.125-148.
- Bowlby, J., 1998. *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., Ryan, R. M., & Creswell, J. D., 2007. Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18, pp.211-237.
- Brown, K.W. and Ryan, R.M., 2003. The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), pp.822-848.
- Bruce, N., Manber, R., Shapiro, S., Constantino, M., 2010. *Psychotherapist Mindfulness and the Psychotherapy Process*, 47(1), pp.83-97. The American Psychological Association.
- Buber, M., 1958. *I and Thou*. NY: Macmillan.
- Casement, P., 1985. *On Learning from the Patient*. London/New York: Tavistock Publications.

Centre for Mindfulness Research and Practice, 2009. *Teacher Development Retreat Level 1: A training for mindfulness-based teachers, Resource Pack*. Bangor University, unpublished.

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

Chödrön, P., 2001. *Start where you are: a guide to compassionate living*. Boston: Shambhala.

Christopher, J., Chrisman, J., Trotter-Mathison, M., Schure, M., Dahlen, P., and Christopher, S., 2011. Perceptions of the long-term influence of mindfulness training on counselors and psychotherapists: a qualitative enquiry. *Journal of Humanistic Psychology*, 51(3) pp. 318-349.

Clarkson, P., 2003. *The Therapeutic Relationship*. London: Whurr.

Colaizzi, P.F., 1978. Psychological research as the phenomenologist views it. In: Valle and King, eds. *Existential Phenomenological Alternatives for Psychology*. New York: OUP.

Cooper, M., 2005. Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research*, 5(2), pp.87-95.

Crane, R., 2009. *Mindfulness-Based Cognitive Therapy*. London: Routledge.

Csikszentmihalyi, M., 1998. *Finding Flow: The Psychology of Engagement With Everyday Life*. Basic Books.

Dahlberg, K., Drew, N and Nystrom, M., eds, 2001. *Reflective lifeworld research*. Sweden: Studentlitteratur.

Davidson, R. et al, 2003. Alterations in Brain and Immune Function Produced by Mindfulness Meditation. *Psychosomatic Medicine*, 65, pp.564-570. American Psychosomatic Society.

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

Deci, E. L., and Ryan, R. M., 1980. The empirical exploration of intrinsic motivational processes. In: L. Berkowitz, ed., *Advances in Experimental Social Psychology*, 13, pp. 39-80. New York: Academic Press.

Deikman, A.J., 1982. *The Observing Self: Mysticism and Psychotherapy*. Boston: Beacon Press.

DeYoung, P., 2003. *Relational Psychotherapy, a Primer*. Hove: Brunner-Routledge.

Didonna, F., 2009. *Clinical handbook of mindfulness*. NY: Springer.

Eatough, V. and Smith, J.A., 2006. 'I was like a wild person': Understanding feelings of anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 97, pp.483-498.

Eatough, V. and Smith, J.A., 2008. Interpretative Phenomenological Analysis. In: C. Willig and W. Stainton-Rogers, eds, *The Sage Handbook of Qualitative Research in Psychology*, pp179–94. London: Sage.

Elliott, R., Fischer C. and Rennie D., 1999. *British Journal of Clinical Psychology*, September, 38 (3), pp. 215–229. The British Psychological Society.

Epstein, M., 1988. Attention in Analysis. *Psychoanalysis and Contemporary Thought*, 11, pp.171-189.

Epstein, M., 2001. *Thoughts Without a Thinker*. London: Duckworth.

Etherington, K., 2004. *Becoming a reflexive researcher: using our selves in research*. London: JK Publishers.

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

Finlay, L., (n.d). A relational approach to phenomenological research. [online] Available at: <http://www.lindafinlay.co.uk/publications.htm> [Accessed 10 November 2011].

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

Frank, J.D., 1961. *Persuasion and Healing*. Baltimore: Johns Hopkins University Press.

Fulton, P.R., 2005. Mindfulness as clinical training. In: Germer, C., ed., Siegel, R., ed., and Fulton, P. ed.,-2005. *Mindfulness and Psychotherapy*, pp.55-72. NY, US: Guilford Press.

Gehart, D. and McCollum, E.E., 2008. Inviting Therapeutic Presence: A Mindfulness-Based Approach. In: Hick, S. and Bien, T., eds. *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

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.

Geller, S.M., 2003. Becoming whole: a collaboration between experiential psychotherapies and mindfulness meditation. *Person-centred and Experiential Psychotherapies*, -2 (4), pp.258-273.

Geller, S.M., 2004. *Therapeutic Presence and the Naturopathic Doctor*. [online] Available at: <<http://www.sharigeller.ca/articles.htm> > [Accessed 10 November 2009].

Gendlin, E., 1981. *Focusing*. NY: Bantam.

Germer, C.K., 2005. Teaching Mindfulness in Therapy. In Germer, C.K., Siegel, R.D., and Fulton, P.R. (2005). *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Germer, C.K., 2009. *The Mindful Path to Self-compassion*. NY: Guilford.

Germer, C.K., Siegel, R.D., and Fulton, P.R., 2005. *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Goodman, T.A., 2005. In Hick, S. and Bien, T. eds. *Mindfulness and the Therapeutic Relationship*, pp. 176-194. NY. The Guilford Press.

Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., and Nickel, M., 2007. Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomised, double-blind, controlled study. *Psychotherapy and Psychomatics*, 76, pp.332-338.

Greason, P.B., and Cashwell, C.S., 2009. Mindfulness and Counselling Self-efficacy: the mediating role of attention and empathy. *Counselor Education and Supervision*, 49, pp.2-19.

Grossman, P., et al, 2004. Mindfulness based stress reduction and health benefitd. A meta-analysis. *Journal of Psychosomatic Research*, 57, pp.35-43.

Gunaratana, H., 2002. *Mindfulness in Plain English*. MA: Wisdom Publications.

Hamilton, N.A., Kitzman, H., and Guyotte, S., 2006. Enhancing health and emotion: Mindfulness as a missing link between cognitive therapy and positive psychology. *Journal of Cognitive Psychotherapy*, 20 (2), pp.123-134.

Hanh, T. N., 1999. *The Heart of the Buddha's Teaching*. London: Rider.

Hanson, E. et al, 2005. Mixed methods research designs in counselling psychology. *Journal of Counselling Psychology*. 52 (2), pp. 224-235.

Hanson, R., 2009. Buddha's Brain: *The practical neuroscience of happiness, love and wisdom*. Oakland, California. New Harbinger.

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

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

Hick, S., 2008. Cultivating Therapeutic Relationships: The role of mindfulness. In Hick, S. and Bien, T. eds. *Mindfulness and the Therapeutic Relationship* (pp 176-194.). NY. The Guilford Press.

Hoepfl, M.C., 1997. Choosing qualitative research: a primer for technology education researchers. *Journal of Technology Education*, 9 (1).

Holzel, B.K. et al, 2011. 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., and Greenberg, L.S., 1989. Development and Validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, April, 36(2), pp.223-233.

Hycner, R., 1993. *Between Person and Person*. USA: Gestalt Journal Press.

Hycner, R. and Jacobs, L.R., 1995. *The Healing Relationship in Gestalt Therapy: A Dialogic-Self Psychology Approach*. Gestalt Journal Press. U.S.

Jones, L., 2007. *The jewel in the heart of the lotus: bringing Buddhist wisdom and compassion to psychotherapy*. Unpublished manuscript, School of Psychology, Victoria University, Australia.

Jordan, J., ed., 1997. *Women's growth in diversity: More writings from the Stone Center*. New York: Guilford Press.

Jung, C.G., 1953. *Psychological Reflections*. NY: Pantheon Books.

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

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

Kabat-Zinn, J., 1994. *Wherever you go, There you are: mindfulness meditation in everyday life*. NY: Hyperion.

Kabat-Zinn, J., 2003. Mindfulness based interventions in context: past, present and future. *Clinical Psychology Science and Practice*, 10(2), pp.144-156.

Kabat-Zinn, J., 2005. *Coming to our senses: healing ourselves and the world through mindfulness*. NY: Hyperion.

Kabat-Zinn, J., 2009. Introduction in D. Fabrizio, ed., *Clinical Handbook of Mindfulness*. NY: Springer.

Keng, S., Smoski, M. and Robins, C., (in press) 2011. Effects of mindfulness on psychological health: A review of empirical studies, *Clinical Psychology Review*.

Kemmis, S. and McTaggart, R., 1981. *The Action Research Planner*. Victoria: Deakin University.

Kingsbury, E., 2009. *The relationship between empathy and mindfulness: Understanding the role of self-compassion*. San Diego: Alliant International University.

Kohut, H., 1977. *The Restoration of the Self*. New York: International Universities Press.

Kornfield, J., 1993. *A Path with Heart: A Guide through the Perils and Promises of Spiritual Life*. NY: Bantam Books

Kornfield, J., 2002. *A Path With Heart*. London: Rider.

Kramer, G., 2007. *Insight Dialogue – The Interpersonal Path to Freedom*. Boston. Shambhala.

Kristeller, J. and Johnson, J., 2005. Cultivating Loving Kindness: A Two-Stage Model of The Effects Of Meditation On Empathy, Compassion, and Altruism. *Journal of Religion and Science*, 40(2) pp.391-408.

Lambert, M. J., 1992. Implications of outcome research for psychotherapy integration. In: Norcross, J.C. and Goldstein, M.R., eds, *The Handbook of Psychology Integration*, pp.94-129. NY. Basic Books.

Lambert, M.J. and Simon, W., 2008. The Therapeutic Relationship: Central and essential in psychotherapy outcome. In: Hick, S. and Bien, T., eds, *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

Landale, M., 2009. Mindfulness: a vital resource in counselling and psychotherapy' workshop materials. Unpublished.

Lesh, T.V., 1970. Zen meditation and the development of empathy in counsellors. *Journal of Humanistic Psychology*, 10, 39-74.

Linehan, M.M., 1993. *Cognitive behavioural treatment of borderline personality disorder*. NY. Guilford Press.

Luborsky, L., Singer, B. and Luborsky, L., 1975. Comparative studies of psychotherapies: Is it true that "everyone has one and all must have prizes"? *Archives of General Psychiatry*, 32, pp.995-1008.

Lysack, M., 2008. Relational Mindfulness and Dialogic Space in Family Therapy. In: Hick, S. and Bien, T. eds. *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

Martin, J., 1997. Mindfulness: A Proposed Common Factor. *Journal of Psychotherapy Integration*, 7 (4).

McCown, D., Micozzi, M., and Reibel, D., 2010. *Teaching Mindfulness: a practical guide for clinicians and educators*. NY: Springer.

Mearns, D., and Cooper, M., 2005. *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage.

Morgan, W. and Morgan, S., 2005. Cultivating attention and Empathy. In Germer, C.K., Siegel, R.D., and Fulton, P.R. (2005). *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Nagel, T., 1974. What Is It Like to Be a Bat? *'The Philosophical Review'*, 83(4) pp. 435–450.

Nanda, J., 2005. A phenomenological enquiry into the effect of meditation on therapeutic practice. *Counselling Psychology Review*. The British Psychological Society.

National Institute for Health and Clinical Excellence (NICE), 2009. Depression: The treatment and management of depression in adults. NICE clinical guideline 90. UK: The National Collaborating Centre for Mental Health.

Neff, K.D., 2003. The development and validation of a scale to measure self-compassion. *Self and identity*, 2, pp.223-250.

Nyanaponika, T., 1962. *The Heart of Buddhist Meditation*. London: Rider.

Olendzki, A., 2005. The Roots of Mindfulness. In Germer, C.K., Siegel, R.D., and Fulton, P.R. (2005). *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Parnis, D., 2005. Cooperation or Co-Optation? Assessing the Methodological Benefits and Barriers Involved in Conducting Qualitative Research Through Medical Institutional Settings. *Qualitative Health Research*, May, 15(5), pp. 686-697.

Racker, H., 1968. *Transference and countertransference*. New York: International Universities Press.

Rogers, C., 1951. *Client-Centred Therapy*. London: Constable.

Rosenzweig, S., Reibel, D., Greeson, J., Brainard, G., and Hojat, M., 2003. Mindfulness-Based Stress Reduction Lowers Psychological Distress In Medical Students. *Teaching and Learning in Medicine: An International Journal*, 15(2), pp.88-92.

Safran, J.D and Reading, R., 2008. Mindfulness, Meta-communication, and Affect Regulation in Psychoanalytic Treatment. In: Hick, S. and Bien, T. eds. *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

Schore, A., 1994. *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Hove: Lawrence Erlbaum Associates.

Schore, A., 2007. Psychoanalytic Research: Progress and Process. Developmental Affective Neuroscience and Clinical Practice. *Psychologist-Psychoanalyst*, Summer, XXVII, pp.6-15.

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*. Winter 2008; 86, 1; 47-56.

Segal, Z., Teasdale, J.D. and Williams, M., 2002. *Mindfulness Based Cognitive Therapy for Depression. A new approach to preventing relapse*. London. The Guilford Press.

Shafir, R., 2008. Mindful listening for better outcomes. In: Hick, S. and Bien, T., eds, *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

Shapiro, S., Astin, J., Bishop, S. and Cordova, M., 2005. Mindfulness based stress reduction for health care professionals: results from a randomised trial. *International Journal of Stress Management*, 12(2), pp.164-176.

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

Shapiro, S., Brown, K., and Biegel, G., 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*, Vol 1, No 2 105-115

Shapiro, S. and Izett, C.D., 2008. Meditation: A universal tool for cultivating empathy. In Hick, S. and Bien, T. (eds) *Mindfulness and the Therapeutic Relationship*, pp.176-194. NY: The Guilford Press.

Siegel, D., 2006. An interpersonal neurobiology approach to psychotherapy: awareness, mirror neurons and neural plasticity in the development of well-being. *Psychiatric Annals*, April/ May.

Siegel, D., 2007. *The Mindful Brain*. London: W.W. Norton.

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

Siegel, D., 2010. *The Mindful Therapist*. London: W.W. Norton.

Sills, F., 2009. *Being and Becoming: Psychodynamics, Buddhism and the Origins of Selfhood*. CA: North Atlantic Books.

Smith, J.A., 1996. Beyond the divide between cognition and discourse: using IPA in health psychology. *Psychology and Health*, 11, pp. 261-271.

Smith, J.A. and Osborn, M., 2003. Interpretative Phenomenological analysis. In J.A. Smith, ed., *Qualitative Psychology: a practical guide to research methods*. London: Sage.

Smith, J.A., and Eatough, V., 2006. I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, pp.115-135.

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

Speeth, K.R., 1982. On Psychotherapeutic Attention. *The Journal of Transpersonal Psychology*, 14(2), pp.141-159.

Stern, D., 2003. *The interpersonal world of the infant: a view from psychoanalysis and developmental psychology*. London: Karnac.

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. *Mindfulness and Psychotherapy*. NY: The Guilford Press.

Truax, C.B. and Carkhuff, R.R., 1963. For better or worse: The process of psychotherapeutic personality change. In *Recent advances in the study of behavior change*. Montreal: McGill University press.

UK Network for Mindfulness-Based Teachers, 2011. *Good practice guidelines for teaching mindfulness-based courses*. [online] Available at: <http://psychology.exeter.ac.uk/media/universityofexeter/schoolofpsychology/mooddisordercentre/documents/Good_Practice_Guidelines.pdf> [Accessed 11 March 2012].

Valentine, E. and Sweet, P., 1999. Meditation and attention: A comparison of the effects of concentrative and mindfulness meditation on sustained attention. *Mental Health, Religion and Culture*, 2(1), pp.59-70.

Vygotsky, L.S., 1978. *Mind and society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.

Walsh, R., 1985. Things are not as they seemed. In: J. Welwood, ed., *Awakening the heart. East / West approaches to psychotherapy and the healing relationship*, pp.79-90. Boston and London: Shambhala.

Walsh, R., and Shapiro, S.L., 2006. The meeting of meditative disciplines and western psychology: a mutually enriching dialogue. *American Psychologist*, 61(3), pp.227-239.

Wang, S.J., 2006. *Mindfulness meditation: it's personal and professional impact on psychotherapists*. Ph.D. Capella University, Minneapolis: MN.

Welwood, J., 2002. *Toward a Psychology of Awakening*. London: Shambhala.

Welwood, J., ed., 1983. *Awakening the Heart. East / West approaches to psychotherapy and the healing relationship*. London: Shambhala

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

Williams, M. and Penman, D., 2011. *Mindfulness, a practical guide to finding peace in a frantic world*. London: Piaktus.

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

Willig, C., 2001. *Qualitative Research In Psychology: A Practical Guide to Theory and Method*. Buckingham: OUP

Willig, C., 2006. *Introducing Qualitative Research in Psychology*. Berkshire: OUP.

Willig, C., 2008. *Introducing Qualitative Research Methods in Psychology*. Second Edition. Maidenhead: McGraw Hill/OUP.

Winnicott, D., 1969. The Use of an Object. *International Journal of Psycho-Analysis*, 50, pp.711-716.

Woolfe, W., Dryden, S. and Strawbridge, S., 2003. *Handbook of Counselling Psychology*. London: Sage.

Yardley, L., 2000. Dilemmas in qualitative research. *Psychology and Health*, 15, pp. 215-228.

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

Yin, R., 1989. *Case Study Research: Design and Methods*, 3rd ed. Beverly Hills: Sage.

7. APPENDICES

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Appendix 15: Participant Characteristics

Appendix 1: Participant Letter

Stuart Baker
mindfulness trainer

Burnwood Road
Richmond
TW5 3BFG
stuartbakerxx@hotmail.com

28th February 2010

07xx90373514

Mindfulness Training for Trainee Psychotherapists

Dear Participant

Thank you for agreeing to participate in the Mindfulness Training and Research as part of my Doctorate in Counselling Psychology at Metanoia. Please find attached:

1. The 'Participant Information Sheet' that has been approved by the Metanoia Ethics Committee and outlines the nature of the research.
2. The 'Research Consent Form'
3. The 'Mindfulness Training Registration' form

Please complete forms 2 and 3 and return to me by post.

The Mindfulness Training will take place at Metanoia in Ealing on June 18th, July 2nd, 15th and 30th 1.30 – 6.00pm (for map see <http://www.metanoia.ac.uk/contactus>). Subject to interest there could also be a one-day session on Saturday July 24, from 10.30-4.30, venue TBC).

If you have any questions please don't hesitate to contact me. I look forward to meeting and working with you soon.

Kind Regards

Stuart Baker

Appendix 2: Participant Information Sheet

PARTICIPANT INFORMATION SHEET (PIS)

1. Study title

“Working in the present moment: A phenomenological enquiry into the effect of mindfulness practice on presence and relational depth with psychotherapists in training.”

2. Invitation

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 us 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.

3. What is the purpose of the study?

The research will investigate the impact of mindfulness meditation training and practice on the development of the personal and professional selves of trainee therapists. More specifically it will investigate to what extent mindfulness meditation training might enable the qualities of mindfulness to be developed which promote the cultivation of therapeutic presence and the possibility of relational depth. My aim is to understand participants’ phenomenological experience of this as well as how they make sense of this experience and its personal and professional impact.

The mindfulness training will take part from Q2 2010 and I aim to complete this by Q4 2010. Each training intervention lasts around 2.5 hrs for 8 weeks with a one day session at the end. A focus group will take place shortly after conclusion of the training and an individual interview around 3-4 months following this.

4. Why have I been chosen?

The choice to participate in the mindfulness training and research are through participant self-selection. The project is open to trainee psychotherapists who meet the criteria below:

Research Study Criteria Checklist:	
I am currently on a recognised psychology / psychotherapy training course	Yes
I am in regular personal therapy	Yes
I am willing to engage in daily mindfulness practices	Yes
I have not previously attended an MBSR/ MBCT training.	Yes
I am seeing clients and in clinical supervision	Yes

5. Do I have to take part?

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 from the mindfulness training and research.

6. What will happen to me if I take part?

The mindfulness training is comprised of weekly sessions of around 2 ½ hours over an 8-10 week period. There will also be a practice day (6 hours) part way through the training. The sessions will comprise a mixture of meditation practices with group discussion and inquiry. The training requires personal commitment and the willingness to undertake regular daily mindfulness practices and homework of around 30-45 minutes. Shortly after completion of the training there will be a focus group with an independent facilitator to discuss your experiences. Around 3-4 months later you will be asked to participate in an individual face to face interview discussion with an independent interviewer. There will be regular questionnaires and a home practice record to complete.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What do I have to do?

There are three elements to this research process:

1. Shortly after the training a focus group looking at your experiences of the mindfulness training, practice and its impact on you and your clinical work. This will be between 90-120 minutes.
2. Individual interviews (face to face) to discuss your experience of mindfulness practice for 60-90 minutes.
3. Throughout the duration of the training and research there will be questionnaires on mindfulness and its impact and a checklist to record your home practice.

8. What are the side effects of any intervention received when taking part?

Participants are screened before the mindfulness training to ensure suitability. Side-effects are not anticipated. It is a requirement that all participants be in personal therapy to receive further support should this be necessary. The trainer will be available for e-mail/ telephone contact between training sessions and during the research process.

Stuart Baker

07590 373514

Stuartbaker999@hotmail.com

9. What are the possible disadvantages and risks of taking part?

There is no perceived risk in participating in this project.

10. What are the possible benefits of taking part?

We hope that participating in the study will help you on a personal and professional level. However, this cannot be guaranteed. There is a large body of research which suggests a range of benefits associated with mindfulness practice, from personal care

(stress reduction, well being improvement) to potentially cultivating therapeutic qualities.

11. 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.

All data will be stored, analysed and reported in compliance with the Data Protection legislation of the UK.

12. What will happen to the results of the research study?

The results of the research will be published as part of a postgraduate dissertation around November 2011. An electronic copy of the research will be provided to participants on request. The results may be further published in relevant academic journals or used at conferences / seminars. Participants will not be identified in any report/publication.

13. Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed this research proposal.

14. Contact for further information

Researcher:

Stuart Baker 07590 373514 Stuartbaker999@hotmail.com

Supervisor:

Patricia Moran 020 8579 2505 Patricia.Moran@metanoia.ac.uk

Both c/o:

Metanoia Institute

13 North Common Road

London, W5 2QB

Thank you for taking part in this study. Please retain a copy of the information sheet and a signed consent form.

Version 2 18th February 2010

Appendix 3: Mindfulness Information for Participants

Please find below further details on the mindfulness training:

If you require any further information please call Stuart Baker on 07590373514 or e-mail me: <mailto:stuartbaker999@hotmail.com>

What is Mindfulness?

There are many definitions of mindfulness of which Jon Kabat-Zinn's is probably the most cited in the west:

"a particular way of paying attention: on purpose, in the present moment, and non-judgementally" (1994).

What Type of Mindfulness Training?

The mindfulness training I provide is a combination of MBSR, MBCT and Insight Dialogue:

MBSR and MBCT

Mindfulness Based Stress Reduction (MBSR) is the most frequently cited MBA according to Baer (2003) was developed by Jon Kabat-Zinn (1982) in a behavioural medicine setting at the university of Massachusetts Medical Center for patients with chronic pain and stress related conditions. It is a highly structured group psycho-educational intervention based on intensive training in mindfulness meditation together with its application and integration into everyday life. Increasingly this programme is being sought out by psychotherapists and trainees to develop mindfulness for personal use and to integrate in their practice (see literature review on trainee therapist research). A London based mindfulness teacher / therapist who runs regular courses told me that the majority of her participants were therapists – and upto to half of these from Metanoia.

Mindfulness Based Cognitive Therapy (MBCT) was developed by Teasdale et al (2002) and is based on MBSR using the same structure and practices, but specifically developed to address depression relapse. In addition there is a focus on: didactic elements around depression and understanding cognitive aspects of our experience together with techniques and exercises from cognitive behavioural therapy (Crane 2004).

Typically these programmes are conducted over 8 weekly sessions lasting 2-3 hours, with an all day intensive session held on one of the last sessions. Sessions may include 10-20 participants and typically include individuals with a diverse range of conditions or specific populations in some settings. A crucial component of the training is a commitment to home practice of around 30-45 minutes a day, 6 days a week (CD's are provided to facilitate this).

However, skills alone are insufficient to develop mindfulness: Kabat-Zinn asserts that *‘To cultivate the healing power of mindfulness requires much more than mechanically following a recipe or a set of instructions...The attitude with which you undertake the practice of paying attention and being in the present is crucial’* (Kabat-Zinn – 1992). Practitioners need to develop the attitudes of: non-judging, patience, trust, beginner’s mind, non-striving, acceptance and letting go to support and deepen their practice. In addition practitioners need to bring a commitment and motivation to regular practice.

The sessions are highly experiential, including a range of mindfulness meditations and practices, together with an inquiry process and discussion of participants’ experiences. A key part of the experiential learning is derived from the inquiry process led by the teacher or undertaken in groups into participants’ own experiences of the practices. The conceptualisation of their experience is further developed through teacher led facilitation of group discussion.

Woven into the intervention is a range of didactic information on stress, awareness, attention, nature of mind, acceptance etc linking to participants’ in class and home experience. Poetry and short stories are often used to help bridge the gap between understanding mindfulness at a cognitive level and connecting with it at a more heartfelt level.

Meditation skills taught:

- ❖ Body scan – involves a progressive movement of attention through the body from toes to head while non-judgementally observing physical sensations in each region.
- ❖ Sitting meditation – with mindfulness of breath, sounds, body, thoughts, emotions, and difficulties.
- ❖ Mindful movement: walking meditation and stretching exercises (chi kung or hatha yoga postures)
- ❖ Loving kindness meditation – practice to develop compassion toward self and others
- ❖ Insight Dialogue - relational mindfulness practice in pairs
- ❖ Informal practices to bring mindfulness into every day life

Additionally it is important to see mindfulness as more than simply meditation. Mindfulness is ‘inherently a state of consciousness’ involving attending consciously to one’s moment to moment experience (Brown and Ryan 2003) and meditation practice is simply a means used to develop the state or skill of mindfulness, a form of ‘scaffolding’, according to Kabat-Zinn (2005). Thus a significant part of the training is the setting up and subsequent discussion of homework activities designed to extend mindful awareness to everyday life outside of formal meditation sessions.

Insight Dialogue

Insight dialogue was developed in 1995 by Gregory Kramer an insight meditation teacher, and was developed to bring mindfulness into everyday relationships. Landale (2009) proposes that insight meditation is highly relevant to psychotherapists 'as it offers a simple structure for cultivating relational mindful attunement in our clinical practice'. It seems to have entered the UK in the last 12 months with Kramer running a UK training retreat and with 2 trainings planned for 2010. It is now being taken up by the University of Bangor in their Mindfulness for Psychotherapists training (which I have attended) and by other mindfulness trainers. (E.g. Cindy Cooper at Bangor, Catherine Mc Gee at Gaia, Margaret Landale –independent trainer).

The practice of insight dialogue consists of six elements: pause, relax, open, trust emergence, listen deeply and speak the truth (Kramer 2007). My own experience of insight dialogue is that it facilitates something that enables me to hold a certain presence and can be seen as a parallel to the therapeutic process. The 'pause' enables me to disrupt my current mindset or automatic pilot, which when I 'relax' and 'open' (by using mindfulness techniques of breathing, grounding, clearing a space) facilitate an entry process into deeper relationship (cf. Geller's preparing for presence discussed above). By cultivating a quality of not knowing, without a fixed agenda and allowing the intersubjective process to emerge and unfold I can be more present with the other and in a place of 'trusting emergence'. 'Listening deeply' with heart and mind I become aware of my internal responses, attune to the other and choose how to respond rather than react. From this place my verbal communication to the other arises from a place of compassion and respect, and prepares the ground for 'speaking the truth'.

Who will teach the course?

The course is led by Stuart Baker who has over ten years' meditation experience and undertaken Mindfulness Teacher Development. After 15 years senior management experience in large corporations Stuart is undertaking a career transition and in the fourth year of doctoral training as a Chartered Psychologist and Integrative Psychotherapist at The Metanoia Institute:

I have a long-standing interest in mindfulness and meditative practices which informs both my personal and professional selves. I have been meditating for ten years and feel this has made a significant impact on my personal well-being, relationships with others and way of being in the world. My mindfulness training includes a wide range of retreats at Gaia House and elsewhere together with trainings from the University of Bangor, including their Teacher Development and Mindfulness for Therapists programmes.

Mindfulness practice supports my integrative position and informs my clinical practice on a number of levels: first it informs my self and way of being with clients, second I have been integrating a mindfulness approach into my clinical work and thirdly I have begun teaching mindfulness courses.

In practicing mindfulness meditation I have become more attuned with and accepting of my own experience and that of others. In particular I have developed a greater sense of embodiment and connection to my own feelings as well as a greater felt-sense of my clients' bodily sensations and emotions. Meditation and mindfulness is sometimes regarded as being an individual activity and intrapsychic. However, my own experience has revealed that I need to be present to myself before I can be present to others, especially clients. Thus I believe mindfulness benefits therapists at a relational level which can facilitate a way of being in relationship for the therapist that allows for a different form of engagement.

I am excited by the development of 'insight dialogue' by Gregory Kramer (2007) where mindfulness is being expanded beyond individual practice into our everyday relationships. It is highly relevant to therapists as it offers a simple structure for cultivating mindful relational attunement in our clinical practice (Landale 2009). I am keen to develop this interest by further exploring how both individual and interpersonal mindfulness practice might complement psychotherapy training.

Where and When is the Training?

I have a few places left on the following course:

The Mindfulness Training will take place at Metanoia in Ealing on Friday evenings from 18.15 to 20.45, from April 8th to May 28th (for map see <http://www.metanoia.ac.uk/contactus>). There will also be a one-day session on Sunday May 16th, from 10.30-4.30, venue TBC). I also hope to arrange an additional course in June/July or September / October.

What are the training entry criteria?

1. You need to be in a supervised clinical placement with a minimum of 25 hours before the training commences
2. To be in personal therapy
3. Commitment to course attendance and daily home practice

Appendix 4: Research Consent Form

Participant Identification Number:

Title of Project:

“Working in the present moment: A phenomenological enquiry into the effect of mindfulness practice on presence and relational depth in psychotherapists in training.”

Name of Researcher: Stuart Baker

Please initial box

1. I confirm that I have read and understand the information sheet dated 18/02/2010 for the above study and have had the opportunity to ask questions. ☐
2. 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. ☐
4. I understand that the focus group and my interview will be taped and subsequently transcribed ☐
5. I agree to take part in the above study. ☐
6. I agree that this form that bears my name and signature may be seen by a designated auditor. ☐
7. I meet the research participant criteria detailed in the Participant Information Sheet ☐

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
Stuart Baker	_____	_____

Appendix 5: Mindfulness Training Participant Registration Form and Checklist

Title:	First Name:	Surname:
Address:		
Tel:		E-mail:
Age:		
Do you have any physical illness or limitations you think I should be aware of?		
Are you on any medication that you think I should be aware of?		
Have you had any mental ill-health issues within the last few years, such as anxiety or depression? If yes, please tell me about it here or phone me:		
I understand the training requires daily home practice of 30-45 minutes and am committed to this		
Signature:		Date:

Research Study Criteria Checklist	Please complete:
I am currently a psychotherapy student on a UKCP/ BPS recognised course at:	
Course Title:	
Modality:	
Year:	
I am currently seeing clients and in supervision	Yes / No
I am currently in weekly therapy	Yes / No
Number of clinical hours to date	
I have not previously attended an MBSR/ MBCT course	Yes / No
Signature:	Date:

Your personal data will be treated in confidence.

Appendix 6: Mindfulness Training Details

6.1 Course Overview: The Eight Week MBCT / MBSR Course

Rationale and Aims

This module aims to provide an experiential understanding of mindfulness, both formal meditation practice and informal mindfulness practice. The programme is based on the Mindfulness Based Stress Reduction developed by Jon Kabat-Zinn and the Mindfulness Based Cognitive Therapy programme developed by John Teasdale et al and facilitated in the context of its application to psychological therapists and coaches. The primary aim of this module is the cultivation of a personal mindfulness practice and its application at an intra-personal level to create a foundation for working in relationship with others. Our ethos is that we need to be mindful and present to our own experience before we can do so with others.

Structure:

5 teaching days, over a period of 7 weeks, from 10.30-16.30:

- Day 1 – Sessions 1 and 2
- Day 2 – Sessions 3 and 4
- Day 3 - Sessions 5 and 6
- Day 4 - A full day of silent practice
- Day 5 – Sessions 7 and 8

Learning Outcomes:

On completion of this module successful participants will have:

- An experiential and felt-sense versus. conceptual understanding of mindfulness
- Established the foundations to establish and sustain a personal mindfulness practice
- Developed embodied mindful awareness,
- Gained further insight into personal patterns
- Explored and cultivated the mindful qualities of self-acceptance, non-judgment, openness to one's own experience, self-compassion, and presence
- Enhanced strategies for self-regulation and resilience
- Developed an experiential understanding of the application of mindfulness both intra and inter-personally

Syllabus:

This introduction to mindfulness includes the following:

- Session 1: Automatic Pilot
- Session 2: Dealing with Barriers
- Session 3: Mindfulness of breath
- Session 4: Staying Present
- Session 5: Acceptance and Allowing /Letting Be
- Session 6: Thoughts Are Not facts
- A day of silent practice
- Session 7: Taking care of myself
- Session 8: Acceptance and Change / Integrating what has been learned

This module is essentially experiential, focusing on a range of meditation and awareness practices:

- Mindfulness of body
- Mindfulness of breathing
- Mindfulness of thoughts
- Mindfulness of the mind
- Walking meditation
- Mindful movement (chi-gung based)
- Interpersonal meditation
- Metta (loving-kindness practice)

Teaching and Learning Strategies:

- Mostly experiential meditation practices
- Individual, pairs and group work
- The use of poetry, story and metaphor
- Group enquiry process and discussion

Key Learning Materials:

- MBSR /MBCT Workbook
- Meditation CD's:

I recorded two of my own mindfulness CDs to support participants in their home practice. I believed it important to provide CD's with for continuity of experience from the class sessions rather than use Jon Kabat-Zinn's or another of my teachers. This was not just a question of consistency of spoken voice, but through the CD's embodying my own particular way of teaching and authenticity, consistent with my approach in sessions. Mindfulness teachers are generally encouraged (e.g. by Bangor CMRP) to record their own CDs, based on the core mindfulness practices in MBSR. I developed scripts for my CD's based on the four foundations of mindfulness (Nyanaponika, 1962) and using a structure consistent with Jon Kabat-Zinn's scripts (1990). However, I aim to make these CDs my own by using phrasing that I have accumulated over time through many teachers and retreats and blending this to provide my own script, which with my voice, tonality, rhythm, pitch etc combine to form my own individual CD. Participants were able to use these to support their home practice if they chose to and were also encouraged as the course progressed to experiment with guiding themselves:

1. Body Scan
2. Mindful Movement Introduction
3. Mindful Movement Stretching
4. Mindful Movement Qigong
5. Sitting Meditation

6.2 Session Agenda Examples:

Session 1: Automatic Pilot	2.5hrs	Issues
Grounding / Sitting with Stone	10	How am I feeling right now?
Welcome Housekeeping Name intro's Map exercise Guidelines for Participation Learning Contract	15-20	Building a supportive environment...self-care.... 'to be as we are' as we get to know each other
Guided Pebble Meditation - Intention-setting Group go-around	5 15	What brought me to the course? What do I want from it?
Raisin Exercise and Discussion	20	M definition Auto pilot
Guided Body Scan and Discussion	60	Link mind and body
Set HPA: <ul style="list-style-type: none"> • Body Scan • Mindful eating • HP Record and Diary • Journaling? • 9 dots 	10	Importance of HPA: 'you don't have to enjoy it – just do it' Notice any stumbling blocks 'Not if but when...'
Poem: Bend in the road	5	
End with MOB / stone	5	Prime posture and breath
Attendance / Collect MM/ sigs		

Session 4: Staying Present	2.5hrs	Issues
Settling and Seeing Practice	5-10	Grounding – opening to seeing – walking – noticing mind identifying objects – let go Of thinking about seeing and seeing as seeing – small focus – expand panorama
Sitting meditation - Mindfulness of Breath, Body Sensations and Whole Body, Intensity, Sounds, Thoughts and Emotions Inquiry	30 10-15	Emphasis on working with discomfort/painful physical sensations
HPI: Daily Sitting, MM	10-15	Inquire: <ul style="list-style-type: none"> • exp. of working with physical sensations? • Rel btw. BS and MM? • Connect to daily life
Guided Pleasant and Unpleasant Events Reflection and Inquiry	15 10	<ul style="list-style-type: none"> • Flip chart: one person to report on PE and UE. Talk through it then get them to pick out different aspects of experience –Then ‘How are you feeling now?’ – clinging / aversion • Brainstorm the felt sense of being P/ UP
Territory of Stress	20	<ul style="list-style-type: none"> • Physical Stress Barometer • Stress Reactions Brainstorm • Stress didactic
Coping Space	10	<ul style="list-style-type: none"> • Diff. from 3MBS • Emphasising this not about fixing or avoiding but staying present. Dealing with the difficult. • Analogies
Healing from Within Video	20	
Set HPA: <ul style="list-style-type: none"> • MOB and B • 3MBS x 3 day • Coping Space • Stress awareness – reactions and behaviours • Mindfulness Measure • Halfway review 	5	
Wild Geese	5	

Appendix 7: Focus Group Discussion Guide:

Friday June 4th 2010 Location: Metanoia 18.15 – 20.45

The agenda below contains indicative timings. You may need to adapt!

18.15 -18.35 Meditation	Sitting Practice led by Stuart
18.45 Introduction 5 minutes	<p><i>Opening:</i></p> <ul style="list-style-type: none"> • Thank you...welcome... • 'We're here to look at your experiences and the impact of the mindfulness training and practice you have been undertaking. We will look at both you personal and professional / clinical experiences'. <p><i>Establish ground rules:</i></p> <ul style="list-style-type: none"> • Only one person speaking at a time • No side conversations • Everyone participating with no domination • Make group members feel responsible for generating and sustaining their own discussion
18.50 Discussion Starter Question 15 minutes max	<p>Each person to make an opening statement: <i>"Taking a minute or so each please can each of you in turn describe and give me examples of any discoveries or surprises or something that really stands out for you from your mindfulness practice?"</i> (write notes first?)</p>
19.05-20.20 Topics and Prompts Up to 75 minutes	<p>Create an opportunity to introduce first substantive topic on the guide: <i>SEE TOPIC GUIDE</i></p>
20.20 – 20.35 Final summary statement Up to 15 minutes	<p>Asking for a final summary statement from each participant in turn, 1 minute each 'Please can you take a minute or so to summarise (i) What has the meditation training and practice has meant to you? and (ii) 'What have been the most important parts of this discussion for you?'</p>
20.35 Closing	<ul style="list-style-type: none"> • Thank for participation • Permission: 'If we need to contact or call you for clarification on anything arising from this is it OK for us to contact you?' • If asked: individual interviews September – October 2010 and debriefing Q2 or Q3 2011

Debriefing interview with moderator by me

Research Topic Guide:

Topic	Time	Topic Area and Prompts
1.	20m	<p><i>Phenomenological experience: 'How have you <u>experienced</u> mindfulness?'</i></p> <ul style="list-style-type: none"> • Can you describe what happens when you meditate? What do you experience e.g. How do you feel etc...? • What is your experience after formal meditation practice? How do you feel / think...? • How do you experience mindfulness in your daily life? • To what extent do you believe the mindfulness training and practice has enabled you to develop your level of mindfulness? (How?)
2.	20m	<p><i>Self / identity: 'What has been the <u>personal impact</u> of the mindfulness training and practice on you?'</i></p> <ul style="list-style-type: none"> • How does Mindfulness impact your way of being in your personal life? How has it made a difference to you? • Has it made a difference to the way others see you? What would friends / family/ colleagues say and notice about you as a result of the mindfulness training and practice? • What's changed for you personally as a result of the training and practice? What changes have you seen in yourself? • Has it made a difference to how you see yourself / know yourself?
3.	20m	<p><i>'What has been the <u>professional/ clinical impact</u> of the mindfulness training and practice on you?'</i></p> <ul style="list-style-type: none"> • How does Mindfulness impact your way of being with clients in the therapeutic encounter? How do you experience mindfulness in your clinical work? • What's changed in your clinical practice as a result of mindfulness? • What does working in the present moment mean to you and how has mindfulness impacted your capacity to work in the present moment? • What does working at relational depth mean to you and how has mindfulness impacted your capacity to work at relational depth? • What would your clients and supervisor say and notice about you as a result of the mindfulness training and practice? • How does it make a difference to your clients / the therapeutic relationship?
4.	If time: 10-15m	<p><i>Training Programme and Personal Practice:</i></p> <ul style="list-style-type: none"> • How did you experience the mindfulness training programme? • How will you continue your mindfulness practice going forward? • How did you experience the trainer?

ASKING FOR ILLUSTRATIVE EXAMPLES

Personal and Clinical impact – try for these separately with the emphasis on personal to start but these may emerge intertwined.....

Appendix 8: Semi-structured Individual Interviews - October 2010

1. Agenda:

1. Introduction <ul style="list-style-type: none"> • Introductions • Rapport building • Reiterate anonymity / right to withdraw • Introduce questions - reinforce – ‘<i>your</i> experience that’s important, any examples...’ 	5m
2. Questions	45-60m
3. Thank you / de-brief OK /permission to contact for clarification? / close	5m

2. Interview Schedule:

1. General Mindfulness Experience

“I’m going to start by asking how have you experienced mindfulness? Perhaps as we talk you might share any examples that come to mind.”

2. Personal Impact of Mindfulness on Self

“I’d now like to ask about the impact mindfulness has had on you personally – if at all. Perhaps as we talk you could share any examples that come to mind”

3. Impact of Mindfulness with Clients

“I’m interested in finding out about your experience of mindfulness on your client work. Perhaps you could tell me how you feel the mindfulness training has impacted your way of being in room with clients - if at all.”

4. Mindfulness of Presence

‘I’m interested in finding out about what the impact of mindfulness might be on your sense of presence. Perhaps we could talk about what presence is for you? Then if you could tell me whether you feel the mindfulness training has impacted your capacity to be present - or not?’

5. Mindfulness of Relationship

‘I’m interested in finding out about how mindfulness might impact the way you experience relational depth (connection) with clients? Perhaps we could talk about what relational depth means to you, then if you could tell me whether you feel that the mindfulness training has impacted that for you or not.’

6. Making Sense of Mindfulness

“I’m interested in finding out about how you make sense of mindfulness. How do you think mindfulness might ‘work’ for you (if at all)? “

7. Mindfulness and therapy training

“I’m interested in finding out about how you experience mindfulness alongside your core psychological therapy training. Perhaps you could tell me about any differences you’ve noticed between the experiential aspects of these trainings?”

8. Therapeutic Qualities

“I wonder how the mindfulness training has influenced your therapeutic qualities (if at all)?” (e.g. empathy, compassion...)

9. Value

“I wonder what the mindfulness training has given you (if anything)?”

10. Mindfulness in the future

“I’m interested in finding out about how you might intend to use mindfulness going forward – if at all?”

11. Closing

“We’re coming toward the end of the interview so I wanted to give you the opportunity to talk about any aspects of your mindfulness experience that we haven’t covered?”

“To finish please would you take a minute or two to summarise what aspects of the mindfulness training have stood out most for you?”

Appendix 9: Pilot Study

Prior to commencing the main study I decided to undertake a pilot investigation to inform me about the training intervention I would use and to test out how this might unfold with trainee therapists. Having spoken to a range of mindfulness teachers who are also psychotherapists there appears a split in philosophy to teaching mindfulness to therapists. One clinical mindfulness supervisor and mindfulness teacher at the University of Bangor strongly suggests adhering to the generic MBSR / MBCT programme as devised by Kabat-Zinn (1994) and amended by Segal et al (2002) and only after this would participants train on a therapist focused course. Other prominent mindfulness teachers / therapists offer mindfulness programmes tailored specifically for therapists - though these are usually not reliant on participants developing a personal meditation practice.

Given this difference I decided to undertake a small pilot training group before embarking on the principal research to determine whether trainees believed the standard (but contextualized) MBSR/MBCT course met their needs or whether they believed they needed something more explicitly tailored to therapists. The pilot was with a small group of four trainee counseling psychologists / psychotherapists, run as a hybrid MBSR/MBCT 8-session course over 8 weeks. The training was followed-up with an open-ended questionnaire (Appendix 9: Pilot Questionnaire) in which participants felt that the training was suitable for therapists in its present form.

On this basis it was decided to run the core MBSR/ MBCT hybrid for the research groups as opposed to designing a therapist specific curriculum. The additional benefit of this approach would be that I would be using the established and evidence based mindfulness training. In this way I would be understanding participants' experience of mindfulness from this perspective rather than additionally evaluating their experience against a new untried curriculum. However, I was aware of therapists as a distinct population and contextualised the course appropriately.

Appendix 10: Analytic Process

Step 1: Immersion in the data:

The transcripts were entered into Excel and the lines numbered. The transcripts were read and listened to several times to immerse myself in the data and become familiar with it. The left-hand column was used to make initial notes and impressions on anything significant or interesting that appeared. The Excel spreadsheet is referred to as the '*Master Worksheet*' and contains all the transcript and coding data from each stage in a fully searchable format (see Appendix 10.1).

Step 2: Capturing 'Descriptive Themes'

The next stage was to determine a 'Descriptive Theme' for each line (demonstrated in Appendix 10.2 and 10.3, with two spreadsheet extracts from Sally and Peter) which captured the '*descriptive core*' of the participant's experience with '*a clear phenomenological focus*' on areas that mattered to them while staying very close to their expressed experience (Smith et al 2009, p.83). This was done for each transcript, producing around 100-150 themes per transcript.

Step 3 Developing 'Emergent Themes'

Another column was created to the right of the 'Descriptive Theme' which sought to reduce the data into a smaller number of 'Emergent Themes' (demonstrated in Appendix 10 with two spreadsheet extracts from Sally and Peter) which related to the research questions. These 'Emergent Themes' were words or phrases that encapsulated the essence of the participant's original words together with my interpretation or understanding of this, reflecting '*a synergistic process of description and interpretation*' (Smith et al 2009, p.92). As 'Emergent Themes' were developed from successive interviews they were checked against earlier codes and updated appropriately in an ongoing iterative process across cases.

Step 4 Connecting 'Emergent Themes' across cases

The purpose of this step was to start mapping how these themes might fit together. I produced a sheet of 'Emergent Themes' from four transcripts which I printed and cut into strips such that each theme was on a separate piece of paper. This enabled me to explore a spatial-representation of how the 'Emergent Themes' related to one another (Smith et al, 2009, p.96).

I also repeated this exercise with a colleague to get a fresh perspective and reduced the data to around 50 broader 'Emergent Themes' across 10 groupings. These were then applied to all eight interviews and the two Focus Groups such that all 10 transcripts were consistently coded. Having put all the transcripts in Excel filter tables, all columns were fully searchable and enabled themes to be updated quickly and easily (see Appendix 10, with two spreadsheet extracts from Sally and Peter).

Step 5 Developing 'Super-ordinate and sub-ordinate Themes'

The purpose of this stage was to further reduce the data in a process of 'subsumption' (Smith et al, 2009, p.97) by determining connections between the 'Emergent Themes' across all the transcripts to create clusters of 'Super-ordinate themes' with associated 'Sub-ordinate themes' (Smith et al, 2009, p.101). I explored the 50 themes above by putting them on post-it notes on a wall and experimenting with different clusterings over a couple of weeks. This was a lengthy and iterative process as I tried to balance reducing the data without losing what seemed like important themes whilst looking for a 'gestalt' to illustrate the relationships between them (Smith et al 2009, p.79). From this I created a series of graphical representations (examples shown in Appendix 11) moving to 30 then finally 15 themes across several iterations, across four super-ordinate themes. These final theme codes were audited by two colleagues who each arrived at over 95% consistency with my coding.

Following this a *Master Table of Themes* was produced (see Table 1) showing the super-ordinate and sub-themes with descriptive labels that captured the conceptual nature of each theme. A '*Master Table of Themes by Participant*' was produced to cross-tabulate each sub-ordinate theme by participant to highlight the high-level similarities and differences between them (Appendix 12).

Step 6 Producing transcript extracts and summaries of sub-ordinate themes

A spreadsheet file of '*compiled extracts*' (Smith et al 2009, p.114) was created to illustrate each sub-ordinate theme (using Excel filter searches on the '*Master Worksheet*' in Appendix 10) mapping all relevant quotes for each sub-ordinate theme by participant (example in Appendix 13). A '*Master Table of Theme Locations by Participant*' (Appendix 14) was then produced to summarise the relevant quote locations (worksheet reference and line reference) for each sub-ordinate theme by participant, as a further attempt to demonstrate transparency and tie themes directly back to the relevant quotes for audit and transparency purposes.

The stages and processes above are described sequentially to convey a directional sense of the clear and logical 'macro' processes followed. However, the overall process involved many 'micro' processes of cycling back and forth between the stages and transcripts over several months, updating themes and re-applying many times, as my thinking deepened and developed.

Step 7 Quote validation and selection for the analysis write-up

Each of the 15 '*compiled extracts*' showing all the quotes by sub-ordinate theme by participant were reviewed in turn. I printed these off, sifted through each extract to further reduce the data for the analytic stage: highlighting the quotes that I thought best illustrated the sub-ordinate theme and deleting those that were deemed less good examples. In doing this I also endeavored to select a representative sample of quotes that represented the individual participant and also to get a balanced representation across all participants.

Again this stage was an iterative process looping back to coding: as I reviewed the quotes by theme I took the opportunity to further validate and amend the 'Emergent Theme' coding e.g. where I had two codes for a quote trying to reduce this a single code which most captured the participants meaning and aligned with my interpretation which was evolving throughout the process. I also found myself further amending, combining and reducing codes as my understanding and interpretation evolved throughout.

This concluded this stage of the analytic process and these selected quotes, relevant to the research questions, were copied and pasted from Excel into Word for the writing-up process. The quotes which were used in the Analysis section were edited to improve readability and fluency, with less relevant material was edited out and replaced by [...] so that there could be a focus on key meanings. Care was taken to ensure that this did not affect the integrity of the participants meaning.

10.1 Key to 'Master Worksheet'

The worksheet was developed in Microsoft Excel, using 'Pivot Table' functionality to allow for searchability and compilation of data extracts as required

Intro to using Master Workbook:						
INTERVIEWS	2 Focus Groups	8 individual interviews				
	8 and 7 participants each - 15 in total	a subset of the same 15 in the focus group anonymised	All interviews were carried out by an independent third party	participants are alphanumerically coded for anonymity		
EXPLANATION OF HEADERS	First Impressions	Line	Transcript	Descriptive Theme 1	Emerging Theme 1	Sub-superordinate theme 1
The arrows on the headers have drop down boxes allowing you to filter particular themes	This is my initial impressions on reading the transcript	This is the line number for later identification of quotes.	Verbatim transcript of recording	On the first transcripts I identified 60-120 themes based closely on participants phenomenological experience, often using their words	These are a condensation of the descriptive themes to around 40-50	The emerging themes were condensed into 4 super-ordinate themes with 14 sub-ordinate themes in total
	Incomplete on some transcripts as I did this on hardcopy mainly	Sometimes I've highlighted the interviewers questions in a different colour / sometimes not -but generally obvious				
CODE KEY'	This is a list of the near final super and sub-ordinate codes of the data	Also includes further details on the definition of the code	Clearly aspects of codes overlap			
CROSS-TAB	This summarises which codes each participant meets					

10.2 Example Pages of Peter's Transcript and Coding from 'Master Worksheet'

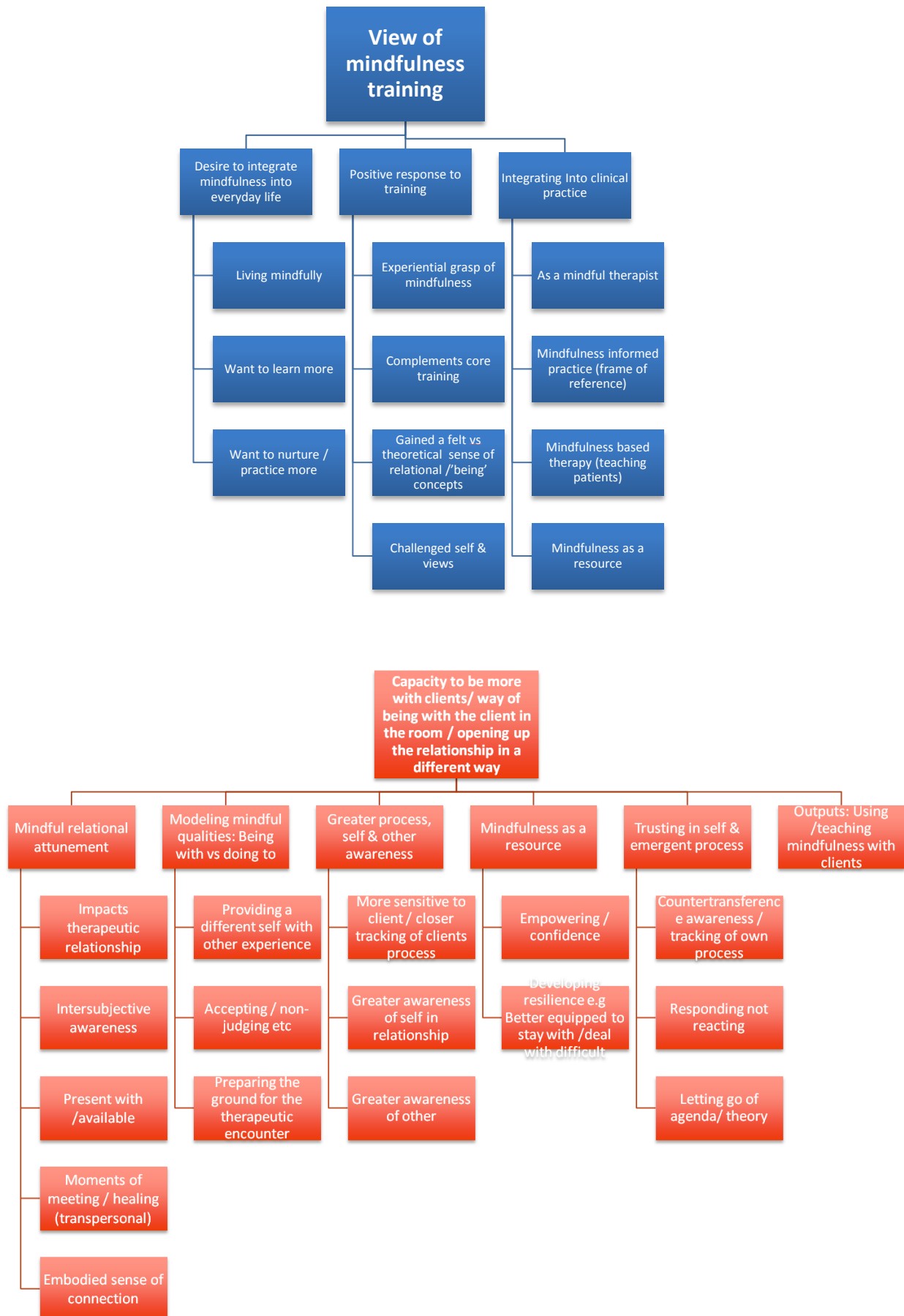
First Impressions	Line	Transcript	Descriptive Theme 1	Emergent Theme 1	Super-ordinate sub-theme 1	Descriptive Theme 2	Emergent Theme 2	Super-ordinate sub-theme 2
	1	I thought I'd kick off by asking how you have experienced the mindfulness in practice.						
strong attribution of impact of M	2	I really enjoyed it for a number of reasons. I think its given me insight into my connection between mind and body has been really helpful both in day to day and activities and also in a therapeutic setting, where I might have been feeling anxious or annoyed or along those lines with a client, erm through practicing mindfulness I've been more capable of being aware of that feeling in the session, then being able to deal with it in the session, so its helped me influence how I approach clients.	insight into mind-body connection	body-mind connection	1.1 Deepening self-attunement & embodiment	really helpful	2.1 Greater self & process awareness	
	3	Ok so can you bring to mind any example where you felt a bit angry or...?						
noticing his striving at	4	Yeah. I've got a recent client who I've been seeing at the moment who, erm, who has been failing to attend a number of sessions, er due to a number of reasons, mainly due to substance misuse and its been difficult, er to build up, say momentum, with her and I think because I'm quite goal oriented myself and I like and work within a CBT framework, its important to have and often its quite time limited as well, so er, to achieve as much as possible in therapy I want us to do quite a lot in the session but obviously trying to pay attention to where the client is, I think at times, what's annoyed me when I've been there and the client hasn't turned up, and I think in a session I had with this client yesterday she did turn up and I think at the start of the session, and sometimes I was a bit...I could feel I was a bit maybe, irritated or not as motivated to work with this client as I am with certain others ...and it was helpful for me to be aware of that and to be able to try to deal with that with the client.	noticing feelings towards client	counter-transference awareness	2.1 Greater self & process awareness			
	5	Yeah, that sounds great, can you tell me a little bit how you used mindfulness to manage that, what mindfulness felt like or...?						
strong attribution of impact of M	6	Erm, well I guess for me just erm just to be able to ...the greater awareness of how I'm feeling, so being just being aware of that and paying attention to my bodily symptoms and how I'm feeling, not so much initially to how I'm thinking or to much more to what I'm feeling and then from that becoming more aware of what I've been thinking...and I guess that awareness was gained from the mindfulness training and trying to practice mindfulness at the sessions and on my own, erm it hasn't always been as easy to find the time for it ...so its been a bit on and off but I've certainly still been doing it and its been helpful when I've been doing it and helpful even when I haven't been doing it, still me made me more aware or just focusing on it in the session and I think that's helped me with clients so its been easier to deal with my...how I feel and my own emotions and feelings I've been able to use it in a constructive way with clients and that's been helpful in terms of creating a therapeutic relationship, working with the client.	greater awareness of body and feelings	counter-transference awareness	2.1 Greater self & process awareness	useful in creating a therapeutic relationship	enhances therapeutic relationship	3.3 Deeper connection
	7	Yeah, ok, so sounds like awareness has been quite key in helping you become aware of your own emotions and feelings and thoughts in the room with the clients and how has that impacted the therapeutic work?						

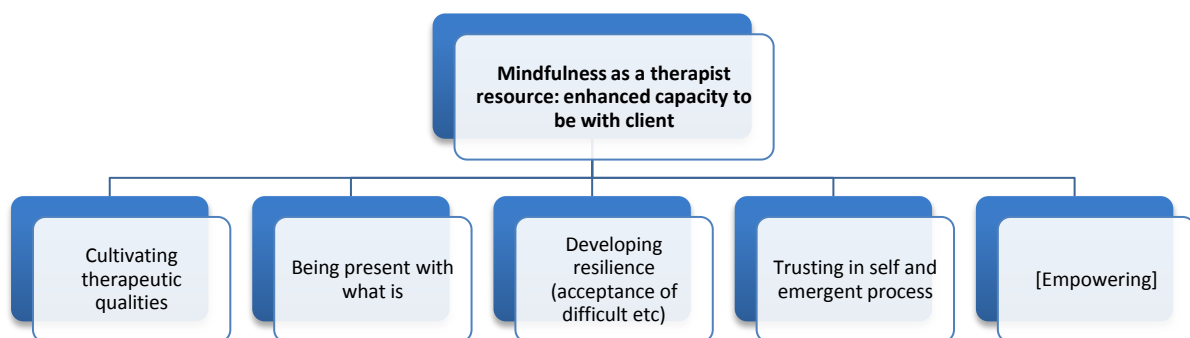
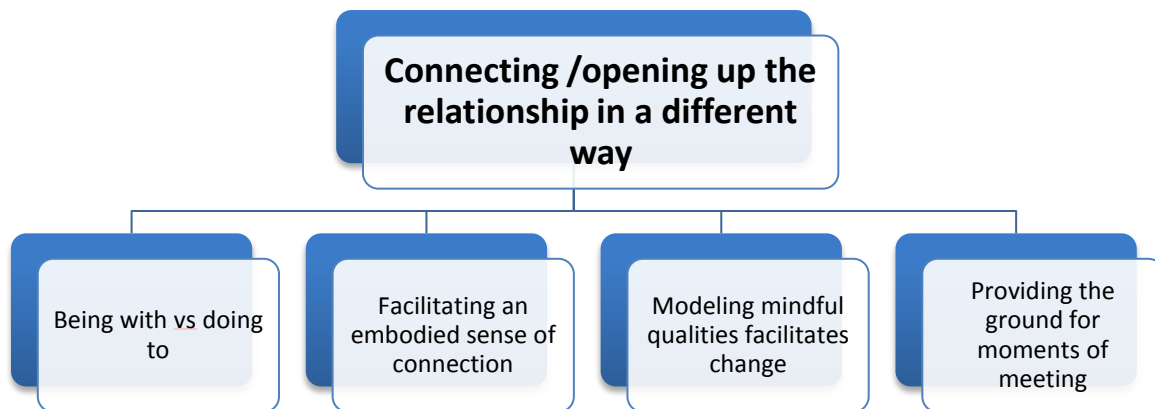
10.3 Example Pages of Sally's Transcript and Coding from 'Master Worksheet'

Impressions	Lin	Transcript	Descriptive Theme 1	Emergent Theme 1	Super-ordinate sub-theme 1	Descriptive Theme 2	Emergent Theme 2	Super-ordinate sub-theme 2
	1	I was wondering if you could bring to mind some of your most recent experience of mindfulness meditation and just tell me a little but more about what the experience is like for you.						
	2	Ok,I suppose already I think there's being mindful and there's formal practice, so if we're referring to formal practice here or...	formal vs informal practice	mindfulness practice				
	3	Well you can start off talking about formal practice and go on						
	4	Well the last thing that immediately sprung to mind was doing the dishes the other day and doing it mindfully, so I kind of got into erm taking care and noticing what my experience was of washing up and doing each piece not for the sake of getting it all done, but for ...for the experience of doing it if that makes sense, paying attention to that, <i>trying to empty out my mind of the normal thought processes and just trying to get in to experiencing where I was right in that moment</i> in front of the sink, washing the cutlery and the plates	experiencing where I was right in that moment	fuller experiencing	1.2 A new way of connecting to experience with openness and acceptance			
	5	What was that like for you as you did that?						
	6	It was satisfying, it <i>takes the chore out of doing chores</i> , since having done the course its one thing I've done more often with chores, trying to get mindful about it, so there's <i>something quite satisfying about it</i> , quite ...I want to say healing or peaceful but it doesn't quite touch it.	satisfying / takes the chore out of doing chores	awareness itself transforms experience	1.2 A new way of connecting to experience with openness and acceptance	healing / peaceful	grounding	1.4 Creating a sense of well-being & resilience
	7	There's something about <i>destress</i> in that moment and not allowing all the other normal things to interfere, so I guess it is quite <i>relaxing</i> but obviously not the same as lying down and relaxing but <i>there's something emptying about it without leaving you empty</i> , its quite fulfilling, but <i>there's something about emptying the clutter</i> for a moment or two that feels quite relaxing.	relaxing / distressing	grounding		emptying without leaving you empty / emptying the clutter	grounding	1.4 Creating a sense of well-being & resilience
	8	So it feels that ...like some of the clutter goes and then you're left with?						

	99	That's funny, because I'm working in a centre for adults with personality disorders at the moment and I keep thinking , <i>they all need mindfulness</i> , well that they could get so much from it , by that I mean there's something about <i>slowing down , taking stock</i> .	slowing down, taking stock	slowing down		clients need mindfulness		
	100	So by <i>slowing down and paying more attention to your experiences I guess you have more , more control, more awareness, you're noticing your tendency to be critical or judgemental or , and by noticing that you can perhaps do something differently.</i>	slowing down, taking stock - allows more control and awareness	slowing down	1.3 A path of self-discovery	awareness allows you to do something differently - choice	choosing how to respond	
again paradox of control	101	<i>I think there's something about learning skills that alter your state that you take with you for life, that any state you're in can be managed, altered, manipulated as it were rather than just being it and there's no way out and no control and I just have to go through this.</i> There's something about knowing that you have control, if that makes sense?	skills you can take with you for life'	learning skills	4.3 A different training experience	states can be managed / controlled	beter equipped to deal with difficulty	2.3 A sense of trust & empowerment
	102	<i>Could you give me an example?</i>						
	103	I'm just thinking , for example, when, I've said, earlier that I did a body scan because I was feeling anxious, and it was like I had an awareness that I knew ...I had some control over the experience of that anxiety and I could remain anxious and pacing and restless and busy ccc altering my experience or state of being so that it didn't feel quite as frantic as that which is why I thought I'd do the body-scan because I know I have some control over this state even though I feel that its whim as it were. So does that make sense?	control over states	bringing attention to experience changs it	?			
	104	<i>Yeah, it sounds like moving from a place where you feel you're controlled by it to feeling that...</i>						
	105	Yeah exactly, so there's those <i>skills</i> in general which I think ...are kind of <i>invaluable in terms of being able to manage affect</i> really and being aware of your own internal processes	invaluable skills to manage affect		1.4 Creating a sense of well-being & resilience			
	106	, and then the bit of being non-judgmental critical about that as well so noticing and paying attention to but not attaching the significance to it that can be quite unhelpful. it frees up some of that.	being non-judgmental		1.3 A path of self-discovery	free-up from critical thoughts		

Appendix 11: Examples of stages in data reduction / 'subsumption':





Appendix 12: Master Table of Themes by Participant

Cross-Tab: Codes / Participants	Individual Interviewees								Additional Focus Group Participants						
	Sally	Jaswinder	Tracy	Peter	Matthew	Katia	Gabriella	Liz	Sarah	Mark	John	Sunita	Tania	Olga	Luke
Super-ordinate Coding															
1. Opening up another way of being															
1.1 Deepening self-attunement & embodiment	x	x	x	x	x	x	x	x	x	o	o	o	x	X	X
1.2 A new way of connecting to experience with openness and acceptance	x	x	x	x	x	x	x	x	o	x	x	o	x	X	X
1.3 A path of self-discovery	x	x	x	x	x	x	x	x	x	x	x	x	x	X	X
1.4 Creating a sense of well-being & resilience	x	o	x	x	x	x	x	x	o	x	x	o	x	o	X
2. Mindfulness as a therapist resource															
2.1 Greater self & process awareness	x	x	x	x	x	x	x	x	o	x	o	o	o	X	X
2.3 A sense of trust & empowerment	x	o	x	x	o	o	x	x	o	o	o	o	o	o	o
2.2 Being with what is & developing a capacity to sit with the difficult	x	x	x	x	x	x	x	x	o	o	o	x	o	o	o
3. Enhancing relational depth															
3.1 Being with vs doing to	x	o	x	x	o	o	x	x	o	o	o	o	o	o	o
3.3 Deeper connection	x	o	x	x	x	x	x	x	o	x	o	o	x	o	o
3.2 Modelling mindful qualities	x	x	x	x	x	x	x	x	o	o	o	x	x	X	o
3.3b Moments of meeting	o	o	o	x	x	x	o	x	o	o	o	o	o	o	o
4. Integrating mindfulness															
4.2 Integrating mindfulness into core modality & training	x	x	x	x	x	x	x	x	o	x	x	o	o	o	X
4.1 Integrating mindfulness into clinical practice	o	x	x	x	x	o	x	x	o	x	x	x	x	o	X
4.3 A different training experience	x	x	o	x	x	x	x	x	x	o	x	x	o	o	X

X = theme present, O = theme not present (in focus groups it was not possible to cover as many themes by participant due to timing constraints)

Appendix 13: Example of Transcript Extracts of several participants for Theme 4.1 'Integrating mindfulness into own modality and training' (from 'Master Worksheet')

Line	Transcript
	Peter
62	No I don't think that's what it is I think sometimes people see CBT as quite rigid and formulized and sometimes I guess it is and it is at the same time there's a lot of room for building a therapeutic relationship and sitting with the client and creating a space where they can deal with things and its not all about implementing techniques, I think the mindfulness helps that I guess, although I train, have been trained in CBT, I know I'm going to do psychodynamic this year so it'll be a very different approach for me ...so it'll be interesting to see how it will influence it, from that point of view as well, because I think, I don't see CBT as a rigid, manualized way of dealing with things, I take what I need to take from other approaches and then I try to integrate it so maybe I practice more as an integrative practitioner in that way but I still use CBT techniques at times and still base it on CBT formulations at times. By being open to that I'm then also open to use mindfulness and being a mindfulness practitioner and it, I mean not everyone would agree with me that that's the right way of doing CBT. I guess that's ok with me but there are, I know that I've got one supervisor who's very for mindfulness and been doing mindfulness for many many years, and I've got another supervisor who's not really for it at all and they're both CBT supervisors so it depends. But it's, for me it works quite well with the CBT and at the same time I don't use it with all clients as it's not necessarily appropriate with all clients. At least not at the time when they come and see me, it might be appropriate at some later stage...
64	Well I think it'll help me to continue to be aware of what's going on for me, both in a bodily and a mind way, so that and that'll be helpful and I guess through that, with the psychodynamic work this year it will be helpful to see things from a transference and countertransference point of view, it might help me by being more mindful of things in a session, and I think personally I think I will continue to try to practice mindfulness as well, like I said it hasn't always been easy to find the time to practice, but I do try from time to time, I got to, well I went to a retreat not that long ago that Stuart recommended and I mean that was very interesting and I read books from time to time and I really do like the philosophy of mindfulness, so for me I'm not sure if I can detach myself from it, it just seems to be part of the way I think and part of the way I practice...
	Tracy
76	Because its all very well doing thought diaries and activity scheduling, and this lady is, 'sometimes I can't do these things', so there's this pressure I think using some of the techniques to... to be able to do these different things to feel better, whereas I think mindfulness would enable her to not be so..., I'm doing the activity scheduling but I can do it with , without having to, does it make sense?
81	Because I work with clients with addiction, I always say about mindfulness because I think, being mindful of whats going on while they're using drugs is really useful, and a couple of them have attempted to put that into practice, actually being mindful of what's going on in their body and their thoughts, before using, during and after. its been really helpful in completing the functional analysis and doing the normal CBT stuff
	Jaswinder
152	Ummmm... I think there are, well the tai chi definitely, I'm staying with that... I was, I much more interested in reading about it, I just got umm, Babette Rothschilds, it think I bought it actually, in case you asked me something about it, there is a bit in it, which just made me laugh, oh yes, about your course, of mindfulness, 8 keys to save the trauma recovery, its just a sort of self-help, then I though I wonder what that's like, it would be interesting to know, its one you could recommend to your clients, and I though, you know actually that, it makes me want the book more, if it speaks of mindfulness, I sort of... I am very, I know I am very receptive to hear how its working with, and I know one of the gestalt trainees, trainee trainers, said, don't quote this stuart, he said, oh I am , I call myself a mindfulness trainer because it's the same thing as gestalt anyway, the head of gestalt was sitting next to me at the time (lots of laughter) as if to say Christ, 5 years of training is that what you say in gestalt, but I knew what he meant, yeah it does, it sits well, I wouldn't necessary have a problem myself saying, at the end of this,
153	at the end of training as a gestalt trainer I am a mindfulness therapist, If felt I had done enough mindfulness, because... I think they are complimentary, so yes I think, I am interested in how its, well I don't think I have got particular many answers to that, but I feel my openness to it having had a such a positive experience, I mean...
	Matthew
64	You can have a greater life to live... and I think that there's that side to it which I value and then there's the... it seems... it seems to have a sort of social... social... a sort of value system in in...it yeah..., its not selfish its, it doesn't promote that, it promotes connecting with others. Being aware and considering other peoples needs, and that kind of urrr... value system you know, is something that I subscribe to, aspire to.
176	Yeah yeah. Well I think its been really complimentary, umm... and as I said earlier, although its sort of difficult for me to pinpoint exactly how mindfulness, I mean specifically, has affected my therapeutic work , it's it's... it's certainly... complimented what, how I am in the room, and endorsed that way of being and..
77	Well I guess I've my own way on the Metanoia training, I just take what I want really, the thing I do think in terms of becoming an integrative therapist is that it's not really about theory. The theory does help me make sense of things but its about owning your projections , withdrawing your projections, learning about yourself through relationship rather than by, using relationships in a transference way, to make yourself feel better, or not. So I think it fits in terms of , in a way like the internal supervisor, Casement's way of talking about the internal supervisor, its abit like that
79	Its like something you can have alongside, making you more aware of you, your true self, making you aware of seeing the thought itself and that way , in a Wincottian way, a Rogerian way it makes sense of that in a way, so it fits quite well in terms of cultivating that awareness
81	Sure there are huge differences, I kind of arrived on the training already , having done a lot of reading and a lot of ideas about what I want so I've just taken what I want really so and I've taken the mindfulness bits that I want that are meaningful for me. I certainly don't want to be like a clone Metanoia student.
83	I think in a way it makes you more professional as well, as a professional because you become aware of what's yours and what's theirs and just in an ethical way really being able to do the work where its not about your agenda, you're really present to what's yours what's the clients, what is therapeutic here, less driven by the transferences, other agendas going on, you feel you can be more genuinely there for the client maybe. So as a professional, an ethical way, the essence of integrity. I just think you're more equipped really, equipped as a professional

Appendix 14: Master Table of Theme and Location by Participant (Individual Interviews)

Theme	Participant & Line Number							
	Sally	Jaswinder	Tracy	Peter	Matthew	Katia	Gabriella	Liz
1.1 Deepening self-attunement & embodiment	2	12	8	2	12	1	9	12
	21	20	10	48	27	3	12	25
	22	26	12	50	28	15	13	33
	24	28	14	52	34	18	15	40
	50	32	24	70	47	20	18	44
	52	38	26	86	69	24	20	65
	70	40	88		70		26	67
	86	52			78		33	163
	128	54			86		62	
	147	56			87		80	
	148	136			168			
	149							
1.2 A new way of connecting to experience with openness and acceptance	4	22	20	11	2	5	7	33
	6	24	24	13	5	13	42	123
	19	32	26		7	53	43	127
	25	114	88		11		82	
	29	157			12			
	33				14			
					16			
1.3 A path of self-discovery	13	12	18	11	17	9	22	4
	38	24	20	19	18	17	24	6
	43	26	22	20	34	22		10
	45	38	28	22	35	26		12
	47	46		24	37	51		22
	100	88		52	52	57		38
	106	103		66	55	75		45
		148			59			47
								57
								61
								150
								152
								168
								170
1.4 Creating a sense of well-being & resilience	6		8	13	60	7	18	14
	7		16	19	63	27	63	23
	12				80			25
	139				82			27
	141				82			29
	143				84			40
	145				86			
	149				87			
					168			
					172			
					174			
	Sally	Jaswinder	Tracy	Peter	Matthew	Katia	Gabriella	Liz
2.1 Greater self & process awareness	50	93	32	4	129	31	17	96
	58	101	34	6	135	36	32	98
	65		36	8	147	38	52	105
	73		40	15	154	47	54	119
	75		46	17	156	73		151
			55	26	158	83		
			63	47	164			
2.2 Being with what is & developing a capacity to sit with the difficult	49	20	71	76	66	29	17	140
	50	58		78	99	35	37	142
	51	60			151	61	39	
	58	83					48	
	64	105					49	
	69	107					56	
	77							
	81							
	87							
	87							
	91							
2.3 A sense of trust & empowerment	40		73	26			34	79
	82						51	81
	83						82	131
	91							132
	101							134
	120							156
	121							159
	122							
	128							

Theme	Participant & Line Number							
	Sally	Jaswinder	Tracy	Peter	Matthew	Katia	Gabriella	Liz
3.1 Being with vs doing to	59	20	57	76	66		45	96
	63	58		78	99		46	97
	64	60			151		52	98
	78	83					72	109
	93	105						131
		107						132
3.2 Modelling mindful qualities	69	28	42	8	108	40	28	105
	81	56	67	39	134	69	30	109
	93	103	80	43		71	34	110
	124	107		45		85	36	114
	132	115		47			37	116
		119		48			45	121
		123					55	166
		136					56	
		159					60	
							71	
3.3 Deeper Connection & Moments of Meeting	52	89	40	6	44	55	51	79
	56	93	65	9	46	59	58	83
	59	105	71		56	65		85
	79				100	67		87
	89				107			89
	95				108			90
					109			94
					111			99
					113			110
					115			115
					116			116
					132			118
					137			119
					148			136
					149			144
								146
								148
								134
	Sally	Jaswinder	Tracy	Peter	Matthew	Katia	Gabriella	Liz
4.1 Integrating mindfulness into clinical practice		64	42	39	177	40	72	166
		66	75	43	179	87	30	
		68	78	58	180		40	
		69	81				65	
			84				76	
4.2 Integrating mindfulness into core modality & training	114	64	76	62	64	77	65	55
	118	66	81	64	176	79	66	57
		68				81	68	59
		69				83	69	73
							36	150
							46	152
							77	154
								157
								163
4.3 A different training experience	75	64		36	75	55	33	3
	101	66		37	95	15	58	4
	110	68		72	122	26	59	6
	112	69			177	93		10
	114	115			182			18
	118	123						49
								174

Appendix 15: Participant Characteristics

Co-researcher	Course / Award	Year of Study	Modality	Client Hours	Attended Focus Group	Individual Interview	Sex
Sarah	DCPsych	2-FT	CBT	250	Y	N	F
Mark	DCPsych	1-FT	CBT/Psychodynamic	15	Y	N	M
Sally	DCPsych	3-PT	Integrative	100+	Y	Y	F
Sunita	MSc Integrative Psych.	2-PT	Integrative	Not stated	Y	N	F
John	MSc Gestalt	1-PT	Gestalt	65	Y	N	M
Peter	DCPsych	1-FT	Psychodynamic/ Systemic/CBT	71	Y	Y	M
Tracy	DCPsych	1-FT	CBT	52	Y	Y	F
Jaswinder	MSc Gestalt	1-PT	Gestalt	40	N	Y	F
Tania	DCPsych	1-PT	Not stated	89	Y	N	F
Matthew	DCPsych	4-PT	CBT	450	Y	Y	M
Luke	DCPsych	4-FT?	CBT	450	Y	N	M
Liz	DCPsych	3-FT	Relational integrative/	385	Y	Y	F
Katia	DCPsych	3-PT	Integrative	300	N	Y	F
Gabriella	DCPsych	3-FT	Integrative	370	Y	Y	F
Olga	DCPsych	1-FT	Not stated	60	Y	N	F

A= Training Group 1 (May-June 2010) B= Training Group 2 (June-July 2011)

Modality: taken at time of mindfulness training, as on some DCPsych's the modality changes from year to year, whereas on other courses the modality is delivered in an integrated way from which 13 participated in the two focus groups and 8 in individual interviews – giving coverage of all 15 co-researchers in total.