

WHAT IS THE EXPERIENCE OF USING MINDFULNESS AS SELF-
CARE FOR NEWLY QUALIFIED COUNSELLING
PSYCHOLOGISTS: INTERPRETATIVE PHENOMENOLOGICAL
ANALYSIS

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Abstract

Early career counselling psychologists often experience high stress associated with the start of their new career and the nature of the profession. Proactive self-care is therefore necessary to ensure personal well-being and effective client care. Mindfulness has recently been suggested as an effective approach to self-care. As existing evidence indicates, mindfulness practice leads to a vast array of benefits in mental health professionals.

The present study explores the experience of newly qualified counselling psychologists who use mindfulness as a self-care strategy. It applies a qualitative methodological approach in order to explore in-depth lived experiences of these individuals. It aims to bring further insights to the under-researched area of early career therapists and their strategies for self-care.

Seven newly qualified counselling psychologists who had previously engaged in a contemporary mindfulness programme and subsequently decided to use it as a form of self-care participated in the study. Semi-structured interviews were transcribed and analysed using Interpretative Phenomenological Analysis. The analysis produced three master themes including 'Journey of discovering mindfulness as a self-care approach', 'Developing self-mastery', and 'Enjoying meaningful personal and professional life'. Each master theme also contained several subthemes.

The study findings suggest that application of mindfulness as self-care is a personally tailored embodied process that is continuously evolving. This progressive journey connects

to experiences of positive adjustments within the self, as well as in personal and professional life contexts.

The findings are discussed in relation to the existing literature and suggestions for future research and study limitations are offered. Implications for professional practice particularly relevant to the field of counselling psychology are also discussed.

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List of Abbreviations

APA – American Psychological Association

ACT – Acceptance and Commitment Therapy

BPS – British Psychological Society

CBT – Cognitive Behavioral Therapy

CFT – Compassion-focused Therapy

DBT – Dialectical Behavioral Therapy

MBCT – Mindfulness-based Cognitive Therapy

MBI – Mindfulness-based Interventions

MBSR – Mindfulness-based Stress Reduction

MHP – Mindfulness for Mental Health Professionals

HCPC – Health and Care Professions Council

NICE – National Institute for Health and Care and Excellence

PTSD – Post-traumatic Stress Disorder

1.0 INTRODUCTION CHAPTER

1.1 Introduction

The mental health profession can bring several pressures on psychology practitioners in the form of stress and distress due to their challenging mental and emotional work with clients (Linley & Joseph, 2007). Newly qualified counselling psychologists are especially at risk due to the challenges associated with the transition from trainee to independent practitioner within a fairly novel division of the counselling psychology field (Papadomarkaki, 2008; Zahniser et al., 2017). Therefore, active engagement in self-care is crucial to prevent prolonged stress, burnout and impairment in novice professionals that could otherwise lead to a negative impact on personal well-being and client work (Baruch, 2004).

Among a variety of approaches to self-care, existing evidence points towards mindfulness practice as an advantageous form of self-care, since it leads to a vast array of benefits (Shapiro et al., 2014). This study explores the in-depth experience and the meaning of using mindfulness as a form of self-care, to bring further insights to the existing evidence base in the under-researched area of newly qualified psychologists. It aims to contribute to future suggestions about best self-care practices to prevent stress and support more effective professional development and client care.

This chapter will first introduce the background of the research and discuss topics of stress and distress in mental health professionals, the importance of self-care in managing these pressures, and concepts of mindfulness in connection to the psychology profession. It will

then move onto a critical review of the existing literature on the benefits of using mindfulness in alleviating personal difficulties in psychology practitioners. The chapter concludes with identified gaps in the current research on self-care and mindfulness and the study's aims and objectives to address these gaps.

In this paper, the term 'psychology professional', 'therapist', 'counsellor', 'clinician' and 'mental health practitioner' are used interchangeably due to the diverse labels used within the psychology profession globally (as reflected in the literature review). These terms will be used to describe professionals who use psychological therapy as a form of treating and supporting mental well-being with clients. The title 'counseling psychologist' in this paper refers to qualified applied psychologists as defined by the British Psychological Society in United Kingdom (2020).

1.2 Stress and Distress in the Mental Health Profession

The profession of a mental health practitioner can bring many benefits, including improved well-being and quality of life of those seeking help (Lambert & Barley, 2001) and personal growth and satisfaction of those offering psychological support (Linley & Joseph, 2007). However, balancing the care for others and self is important for psychology practitioner due to their vulnerability to stress and distress when dealing with others' suffering (Malinowski, 2014). Existing literature indicates that up to 80% of psychologists experience pressure from life events and personal challenges at some point during their career (Strohm Kitchener & Anderson, 2011).

The terms 'stress' and 'distress' have sometimes been used interchangeably in the literature. In this study, stress is understood as a negative physical and psychological response to prolonged environmental and internal conditions in which a person's adaptive capabilities become overextended (Williams & Huber, 1986). While the exhaustion of physiological resources happens via the fight or flight response in the form of biological activation of the organism including increased heart rate and breathing (Cannon, 1914), the overextension of psychological capabilities refers to internal resources such as cognitive and coping abilities, as well as subjective levels of well-being (Lazarus & Folkman 1984; Moos, 2002). In comparison, distress can be seen as a more intense emotional experience, which has also been described as an extreme state, emotional difficulty or severe mental distress (British Psychological Society, 2018). Both constructs are associated with the challenges of the therapeutic profession, as discussed next.

Although a small amount of short-term stress can be beneficial in motivating individuals to attain their goals (Selye, 1974), prolonged increased stress in an occupational setting can result in the experience of burnout. Burnout has been defined as emotional exhaustion accompanied by depersonalisation and a perception of low personal accomplishment (Maslach, 1997). In helping professions, rates of burnout have been reported as high (Rudaz et al., 2017). Evidence indicates that as a result of the burnout, exhausted, hopeless and disillusioned practitioners can negatively impact the therapeutic work with their clients due to a reduced capacity for attention, concentration and decision-making (Osborn, 2004).

Although most psychology professionals handle challenges with client care without significant difficulties, therapists at risk of severe stress are those working with clients who experienced trauma. For example, compassion fatigue, defined as physical and emotional exhaustion due to exertion of empathy, occurs in the form of feeling overwhelmed following

the work with trauma clients (Figley, 1995; White, 2006). Also, secondary traumatic stress can appear as a stress response to hearing horrifying stories (Cieslak et al., 2013; Figley, 1995). Finally, vicarious traumatization results in an altered view of the world following shocking clients' accounts (Brockhouse et al., 2011; McCann & Pearlman, 1990). Although there is an ongoing discussion about a possible overlap of these constructs, many researchers suggest that these extreme stress reactions in therapists often resemble symptoms of post-traumatic stress disorder (PTSD), including sleep problems, anxiety, irritability, avoiding behaviours and intrusive memories (Figley, 1995; Malinowski, 2014).

Furthermore, personal distress and vulnerabilities such as anxiety and depression, as well as associated alcohol dependency and substance abuse, may contribute to feelings of high strain in psychology professionals (Smith & Moss, 2009). Although the personal experience of internal difficulty can support feelings of empathy towards client issues (Zerubavel & Wright, 2012), working while experiencing ongoing personal distress might compromise therapist effectiveness and thus raise ethical issues. Prolonged distress can lead to professional impairment, manifesting as a form of personal difficulty that can make the therapy service ineffective or harm the client (Smith & Moss, 2009). According to O'Connor (2001), impaired and distressed practitioners can become inconsistent and incomplete in therapy delivery. Also, practitioners often end up leaving the workplace as a response to feeling pressured, which can add to already existing high staff turnover in mental health professions (Osborn, 2004).

Therefore, a vast variety of internal and external challenges can disturb practitioners' everyday functioning and decrease their effectiveness in their personal and professional lives. Thus they must pay special care to their own well-being. In addition, professionals are ethically responsible to do no harm, work to benefit others and strive for professional

excellence (BPS, 2009; HCPC, 2015). Therefore, a proactive approach to preventing stress, distress and burnout is crucial to ward off disturbed practitioner's functioning. Having highlighted mental health professionals' vulnerabilities to pressures, the next section will outline specific challenges faced by counselling psychologists and novice counsellors.

1.3 Professional Stressors of Counselling Psychologists

Counselling psychology has been described as a relatively new profession within the psychology field. Counselling psychologists deliver support to individuals with a variety of mental health challenges while focusing on the integration of psychological theory and scientific research with therapeutic practice. They work with individual subjective experiences to alleviate psychological distress and promote well-being, and are required to possess a high level of self-awareness and competence relating to personal and interpersonal dynamics within the therapeutic setting (British Psychological Society, 2020).

Evidence suggests that counselling psychologists face various stressors in their professional practice. For example, the uncertainty of their role and place within a multidisciplinary team may sometimes lead to confusion (Papadomarkaki, 2008). Furthermore, the development of a professional identity in connection with the relative novelty of the counselling psychology division within the field has also been identified to add pressures (Gibson et al., 2010). Integrating the humanistic orientation of the profession to understand the individual client's experience with scientific evidence-based practice can create some tensions (Woolfe et al., 2010). Finally, personal and financial pressures often connected to self-funding of training might bring additional issues.

1.4 Challenges of Novice Counsellors

Research indicates that practitioners transitioning through various stages of professional development experience a variety of challenges (Ronnestad & Skovholt, 2003). Especially at risk are newly qualified counselors, who deal with challenges such as a loss of their academic support network including tutors and peers while continuing to develop their professional status (Firman, 2009; Gibson 2010). Furthermore, the risk of burnout due to enthusiasm and over-involvement with client work in the early stages, as well as the process of developing resilience and competence, can add to their stress (Stebnicki, 2007; Green & Hawley, 2009; Skovholt & Ronnestad, 2003). Thus, the ability to self-regulate personal states might be crucial, especially during their early career, to aid successful professional progress. For example, Vredenburg et al. (1999) found in their study with counselling psychologists that younger age predicted higher levels of burnout. Assuming that younger professionals would be at the beginning of their careers, they suggested that psychologists who are more experienced might have better developed their coping skills, contributing to the prevention of burnout. Similar findings were also reported by Zahniser et al. (2017), who found that early career psychologists reported more emotional exhaustion, more stress and poor mental health than late-career psychologists. These novice professionals also reported being more overwhelmed by the caseload than their more experienced colleagues.

Therefore, it is important to explore how counselling psychologists, and especially novice practitioners, best approach paying attention to their well-being and preventing increased strain during the early career stage. Next to the prevention goals, Osborn (2004) also adds that focusing on building strengths to withstand pressures is important in buffering stress. Thus the combined approaches that can reduce sources of distress and promote effective

coping capacity have been described in the literature under the umbrella of self-care (Dattilio, 2015). The next section will outline the current approaches to self-care.

1.5 Self-care Approaches in Mental Health Profession

Existing research indicates that those practitioners who engage actively in self-care report positive outcomes including enhanced well-being, self-awareness and openness to experience that lead to increased job satisfaction (Baruch, 2004). Self-care has been identified not only as an effective way to minimise stress but also to promote resilience, which is a form of enduring successful adaptation to stressors (Sadler-Gerhardt & Stevenson, 2011; American Psychological Association (APA), 2012).

Self-care has been defined in broad terms as the process of purposefully engaging in an approach to increase overall well-being (Colman et al., 2016). Therefore, making an active effort to promote personal health is implied in this definition. Thus, for example, sleeping by itself may not count as self-care, however ensuring adequate hours for restful sleep does. According to Dattilio (2015), due to the strenuous nature of the mental health profession, proactive engagement in self-care by mental health professionals is crucial to mitigate stress and prevent burnout. This claim has been supported by Colman et al. (2016) who found in their meta-analytical study that those psychology students who practised self-care experienced better well-being in comparison to those who did not.

Therefore, several strategies for self-care have been investigated over the past decades. According to Baruch (2004), the approach to self-care should be comprehensive and thus include cognitive, emotional, physical and spiritual dimensions. Various self-care

approaches have been proposed. For example, Malinowski (2014) argues that cultivating a certain level of psychological awareness is important. Although some highly self-aware psychologists have also been found to be susceptible to higher anxiety (Williams, 2003), a healthy level of self-insight, positive attitude, rational flexible outlook and humour can be counted among the effective cognitive strategies for self-care (Malinowski, 2014).

Furthermore, personal therapy and supervision have been recommended and often mandated as a part of professional development, as they show to support therapists emotionally by having a space to explore personal and interpersonal processes in the profession (Daw & Joseph, 2009).

In addition, Norcross and Guy (2007) proposed in their guide 12 self-care strategies for psychologists including those discussed above as well as various hobbies and physical exercise, which has been found to decrease stress, depression and anxiety (Smits et al., 2008; Rocheleau et al., 2004). In his Therapeutic Lifestyle Changes model, Walsh (2011) also recommended leisure activities such as walking in nature, reading, a healthy diet, as well as spiritual practices and social engagements that aid well-being.

Importantly, significant attention has been paid recently to mindfulness practice as self-care. Wise et al. (2012) suggested in their Mindfulness-Based Positive Principles and Practices model that mindfulness-based self-care can allow for a combination of all existing self-care strategies including the cognitive, emotional and physical self-management that has been described in distinct self-care approaches to date. They endorsed mindfulness-based practice for psychologists in their review of professionals' self-care strategies and suggested that effective self-care includes an emphasis on flourishing, awareness of reciprocity in the care of self and others, intentionality and benefits of integrating self-care into the daily routine.

They argued that mindfulness can be used to employ all four components by intentional adjustments of existing ways of thinking, doing and being. Existing empirical evidence with mental health practitioners supports their claim, suggesting positive links between mindfulness, well-being and self-care (Richards, Campenni & Muse-Burke, 2010). Further benefits of mindfulness practice on well-being in mental health practitioners will be discussed in more depth in the literature review of this chapter.

Although most ethical guidelines refer to self-care as a part of professional responsibility to maintain competence for mental health practitioners (BPS 2018, APA 2017), many psychologists may not pay enough attention to their own care. They may be unsure of what to do while experiencing early signs of stress, or too embarrassed to ask for help (Smith & Moss, 2009). Even though some type of support and guidelines are available to impaired psychologists (APA 2010, BPS 2018), it is assumed that practitioners develop their own self-care strategies. Yet at the moment there seems to be a lack of specific guidelines for applied training in self-care. Thus promotion and information about best practices in self-care, as well as opportunities for experiential training in looking after the self in psychology profession field, become important to support coping with stress and building resilience towards the demands of the profession.

Although a variety of self-care options exists to support practitioners dealing with pressures, as discussed so far, the most effective approaches are still under investigation (Posluns & Gall, 2019). However, existing evidence suggests that mindfulness practice can bring an extensive amount of helpful benefits to self-care, as outlined in the next sections.

1.6 Mindfulness Concepts and Theories

This section focuses first on definitions of mindfulness in Western culture and some of the challenges surrounding the current theories. This will be followed by a discussion of different types of approaches that employ mindfulness towards improvement of well-being.

1.6.1 Definitions and Concepts of Mindfulness

Currently, there are various perspectives on the concept of mindfulness in the contemporary literature, and there is no single definition agreed among academics. As mindfulness originated in Eastern philosophies and religions such as Buddhism, Yoga, Taoism and others, it can be viewed as a spiritual notion embedded within the core teachings, beliefs, meditative conducts, and traditions of some religious disciplines (Collard, 2013). In contrast, where the religious context has been reduced, it can also be seen as a cognitive technique, for example as a way to regulate attention to manage stress and distress, as originally described and popularised by Kabat-Zinn (1982). Another perspective views mindfulness as a conscious state, which can be invoked by intentional aim in the form of an active and deliberate mode of conscious awareness, characterised by a heightened state of involvement and wakefulness (Langer & Moldoveanu, 2000). Also, some researchers in personality psychology (Siegling & Petrides, 2014) suggest that mindfulness can be viewed as a personality trait, manifesting as a general tendency to be mindful in daily life. Finally, mindfulness can be defined as a way of being, while living life more mindfully while remaining open and receptive to one's own awareness of events and experiences (Brown & Ryan, 2004; Kabat-Zinn, 2003a). These concepts can also interconnect; cultivation of mindful states can lead to an increase in mindfulness as a trait (Burpee & Langer, 2005). Thus not surprisingly, within the diversity of perspectives, some controversies occur. Among

these, the main debate has been around the conceptualisation of mindfulness and whether it is a psychological or spiritual concept, as discussed next.

Mindfulness has existed within various schools of Buddhism for about 2,500 years and it has been considered a part of Buddha's philosophy, which includes domains such as wisdom, engaged actions in the world and mental and meditative development leading to the cessation of suffering. It was popularised in Western culture by the Buddhist monk Thich Nhat Hanh (1975) and Kabat-Zinn, a professor of medicine trained in Buddhism in the 1970's. However, although Kabat-Zinn (1990) has credited the origins of mindfulness to Eastern philosophies, his definition and the application of mindfulness in medical settings was mostly carried out in a secular way. This definition was adapted to the theory of cognitive training, which aligned with the bio-psycho-medical model influencing Western medical professions at that time. Therefore the cultural aspect of mindfulness has been often overlooked in the mainstream interpretations. Recently however a deconstructed mindfulness, which has been increasingly applied in Western clinical settings over the past decades to support well-being, has attracted criticisms for losing the Buddhist moral roots of the practice. For example, some researchers suggest the inclusion of traditional aspects such ethical awareness and spiritual development in contemporary mindfulness to ensure most of the benefits of mindfulness practice and the prevention of potentially harmful effects that could arise from using bare non-compassionate attention to suffering (Lomas et al., 2016; Gordon, et al., 2016). Similarly, others argue for the inclusion of notions such as impermanence, wisdom and moral virtue in the newly proposed approach of Second Generation Mindfulness-Based Interventions to ensure a closer alignment with the Buddhist teachings (Shonin et al., 2015). Amid these discussions, however, Monteiro et al. (2014) point out that cross-collaboration between secular and religious approaches has always been in place, as although contemporary mindfulness practices are based on scientific models of

change, they still preserve the nature of the traditional elements such as meditation, non-attachment and self-transformation. Furthermore, others argue that decontextualised practice can be beneficial as it can be used cross-culturally despite possible differences in moral stances (Kabat-Zinn, 2011). Importantly, Monteiro et al. (2014) point out that different interpretations of mindfulness still share a common aim, which is reducing suffering and sustaining the well-being of living beings.

Therefore, while acknowledging the existence of various concepts of mindfulness and their surrounding debates, this study uses the Western conceptualisation and Kabat-Zinn's definition of mindfulness as: "Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 1994, p. 4). This was chosen due to the location of the research within a mainly Western setting and the prevalence of mindfulness trainings in the Western psychology field based on Kabat-Zinn's teaching.

1.6.2 Models of Mindfulness in Western Conceptualisation

Although mindfulness has been given numerous definitions, Bishop (2002) noted that there was no operational theory within the field. Therefore he proposed a two-component model of mindfulness in an attempt to explain how mindfulness affects positive change. He argued that mindfulness is a process of two main elements. The first component is the *self-regulation of attention to current experience* comprised of elements of sustained attention focus, the ability to switch attention as well as the capacity to select stimuli that would lead to the metacognitive skill of monitoring and control of cognitive processes. The other component *the orientation to experience*, includes the adoption of an attitude of curiosity and acceptance towards distress, which would consequently become less threatening due to a

change in meaning, leading to an increase in affect tolerance and cognitive flexibility while supporting overall psychological mindedness. As a result, one would acquire a de-centred perspective on feelings and thoughts in the form of viewing them as passing subjective events rather than reflections of valid reality (Bishop, 2004).

Similar concepts also appeared in Shapiro et al. (2006)'s three-component model, which included elements of *intention, attention and attitude* (IAA model) to explain how mindfulness works. Similarly to Bishop (2004), authors also accounted for the two aspects of attention to the present moment as well as a curious and open attitude. However, they extended the model further by adding openness, curiosity, non-judgement, non-striving, kindness and compassion as the other main processes of mindfulness. The authors argued that although Bishop's model accounted for what and how the processes were involved, the mechanism of why they would be deployed was missing and therefore they proposed the additional element of intention. According to the authors, intention enabled the process of mindfulness to become continuous, thus leading towards deeper awareness and insight. Therefore in alignment with Kabat-Zinn's (1994) definition, intentionally paying attention to personal experience without any judgement can lead to a positive shift in perspective towards one's own thoughts and emotions (decentering), supporting mechanisms such as psychological flexibility and capacity for objectivity, resulting in the de-automatisation of automatic processes, thereby influencing higher tolerance of distress.

In contrast to more cognitive-based models of mindfulness, Lomas (2017) recently proposed a different theoretical model of mindfulness in Western psychology by drawing on the traditional concepts of Theravada school of Buddhism. He outlined three main aspects of mindfulness including *sati* (awareness of the present moment), *appamada* (awareness interjected with ethical care) and *samphajanna* (awareness interjected with spiritual

development). He argues that only sati is currently included in Western operational definitions, and that other dimensions of moral conduct and spiritual development need to be included, especially where a more psycho-spiritual approach to mindfulness is to be considered.

Therefore, according to the mainstream operationalisation of mindfulness that draws mainly on cognitive theories, as acknowledged by Bishop et al. (2004), mindfulness is seen as a learned skill, where state like phenomenon is developed and maintained by the regulation of attention deployed within context of other psychological processes (Shapiro et al. 2006).

However, a lack of consensus and research on mechanisms of mindfulness remains, and according to Baer et al. (2008) this adds to difficulties with appropriate methods that measure mindfulness. They suggest that many existing scales have been developed to assess the general tendency of being mindful, such as the Freiburg Mindfulness Inventory (FMI) (Buchheld et al., 2001), thus appraising mindfulness as a form of trait rather than a state as defined by the initial operational models. There is some discussion as to whether mindfulness should be assessed as a one-dimensional construct to measure single factor of attention, for example by the Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003) or whether multidimensional scale in form of the Five Facet Mindfulness Questionnaire (FFMQ) (Baer et al, 2008) is more appropriate to measure specific mindfulness skills, for example observing or non-reactivity (Baer et al., 2008). However, Grossman (2011) questions whether an instrumental measurement is at all appropriate to measure the subjectivity of mindfulness. He recommends that future emphasis should be placed more on individual explorations of deeper insights into the characteristics and mechanisms of mindfulness.

Various concepts and meanings dominate the current field of mindfulness, while ongoing research is oriented towards bringing more clarity to our current understanding of the processes of mindfulness. In the mean time, despite ongoing disagreements about the operationalisation of the concept, mindfulness has been employed in Western settings by a variety of interventions aimed at improvement of well-being. These will be discussed next in more detail.

1.6.3 Mindfulness Based Approaches

Currently, there are several mindfulness programmes in a Western setting that have gained empirical evidence for cultivating mindfulness while reducing psychological distress (Rudaz et al., 2017). This section will briefly consider five of the main approaches and highlight how they develop and apply mindfulness to promote well-being.

According to Kabat-Zinn (1982), mindfulness can be developed by engagement in a variety of mindfulness techniques. He suggested that the regular practice of mindful activities could increase tolerance to challenging stimuli and therefore support coping with various types of stresses while leading to beneficial experiences in personal well-being (Kabat-Zinn, 1990). Following the initial reports of positive outcomes of the application of mindfulness to support patients with chronic difficulties (Kabat-Zinn, 1985), mindfulness has been used in a variety of psychological treatment approaches. Chiesa and Serretti (2010) suggest that although these mindfulness-based intervention approaches (MBI) differ in the way they utilise mindfulness practices, they are all linked by the core framework of mindfulness. The main MBI and brief descriptions will be outlined next.

Mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 2003b) includes various mindfulness practices such as mindfulness meditation, breathing exercises, body scanning and yoga. The mindfulness meditation aims to pay attention and increase awareness of one's own internal events and to accept them with openness and curiosity without trying to change them.

An alternative version is the MBSR for Mental Health Professionals (MHP). It is designed for clinicians to manage stress, prevent burnout and promote positive clinical relationships (Spinelli et al., 2019).

Mindfulness-based cognitive therapy (MBCT) (Segal et al., 2004) was also founded on MBSR principles while combining elements of cognitive behavioural therapy (CBT, Beck, 1964) to support clients with major depression. The programme utilises mindfulness to add insightful awareness that thoughts and feelings are transient events.

Dialectical Behavioural Therapy (DBT) (Linehan, 1993) has been developed to support individuals who present with borderline personality disorder challenges. DBT combines both mindful acceptance and behavioural change, as well as the acquisition of emotional regulation skills.

Acceptance and Commitment Therapy (ACT) (Hayes, 1994) also includes exercises aimed at defusion (decentering) from negative thoughts and self-descriptions, thus creating space for choice, as well as exposure to unpleasant feelings in order to overcome experiential avoidance of uncomfortable experiences.

Compassion Focused Therapy (CFT) (Gilbert, 2009) utilises mindful element of compassionate attention to counteract negative perceptions and feelings.

Although the approaches above differ from each other in the way they depart from traditional roots of mindfulness by the level and intensity of mindfulness meditations and activities, as well as the integration of other psychological theories, they also share the same qualities (Charters, 2013). For example, there is a common focus on the practice of sustained attention and observing the present moment (Chiesa & Malinowski, 2011). Besides, they all use attention, concentration and non-judgemental acceptance of internal processes as a way to cultivate positive outcomes (Charters, 2013). Furthermore, according to Holzel et al. (2012), mindfulness skills gained by these various approaches can support accepting exposure and reconsolidation of feared emotions that can lead to the regulation of internal events.

The above mindfulness-based interventions have been subjected to extensive research over the past 30 years. Evidence generated to date mostly pointed towards improvements in a variety of psychological difficulties. Despite some mixed results and methodological challenges, the positive changes have been also supported by biological outcomes (Chiesa & Serreti, 2009; Holzel et al., 2012). Several meta-analytical reviews and studies indicated improvements in stress management in both clinical and non-clinical samples (Baer, 2003; Khoury et al., 2013), as well as positive outcomes in psychological distress such as anxiety and depression (Hofmann et al., 2010; Khoury et al., 2013; Dimidjian et al., 2016), personality disorders (Robins et al., 2010; Sng & Janca, 2016) and addictions (Garland & Howard, 2018). Importantly in health occupational settings, improvements in well-being and reduction of stress, distress and burnout in healthcare professionals have been also reported

(Fernandez et al., 2020; Irving, 2017; Rudaz et al., 2017; Spinelli et al., 2019). Therefore mindfulness approaches appear to support individuals in dealing with stress and distress.

This chapter has so far focused on the introduction of challenges of newly qualified psychology professionals as well as concepts and approaches of mindfulness in connection to management of well-being. The next section will examine more closely the literature on the outcomes of mindfulness practice in therapy professionals to highlight its benefits in connection to self-care in this specific group.

1.7 Literature Review of the Outcomes of Mindfulness Practice by Mental Health Practitioners

As this study focuses on the experiences of newly qualified counselling psychologists when using mindfulness practice for self-care, the literature review findings are organized into three main subsections to evaluate the outcomes of utilisation of mindfulness by the specific group of psychologists, psychotherapists and counsellors. The first section critically reviews relevant studies to date from wider research that has been carried out with *trainees*, while the second section evaluates studies on mindfulness within the less explored area of *qualified professionals* and the third section funnels down to the under-researched area of *newly qualified practitioners*. The reviewed research appears to support Wise et al. (2012)'s claim that mindfulness practice is an advantageous approach to self-care in psychology professionals, as it uncovers positive findings in the psychological, physical and spiritual areas that have been identified as central for comprehensive self-care in this group (Baruch, 2004; Malinowski, 2014). This review concludes with a summary of outcomes, which is

followed by the identification of gaps in the existing research and the rationale for the present study.

1.7.1 Trainee Therapists

Most existing studies researching mindfulness practices with specific groups of psychologists, therapists and counsellors concentrated on investigating influences mainly in trainees. This could be due to the notion that trainees entering the field might be highly susceptible to stress due to the unfamiliar academic and professional demands (Firman, 2009), therefore raising more interest as a research group, or due to easier access to homogenous groups of participants.

Important outcomes were highlighted in a meta-analysis of 17 studies by Colman et al. (2016) who found that 80% of student psychologists reported positive outcomes after engaging in self-care. Results indicated not only significantly reduced stress but also large gains in life satisfaction, self-compassion and reduced psychological distress in the form of anxiety and depression. Although the type of self-care strategy was not found to be a crucial moderator, the authors highlighted that mindfulness had the highest effectiveness compared to other strategies (e.g. seeking social support). It is important to note however that the review included some unpublished studies and papers with mixed validity and reliability quality measures thus pointing towards questions about methodological rigour of quantitative studies.

Similar findings of significantly decreased stress and psychological distress, increased self-compassion, as well as positive affect, were reported by Shapiro et al. (2007)'s study with a

sample of 54 counselling psychology trainees following MBSR programme. By contrast, Pakenham's (2015) research with 32 students in Australia following ACT training did not find change in stress although a trend towards reduced distress was indicated. Mixed findings in these studies could be due to the variety of participant sizes as well as measures (e.g. singular vs. multiple measures of distress). Furthermore, the studies only assessed pre-defined outcome measures, as common for quantitative research, and thus limited the variety of reported findings.

To ensure a more robust design, Hopkins and Proeve (2013) used a mixed-design to include statistical results that were also supported by subjective reports in their research with 11 clinical psychology trainees. Interestingly, they found that the amount of mindfulness practice did not influence its impact, however, the level of personal engagement did. Their study was strengthened by two-months follow-up measures and interviews, which revealed support for lowered stress and maintained the increase in most facets of mindfulness. Participants reported more controlled responses to stressors as well as increased resilience. Although the small number of participants weakens the study, and no control group was used to compare the outcomes, the qualitative section offered new insights, such as meditation challenges with time duration and acquisition of the practice.

Besides the personal benefits gained by practitioners discussed so far, positive results of mindfulness on client work were also reported. For example, research carried out with intern therapists in Germany who engaged in Zen mediation found that their clients reported significantly reduced psychological symptoms such as anxiety, obsessiveness and psychoticism in comparison to patients of non-meditating therapists (Grepmaier et al., 2007). Therefore, the positive influence of therapists' mindfulness on client work was suggested, although self-report measures that are under risk of subjective bias and no placebo group

were used to assess the influence of the therapy alone. To strengthen the evidence, Fulton (2016) included clients' ratings in his study of 55 client-counsellor trainee dyads and found positive significant associations between the level of self-reported mindfulness in counsellor trainees and empathy as perceived by their clients. Also, mindfulness and self-compassion were associated with a greater session depth and greater ambiguity tolerance, although this was measured in therapists only.

It is important to note that the quantitative research mostly discussed so far appears limited by measures of pre-defined constructs in its aim to discover already hypothesized outcomes. Therefore use of qualitative research, which aims to give voice to participants about personal experiences, seems to be essential in order to uncover other novel findings (Smith, 2015). Thus some qualitative studies investigated trainees' subjective experiences with mindfulness practice. In support of quantitative findings, similar themes of benefits were reported across most studies.

For example, Christopher and Maris (2010) reviewed five qualitative research papers carried out with participants in United States and uncovered two main themes of benefits: improved personal well-being that included increased awareness of bodily sensations, staying present, acceptance of self and emotional regulation; as well as improved therapeutic practice including improved empathy, tolerance and presence with client's emotions. The authors concluded that increased acceptance and awareness support a better relationship with self and others and therefore can lead to better therapeutic practice. However, the findings could have been skewed by the social desirability of the participants, who were the researcher's former students. The choice of themes could have been also influenced by selection bias due to one of the authors being a co-researcher in the reviewed studies. A similar challenge could also have influenced the following study by Felton, Coates and Christopher (2013), where

similar themes to the initial review (Christopher & Maris, 2010) such as increased awareness and acceptance of feelings and bodily states as well as the confidence to regulate stress have been reported, although new insights such as increased awareness of stress and burnout were also found.

Researchers in other geographical locations also found similar benefits. Solhaug et al. (2016) in their qualitative study with psychology and medical students in Norway aimed to explore the nature of the variation in the subjective experiences of having participated in a mindfulness programme. The findings included themes of ‘management of difficult thoughts and emotions’, ‘promoted relaxation’ and ‘improved acceptance of self and others’ grounded in the participants’ context. However, unpleasant experiences including confusion, boredom and distraction were also reported, as well as variety in the aim of the practice. A strength of the study was transparent procedure, and combination of individual and focus group interviews to obtain richer data, which was further supported by cultural awareness and participants’ feedback.

Therefore, a variety of findings indicates that qualitative approaches could give further insights into practitioners’ experiences, such as negative outcomes of mindfulness practice that have been previously missed by rigorous studies.

1.7.2 Qualified Psychology Professionals

Considerably less research, mainly quantitative in nature, has been carried out on the use of mindfulness with qualified psychology professionals.

In support of previous studies with trainees, additional benefits have been reported in two correlational studies with qualified professionals in Australia: May and O'Donovan (2007)'s study of 58 therapists found that higher levels of mindful attention and non-judgemental awareness were associated with cognitive and affective well-being, satisfaction at work and lower burnout. Similarly Di Benedetto and Swadling (2014) investigated the relationship between burnout, work setting, years of experience, mindfulness and self-care behaviours. The results of the research with 167 mostly female psychologists in Australia indicated among others a strong negative association between burnout and overall mindfulness. Therefore, both studies indicate that in contrast to research with trainees as outlined earlier in this chapter, mindfulness appears to have a higher positive influence on burnout in qualified professionals. This could be possibly due to a different type or lower amount of stressors during the later stage of a career, as indicated by Di Benedetto and Swadling (2014)'s significant finding that burnout levels decreased with years of experience. Interestingly, other types of self-care behaviours appeared to have a low impact on burnout and this decreased further after controlling for mindfulness. Therefore, the authors of both studies suggested that future research should concentrate on investigations of the direct effect of mindfulness on burnout. Despite importance of this suggested next direction, another controlled experiment could fail to fully explore what is going on when mindfulness is used as self-care. Thus despite the value of existing findings, extending this research by qualitative investigations could offer richer insights into what happens during the personal experience.

With a more robust approach, Keane (2014) in his mixed design study with a sample of 40 mainly Western white female therapists attempted to support the quantitative findings of positive associations between mindfulness meditation, level of mindfulness and empathy by also surveying additional subjective reports. His outcomes aligned with previous research

(Christopher and Maris, 2010), including enhanced awareness, attention and being present in connection to attunement to both client work as well as own self-care needs. Interestingly, therapists' individual responses also suggested some negative outcomes such as increased attention to own pain and dissonance with practice. One of the limitations of the study included use of a non-homogenous sample of practitioners' modalities, which could have influenced the validity of the study.

1.7.3 Newly Qualified Practitioners

To the author's knowledge, only one study explored the experiences of newly qualified practitioners' use of mindfulness, which was mainly aimed at a longitudinal investigation of the benefits of previous mindfulness training. Christopher et al. (2011)'s qualitative research with US counsellors two to six years post-qualification via phone interviews found benefits in both personal and professional lives, including emotional, cognitive, spiritual and physical changes. The strengths of the research were an adequate homogenous sample of 16 therapists following MBSR training, and ensuring rigor by triangulation. However, some weaknesses included the possibility of social desirability bias due to the double role of the participants being researcher's former students. In addition, some questions from the interview schedule such as 'How has the class affected your personal life in areas of awareness, relationships, interactions with others, health and psychological development?' or 'Do you see mindfulness techniques as healing?' could be leading and prime participants to answer in a particular way, thus influencing generation of the themes in the content analysis.

1.7.4 Summary of the Findings

To conclude, the reviewed empirical literature indicates that investigations into the benefits of mindfulness in therapists' as form of self-care should be ongoing due to some mixed but mostly positive evidence in research findings so far. As summarised above, the reviewed literature showed increased mindfulness as well as decreased stress following mindfulness-based practice. Mostly positive outcomes were reported for burnout, well-being and distress. Several findings indicated positive influences on increased empathy, awareness, self-compassion, emotional regulation and life satisfaction leading to personal and professional benefits.

It is also essential to note that the investigations that were based on quantitative research carried some methodological issues. For example, many studies included limited samples of white female participants from rural areas of the United States or other Western backgrounds, although some diverse samples were also studied. Furthermore, lack of control groups, self-report measures, social desirability and influence of researchers were noted. Also, none of the studies included support via objective biological measures of the constructs. Thus challenges in reliability and validity were noted in some papers. Most importantly, quantitative designs carry positivist assumptions in assessing the influence of already established concepts, thus omitting the contexts of individuals that may add important information. Therefore, these studies offered limited insight into the actual practitioners' experiences with mindfulness practice.

While qualitative studies supported reports of improved stress, well-being, awareness and self-compassion, they also offered additional findings. Reports such as acceptance of self and others, awareness of stress and burnout, ability to be present, improved relaxation, cognitive and emotional flexibility, openness, tolerance for ambiguity and decreased

reactivity, as well as improved awareness and acceptance in personal and professional relationships were disclosed. Interestingly, increased awareness of importance and engagement in self-care were also noted. Importantly, some negative reports of the practice were also uncovered that were not discovered by pre-defined measures such as heightened attention to one's own emotional pain and difficulties with practice.

The limited number of these existing qualitative studies offered richer insights into the meanings constructed by therapists based on their real experiences uncovering both positive and negative insights. However, many of these studies involved the same researcher, thus possibly minimising the diversity of findings. Furthermore, very few studies offered a combination of both quantitative and qualitative approaches. Finally, very few explorations were longitudinal, to investigate influences into long-term effects of mindfulness in self-care practice, despite research indicating that longer duration might bring more benefits (Colman et al. 2016; Lykins & Baer, 2009).

1.8 Research Rationale

In the light of the literature reviewed so far, despite some methodological flaws, previous research indicates that mindfulness practice promotes the ability to monitor and manage internal balance as well as acceptance and appreciation of human suffering of self and others. Therefore it can be used to aid self-regulation of personal states, leading to the prevention of stress, exhaustion and impairment to which psychology practitioners can be susceptible due to the nature of their work. The current study aims to address some of the existing gaps identified in the research.

Currently, there seems to be an assumption that mindfulness practice might benefit mental health professionals regardless of their stage of professional development. However, evidence indicates that while seasoned therapists might be more comfortable with client work and self-care (Baron et al., 1984; Zahniser et al., 2017), newly qualified practitioners are experiencing higher pressures while still integrating academically acquired knowledge into independent practice (Olson et al., 1986; Green & Hawley, 2009). Thus, their need for self-care might be especially important at this time. Specifically, newly qualified counselling psychologists might be at risk of increased pressure due to personal and professional demands. Therefore, focused research in this area appears essential. As outlined in the literature review, most investigations so far were carried out with trainees, very few with qualified professionals and almost none with novice counsellors. The current study therefore explores the experiences of early career counselling psychologists in how they use mindfulness to care for themselves.

Furthermore, the majority of existing investigations in the area of mindfulness and self-care used mostly quantitative research based on the positivist assumptions that universal truth can be uncovered by direct observations of underlying measurable variables. Although this view reflected the mainstream approach in psychology research in the past, it limits the account of in-depth individual perspectives (Willig, 2008). Therefore, the present study chose to employ a qualitative approach to offer space for detailed examinations of subjective experiences of newly qualified practitioners in their practice of mindfulness for self-care that can add further knowledge to the limited existing evidence base for optimal approaches to self-care (Wise et al., 2012). As investigations into the mechanisms of mindfulness are still ongoing, an in-depth exploration of practice might shed more light on discussions regarding how mindfulness is actually used.

Although many professional programmes advise future clinicians about the importance of caring for self, most do not include any actual experiential training in self-care. Therefore, the contribution to more robust research in the field may inform future training programmes by offering information about a practical approach to self-care that can be used by newly qualified practitioners to combat stress and pressures. Specifically, the application of mindfulness for self-care might be fitting for counselling psychologists, as many educational programmes include third-wave therapies that integrate mindfulness as a part of their curriculums. Therefore, mindfulness training could not only offer strategies to keep internal stability that is crucial for successful clinical work but also offer experiential training that can be utilised in therapeutic work with clients.

1.9 Research Question

The proposed research will therefore aim to explore: **What is the experience of using mindfulness practice as self-care for newly qualified counselling psychologists?**

2.0 METHODOLOGY CHAPTER

2.1 Introduction

This chapter focuses on the description and explanation of the methodology applied in this study in order to answer the research question *What is the experience of using mindfulness practice as self-care for newly qualified counselling psychologists?* The first part of the chapter begins with an overview of research paradigms in counselling psychology and reflections on my epistemological position as a researcher, with the aim to highlight underlying assumptions. Next, I will outline the rationale for the chosen methodology. In the second part of the chapter, the practical aspects of the research process are indicated to identify the steps that I took to ensure ethical, valid and quality research. The chapter ends with my personal, epistemological and methodological reflexive explorations and their potential influence on the research process.

2.2 Brief Reflections on Research Paradigms in Counselling Psychology

In this section I will introduce major paradigms that typically inform counselling psychology research and reflect on the associated challenges I experienced as a counselling psychology researcher while developing my epistemological stance, which underpinned the approach to this study.

Roots of counselling psychology stem from early explorations of the psychology of consciousness by René Descartes (1641) and Wilhelm Wundt (1902) and historical discussions of inter- and intra-subjectivity by William James (1890; as cited in Wolfe et al., 2010). In addition to initial attention to internal processes, philosophical paradigms of humanism which focused on meaning-making within the context of the individual (Maslow, 1943) and phenomenology that emphasised attention to human experience (Husserl 1982; Heidegger, 1927; as cited in Orlans & Van Scoyoc, 2009) formed the basis for counselling psychology. Its philosophy emphasises attention to internal and external processes and contexts of people in connection to their psychological well-being (Orlans & Van Scoyoc, 2009).

Throughout the history, religious, political and industrial forces have resulted in a predominantly scientific view of the world. Since the 17th century this has influenced the origins of psychological research by frequently incorporating positivist principles based on logic and empirical observations (Comte, 1853; as cited in Orlans & Van Scoyoc). The post-positivist movement, which arose as a reaction to this at around the middle of the 20th century (Popper, 1968; as cited in Ponterotto, 2005), emphasised a deficiency in understanding the world fully objectively, and introduced human agency in the scientific research that was followed by theories arguing for the existence of multiple individual realities (Ponterotto, 2005).

Despite a significant shift in the second half of the twentieth century to include biological, psychological and social factors in the study of the human world, the residue of the scientific bio-medical model remained present within the field of psychology, often concentrating on causes and symptoms while omitting the unique experience and context of the individual (Orlans & Van Scoyoc, 2009).

2.3 Rationale for Chosen Methodology

2.3.1 Underlying Research Perspectives

In light of the above historical development within the psychology field, as a counselling psychologist in training I experienced tension initially about combining two core components of the counselling psychology approach that seemed to be based on different underlying philosophies: the *scientist practitioner* model, which appears to be connected to rigorous empirical principles of the scientific discipline, and the *reflective practitioner* model, which allows accounting for humanistic complexity of individuals including the researchers themselves (Kasket & Gil-Rodriguez, 2011). However, later on in the process I realised that I was able to merge both seemingly divergent aspects by articulating my own epistemological position, as explored next.

As a researcher, I came to acknowledge that all research in psychology is underpinned by pivotal philosophical assumptions about how and what there is to know. Authors use various terms to define ontological and epistemological perspectives. For this paper and due to using qualitative methodology as mentioned in the introduction chapter, I used the categorisation by Willig (2008, 2012) that allows mapping of a range of epistemological continuums available to the qualitative researcher, as follows:

Ontology is the study of nature of reality and the truth. It includes initial *realism*, based on the objective view of the world, which proposes the existence of established pre-social reality that can be directly accessed by scientific investigations; *critical realism*, which

developed as a reaction to a singular view of the world that also suggests the existence of some pre-social truth, however, viewed subjectively; and more recent *relativism*, which sees reality fully relative to subjective creation (Willig, 2008).

Epistemology is the theory of knowledge and it explains how humans make sense of the world. It includes *positivism*, which views access to information via objective and strictly unbiased observations; *phenomenology*, which suggests that knowledge is obtained by understanding how humans live through their world and therefore in contrast to positivism places experience at the centre of interest; and *social constructionism* at the other end of the spectrum, which sees knowledge created through the construction of social processes embedded in cultural and historical contexts (Willig, 2008; 2012).

Therefore, ontological and epistemological positions are influential in the choice of methodological approach in psychology research when attempting to explore and understand psychological phenomena. This is emphasised by Smith (2015), who argues that making the personal position explicit within the study is crucial as it enables self-insight. In addition, Willig (2008) proposes that it supports understanding of the role of the researcher within the research process.

Based on my personal understandings and views, I subscribe to the ontological stance of critical realism, which falls on the continuum between realist belief in single truth and relativist view of solely subjective creations of the world. As critical realist I believe that some pre-existing reality is shared by all, which is however also subject to personal interpretations and assumptions (Finlay, 2006). Therefore I aimed in this study to access both the evident individual accounts about the experiences of participants as well as the underlying subjective phenomena within their reports.

In addition, as I was interested in exploring people's lived experiences and meanings, I approached my research topic informed by a phenomenological epistemological perspective. According to this stance, the researcher's aim is to understand what the meaningful personal events of participants' worlds are like (Smith, Flowers & Larkin, 2009). I will offer a more detailed exploration of theory of phenomenology and its implication for my research later in this chapter.

These underlying perspectives also contributed to my decision to write this study in combination of first and third person pronoun. While I used the third person pronoun for general theoretical descriptions, the first person pronoun was used to highlight the presence and role of an author within the research, as discussed in personal reflexive sections.

2.3.2 Qualitative over Quantitative Research Methodology

Although sometimes used interchangeably, Silverman (1993) described *methodology* as a general approach to studying research topics and *method* as a specific research technique. So far this chapter has concentrated on the former, related mainly to the ontological and epistemological stance of the researcher (Gubba & Lincoln, 1994). In the following sections I will discuss more specific approaches.

Informed by my epistemological position as well as the research question, I chose a qualitative method of inquiry over quantitative to explore personal experiences of new psychologists in using mindfulness for self-care.

A qualitative approach has been identified to allow for exploration of meaning as well as quality, texture and depth of how people experience the world during various events. It aims to describe and explain lived processes, thereby allowing new phenomena to emerge (Willig, 2008). Although it can be complex and time-consuming, it allows for more natural data collection within the usual participant settings, and most importantly, it enables exploration of their subjective experience. At the same time, also gives room for recognition of the subjectivity of the researcher (Brown & Clarke, 2013).

In contrast, quantitative research transforms systematically collected data into numerical elements to carry out statistical analysis in order to confirm hypotheses. It enables us to generalise and predict possible future outcomes (Smith, 2015). However, data are often collected in artificial laboratory settings and therefore decontextualised from their inherent environment. This approach is based on the positivist assumption that universal underlying truths can be directly accessed by rigorous empirical observations, and that excluding researcher's bias is not only fully possible but also crucial (Willig, 2008).

Therefore, due to the aim of my present research to gain a richer understanding of the processes present in the utilization of mindfulness for self-care in a specific group of newly qualified counselling psychologists and gain new insights rather than produce quantifiable data to determine causes and effects, I chose qualitative enquiry as most suitable for this study.

2.3.3 Overview of Interpretative Phenomenological Analysis (IPA)

I aimed to contribute to existing knowledge within the field that can be used to inform future practitioners about practical and beneficial ways of self-care that may positively influence their well-being and their clinical practice. Therefore, informed by my epistemological position and the aim of the research, my chosen method was Interpretative Phenomenological Analysis (IPA) due to several reasons. Firstly, according to Smith, Flowers and Larkin (2009), IPA allows to examine the ways people make sense of their experiences, due to its grounding in phenomenology by focusing on lived events. Secondly, it enables to give a voice to individuals about their emotions, thoughts, sensations and meanings in connection with the studied phenomena. The interpretative element of IPA also allows a deeper understanding of the underlying elements of these accounts. Finally, the idiographic approach of IPA, which accesses meanings of experiences of individuals in a particular group rather than a nomothetic investigation of general reports (Smith et al., 2009) was fitting due to the present study's interest in the specific personal events of new counselling psychologists. Therefore IPA appeared the most suitable method to answer my research question.

Although the approach has been criticised for its limitations with regards to lack of clarification about why certain experiences occur, as well as lack of generalisability (Willig, 2008), these were not the aims of my study. Also, the method's emphasis on cognition has been suggested as possibly incompatible with its underlying (experiential) phenomenological philosophy (Willig, 2008). However, Smith et al. (1999, as cited in Willig 2008) proposed that the congruence of the approach lies in the connectivity within the verbal interpretations, cognitions and physical sensations of the participants as well as the researcher. Therefore in alignment with phenomenology, IPA does not view cognitions as separate processes but includes them as components within the quality of the experience of being in the world (Smith & Eatough, 2006).

As IPA draws from three main theoretical frameworks, including phenomenology, hermeneutics and ideography (Smith et al., 2009), these will be discussed next.

2.3.4 Phenomenology, Hermeneutics and Ideography

Phenomenology is a loosely grouped philosophical tradition concerned with human lived experience. In the form of an approach to understanding what the experience of human beings is like, phenomenology is interested in embodied, experiential meanings of subjective phenomena (Kaufert & Chemero, 2015). Among the theoretical diversity within the discipline, the main frameworks that bear implications for IPA as a chosen method for the current study will be discussed next (Smith et al., 2009).

According to the founder of phenomenology Edmund Husserl (1982), the approach can be used to identify the essential components of phenomena that are unique to individuals. Therefore, it is possible to access the essential content of an experience, which is held in the consciousness of the person. According to Husserl (1982), to fully understand the experience one must bracket one's preconceptions to allow for the subjective phenomena of another to be discovered. This access to the essence of the experience was further emphasised by Giorgi (1997), who argued that phenomenological research could use phenomenological reductions to uncover the essence and nature of phenomena and thus descriptively shine a light on the commonalities in relationships between people and situations.

However, others argued that it is impossible to fully understand another's experience as all knowledge is created and filtered by a personal interpretation of the meaning of phenomena.

According to Martin Heidegger (1927) and his theory of *hermeneutics*, comprehension of another's mindset happens by translating the meaning of the message by another. Furthermore, in comparison to Husserl, who was more concerned with psychological processes, Heidegger was interested in the experience of being in the context of the world referred to as 'Dasein' (translated as 'there – being') and an understanding of the individual intersubjective connectedness with their environment through conscious and embodied engagement. According to Heidegger (1927, as cited in Kaufer & Chemero, 2015), one always already exists in relation to the world of people, objects, culture and language. Therefore, he argued that complete bracketing of one's own assumptions is not fully possible as experience of the world is a process of interpretation within the current dynamic context (Smith et al, 2009). Interestingly, some concepts of Dasein also correspond with principles of mindfulness, such as the notion of being, described by some mindfulness researchers as conscious and embodied awareness of the existence in the present world (Kabat-Zinn, 2003a). The Buddhist concept of interrelatedness also proposes all aspects of the world and beings as already interconnected (Hahn, 1975). Similarly, among the phenomenological theorists the holistic emphasis of experience has also been argued by Van Manen (1997), who suggested that phenomenological understanding is best obtained by focusing on overall cognitive, emotive, embodied and situational explorations in order to understand the underlying significance of the experiences.

In addition, Langdridge (2008) introduced an independent view to this debate in which he argued that there are no strict borders between description and interpretation as such boundaries would be against the spirit of phenomenological tradition that emphasises creativity and individuality. However, it appears that a suitable approach to the understanding the topic of mindfulness would be the one that aligns with Heidegger's theory

due to his phenomenological notion of conscious but contextually embedded self that also resonates with the theory of mindfulness.

Therefore as a researcher using the IPA method, which according to Smith et al. (2009) does not require bracketing as it subscribes to Heidegger's hermeneutic tradition, I also took into consideration the notion of *double hermeneutics*, which proposes the dual interpretation process where participants are making sense of their experiences while the researcher is also making sense of their meaning (Smith et al., 2009).

The theory of *idiography* also applies to IPA as it refers to in-depth examinations of individual views of research participants within their unique environments (Pietkiewitz & Smith, 2012). Based on this theory, the data collected from the individuals are used to produce final insights through the process of integration of all detailed accounts towards the end phase of the analysis (Willig, 2008).

2.3.5 Consideration of Other Methodologies

Initially, I also considered other qualitative methods that could be suitable for my study but eventually discounted them as they appeared less compatible with my epistemological position and research question.

Thematic Analysis is a method used for qualitative research and shares some methodological similarities with IPA in terms of generating semantic (explicit) and latent (hidden) themes during the analysis process (Brown & Clarke, 2006). Although it is underpinned by epistemological flexibility and can be used for many types of research, it appears to often

rely on a more descriptive generation of common themes based on the choice of language rather than gaining an understanding of the complexity and variations of the experience itself, as enabled by the more detailed and interpretative approach of IPA (Willig, 2008). Despite Brown and Clarke's (2006) claim that thematic analysis resembles the core of several other analytical approaches, some researchers view thematic analysis as more of an analytic strategy rather than a sophisticated stand-alone method due to its process ambiguity (Mills et al., 2010). Therefore, in this instance, a thematic analysis may not sufficiently support the aim of the interpretative in-depth explorations of my research.

Grounded Theory and its variations were also considered as it aims to facilitate the discovery of new information to create theoretical knowledge based on categories that emerge from the data (Charmaz, 2006). Although grounded theory shares the inductivist approach with IPA in terms of the grounding within individual data to generate new insights, it tends to focus on more conceptual explanations stemming from larger samples rather than a focused analysis of specific individual aspects (Smith, 2015). Also, the systematic categorisation approach of this method has been criticised for claiming to generate new theory, while in some instances only providing a descriptive diagram of experiences instead (Willig, 2008). Furthermore, lack of space for reflexivity has been raised due to the positivist focus on the discovery of categories that underpin the theory generation, as initially developed by Glaser and Straus (1967), although disputed by Charmaz (2006). As the aim of my study was to explore closely the participants' experiences rather than generate a new theory, grounded theory was deemed unsuitable.

2.4 Research Design and Procedure

Based on the chosen methodology, seven one-to-one semi structured interviews were carried out with newly qualified counselling psychologists who were using mindfulness practice for self-care for at least a year following mindfulness training.

2.4.1 Pilot

The objective of the pilot study was to assess the suitability of the interview questions and use the feedback and reflections towards constructive adjustments in the interview schedule. The practice was aimed at familiarisation with the interview procedure by the researcher to ensure a confident approach in future interviews.

Two female participants, including a classroom peer and a tutor, agreed to take part in the pilot. Both had experience with practicing mindfulness for self-care. The interviews turned out to be beneficial in bringing some insights for all involved. As a researcher, I became more accustomed to the process of the interview. Both participants reported enjoyable experience, during which they felt they gained some new awareness about their experiences with mindfulness practice. However, one reported feeling that some topics were not explored in depth.

Therefore, based on their feedback, I decided to take notes during the future interviews to ensure sufficient opportunities to explore all the important and relevant topics mentioned during the discussion. I also made a list of prompts and follow up questions to use in the future interviews to elicit in-depth explorations. These pilot reports were not used in the final study.

2.4.2 Recruitment and Data Collection

As the study aim was an idiographic exploration of detailed experiential phenomena of particular individuals within similar contexts using the IPA method, a small homogenous group of seven participants was purposively recruited to capture the quality of their experience. This was an adequate sample, fulfilling the IPA requirements for post-graduate research recommended by Smith et al. (2009). They recommend smaller fairly homogenous samples of four to ten participants to capture particular lived experiences. As the guidelines of IPA leave the extent of homogeneity up to the researcher, it was achieved in this study by specific inclusion and exclusion criteria as discussed later in this section.

2.4.3 Sampling Procedure and Sample Size

The recruitment process of participants was carried out in the form of purposive sampling to find individuals fulfilling specific criteria. Participants responded to the recruitment leaflet that was distributed electronically via various social and professional groups (e.g. The British Psychological Society Division of Counselling Psychology) as well as through professional directories (e.g. *Psychology Today*). Both of these organisations yielded final participants. The leaflet provided information about the nature of the study, inclusion criteria, the data collection process, confidentiality, and contact details of the researcher (Appendix 1). At a later stage due to the low response rate, participants were offered 40 GBP for their time, as many psychologists responded that they were interested but found it difficult to get involved due to busy professional engagements. The payment was considered in the hope of encouraging prioritisation of the interviews by busy professionals, raising

them to be equal in value to other commitments in terms of time and effort. The amount was chosen to reflect the equivalent of therapeutic session payment at a discounted rate.

2.4.4 Inclusion and Exclusion Criteria

Participants' inclusion criteria covered any gender, aged eighteen and over who had completed a doctorate in counselling psychology programme in UK and have been registered with the Health and Care Professions Council (HCPC) as Counselling Psychologists for a period of up to five years. Participants should have practised formal or informal mindfulness as a form of self-care three or more days per week, for at least a year since finishing mindfulness training. Justification of the criteria will be examined next.

The cut-off point of five years post-qualification represents the middle ground of various definitions of newly qualified psychologists in the existing literature. For example, three to four years since course completion has been suggested by some researchers (Olson et al., 1986; Page, 2015), however six years by others (Baron et al., 1984). Although APA (2013) defines early career psychologists as up to ten years after graduation, description of an *early career* in this case may differ from *newly qualified* in terms of the extent of 'novelty' experience. For example, Ronnestad and Skovholt (2003) in their longitudinal study found that the first five years especially are experienced as new and different due to validation of learning, confusion and exploration of professional identity as well as a renewed interest in learning specific techniques. Therefore, as there is no clear definition for a newly qualified psychologist in the United Kingdom and based on the above literature, an approximate median of five years was considered for this study. In addition, registration with HCPC was

included to satisfy the qualified rather than trainee status requirement, as it is available only after completion of the whole professional doctorate training.

The next important consideration involved which type of mindfulness practice to include. The Western approach to mindfulness practice, the conceptualisation followed in this study as explained in the introduction, can be broadly divided into formal or informal. Formal mindfulness practice involves mindfulness meditation, which includes simple observation of the breath, bodily sensation or thoughts without becoming too attached to them. Informal mindfulness practice mostly involves a mindful approach to daily activities with non-judgemental awareness of, for example walking, eating, showering or washing the dishes.

Currently, researchers have not reached consensus on which type of practice is most effective, as some propose the benefits of formal (Carmody & Baer, 2008) and others the benefits of informal mindfulness (Brown & Ryan, 2003). However, some studies point towards the inclusion of both types of mindfulness, as they both appear to be beneficial (May & O'Donovan, 2007; De Vibe et al., 2013). In addition, what is common for both practices is the cultivation of intention and attitude of curiosity, awareness and non-judgement to present experience, as proposed by Shapiro et al. (2006)'s model. To date, most evidence comes from training such as MBSR, MBCT, DBT, ACT and CFT, as defined in the introduction. These programmes include personal learning and practice of formal, informal or both types of mindfulness by the learner during the course, which allows learning and developing these skills.

Therefore based on existing evidence and for the purpose of this study, participants who attended a full course of mindfulness training that included personal experiential practice with mindfulness such as MBSR, MBCT, DBT, ACT or CFT and subsequently used it as a

form of self-care were included. MHP was later added to the inclusion criteria due to its resemblance to MBSR.

Furthermore, the requirement of maintaining mindfulness practice of a minimum of three days per week by participants was based on previous research to sustain desired effects (Crane et al., 2014; Lykins & Baer, 2009; Cebolla et al., 2017), although optimal frequency and duration of practice are still under investigation (Birtwell et al., 2018). While some participants during the present study reported phases of doing more or less mindfulness practice at certain times they confirmed the overall average regular practice was more than three times per week. Participants were also required to have practised minimum of one year since the mindfulness training course, to have the opportunity to engage with the learning.

Exclusion criteria included current disengagement from clinical practice or current experiences of trauma or traumatic reactions including Post-Traumatic Stress Disorder (PTSD) (NICE, 2003). Participants were assessed for trauma in the screening stage before the interviews by questions based on a PTSD questionnaire (Weathers et al., 2013) (Appendix 2).

Therefore, the identified inclusion and exclusion criteria were selected specifically to satisfy the homogeneity requirement of IPA to include participants with similar experiences, while also allowing for feasibility of recruitment.

2.4.5 Introducing the Participants

Seven newly qualified counselling psychologists participated in the study: two males and five females, aged between 33 and 50 years, who were registered with HCPC for a few months up to three years. The sample comprised participants with mostly white ethnic background, as described in Table 1. All were practising both formal and informal mindfulness for a duration between 1.5 to 9 years and reported having no religious affiliation with mindfulness, although one participant expressed some interest in Buddhism. Table 1 presents demographic information of the sample.

Table 1: Summary of demographic information and key qualification and mindfulness practice information for each participant

Age	Gender	Year HCPC Registered	Describes Own Ethnic Origin	Any Religious Affiliation with Mindfulness	Professional Qualifications And Mindfulness Training	Type of Mindfulness And Years of Practice
49	Female	2018	English – European	No	Counselling Psychology, Humanistic Integrative Counsellor, MBCT	Informal and Formal, 5 years infrequently, 2 Years regularly
40	Female	2017	Asian	No	Counselling Psychology, ACT, DBT, CFT	Informal and Formal, 9 years
48	Female	2019	White - Caucasian	No	Counselling Psychology, MHP	Informal and Formal 3 Years
44	Male	2018	Other white background	No. Some interest in Buddhism	Counselling Psychology, Postgraduate scientific background, MHP	Informal and Formal, 5 years
33	Female	2019	White - other	No	Counselling Psychology, MBSR	Informal and Formal, 5 Years
50	Female	2016	British - white	No	Counselling Psychology, Social Work, MBSR MBCT	Informal and Formal, 1.5 Years
38	Male	2016	White British	No	Counselling Psychology, EMDR Therapist, MBCT	Informal and Formal, 7.5 Years

2.4.6 Interview Schedule and Procedure

Semi-structured interviews were chosen in order to stay focused on the topic and at the same give the participants flexibility to talk about their first-person accounts. Other approaches were also considered, however, structured interviews were assessed as possibly too restricting for a free flow of ideas, and unstructured enquiry could deviate from the topic.

Therefore, as a semi-structured type of interview enables researcher to facilitate exploration of participant's lived experience including thoughts, emotions and meanings and is therefore recommended for IPA (Smith et al., 2009), it was assessed to be suitable for this study.

Following initial screening to satisfy inclusion criteria and assess for exclusion criteria (Appendix 2), the researcher and participants met on an agreed date, time and place (in person or online) for the interview. Participants were given a brief outline of the aims of the study, information about the upcoming interview process, confidentiality rules and right to withdraw. These were also outlined in the participant invitation letter, which was given to them before the interview (Appendix 3). They were also asked to sign an informed consent form (Appendix 4) and completed the demographic form (Appendix 5). Participants could also ask any questions. Additionally, the researcher confirmed whether they were comfortable observational notes being taken during interviews. Participants were advised that there were no right or wrong answers and that the focus of the interview was their experience of using mindfulness for self-care. Participants were asked warm-up questions first to help them feel comfortable and to establish rapport with the researcher. The semi-structured interview schedule (Appendix 6) was then followed, although the questions were used in a flexible order based on the flow of each interview, with additional probes and follow-up questions. The interviews took between 55 and 65 minutes, following an agreement with participants to fit into a therapeutic hour due to their schedules. At the end of the interview, a debriefing discussion took place to reflect on participants' feelings and ensure safety. Debrief handouts (Appendix 7) were given after the interviews with contact numbers in case of emergency. The payment arrangements were also discussed. Interviews were then transcribed verbatim including utterances such as um, laughter, pauses and other meaningful vocal aspects in preparation for the analysis. Participants were assigned pseudonyms at random.

2.4.7 Analytical Procedure

Following methodological considerations as discussed in the first part of this chapter, interpretative phenomenological analysis was used in this study as the most appropriate method to answer the research question. Smith et al. (2009) describe IPA as an array of analytic procedures that involve cyclic movements between individual parts and the whole contexts while integrating descriptions and interpretations of meanings of participants' experiences. These experiences may not be readily available but can be obtained through in-depth engagement with the data towards the development of new understandings. Although the steps can be applied flexibly (Reid, Flowers & Larkin, 2005) and there is no prescriptive procedure given, Smith et al. (2009)'s analytic sequence was chosen in this study to ensure methodological rigour while retaining interpretative input of the researcher as a co-creator of the emerging phenomena.

Reading and Re-reading Stage: At the beginning of the process, I immersed myself in the collected data as recommended by Smith et al. (2009) to familiarise myself with the data and focus on each participant. I transcribed the interview and then re-read the transcript. I also took notes about the most striking aspects that arose from the text to give myself reflective opportunity at the initial encounter. After the first transcript, I found that listening to the recording at the same time while reading helped with the recollection of my thoughts and feelings during the interview as an additional source of information.

Initial Noting Stage: The next step involved process of coding, where I focused on line-by-line sections of the texts and noted my observations in the right-hand margin. For an additional level of insight, I divided them and colour-coded them in form of descriptive

comments (in black colour) that capture explicit phenomena, linguistic comments (in blue colour) that focus on the use of language in communication of the meanings and abstract comments (in red colour) that were concerned with my interpretation of the concept. This stage is recommended by Smith et al. (2009) to avoid superficial engagement with the text and prevent biased interpretations by a close exploration of the data. I found myself writing mostly descriptive observations at the beginning of the first transcript; however the colour-coding helped me to critically reflect and review the approach to make it more comprehensive (Appendix 8).

Developing Emergent Themes Stage: The next phase included the creation of emergent themes that capture complex meaning from the connections between the chunks of individual codes. According to Pietkiewitz and Smith (2014), this step involves the hermeneutic circle of bringing the aspects of broken-down text together to form a whole phrase conveying abstract psychological conceptualisation. This was a challenging process at first; however, discussion with my supervisor supported me in merging both participant data and my interpretation into new phrases capturing co-created psychological phenomena that I noted in left-hand margin (Appendix 8).

Searching for Connections across Emergent Themes Stage: The next stage involved mapping emerging themes into meaningful clusters. I started to look for connections between themes first within each individual transcript (Smith, 2015). After I typed the themes into the Excel spreadsheet chronologically, I followed Smith's et al. (2009)'s guidelines for establishing patterns before moving them onto separate spreadsheets to form clusters. First I used a process of abstraction, where themes sharing similarities were moved under new overarching themes. Then, I looked for where some themes could be subsumed under already existing themes. Next, I considered polarisation, when I considered on difference instead of

similarity between the themes. I also considered numeration in terms of how frequently the themes occurred and whether they carried any unique property or could be grouped with other themes. Finally, considering the function of the themes helped me to evaluate the role of the theme within the participant presentation. Based on these relationships, I moved the themes onto different spreadsheets to form clusters.

Moving to the Next Case Stage: Following the previous analysis stage with one transcript, I repeated the same process with the remaining six accounts. I was aware of being 'influenced' by the previous analysis, and therefore tried as much as possible to treat each transcript as 'new' and stay with each participant's unique experience. The summary of emergent themes and clusters is presented in Appendix 9.

Looking for Patterns across Cases: Next I started to look at patterns and clusters of themes across the transcripts and based on their connections, created master themes in the form of a table in an Excel spreadsheet to capture these relationships (Appendix 10). In this process I considered prioritising themes based on richness, connection to other themes as well as prevalence, while keeping in mind that frequency is not the most important factor (Smith, 2015). A summary of the appearance of cluster themes (grouped under master themes) for each participant is presented in Appendix 11.

Although I described the process of analysis as a sequential procedure following a variety of steps to reach final master themes in order to best capture all participant experiences, I carried out the procedure with the hermeneutic cycle in mind. As recommended by Smith et al. (2009), I did so while moving back and forth between particular parts and the whole text, and keeping the overall research question in mind.

2.5 Reflexivity

Reflexivity in qualitative research is an essential process that involves consideration of the analyst's contribution to the creation of meaning during the research process (Willig, 2009). According to the phenomenological stance that is taken in this study, the researcher's subjectivity is the core aspect of the research journey as it is always present within the intersubjective interconnectedness between the participant and the researcher (Finlay, 2009).

Within the existing phenomenological debates as explored previously in the phenomenological theory section, IPA follows Heidegger's (1927) tradition in embracing the role of the researcher's subjectivity in co-construction of data that emerge from the researcher - participant relationship, as opposed to Husserl's bracketing of previous experiences and knowledge. Wertz (2005) proposes that this intersubjective influence can be managed by focusing explicitly on personal assumptions as well as acknowledging participants' accounts while moving back and forth. This process allows the researcher to emphatically enter the world of the researched.

According to Finlay (2002), making the role of the researcher in the co-construction of the knowledge explicit enhances transparency, trustworthiness and accountability of the qualitative research. Therefore, in the following section I will reflect on how my personal assumptions, beliefs and expectations could have influenced the research process. Willig (2008) identifies two types of reflexivity personal and epistemological, where the former refers to reflection on dispositional and situational personal factors, while the latter involves acknowledgement of the influence of underlying assumptions about an understanding of the world. I will discuss both and also address methodological reflexivity, which will focus on

the challenges in the way the research was carried out to offer comprehensive reflexive statements.

2.5.1 Personal Reflexivity

While I was reflecting on the role of personal factors in my research journey, the most prominent aspect appeared to be my own experience with mindfulness practice. I considered myself a long-term practitioner as I first encountered yoga in my youth, which over the years became part of my regular mindful physical exercise. In parallel I was going through phases of interest in varieties of meditations, then finally arriving at mindfulness practice following my interest and training in third-wave therapy. I found mindfulness practice helpful during challenging life events, especially during the time of relocation and start of my professional doctorate programme when I was settling down in a new environment. These events led to my interest in the experiences of other professionals and their self-care practice.

Thus I considered myself as having ‘insider’ knowledge of the field and became aware that feeling like a ‘fish in the water’ regarding the topic (Bourdieu & Wacquant, 1992) could hinder my research with subjective biases. Hence, I tried to remain open to all participant experiences by being curious and free of any misconception as much as possible. I also engaged in regular reflections in my diary and with my supervisor to gain more reflexive distance, as according to Riach (2009) this gap offers a space to interrogate own way of otherwise habitual understanding.

2.5.2 Epistemological Reflexivity

As a counselling psychologist in training, I subscribe to the reflective scientific practice that lies within the core of the discipline (Kasket, 2012). Therefore, as a scientist researcher, I thought carefully about the appropriate methodological way of approaching the exploration of the research question. Furthermore, as a reflective practitioner, I was considering my own views of the world and the way I understand the generation of knowledge, influenced by my professional training and personal assumptions.

Based on my personal values as well as professional training, I am concerned with the understanding of human subjective experience, and appreciate the overall complexity of the person. Therefore the choice of qualitative methodology appeared congruent with my underlying beliefs. In addition, as a mindfulness practitioner, embodied experience of being in the world 'made sense' to me through personal familiarity, therefore the phenomenological approach of my study also felt fitting.

Informed by phenomenological philosophy, I approached the research with the assumptions that my participants are conscious beings, who are able to use their cognition and embodied sensations as information about their experiences, and that they can interpret and communicate these experiences to me with the help of language (Smith et al., 2009). Thus it could be disputed by some that phenomena outside the conscious verbalised experiences of participants could have been omitted from my study. However, as an interpretative researcher, I also kept notes on body language as well as reflections on my sensations and feelings during the interviews, thus capturing some of the unspoken processes in initial codes during the analysis process.

As a critical realist I also assumed that some of the experiences might be shared, while also experienced subjectively. Therefore, to maintain the reflective stance, it was important to consider what I assumed as shared or subjective in the participant accounts, given my personal experience. Thus, for example during the interviews, I tried not to ‘jump into my understanding’ of what they mean but probed for further explanations. However, at the same time, according to Finlay (2002) using introspection to understand one’s own experience and meaning can form the base for a more general comprehension of shared accounts. Therefore, using discussions with my supervisor to reflect on my own experiences with mindfulness were beneficial, as they helped me to differentiate my personal views from the views of others.

2.5.3 Methodological Reflexivity

During the methodological procedure of data collection, I noted several interesting observations about aspects that could have influenced the research process. For example, I sensed fairly instant rapport with most participants that I put down to being in a similar professional field and thus having some shared experience. Therefore I became aware of possible assumptions by participants about my understanding of their experiences with mindfulness. Hence I tried to balance introducing myself to participants while keeping my personal thoughts about the topic hidden in the beginning, in order not to prime them in assumptions about my knowledge. I also used follow-up questions and probes for clarifications.

I also noticed a sense of validation and relief when hearing about the difficulties of participants in connection with their studies, as I felt I was not alone in the feelings of

hardship during the programme. However, I also felt that I could be drawn into a peer-to-peer conversation that could sway the direction of the discussion, and had to remind myself about my role as a researcher to stay focused. Staying in the role of the researcher also felt novel at the beginning of the data collection process, as I found myself naturally drifting into a counsellor role. However due to the pilot practice, I was able to catch myself during the initial interview and refrain from a therapeutic focus.

One of the main considerations was also the introduction of a payment. While I was aware of the possible material motivation that could lie behind accepting the payment, I was confident that this did not apply to my sample. As the participants were professionals juggling a full-time or two part-time professional jobs, the power imbalance that could apply to a vulnerable sample was not a concern. To the contrary, according to Head (2009), payment can help increase response rate as it may level the unbalanced power dynamic between the researcher and participant in terms of participation as a favour. I also discussed reimbursement for their time with participants prior to the interview. The majority expressed that their motivation was not monetary, while some also declined the payment, although all were offered the amount transparently with no additional obligation.

2.6 Ethical Considerations

As a trainee counselling psychologist and a member of the British Psychological Society, which provides professional and ethical regulations for psychology profession, I adhere to the Code of Ethics and Conduct (BPS, 2018) and follow four main ethical principles including respect, competence, responsibility and integrity to ensure high-principled and humane professional judgement and approach. Specifically, the Code of Human Research

Ethics (BPS, 2014), which refers to the moral principles guiding the research throughout its entire process, was followed in this study and I will discuss the most relevant components in the next section. Furthermore, I secured ethical approval from the School of Psychology Research Ethics Committee before conducting the research, to confirm that the ethical principles were followed (Appendix 12).

I ensured the *respect for autonomy, confidentiality and dignity of individuals* by providing an information sheet with details of the study and obtaining informed written *consent*. The consent form was broken down into statements with a check box next to each description, including an understanding of the purpose of the study, the process of the interviews, confidentiality and its limits, and data storage, where participants added a tick to each respective box to signal their consent. Also, an optional box in terms of future contact in case of follow up research was added. Participants' *right to withdraw* at any time (before, during and three weeks after the interview) with data being immediately destroyed was clearly stated. Failure to tick all the boxes would prompt me as the researcher to clarify and review with the participant their involvement in the study; however all participants gave their full consents.

I debriefed the participants after the interviews to give an opportunity for feedback and clarification of any additional questions. All recordings and transcriptions were anonymised and data securely locked physically and electronically to prevent identification and ensure *confidentiality*. I was also honest about the aims of the study from the initial contact with the participants, so it was not necessary to deceive participants by withholding any information. Participants also had opportunities to ask questions throughout the process.

I assessed the *minimizing harm and ensuring care for participants* as another ethical consideration by conducting a risk assessment to ensure participants' as well as my safety. Details of the actions in case of risk, such as the possibility of some participants experiencing distress while recalling previous stressful situations when reflecting on their use of mindfulness, are outlined in the Appendix 13. Additionally, I used initial screening for trauma symptoms, observing the participants' emotional states during the interview, as well as the debriefing process afterwards to ensure participants safety. They also received debrief sheets with mental health support information after the interview. All participants reported a positive experience from the interview during the final feedback. Some mentioned that it made them think about their mindfulness practice in a different way, while others appreciated the opportunity to give their additional comments at the end of the interview. I could detect a feeling of sadness while one participant discussed some of her life events, so we reflected on the process and she confirmed her willingness to continue. During debrief she reported no prevalent aversive feelings, however thought about utilizing her supervisor's support in the future.

2.7 Quality and Validity

Establishing the quality of the research is included among the principles of the Code of Human Research Ethics (BPS, 2014) to ensure a scientifically robust approach to the development of knowledge and understanding. This section will outline the criteria I considered to ensure the quality and validity of my study. Evaluations on the way these characteristics have been applied will be explored further in the discussion chapter of this paper.

Within the research quality literature, some dilemmas appeared in the past with regards to the possibility to assess the quality of a qualitative approach based on traditional quantitative criteria of reliability, validity and generalisability (Yardley, 2000). These were relatively easily established in quantitative studies by employing an adequate representative sample, rigorous design eliminating confounding factors and statistical analysis that enabled the prediction of outcomes for future populations. However, as qualitative research is focused on specific experiences within particular situations, these criteria were not considered appropriate based on different underlying epistemologies of the two major methodologies, where prescribed standardised rules for a quantitative enquiry would limit context-sensitive interpretations of the qualitative approach (Yardley, 2000; Spencer & Ritchie, 2012).

As qualitative research is based on a variety of underlying epistemologies, Yardley (2000) argued that open characteristics that can be applied flexibly to allow for co-creativity and interpretation are appropriate to ensure the quality of qualitative studies. In contrast, others argue that the criteria must specifically fit each method (Madill et al., 2000; Reicher, 2000). For example, Elliott et al. (1999)'s guidelines are appropriate for phenomenological research as they ground themselves in the phenomenological and hermeneutical tradition (Willig, 2008). Therefore, due to the use of IPA in this study, Yardley's (2000) cross-methodological recommendations will be discussed next and supplemented by Elliott et al. (1999)'s specific characteristics to ensure a complex approach to qualitative rigour.

2.7.1 Sensitivity to Context

According to Yardley (2000), sensitivity to context may include an awareness of theoretical knowledge, social interaction and ethical issues. I aimed to address sensitivity to context by

reviewing the literature on mindfulness practice and self-care, which enabled me to become familiar with relevant concepts, debates and controversies, as well as up-to-date research in the field to identify existing gaps to make an informed decision about the focus of the study. Another consideration was sensitivity to participants' expectations about their disclosure. For example, I remained sensitive to the possibility of intellectual discussions about mindfulness practice or increased attention to client work rather than personal disclosure, which could feel unfamiliar to practitioners due to the nature of their frequent clinical focus on others. Therefore, I employed a curious and uncritical approach to allow participants to self-disclose within their comfortable boundaries while gently ensuring and redirecting the focus on them when needed during the interviews. Another consideration was situating the sample, as highlighted by Elliott et al. (1999), which enables the reader to assess the applicability and relevance of the outcomes. Therefore, I included brief introduction of the participants in my study.

2.7.2 Commitment and Rigour

Yardley (2000) describes these criteria as relatively straightforward in terms of meticulousness in data collection, analysis and coverage of findings. In alignment with grounding in examples as recommended by Elliott et al. (1999), I have ensured the fulfillment of this criterion by in-depth prolonged engagement with the research process as described in this section, while grounding my interpretations in participants' data, as evidenced in the analysis chapter of this paper after following the proposed guidelines for IPA (Smith et al., 2009) to ensure a sound analytical procedure. I also included a process of triangulation (Yardley, 2000) by discussions of the processes with my supervisor as she was able to offer an 'outsider' view that brought an additional perspective to achieve a more

rounded understanding over a singular view, as well as a credibility check as proposed by Elliott et al. (1999). For example, I considered a more interpretative approach after the review of my first attempt at analysis, as well as reducing the number of overlapping themes that I initially created.

2.7.3 Transparency and Coherence

Both transparency and coherence relate to clarity and convincingness (Yardley, 2000). These domains were approached in this study by a clear description of data collection and analysis in this chapter, which were supported by excerpts of participants' data in the following chapter. Furthermore, transparency was ensured by including reflexivity throughout the whole project, to bring to light the possible influence of the assumptions and motivations of the analyst on the research. Similarly, owning one's perspective is emphasised by Elliott et al. (1999) as it enables the reader to gain insight into the interpretation of the analysis while considering alternative outcomes, which is especially applicable when using IPA (Smith et al, 2009).

2.7.4 Impact and Importance

Finally the usefulness of the research to the relevant community is used as the final criterion by Yardley (2000) to ensure quality and validity. Although there has been a vast amount of recent research in the area of mindfulness, subjective explorations of its application in self-care have been scarce. Crucially, attention to practitioners' well-being has often been sidelined. Therefore, my goal was to emphasise the importance of the attention to clinicians'

self-care and their strategies that have wider implications for the clinical practice as well as the ethical reputation of the discipline.

3.0 ANALYSIS CHAPTER

3.1 Introduction

This chapter presents the master themes and subthemes derived from interpretative phenomenological analysis (IPA). IPA aims to offer in-depth insight into the lived experience of using mindfulness for self-care for newly qualified counselling psychologists. The analysis chapter presents my interpretation of the participants' own understanding of their experience.

The three master themes and nine subthemes that developed from the data are:

1. Journey of discovering mindfulness as a self-care approach
 - a. Gradual development and acquisition of mindfulness practice for self-care
 - b. Mindfulness practice is not without challenges
 - c. Necessity to tailor mindfulness practice

2. Developing self-mastery
 - a. Experience of self-regulation
 - b. Faith in one's own ability to cope
 - c. Accepting my humanity

3. Enjoying meaningful personal and professional life

- a. Holistic approach to self-care
- b. Content existence in life
- c. Managing professional life

The three master themes were supported by the accounts expressed by all the participants, while the subthemes were supported by most participants (Appendix 11).

The diagram below illustrates the themes and their relation with each other. As depicted in the diagram (Figure 1), the first master theme *Journey of discovering mindfulness as a self-care approach*, which reflects participants' initial experimentation with mindfulness, gives a grounding base for the other two major themes, where participants appear to be integrating their ongoing personal practice of mindfulness in relation to their sense of self as represented by the second theme, *Developing self-mastery*, and their environment as portrayed by the third theme *Enjoying meaningful personal and professional life*. The connecting lines in the diagram represent the connection between all major themes in the form of an active interrelated process, in which the ongoing development of mindfulness practice for self-care connects with personal changes and life experiences.

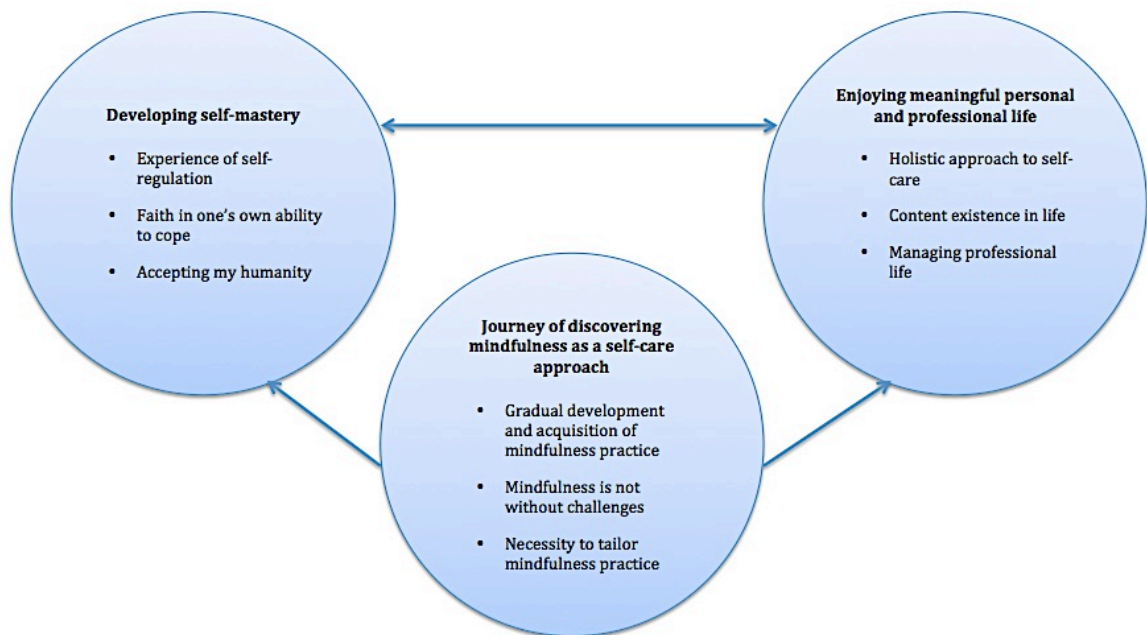


Figure 1: Diagram of the master themes and subthemes

The master themes and their subthemes will be outlined next with quotes illustrating participants' communication of these themes.

3.2 “I thought OK there could be something in this”: Journey of Discovering Mindfulness as a Self-Care Approach

3.2.1 Gradual Development and Acquisition of Mindfulness Practice for Self-care

Many participants described their experience with mindfulness practice as developing slowly and gradually from their first initial encounter with mindfulness, which varied in forms of either theory, philosophy or practice. However, it appeared that it was the deeper experiential

insight during the personal engagement with mindfulness, which resulted in further acquisition of the practice for their personal self-care.

Among the initial motivations, some participants engaged with mindfulness at the beginning due to their work with clients, without thinking particularly at this stage about using it for self-care. This experience is described by Liana:

“ I have learned it so I could use it for my (client) practice, but I didn’t actually believe at that point of time that I would probably get any benefits out of it. By doing it myself. “ (Liana, 7-9)

For Liana, the motivation to learn mindfulness was due to developing skills to use in the intervention with clients. Her use of the words “didn’t actually believe” implies some doubt towards the personal use of mindfulness, and the possibility of using mindfulness as a self-care approach has not entered Liana’s awareness at this stage. It seems that at this point mindfulness was more of an abstract concept that Liana was trying to apply in her therapy work.

Other participants initially engaged with mindfulness for other reasons, such as already having or seeking more theoretical and practical knowledge of the concept, for example to support their application for a doctorate programme, as reported by James. Other participants reported yet another motivation for being curious about mindfulness where the concept appeared to resonate with their personal philosophy. For example, while Emma communicated a strong connection to the topic due to her long-term yoga practice, for others like David, the experience of mindfulness resonating at a deeper level appeared almost unexpectedly. This is communicated in his reflection:

“ So on the theoretical side the Buddhist philosophy was really interesting to me and some of the ideas resonated with me, um... and I ... you know having scientific background, you know having trained in science first, I quite, I was really interested and really surprised in a sense that some of the claims of Buddhism were backed up scientific psychological studies.” (David, 57 – 63)

Although during the interview screening David declared no religious affiliations with mindfulness, here he appears fascinated by the philosophical background of mindfulness. It almost appears like a revelation to him, indicated by the word “surprised” in an enthusiastic voice during the interview. David’s expressed surprise gives a sense that when he may have first heard about mindfulness he had doubts about its value, however, he appeared to resolve this conflict by uncovering empirical evidence supporting the benefits of mindfulness that gained validity for him as a former scientist.

Therefore, participants appeared to engage with mindfulness due to variety of reasons such as professional, practical, resonating with prior knowledge or personal philosophy, sometimes underlined by initial doubts. Interestingly, for many participants the bridge between these first encounters with mindfulness and more serious consideration of its use for self-care happened after an experiential insight.

For example, it appears that for Joanna, the insight into the benefits of mindfulness appeared through abstract understanding as well as the experiential process. There appeared to be a shift between mere cognitive awareness to embodied experience, as she stated:

“ I was on that (mindfulness) training so as part of the activity I had to practice it with everyone else. So when I did that I only started to recognize the benefits. And that’s when I thought: Oh, actually it’s possible to be mindful and it’s actually working! “ (Joanna, 155 – 157)

It appears that Joanna initially practised mindfulness more due to the course requirements rather than personal initiative. However, it seems she discovered an ‘aha’ moment of personal benefit which occurred after repeated practice, as also communicated by her excited voice during the interview, despite low initial motivation, as implied by the choice of the words ‘had to’ and also confirmed by her earlier in the interview.

Similarly, engaging in mindfulness further following an experiential insight also occurred for James, who described his first experience with Buddhist meditation:

“It was my first experience with meditation as such and I closed my eyes and thought, urgh, I am not sure, I am not sure, I am not sure, but the moment it was over and I opened my eyes I felt slightly transformed, I felt something different, I thought ok there could be something in this” (James, 102 – 106).

James communicates clearly his uncertainty by repeating the words “not being sure” three times while shaking his head during the interview, and there also appears some initial fear of the unknown implied by the utterance “urgh”. However, the experience appears to have been transformational for James, who felt a profound sense of change in personal state that directed him to further exploration of mindfulness practice.

Therefore, following this transformational experience, some participants reported progressive changes in the way they started to acquire mindfulness practice for self-care over time.

During this gradual process, it appeared that mindfulness practice became more effortless with time, as described by James:

“ at the start I would use the guided (meditation) more and I would be perhaps more strict on myself about what position I was in” (James, 139 - 141). He then adds that now: “ I just sort of drop in focus on my breath and I could sometimes be aware of the sensation in my nostrils, it could be my diaphragm moving up and down, um... I think when I started maybe... um, I ... I was trying too... too much...” (James, 144 - 146)

James’s change in mindfulness practice indicates more of a technical focus at the start. The emphasis on the word “too” in James’s speech during the interview, as well as repeating the word twice, indicates possible initial struggle in getting it right, before finding a more comfortable way to start the practice by tuning into his bodily sensations.

Others appeared to use the help of cues to support their mindfulness practice to be more effortless. While, for example, Liana referred to using traditional music to ease herself into the practice, Linda talked about using nature as a fast track to shift her focus from everyday business into mindful awareness:

“ When I am doing my mindfulness practice between ward visits say at the window at the hospital I tend to do my breathing and focus on the gardens because across the

hospital is a greenery and I do a lot of gardening myself because I find it therapeutic“
(Linda, 337 -341).

Connecting to nature is meaningful to Linda due to her gardening hobby and the association with relaxing activity appears to connect her easily to her mindfulness practice. Her relaxed body language at this point communicated the connection of the image of greenery with relaxation.

Therefore, it appears that with time, after initially closely following the instructions for the practice, mindfulness became a more effortless experience to which participants could fast track with the help of some familiar cues, such as focusing on their breath, or enjoyable auditory or visual cues.

While most participants appeared to become gradually convinced of mindfulness benefits for self-care, they also appeared to eventually acquire a critical take on the practice. For example, James stated:

“ But I think I am little bit less evangelistic about it than I used to be, I realized that maybe it’s not appropriate or you know desired by everyone.” (James, 426 -429)

It appears that James became initially highly passionate about the practice and was perhaps ‘preaching’ its benefits to others, as suggested by the word “evangelistic”. However, after a more comfortable acquisition of the approach, as well as perhaps due to his reflective training as a psychologist, he became more flexibly aware of its use.

However, it also appeared to be a continuous process, as stated by David:

“I have definitely made an enormous change you know and enormous progress, if I may say. Um but this is something that I am still working on” (David, 454 – 456)

David’s account of personal progress seems to also communicate a crucial change since the start of his journey with mindfulness, which is emphasised here by the use of the word “enormous” twice. However, his second sentence also implies an unfinished journey of implementing mindfulness for self-care that is subject to ongoing development.

Therefore it appears that following varieties of motivations, most participants appeared to be surprised by the impact mindfulness had on them following the embodied experience, thereafter developing a more passionate interest in personal use of mindfulness for self-care. This appeared to be followed by finding a more effortless approach to practice, as well as the development of a more critical overall view of the ongoing practice.

However, the journey of discovering mindfulness practice for self-care has not been plain sailing for all participants, as outlined in the next section.

3.2.2 Mindfulness Practice Is Not Without Challenges

This subtheme captures participants’ experiences with difficulties encountered while experimenting with mindfulness and it outlines the way they overcame and learned from these challenges.

Among some of the early challenges, the novelty of the experience during the mindfulness practice appeared troubling for some participants. For example, while some participants reported difficulty to relax and focus on mindfulness due to distractions in their environment, for some participants the unfamiliarity with some specific concepts appeared as a barrier to the initial practice. This is captured by Sara's narrative about the challenge with the self-compassion aspect of the practice:

“ So the idea of self-compassion was very foreign at first and it felt kind of uncomfortable but you know through using it with clients and trying to use it myself because it felt kind of hypocritical to you know, suggest it to clients if you haven't used it yourself. So through that process by doing that, the self-compassion has actually been a really big part of my mindfulness practice and that's something I do. ”
(Sara, 75 -80).

Here Sara, describes a concept that was new and almost unpleasant at first. By using the word “foreign”, another word ‘alien’ comes to mind that emphasises the concept almost as a strange unusual presence. It appears that she managed to overcome this initial obstacle due to her deeply held value of congruence in therapy, as implied by the word “hypocritical”. By insisting on getting to know this alien concept of self-compassion she eventually discovered it as a welcomed element in her practice.

Another interesting challenge was captured by Joanna and her negative physical experience of feeling compressed by her clothes:

“ So once I found... felt a very, very strong physical sensation or discomfort. And I had a strong sensation. I was so inundated by the clothes I was wearing that I wanted

to rip everything off. Which was strange. “ (Joanna, 227 – 229). She later adds: “ that kind of helped me to recognize that I am not in touch with my body, that we are not friends. Because you know, I was doing so many things, my body was tired, exhausted, you know lacking behind. So I think that was very powerful, although it was very unpleasant experience of mindfulness. But it helped me to recognize that there is a problem and I wasn’t aware of this problem before. And because of that, really I thought I needed to do something about it. I need to look after myself because my body is sending me a message. “ (Joanna, 231 – 242)

For Joanna, this instance of physical struggle was a powerful eye-opening experience that allowed her to connect to her bodily communication, which she was able to decipher for the very first time. She appeared to credit the discovery of a previous disconnection from her body to mindfulness, which seemed to support an emotional shift towards more positive feelings about her body. Her slip of the tongue at the beginning between “found” and “felt” communicates that she found the message during this felt experience to be strong enough for her to finally understand the nature of the problem in the form of neglecting her body, which appeared to be suffering and thus take action in proactive self-care.

In addition to challenges with early practice, some participants found it difficult to keep going either with its duration or continuity. Next to reports of boredom, the effort to maintain regularity of the practice also appeared to cause difficulty, as reported by James:

“It’s difficult because you don’t want to say I have to do it, I must do it, because that kinds of goes against, you know, the acceptance, the non-striving aspect of mindfulness but if you... if you see something that’s important incorporated in your day then that’s why it becomes priority. “ (James, 38 -43)

Although James appears to place a high value on the practice, his choice of words “have” and “must” implies that keeping regular practice requires a higher level of effort. This appears to be conflicting for James, implied by the pause and change to a third-person narrative, as he seems to hope to practice mindfulness with less exertion, which would also align with its underlying philosophy. He seems to overcome this conflict by acknowledging importance of self-care and ensuring his mindfulness practice is actively assimilated into his daily schedule, thereby enabling him to sustain it.

Therefore, it appears that some negative experiences can occur due to the novelty of concepts and unfamiliarity with practice accompanied by some inner resistance, feelings of boredom, unpleasant physical sensations, as well as further challenges with a sustained effort to maintain regular practice.

However, it appears that while overcoming these difficulties by acknowledging the importance of self-care and by persistence, participants started to experiment with adopting mindfulness practice in a more flexible way that works individually for them, as described in the next section.

3.2.3 Necessity to Tailor Mindfulness Practice

After discovering and starting to introduce mindfulness as possible self-care practice despite the initial challenges, this subtheme reflects on participants’ experiences while attempting to select the approach to mindfulness practice that is best suited to their preferences and circumstances. It seems that to progress in the acquisition of mindfulness for self-care,

adjustment and flexibility with the practice appears almost like a necessity, to make mindfulness a successful self-care strategy.

Among the considerations for the most suitable application of mindfulness, some participants appeared to select practices based on their time availability, daily programme or engagements during the week. This is captured by Linda:

“ Some weeks I am just managing 4 or 5 times a week to do my breathing exercises in the car, other weeks I am aiming to do couple of times per day, at the beginning of the day, at the end of the day. When I am on holiday I am doing it more because I try to do more of my mindfulness practice, kind of when I am by the sea, when I am in the forest, when I am relaxed.” (Linda, 156 – 161).

In addition to adjusting her practice to external demands, it appears for Linda that when she is in a relaxed mindset she prefers to devote more time to mindfulness. This could indicate that mindfulness is more difficult for Linda in stressful or busy times, although it can be particularly helpful during these times. This is perhaps why Linda is using nature to fast track into the mindfulness practice when working as she mentioned earlier, as it reminds her of the relaxed state when on holiday.

In contrast, however, some participants mention increasing their practice during more stressful times. Therefore it appears that the aim of the mindfulness practice also plays a role in how and when it is practised, depending on whether it is used to maintain the state of well-being or mobilise resources immediately to combat stress.

In addition to the adjustment of the practice according to the availability of time and aim, it appears that some participants prefer to practise more informal practices over formal, as portrayed by Sara:

“ I think that’s where the informal mindfulness really comes in handy, like, that’s probably why I practice it so often during the day because it just allows me to be grateful for those small moments. I could probably very easily, you know, have them snowball into something bigger if I didn’t, if I wasn’t able to take that step back several times during the day. “ (Sara, 59 -63).

For Sara frequent mindfulness practice appears to help to prevent an escalation of internal pressures. It seems that informal practice in the form of gratefulness and decentering is readily available for Sara and this enables her to use it instantly, due to its shorter duration and flexible use during any free moment during her day.

Therefore, it appeared that informal practice could be more time-flexible and readily available than the formal practice due to its shorter duration and focus that can be applied at any location. However, in contrast, others preferred to engage more in the formal practices, as mentioned by James who in his personal view did not see the informal practice as a substitute for meditation. Thus it became apparent that most participants used a combination of both formal and informal practices depending on the situation, time and personal preference.

However, the regularity and maintenance of the practice also appeared to be important to many participants. This is expressed by Joanna:

“ So mindfulness is something that I apply on a daily basis, so let’s say even every morning when I get up, I give myself about 10-15 minutes of mindfulness. I might be sitting at home and then I might just look at the passing crowds or I might be looking out of the windows at the trees ” (Joanna, 3-6)

To Joanna it seems important to practise regularly, possibly due to noticing the benefits of regular practice to lift her mood that she mentions throughout the interview. She also seems to be working out a suitable individual plan to make the practice easier to carry out.

Therefore what seems to be embraced by many participants is the flexibility in using various types of mindfulness practice that suit their personal needs, schedules and that also allow for more regular practice.

It appears that working out how to adjust mindfulness practice to the personal situation and preferences is a valued process. It almost appears as a necessity as it gives participants a choice in getting the most out of their practice. This is well described by Sara:

“ I think when I was able to, you know, let go of my expectations to meditate and when I could just choose the practice that fitted me and my preferences I think that was the big factor in um allowing me to embrace mindfulness even more ” (Sara, 298 – 301)

Thus Sara’s account, as well as this overall subtheme communicates that the process of tailoring mindfulness practice to individual preferences rather than an expected prescription is a crucial approach that enables participants to make space for and maintain valued regular practice.

Therefore, this first master theme communicates that mindfulness practice is an evolving activity that appears to be highly personal. Initial exposure and embodied engagement with mindfulness involve overcoming challenges during the phase of experimentation. However, through the process of tailoring the practice to individual needs, experiences and preferences, mindfulness becomes a more meaningful activity for each participant in their approach to self-care, which is also readily available to be flexibly used as needed.

Having outlined the first master theme that focuses on ongoing attempts to develop an individually optimal mindfulness practice, the account of how mindfulness is actually utilised for personal benefits is considered next.

3.3 “Like a protective shield”: Developing Self-mastery

The second theme looks at what happens when participants become more familiar with mindfulness. It appears that participants use mindfulness for purposes of self-regulation, which appears to connect to a sense of confidence and resilience in order to deal with upcoming life challenges. During this process participants also developed a compassionate acceptance of their fallible humanity.

3.3.1 Experience of Self-regulation

This theme captures participants' experiences with using mindfulness as a strategy to regulate their internal experiences. The regulation appears to happen at three different levels: emotional, cognitive and physical, although they also interconnect.

For example, it appears that mindfulness supports the ability to regulate emotional challenges, as captured by Joanna:

“ Because, you know, when you are depressed everything is dark, everything is pointless and useless. And when you are using mindfulness, at the same time it helps you to see the blackness of life but then you notice some of the things you may not noticed before. So it helped me to look at the other nice things that are around me, let's say you know, the beautiful weather, sunshine, you know, nice people that are coming into my life. “ (Joanna, 205 – 210)

Joanna appears to use a third person narrative to help her communicate what appears to be a highly difficult feeling of hopelessness as described by the words “blackness of life”. The words conjure an image of the world so dark that nothing except blackness can be noticed. However, it seems that Joanna, with the help of mindfulness, is also able to find illuminated spaces in life and make her way out of the darkness.

In addition to emotional adjustment, participants also described the experience of developing cognitive flexibility with the help of mindfulness practice. For example, Emma describes the process of how she slows down her escalating thoughts:

“ I do breathing exercise just to maybe smooth things down and also actually take myself out of my head so maybe just focus on breathing as sort of bio-feedback, you

know. If you slow down breathing you slow down your thinking as well.” (Emma, 34 – 37)

Here Emma is using conscious physical regulation of breathing to slow down her internal functions including thinking. Her use of the word “smooth” implies an intentional calming strategy, while “take myself out of my head” brings into mind a sense of liberation from being confined with her own thoughts and being able to step out of this restrictive space. Emma also mentions “bio-feedback” which seems to describe a self-regulation mechanism that includes the cooperation of both mind and body.

Besides the emotional and cognitive management as outlined so far, participants also note the regulation of the body. This experience is well portrayed by Linda, who talks about managing her tension headaches at work:

“ the headaches started mid morning, and went on for couple of hours, as it was growing, and I had to do something about it. So I sat there on the dustbin, which are these nice solid metal thingies, which you can sit on, locked in the staff toilet! Using my breath “ (Linda, 144 – 148)

For Linda, mindful breathing appeared to be a readily available strategy to deal not only with the physical experience of a headache but possibly also calming the internal tension by finding the nearest available safe space that she described with a cheeky tone of voice. This short and readily available technique helped Linda to release the stressful pressure and continue with her work.

Therefore, overall it appears that participants' use of the mindfulness practice helps them to become more aware of the complexities, which in turn enables them to apply specific self-regulation skills.

It also appears that by engaging in the process of self-regulation, participants develop a sense of efficiency in coping with difficulties that come their way, as outlined next.

3.3.2 Faith in One's Own Ability to Cope

Following mindfulness practice, some participants described a growing sense of confidence in coping with challenges. This is well defined by Liana:

“ it's helpful for me that I remind myself that I am in control of that. I allow both good things and bad things to come. So it's almost like I am aware um and the practice keeps me grounded and it gives me some kind of confidence and strengths to do what ever I have to do now.” (Liana, 193 – 197).

Liana's account portrays a sense of being in charge of what is happening. It seems that this could have been an unnatural approach previously, as Liana used the words “remind myself”. However, the awareness of her ability to open up and experience both positive and negative events, as well as acknowledgement of this resource, seems to give her the confidence to be able to manage them. The sense of belief in self is also demonstrated here by her confident tone of voice.

Next to confidence, other participants appear to experience sense of a safety that mindfulness practice brings for them. While some participants describe focusing on their breath as helping them to drop anchor in rough waters and to regain some sense of stability, others talk about a protective sense that mindful self-care brings for them, as captured by Liana:

“So (mindful) self-care is almost like a protective shield that gives me through different practices the tools to build strengths and be more careful with my mental state, physical state and my mental well-being” (Liana, 366 – 369)

Liana’s account evokes an image of a protective guard who ensures a safe environment for her to grow her strengths and perhaps use it as armour when ready to face her challenges. An image of battle also comes to mind in connection with the word “shield”, and it appears that Liana through her mindfulness practice feels ready for the fight in the name of her well-being.

Therefore it appears that participants feel empowered and secure with the support of their mindfulness skills, which give them a sense of a protection that helps them stand in the face of life’s challenges.

In addition, they also seem to become self-sufficient in managing distress. For example, James talks about relying on himself when facing difficulties:

“ when things are difficult, rather than, um, immediately having to seek help elsewhere you can attune to what I have within myself that’s gonna help with this situation here.” (James, 267 – 269)

It appears that James was able to find a channel to access the inner resources that gave him a sense of autonomy in managing his current circumstances. By shifting from using a less personal second person account to talking about himself, it appears that he may feel self-contained in his skill of using his own support.

Furthermore, many participants reported developing a sense of resilience. This is expressed by Liana:

“ I feel I became more resilient. It’s like a tool that you have in your hands, or like a skill, coping strategy and it’s there for you that you can use at any time when you feel overwhelmed. “ (Liana, 298 - 300)

Similarly to James, Liana’s account gives a sense of a readily accessible resource that is available to use at any time when things get personally difficult. With the use of the word ‘tool’, the image of a cutter comes to mind that Liana can use to cut through the thick blanket of her overwhelming feelings.

Therefore, this second subtheme represents participants’ gained sense of confidence to face difficulties based on experiences of empowerment in overcoming challenges after mobilising specific mindfulness self-regulating skills. In turn they seem to develop faith in relying on self as well as a sense of resilience to cope with any upcoming life events.

3.3.3 Accepting my Humanity

The final subtheme focuses on participants' experiences of how mindfulness has changed their view of self. This theme appears to capture their processes of treating themselves with newly found kindness and appreciation. In addition, they also seem to experience a change, becoming more accepting and compassionate toward their fallible human existence.

While practising mindfulness for self-care, some participants experienced what appeared to be new way of kind approach to themselves, as reflected on by Emma:

“ I suppose sometimes I can be quite self-critical and it's just being kinder to myself and sometimes particularly with therapy and particularly as women we are probably conditioned, I am anyway and I can't speak for anyone else, but yeah just being a lot more self-accepting ” (Emma, 76 – 79)

It appears that kindness to self helps Emma to challenge her inner critic, which she connected to expectations on her by her own self and/or society in her role as woman and therapist. It also appears that through the process of kindness, Emma was able to change some of these views and behaviours that appeared deeply held, as implied by her choice of word “conditioned”, which led to a more approving approach to self.

Similarly, Liana reflects on a newly found self-compassion that she previously did not know:

“ It helps me to be compassionate with myself so I didn't know that. I was quiet hard on myself. It's almost like it became a treat, let's say to do the mindfulness practice ” (Liana, 165 – 168)

Liana's use of the word "treat" implies a possible antidote to being hard on herself, as the word brings on the idea of something special, something to be savoured. Therefore, Liana possibly found a way to positively reward herself with the mindfulness practice, rather than employing a more punishing approach that she may have used previously. It appears that Liana found mindfulness as a novel approach to hold herself in a special self-soothing way.

The connected and kind approach appears to go hand in hand with self-appreciation as reported by Joanna:

“ I feel like I am important. My feelings are important, my body is important and I am giving that space to be mindful. So I think for me it means in that moment that all of the sudden what ever is happening around me, I am at that moment the most important thing. And I think that helped me to appreciate myself more ” (Joanna, 89 – 91)

It appears that Joanna gives herself permission to put herself first, which might have been a challenge previously. Putting others first may reflect a common experience familiar to many in helping professions. Here, mindfulness seems to open up meaning to Joanna that she is important, possibly through experiencing her embodied presence in the world, implied by the use of the word "space". It seems that this awareness helped her to increase her self-worth and perhaps strengthen her self-esteem as implied by the words "appreciate myself more".

The experience of adjustment of self-concept through the process of mindfulness appears to be also reflected in some accounts where participants acquire a more accepting view of themselves, as suggested by Emma:

“I can’t speak for anyone else but, yeah, just being lot more self-accepting, and just recognizing it’s actually part of humanity to make mistakes, it’s ok not to be perfect, not perfect, yeah. “ (Emma, 78 – 80)

Emma seems to come to an acceptance of self as a fallible human. This is evident from her use of the word “perfect” twice, that perfectionism has been an important concept to her. It appears that mindful acceptance of her own faults seems to shift this aspiration and provides a sense of relief while embracing self as a fallible human being as also reflected in her gentle voice during this part of the interview.

After adjusting the approach and view of self, some participants noticed an enduring change within themselves. This is captured by Sara’s narrative:

“ looking back, you know, at who I was and how I dealt with life ten years ago versus today, I can definitely say that mindfulness has helped me change as a person. It has given me a lot of coping skills and if I was to use a metaphor, I had just put a gown on as I was feeling cold. And in similar way mindfulness is also very kind of, it makes me feel warm ” (Sara, 196 – 200). She later adds: ” mindfulness has probably became like a quality or attribute of who I am as a person” (Sara 332 – 333)

It appears that some change of identity occurred after engaging in mindfulness practice. Sara appears to credit the change to acquiring coping skills over the time she has been using mindfulness for self-care. From her previous reports about anxiety, it may be assumed that she no longer lets her anxiety define her. In addition, her “gown” metaphor implies that with the help of mindfulness she has developed a more comforting embracement of self. By using the words “quality” and “attribute” it also appears that she sees mindfulness now embedded

within her has helped her become better, perhaps a more kind and caring person, communicated by the word “warm”.

This subtheme, therefore, represents participants’ experiences with mindfulness practice influencing their relationship to self. Through practicing kindness and self-compassion that might have been initially absent in their lives, they become more respectful and caring towards themselves as well as accepting of their strengths and limitations, which seems to become reflected within their adjustment of self-identity.

Overall, in this second master theme of *Developing self-mastery* participants’ reports reflect not only improved management of internal distress but also the development of confidence in dealing with life pressures. They also seem to develop kind care for themselves through self-compassion and acceptance, while noticing positive changes in their identities.

3.4 “It is a way to be”: Enjoying Meaningful Personal and Professional Life

While so far, the first master theme focused generally on participants getting to know mindfulness for self-care and second master theme outlined the impact of the ongoing practice in relation to self, this last master theme looks at the experiences of mindfulness in participants’ wider life contexts. While integrating mindfulness in the comprehensive approach to self-care, this theme also captures experiences of mindfulness connecting to participants’ overall personal and professional worlds.

3.4.1 Holistic Approach to Self-Care

This subtheme reflects the experiences of participants following the application of mindfulness into their overall self-care. It appears that they not only include mindfulness as a tool among other self-care strategies, but that adding mindfulness into any other self-care activity elevates its effectiveness. Furthermore, it appears that mindfulness can also allow for any self-care process to take place by providing building blocks for one's own care.

Most participants identified a variety of other self-care strategies that they use alongside mindfulness practice. Joanna summarised the most frequent ones in her narrative:

“Yes. So as means of looking after myself so I will clean the house, because I feel good when being in a house that's clean, nutrition is very important so eating healthy food, so maybe organic ecological food, then exercising, going for cycling and especially if I cycle outside in the nature, the nature is very calming and relaxing, then I would go for walks, I meet my friends. I ... you know my family is far away but I will try to call them often so I am in touch with them so if I have any issues... my husband he is very supportive to me. So you know doing these little things on an ongoing basis. Obviously I think supervision is a very big part of self-care, very big part of self-care, having a personal therapy was lovely, if I would ever find myself in a situation where I struggled, I would seek therapy.” (Joanna, 314 – 323)

In addition to the strategies described by Joanna, others also mentioned engaging in creative artwork, listening to music and a variety of social, physical and relaxing activities as part of their self-care.

However, many participants also reported involving mindfulness in these activities. It appears that if mindfulness is added into the self-care activities it can amplify their enjoyment and benefits. David describes this in his narrative:

“ But when I swim I try to focus on, you know, on my swimming, you know, not just... because it’s really tempting when I swim I can go on auto pilot and just swim and think about you know the admin I have to do or the clients, you know, I think about everything and anything. So again I use mindfulness to try to bring me back into paying attention to what I am doing, doing my movements right, paying attention to my breathing but also to just sensation, for example on the water on my body, this sort of thing, how does my body feel ” (David, 360 – 367)

David seems to add mindfulness to his self-care activities to fully engage in the process of swimming, which allows him to not only mentally disengage from thinking about his job and thus relax more intensely, but also to increase enjoyment and benefit of the physical activity of swimming itself.

Interestingly, some participants reported a preference for other self-care activities rather than mindfulness in certain situations. For example, Linda talks about her approach when very distressed:

“ if I am in a very strong emotional state I don’t want to spend too much time noticing where my body is, I want a distraction of some kind. So I will walk, I will put an audio book on. “ (Linda, 438 – 441)

It appears that Linda uses a distraction strategy that she finds more helpful when dealing with intense emotions. Therefore, it appears that mindfulness may not always be the default choice for self-care.

However, it seems important to participants to have it in their self-care tool-box when needed, as described by Sara:

“ self-care has to be quiet varied, like it has to be kind of, you know, dependent upon you know what is it you need at given moment, depends on, you know, what it is that might be causing you to need self-care. Though mindfulness is one key thing, but it exists in a self-care tool-box.” (Sara, 401 – 404)

By using the word “key”, Sara appears to place mindfulness among the main self-care approaches. However, it seems important to her to have a choice of various strategies that is available for her to use according to her specific need, as implied by the word “tool-box”. This need could connect to the intensity of distress as previously mentioned by Linda, personal preference or the aim of self-care in a given situation for either immediate coping or maintaining well-being.

Although mindfulness for many participants exists either as a choice or enhancement of self-care strategies or perhaps both, some credit mindfulness with allowing them to engage in any self-care strategy in the first place. This is outlined by David:

“ I think mindfulness is probably the basis of it. Um mindfulness helps me to identify when I need self-care. “ (David, 344 – 345)

It appears that mindful awareness helps David to pay attention to his own self-care needs. The words “basis of it” invoke sense of a grounding block. The idea of building blocks comes to mind starting with mindful attention to the need, followed by mindful awareness when the need arises, building towards active involvement in some type of self-care such as mindful swimming, which David mentions earlier.

Therefore, this subtheme suggests that including mindfulness either by itself or as an integrated practice within other self-care strategies may contribute to the holistic approach to self-care, as it can be incorporated in a variety of activities. Although not always using specific mindfulness practices for self-care, the overall approach to self-care becomes more mindful.

3.4.2 Content Existence in Life

This subtheme outlines participants’ reports about embracing mindfulness as a natural part of their lives. They talk about mindfulness becoming more than a practice, which seems to integrate into their engagement with everyday life and their way of being. They report a sense of present awareness of self and their environment that brings them feelings of happiness and contentment, leading to a sense of meaningful living.

Some participants talk about their ways of approaching everyday life more mindfully, as described by Sara:

“Like it is a way to be. It is one way to be and that way is really helpful way. It’s a really nurturing way. It’s very calming way, it’s you know, it’s a way to be. And I

guess you know if you come back to difference between being and doing, and mindfulness is one way of being. As well as doing. It allows me to both be and as well it allows me to do. But to do in a different ways as opposed to just for the sake of doing. “ (Sara, 374 – 378)

For Sara, mindfulness seems to be the way of existence. It appears that mindfully doing activities transforms her experience from mindless doing to more of a present being. Her choice of words “helpful”, “nurturing” and “calming” indicates a sense of contentment with her way of life. Sara’s choice of the words “allow” as well as “different ways” indicates that bringing mindful awareness to her daily events facilitates their transformation into more meaningful experiences.

The feeling of aware existence is elaborated on by some participants who talk about a sense of deep holistic or spiritual connection with their mind, body and environment, as described by Liana:

“ I think there is a spiritual kind of experience when you do mindfulness even though it’s more grounding type of technique, like they say in meditation you connect to other types of experience outside your body and mindfulness is the opposite when you bring awareness within your body. It’s like... I still believe there is a spiritual element in the practice, um, connecting with yourself and your presence. “ (Liana, 326 – 330)

Although Liana reported no religious affiliations with mindfulness during the screening, she seems to encounter some spiritual experiences in the practice. Although she seems to emphasise this divine sensation present in a connection mainly to herself, her reference to

external experiences as well as the words “your presence” seem to portray possible unspoken consideration of existence expanding in space beyond her physical self.

Some participants extend this experience of presence with self and the environment also towards a wider sensed connection with others, as expressed by Linda:

“ It’s very much for my overall bodily sense of well-being, and my sense of connection with something. There is that sense of connection with something. Not something religious but the connection collectively. ” (Linda, 856 – 860)

Linda’s account implies a feeling of interconnection with something mysterious. The word “collectively” evokes some sort of sense of collective belonging. Therefore, the “something” for Linda could mean a connection with fellow living beings in the world that brings her sense of well-being.

In addition to enlightened sensations of present interconnected being, as outlined so far, some participants seem to refer to savouring experiences of happiness in life that mindfulness brings for them. This is captured by Joanna:

“ there is calmness, so you start to feel very calm. And there is some sort of happiness as well. Because you know all the stresses and all the excitements have wondered and then you focus on the moment here and now. And you are in the park, here and now, it’s really lovely, it’s the greenery, you know, it’s the birds, some animals, dogs, squirrels and that often gives me a little sense of happiness and content as well. “ (Joanna, 77 – 82)

Joanna's report brings on a sense of tranquillity and elation in the experience of the present moment. She appears to communicate this feeling of contentment also by slowly closing her eyes during her narration. In addition, her description of the plants and animals in the park evokes a sense of harmony with nature. It appears that Joanna's expanded awareness during this moment in the park brings on positive feelings about being in the world.

Some participants go beyond these moments of joy and express noticing a change in overall quality and meaning in their lives. This is captured by Sara:

“ It kind of brings, you know, a different quality, it brings about, you know, gratitude, it brings about a sense of purpose, it brings about you know sense of presence, which are... you know I might not have had “ (Sara, 379 – 382)

Sara seems to extend this experience of a newly found quality of being towards discovering a more meaningful and purposeful life.

Therefore, this subtheme suggests that mindfulness for many participants goes beyond just a technical strategy in their practice. It appears that engaging in mindfulness for self-care also connects to experiences of different way of being, encompassing an interconnected presence within the world while sensing happiness and contentment in finding a more purposeful and meaningful way of living.

3.4.3 Managing Professional Life

Many participants described how they use mindfulness also to manage the processes and impact of their profession. Their reports indicate that they use mindfulness to prepare and restore their inner resources pre-, post-, between and during the client sessions, and that they are able to better manage boundaries of their profession.

It appears that some participants use the mindfulness practice to prepare themselves in advance of the client sessions. For example, Liana reports how she prepares for anticipated challenging work with a client:

“ I think um...prepare yourself for something that is going to be draining and it's going to be tiring and you are going to listen to a lot of issues, difficulties, problems, you will have to face clients with extreme anxiety “ (Liana, 176 – 178)

Liana seems to use mindfulness as a strategy to gather her resilience prior a client session, which she anticipates to be emotionally challenging. It appears that mindfulness helps her to shift attention not only to being open and present with the upcoming client, but also to be aware of the impact it may have on her. Interestingly, Liana mentions in the interview using a short breathing exercise before seeing the clients, rather than a full meditation, which would make her too relaxed and reduce alertness, thus indicating the benefit of having a choice of practice.

In contrast, some participants also use mindfulness practice after the client sessions, although in a different way from pre- session, as reported by Liana:

“And after... sometimes the sessions, lot's of sessions, I feel overwhelmed and drained. And... I tend to do the practice as well before and after. It's weird but I need

to do it before for different reasons than after. Before it's almost like get strengths and resilience, and after it was like to take away the negativity and the burnout feeling" (Liana, 169 – 173)

Liana's use of the word "weird" indicates her surprise at the change of the function that mindfulness serves for her before and after the session. While on the one hand she seems to gather her resources ready for the upcoming session, on the other hand, she clears out some negative feelings and sensations afterwards. Therefore, mindfulness appears to have both an activating and a restorative function for her at different times.

In addition, participants reported using mindfulness frequently to ground themselves between the sessions. This is particularly important for Linda in her work with a terminally ill client group:

“ If I am going away from a patient who is dying and I have to go and see another patient who is not dying but who is very ill “ (Linda, 269 - 270). She later adds: “ I need to do something to settle myself down ” (Linda, 272 - 273)

By her use of the words “need to do something”, it appears that Linda sees it as a necessity to rebalance some of the difficult emotions. Her account brings on a feeling of sadness that perhaps reflects her feelings of grief over losing some clients, and this emotional impact is also implied by her words “settle myself down”. It appears that she has got very little time to process her emotions and get ready for the next client. Mindfulness appears to give her an immediate and quick strategy to look after herself in a difficult moment as well as take care of her clients.

In addition to pre-, post- and between sessions practice, many participants use mindfulness to manage processes also during the course of the therapeutic meeting. This is clearly outlined by David:

“ to recognize, for example, what I am feeling and I can use that for the benefit of the client, when I pick up emotions that are actually about the client, sometimes, often they are client’s emotions. It’s about being aware of some of my own emotions that I think might be from my private life or something like that, in which case it allows me to be able to park that “ (David, 326 – 334)

Using mindfulness seems to help David to become more aware of some dynamic processes during the therapy sessions. David refers to not only using this skill to understand his client better but also to be able to distinguish the origins of his felt emotion and direct his focus back on the client. Although working with countertransference is often challenging and a confusing process for the therapist, David’s description of this process seems to evoke the sensation of easiness. Therefore it appears that mindfulness can make working with some therapy processes also less internally straining in the session.

Similarly, James credits regular meditations with the ability to sustain focus in the session:

“ my thoughts might wonder and I need to snap back into focus. Now if I had regular mindfulness practice then it’s much less likely to happen if I have been meditating regularly. Um I can be much more attentive to what my clients are saying and as I said attuned and more present to just be with them. “ (James, 342 – 348)

It seems that regular meditations support James's ability to regulate his attention. Therefore it seems that he spends less of a cognitive effort to sustain his attention, to the benefit of the client but also to conserve his own energy resources. Interestingly, the regularity of the practice seems to be a key for James to retain this skill.

In addition to using mindfulness practice to support the inter- and intra-therapy processes connected to the sessions, some participants such as Sara reported that having experiential knowledge of mindfulness also helps when she is teaching mindfulness to her clients, as she can remain congruent in delivering therapy due to personal experience.

While thinking simultaneously about caring for self and the clients, many participants also reported being more mindful of their workload following practising mindfulness for self-care. For example, David reported rearranging his workload in his private practice to ensure a break following work with terminally ill clients. He credited mindfulness with gaining awareness of the impact they had on him emotionally, thus ensuring a sufficient break in his weekly schedule that allows him to rebalance and continue the job that he enjoys. Similarly, Linda also highlights this when talking about managing various requests on her time:

“ I think there is little bit too much pressure to do too much, and my mindfulness training got me to that point and I started to put my foot down. “ (Linda, 105 – 108)

Linda's account implies difficulty saying 'no' to demands from others, which could be due to her passion for helping that came through during the interview. However, it appears that she became mindfully aware of her boundaries. Her words "put my foot down" imply a learned ability to be more assertive in this regard.

Therefore this subtheme suggests that participants use mindfulness to gather resilience and rebalance inner resources in close proximity of therapy sessions. Others appear to integrate mindfulness also during client meetings, to manage therapeutic processes to support effective therapy. In addition, mindful approach towards balancing job demands with personal boundaries appears to offer participants a sense of equilibrium that allows for sustainable work with clients.

Overall, the third master theme *Enjoying Meaningful Personal and Professional Life* reflects on the experiences of practicing mindfulness for self-care that spills over to participants' everyday lives. It appears that developing a mindful holistic approach to self-care connects with occurrences of happiness and contentment in personal life as well as satisfaction with professional work with clients.

To conclude this chapter, it appears that these findings revealed a variety of experiences during the journey of discovering mindfulness for self-care, using it for personal development and applying it to a wider personal and professional context by newly qualified counselling psychologists. These findings give rise to important implications for self-care practices for clinicians, as discussed in the next chapter.

4.0 DISCUSSION CHAPTER

4.1 Introduction

This final chapter will focus first on the key findings that arose from the main three master themes. I will start with a summary of these outcomes in relation to the research aims. This will be followed by a discussion of the findings in a wider context of the current psychological literature and then consider implications for professional practice. In the second part, I will discuss the quality of the research including its strengths and limitations, followed by suggestions for future research. In the end, I will offer reflections on my impact as an author on this study and vice versa.

4.2 Research Aims and Summary of Results

The aim of this research was to explore the lived experience of using mindfulness practice as self-care for newly qualified counselling psychologists. The study aspired to illuminate subjective experiences of novice practitioners who utilise mindfulness for personal use, for a better understanding of the processes, benefits and challenges that the practice brings in the context of self-care. The findings suggest that applying mindfulness to self-care is a personally distinctive journey that is continuously evolving towards optimal practice. The impact of this progressive voyage is positively experienced in transformation within the self, as well as personal and professional life contexts.

4.3 Discussion of the Key Findings from Analysis in Context

This section will discuss the key findings connected to the main themes in this study in relation to existing literature. While this section refers to the outcomes that support existing research, it focuses also on novel findings that extend current explorations surrounding the topic of mindfulness as self-care.

4.3.1 Journey of Discovering Mindfulness as a Self-care Approach

This first master theme produced several interesting findings. The first finding relates to mindfulness as self-care, developing gradually and essentially through embodied experimentation. The second finding highlights that this ongoing process involves personal tailoring of mindfulness practices, which appear as necessary for sustainable self-care.

First finding refers to the progressive development of mindfulness. Initially, it appeared that many participants decided to get to know mindfulness for other reasons than using it as a self-care strategy, while some also expressed doubt about its value for personal use at the beginning of their journey. However, what seemed to shift this initial ambivalence was the moment of experiential insight that participants encountered in the early stages of learning mindfulness. Participants reported this moment as a deeply felt change in their internal state (e.g. described by James¹ as feeling something different). This appeared to be a transformational experience through which participants were able to bridge their peripheral

¹ (James: 102-106)

knowledge about mindfulness with the embodied experience of a mindful state that contributed to the shift of how they understood the practice.

According to Kabat-Zinn (2003a), it is important to understand the meaning of the word 'practice' when talking about mindfulness practice. In this context 'practice' means the actual engagement with the process, the embodied gesture that allows being open to the full spectrum experience in the present moment. He further states that our direct experience can often be distorted by habitual thoughts and related emotions, as well as alienation from the sensory world. However, mindfulness techniques provide scaffolding to drop into the actuality of lived experience. Therefore, this study suggests that encountering this undistorted experience could be a powerful event for many individuals that channels into a deeper understanding of mindfulness. It appears in this study that this 'aha' moment where participants integrated their theoretical knowledge with personally profound experience seemed to promote their further consideration of mindfulness.

Furthermore, participants in this study described this early experimentation with mindfulness as a progressive process. First, they reported a more technical focus on the practice in the beginning, followed by transitioning from some initial resistance and challenges (e.g. boredom, novel experiences and maintenance of practice) to more of an effortless practice. While describing their early experimentations with mindfulness, participants often mentioned utilising bodily events such as feeling sensations of air while breathing or using sensory cues to bring on a relaxed feeling to transfer to the mindfulness state. Therefore they seemed to find their individual ways to connect to mindful practice. After finding a passion for mindfulness following familiarity with the practice, they also eventually developed a more flexible view of mindfulness, while acknowledging it as a work in progress.

This course of practice reflects the process of learning. According to the phenomenological approach to learning (Küpers, 2012), learning happens via a multidimensional process as embodied experience that includes interconnection between bodily, emotional and mental capacities that are available in given circumstances. It transforms the learner within the situation. This definition appears fitting to explain how mindfulness practice is acquired through the complexity of experiences. According to Küpers (2012), phenomenological learning opens up horizons of understanding, as it is a transformational process that reshapes relations to the world by generating new ways of becoming. Therefore it appears that the experiential practice during the process of learning mindfulness was essential for participants to overcome their initial doubts and find personal meaning in the practice while opening up to further possibilities of using mindfulness as self-care.

This major theme uncovered a second important finding and highlighted the necessity to individually tailor the mindfulness practice. While participants started to notice the positive impact mindfulness had on them following the mindfulness course, they continued their experimentation with how to include and sustain mindfulness practice in their daily lives although that also appeared to be a challenge. According to Burton et al. (2017), achieving satisfactory results from mindfulness requires daily practice, which however demands a great effort. Therefore the commitment to practice is essential. In support of this claim, Ruiz-Fernandez et al. (2020)'s meta-analytical study found that continuity and periodicity of the practice of mindfulness meditation was directly related to the positive intervention outcomes.

However, integrating self-care practice into the every day living of already busy clinicians can be a challenge (Shapiro et al., 2014). Although previous research indicates the ability to retain the practice and its benefits longitudinally (Hopkins & Proeve, 2013; Suyi et al., 2017), how participants remain motivated to maintain their practice has not been fully

explored. For example, Baer (2003) found in her review that over time individuals maintained activities such as mindfulness of breathing, meditation or yoga to a differing variety of levels. Similarly, Christopher et al. (2011) found that after four to six years of finishing a mindfulness programme, only half of the participants remained practicing meditation, while a few engaged in daily mindful moments to manage stress. Therefore previous studies highlight differences in the choice of practices. This study, therefore, opens up the focus into what considerations participants employ when implementing mindfulness as an ongoing self-care approach.

One of the major considerations appeared to be finding a time for the practice after finishing the mindfulness course, while taking into account daily commitments and circumstances. This finding supports previous reports of time as an important element in the practice (Birtwell et al., 2018). The present study found that working out a personal plan about when to do mindfulness, based on the individual's schedule, made it easier for participants to keep the ongoing practice. For example, some participants integrated the practice into their morning routine to set them for the day, others at the end of the day or during their breaks at work. This study also found that some participants utilised sensory cues during the practice such as observing nature in the form of trees or clouds, noticing sounds or felt sensations on their body that connected to their hobbies or memories of enjoyable times, making the practice more personally meaningful.

This appeared to go hand in hand with the choice of the type of mindfulness practice. Some participants appeared to have a preference for informal practice, which they saw as shorter in duration and therefore more accessible several times per day. However, others expressed a preference for mindfulness meditation, which they perceived as the core practice. Thus, personal preference played an important role in participants' choices of their regular

engagement. This finding appears to add to current discussion that there is no one type of mindfulness that is more beneficial. For example, May and Donovan (2007) reported the surprising finding of no relationship between formal practice and level of mindfulness, contrary to expectations. They suggested that other factors including motivation to engage could play a role, and that informal practice could also be maintaining mindfulness for some individuals. Similarly, De Vibe et al. (2013) speculated that different people might need different types and amounts of practice for the best results. Therefore, having flexibility in the choice of mindfulness techniques could allow participants to work out an individually tailored approach to their practice that they can integrate into their everyday living. This in turn could ease the effort, relieve the boredom that participants identified as an obstacle to mindfulness and support sustainable long-term engagement for optimal outcomes of the practice.

4.3.2 Developing Self-Mastery

According to Kabat-Zinn (2003a, p. 148) mindfulness is “an art form that one develops over time”. As the findings from the first major theme in this study described participants’ experiences of ‘how to go about’ trying to develop this art as a form of self-care, the findings from this second major theme seem to reflect their experiences of ‘what they can do with it’ and how it influences their relationship to self. Several interesting findings arose from this second major theme. The first finding was the ability to self-regulate internal processes, which appeared to connect to the second main finding, increased faith in own ability to cope. The last finding from this master theme communicated a more positive view of self, following ongoing mindfulness practice.

Firstly, from the reports of participants, it appeared that they used mindfulness to self-regulate their internal states. This ability for self-regulation appeared to operate and connect at an emotional, cognitive and physical level. Emotion regulation can be understood as the modification of ongoing emotional events through the action of regulatory processes (Ochsner & Gross, 2005). Although the mechanisms of self-regulation are not very clear as they can operate at both attention and behavioural level (Holzel et al., 2011), there is a vast amount of evidence that mindfulness supports effective internal regulation (Davis & Hayes, 2011).

In line with previous research (Spinelli et al., 2019; Shapiro et al., 2007; May & O'Donovan, 2007), participants in this study reported abilities to manage their anxiety, depression and stress, as well as other negative emotions such as anger. In addition, their accounts appeared to describe an increased ability to regulate their cognitive focus as well as accept and tolerate their negative emotional experiences. According to Chambers et al. (2009), mindful emotional regulation happens via the ability to remain mindfully aware at all times, despite the intensity of the emotion experienced. Participants in this study described a similar capacity to be aware of the emotional experience (described by Joanna² as seeing the “blackness of life”), as well as their ability to redirect their focus on either the present moment, or to further aspects of their experience.

This ability appears to tie closely to the key practice of mindfulness in the form of non-judgemental, curious and open approach to experience (Kabat-Zinn, 1990). Furthermore, expanding the awareness to other dimensions of the experience while not trying to change it can promote toleration and thus an accepting approach (Harris, 2009). This process was

² (Joanna: 207)

expressed by Joanna³ in noticing also enjoyable things such as sunshine or pleasant people she had not noticed before, when describing finding her way out of dark mood.

Importantly, one participant⁴ described focusing on her breath as “sort of biofeedback”, when by slowing down her breathing she slows down her thinking. Previous research indicates that mindfulness techniques can activate the parasympathetic nervous system, which has the function of calming down the human organism (Holzel et al., 2012). Therefore, what emerges from the participants accounts is not only the reports of increased psychological ability to deal with challenges but also their sense of agency, in which participants are the active agents in their internal self-regulation.

In addition, another participant used mindful breathing to release physical tension and headaches⁵. Several participants reported becoming more aware of their bodies as well as subtle physical sensations. This appears to confirm previous findings of increased sensitivity to bodily events following mindfulness training (Christopher & Maris, 2010; Christopher et al., 2011). Although Treves et al. (2019)’s meta-analytical study confirmed a link between mindfulness and body awareness, there is not much detailed research on the influences of mindfulness on the body. This study therefore adds that for many practitioners, mindfulness training opens up the field of their awareness to include the embodied experiences that they might not have had before. This ability could be helpful as according to Segall (2005), the skills to monitor both affective and somatic experiences can lead to the resolution of somatic and psychosomatic problems. Furthermore, Holzel at al. (2012) add that recognition of a physiological response to an emotional trigger can support recognition of one’s own emotions and thus add to their regulation.

³ (Joanna: 206-208)

⁴ (Emma: 35-36)

⁵ (Linda: 144-148)

However it is important to note that becoming more aware of one's own body could also bring an initial unpleasant experience, such as strong bodily discomfort (described by Joanna⁶ as feeling trapped by her clothes). These findings reflect previous reports in Lomas et al. (2015), where participants also reported experiences of physical discomfort. This experience could be due to some people previously having more cognitive or rational outlook on life, where internal sensations are not always included as sources of information, or due to possible internal safety mechanisms to mitigate perceived threats. Lomas et al. (2015) suggest that engaging in internal experiences that one has previously tried to avoid might contribute to adverse reactions in the form of opening 'flood gates'. Thus he proposes that it is important to offer supportive environment to early mindfulness practitioners to contain these experiences (Lomas et al., 2015).

The second main finding from this second master theme suggests that becoming more competent in self-regulation skills could link to developing faith in one's own ability to cope with challenges.

According to Lazarus (2000), coping can be defined as a cognitive appraisal process, which evaluates personal resources, beliefs and aims that play a role when exposed to a stressful situation. Although the precise process of coping is still open to investigations, research indicates that coping stands as an influential factor in an individual's well-being (Hobfoll et al., 1998). In line with Lazarus (2000) theory, participants in the present study reported increased confidence to face difficulties, which they connected to developing skills to respond to internal and external stressors. Therefore, it appears that mindfulness practice could increase not only the internal resources to cope, but also the awareness of having the

⁶ (Joanna: 228-229)

resources to do so that could contribute to the appraisal of a challenge as less stressful, as some participants reported actively reminding themselves they have these strengths now.

In addition, the increased ability to have control over certain events, in the form of an appropriate response, appeared to increase participants' self-efficacy, which refers to belief in own ability to succeed in certain tasks (Bandura, 1982). It appeared that participants developed the ability to rely on themselves and their resources in order to cope, while not having to seek support elsewhere (as expressed by James⁷). This awareness resulted in feelings of empowerment, safety and self-sufficiency while participants reported feeling 'resourced', able to maintain balance and feel more resilient, which communicated the trust they had developed in themselves.

Similar accounts were also reported in previous studies with counsellors who described experiences of being equipped and confident in combating stress (Christopher et al., 2006; Felton et al., 2013). However, research in this area is still limited, as the sense of self-efficacy to cope is not frequently measured in mindfulness trials. Also, it is not currently clear whether self-efficacy could be the result or the mediator of emotional regulation (Luberto et al., 2014). The present study add to these findings by highlighting that having faith in one's own ability to cope appears to stem from having developed the ability to self-regulate internal events.

The final finding that arose from this master theme was the development of acceptance of the human fallible self. Participants reported that their relationship with themselves became more self-compassionate following their mindfulness practice.

⁷ (James: 267-268)

Self-compassion and mindfulness have been linked together in the past literature (Shapiro et al., 2006). Self-compassion has been defined as the awareness of one's own suffering and kind treatment of the self as a human being (Neff, 2003). According to Holzel et al. (2012), the repeated mindfulness practice of regulating attention with gentleness and kindness can promote self-compassion toward internal difficulties. Although the mechanisms connecting self-compassion and mindfulness are still unclear (Ruiz-Fernandez et al., 2020), several previous studies show positive links (Shapiro et al., 2007; Christopher & Maris, 2010). In line with these findings, the present study also identifies reports of being kinder to self and more compassionate rather than self-critical, following the practice of mindfulness for self-care.

However, it is also important to note that self-compassion appeared among the initial challenging experiences for some participants. For example, Sara⁸ described it as "foreign". The present finding supports previous research, where compassion was reported as unfamiliar and particularly hard to learn (Lomas et al., 2015). One explanation could be that some elements of mindfulness such as compassion appear to be less prominent in Western culture due to its achievement orientation (Kabat-Zinn, 1994). Another explanation could be a strict family culture or early adverse experiences, where less exposure to a compassionate approach during development can lead to more critical relationship to self (Gilbert, 2009). Therefore, self-compassion might not be in the internal repertoire of the individual and thus might have to be actively learned, for example as a possible self-soothing antidote to self-criticism (Gilbert, 2009).

Despite the initial difficulty for some with self-compassion, the new self-soothing approach also appeared to connect to feelings of self-acceptance, confirming previous research

⁸ (Sara: 76)

(Solhaug et al., 2016). According to Neff (2003), understanding one's own challenges as part of common human experiences is one of the core components of self-compassion. Following this notion, participants in the current study reported that they developed an acceptance of making mistakes and not being perfect as a human being. One explanation is that this developed self-acceptance could be due to practicing non-judgmental and kind approach to any experiences as a part of mindfulness practice that could expand to accepting all aspects of self. Another explanation could be that through the process of developing self-compassion, one shifts perspective from suffering alone to seeing it as part of the common experience of humanity, thus relating to self in a less identified manner (Holzel et al., 2012).

Therefore, in addition to previous research, reports of participants in this study also suggest that self-acceptance and self-compassion appears to connect to a sense of appreciation of self-worth, as expressed by reports such as "I feel like I am important"⁹. This, adjusted more positive relationship with self can contribute to a change in one's own identity, as reported by Sara¹⁰ as "change as a person". Therefore, this study contributes to existing findings that mindfulness practice promotes compassionate approach to self. In addition, it appears that regular mindfulness practice can promote positive and enduring shift in own self-concept when one can become more kind, self-accepting and aware of one's own self-worth.

4.3.3 Enjoying Meaningful Personal and Professional Life

In this final master theme there were three important findings. The first finding related to the integration of mindfulness into overall self-care, the second uncovered a new way of being in the world and the third connected to utilisation of mindfulness to manage professional life.

⁹ (Joanna: 89)

¹⁰ (Sara: 197-198)

Firstly, participants in the present study reported that mindfulness was not the sole activity for their self-care. This outcome supports previous findings of varieties of self-care activities (e.g. socialising) that have brought about positive outcomes for psychology practitioners, although no consensus has been reached yet on the most appropriate self-care strategy (Colman et al., 2016). However, the reports from the current study indicate that when engaging in other self-care strategies, the enjoyment and effect can be amplified when doing the activity mindfully. This could possibly be due to the fact that simple self-care activity such as cycling as described by one participant ¹¹, can transfer into informal mindfulness activity (cycling mindfully) and thus bring on positive outcomes of mindfulness such as a sense of gratitude and presence. Therefore, rather than changing a self-care activity that one already enjoys (such as physical exercise), mindfulness could be added to increase the benefits of existing self-care.

While participants in the current study mentioned other self-care activities including for example, physical activity, a balanced diet, time with family and engagement in hobbies, they also reported the importance of having mindfulness in their self-care ‘tool-box’. Their reports suggested that having the choice to use mindfulness when needed was beneficial. The decision about when to employ mindfulness over other strategies appeared to be connected to various factors. For example, some participants reported a preference for distraction rather than mindful attention to the difficulty at a time of extreme stress. This might appear unexpected as increasing tolerance to challenge is among the main aims of mindfulness-based therapies (Hayes, 2004). However, it has been reported in the literature that distraction strategy might also sometimes be essential. For example, both mindful awareness and constructive distraction have been found to be beneficial coping strategies by Tharaldsen and

¹¹ (Emma: 200-203)

Bru (2012) in their study, where constructive self-distraction has been identified as a beneficial momentary strategy to manage high distress, if carried out without long-term avoidance. However, as mindfulness trains regulation of attention, it can still be useful in crises to ensure that after the short-term constructive distraction, attention is redirected back to dealing with the problem. Therefore, the present study suggests that ability to be mindful could be helpful even when not consciously chosen as a firsthand self-care strategy.

Choice of self-care strategy from the 'tool-box' also appears to connect to the aim of why the self-care was being employed in the first place. Participants appeared to differentiate between using mindfulness ad-hoc in order to mobilise resources to cope with immediate pressures and applying mindfulness as a regular self-care routine to maintain their well-being. It seems that they would plan in advance when and how to have their regular mindfulness practice for maintenance purposes, however, some would also tap into the practice immediately at the time of pressure. Therefore this study highlights that mindfulness for self-care could have both an activating as well as a preservation function. This finding also appears to link to previous results from Spinelli et al. (2019)'s meta-analysis of mindfulness training with healthcare practitioners, which suggested that according to the aim of mindfulness to either deal with distress or maintain well-being, multifaceted mindfulness strategies could support the former, while mindful meditation could be used for the latter. Therefore, more research might be needed in this area.

Thus it appears that mindfulness can be integrated in various aspects of self-care either as a conscious choice or as a salient element to facilitate and enhance self-care outcomes. Finding of this study indicate that following mindfulness practice, overall approach to self-care becomes more mindful.

The second main finding from this master theme was connected to participants' experience of a content existence in life. Participants spoke about mindfulness becoming a way of life for them that brings on a sense of contentment and satisfaction with being in the world.

The concept of mindfulness as a way of being has been already described by Kabat-Zinn (2003a, p. 148) as “embodied, inhabited, grown into through the implementation of the methods and techniques”. This process is captured in the present study in the form of experience of “mindful being” as well as “mindful doing” as described by Sara¹², that appears to turn into a new way of experiencing life. According to Segal et al. (2004), the ‘being’ mode can be described as the awareness to be present with whatever is occurring in the moment without a need to change it, while the ‘doing’ mode as the action to resolve the difference between how things are and how they should be. Although both modes are essential for everyday living, mindfulness can not only strengthen the capacity to flexibly switch between them when needed, but also develop both modes to be more mindful rather than mindless through the cultivation of attention and presence (Shapiro et al., 2014).

The concept of presence can be described as the experience of the present moment where one already is within the inner and outer landscape (Kabat-Zinn, 2003a). Participants in the current study expressed this sense of being present, confirming similar previous findings (e.g. Keane, 2014). Therefore the new way to be as reported in the present study could connect to a mindful way of being and doing, where one is more presently aware and engaged within one's own existence and actions. This approach to life also appears to bring more meaning and satisfaction into one's life, as participants described experiences of engagement, happiness and peacefulness with life.

¹² (Sara: 373-378)

In addition, participants in the present study described a sense of connection that expanded from within themselves to their environment and others. While some participants reported improved relationships with others, confirming previous findings (Christopher et al., 2011), for others this experience of connection was so strong that it appeared to bring on a sense of collective belonging within the world. Sadler-Gerhardt and Stevenson (2012) described a similar experience as a state of transcendence that provides experience of connection with others that can promote meaning and purpose in life. They suggest that this experience can be brought on by cultivation of special ‘sacred’ moments that can be different for each person. In the present study, this moment has been captured, for example, by David’s¹³ description of noticing the light and shape of the shadows that evoked a sense of calmness and peace. A further explanation for this experience could be that according to Greeson and Cashwell (2011), as mindfulness practice promotes flexibility in attention, participants are more able to shift their views back and forth between self-centredness and other background experiences such as joy, beauty and awe, thus contributing to an expanded awareness that goes beyond themselves.

Although these profound experiences were not described as religious, they evoked comments about a spiritual event. This appears to confirm previous findings in the literature where spirituality is linked with interpersonal connectedness as well as sense of meaning in life (Graber, 2001). Similar accounts of increased spiritual awareness were also reported by Christopher et al. (2011) research with qualified therapists. Although spiritual wellness has been identified as beneficial self-care strategy by previous studies (Walsh, 2011), the concept varies widely for each individual. While exploring this topic further might be beyond the scope of the present research, it is crucial to note that this study indicates that

¹³ (David: 227)

mindfulness practice can bring on elevated experiences including a sense of deeper content and belonging.

Furthermore, findings in this study suggest that participants' accounts of more mindful and interconnected living appeared to connect with the experience of improved quality of life and satisfaction. Both life satisfaction and increased life quality following mindfulness practice have been reported in previous research (Greeson & Cashwell, 2008; Ruiz-Fernandez et al., 2020; Rudaz et al., 2017) with healthcare professionals, although detailed explanations are limited. One of the reasons could be the factor of emotional management, which increases positive states and decreases distress playing a role. Another explanation could be that according to Garland and Howard (2018) increased attention following mindfulness practice could enhance the pleasure from perceptual and sensory experiences. Furthermore, Wise et al. (2012) suggest that by having mindful abilities to manage stressful moments, one can create more space to experience a sense of purpose and joy in life.

Finally, the last finding from the third major theme of the present study connected mindfulness practice to the management of professional life. Participants reported using mindfulness to manage their well-being during their engagement with client work as well as for the regulation of the overall workload.

Previous research indicates that increased mindfulness in therapists can have a direct positive impact on the outcomes of therapy (Khoury et al., 2013). The findings from the present study add further insights into how therapists employ mindfulness for self-care in close proximity to client work.

Firstly, this study found that practitioners appear to use mindfulness for self-care before, after, between and during the sessions. However, it also appears that the practice is used differently during these stages. While mindfulness before a session is being used more to activate resources, after the session it appears to have a more restorative function. In between sessions, mindfulness seems to be used for both reasons.

When using mindfulness *before* the sessions, participants talked about preparing themselves with mindful breathing. This appeared to be an attempt to gather resilience in anticipation of tiring work. According to Skovholt and Ronnenstad (2003), effective therapists are required to be able to access, process and integrate cognitive and emotional information received from the clients. This can be especially challenging for early practitioners, as the ability to decipher the ambiguity of human emotional life requires great effort before it becomes more intuitive. In addition, personal challenges such as performance anxiety due to lack of professional confidence can also hinder the therapists' focus on their clients (Skovholt & Ronnenstad, 2003). Therefore, being able to make space for internally demanding work while putting personal problems aside appears crucial. In this study participants' reports indicate that informal mindfulness practice carried out before their therapy work can help them to get into a grounded, alert and receptive state, ready to face their clients.

In contrast, other participants reported using mindfulness *after* the sessions to rebalance emotional depletion. Some reported being triggered by client content that touched on their personal challenges, while others spoke about experiencing difficult emotions such as hopelessness and grief in connection to working with dying patients. While empathetic attunement is necessary for effective therapy (Rogers, 1957), it also exposes therapists to feeling the client's emotions as if that can lead to energy drain (Stebnicki, 2007). Therefore, the ability to replenish the emotional exhaustion is crucial. This study suggests that

mindfulness can be helpful with this internal energy restoration immediately after the session, as participants talked about “taking away negativity” and a “burnout feeling”¹⁴.

Participants also reported using mindfulness *between* the sessions when both the rebalancing and activation function of mindfulness appears to be used. For example, Linda¹⁵ talks about grounding herself after seeing a patient who is very ill, before seeing the next patient on the ward. According to Palmieri (2018), the experience of heightened emotional arousal has been reported by counselling psychologists working with terminally ill clients, which also included professional self-doubt and ethical conflict. Similar accounts have been reported in the present study, where some participants felt inner conflict in connection with limitations on the time they were able to devote to their clients, as well as for processing their emotions of sadness and loss over critically ill patients. Therefore, mindfulness appears to be available for use even in a short time between the sessions, and offers a space to process intense emotions and prepare their inner equilibrium for the next therapeutic work.

In the present study participants also reported using mindfulness *during* the therapy session. In connection with these findings, the present study appears to support reports that mindfulness practice can help with a variety of therapeutic skills (Christopher et al., 2011; Christopher & Keane, 2010). For example, some participants talked about increased ability to be present with their clients, described for example by James¹⁶ as snapping back in focus and being more attentive. Participants in the present study also described an awareness of in-session dynamics. For example, David¹⁷ described this as the ability to recognise what he is feeling, and whether these emotions are about the client or himself. Similar findings of ability to perceive relational dynamics have also been reported by previous researchers

¹⁴ (Liana: 168-173)

¹⁵ (Linda: 269-273)

¹⁶ (James: 342-348)

¹⁷ (David: 326-334)

(Keane, 2014). As countertransference issues have been reported to add to psychologists' professional stressors (Sherman & Thelen, 1998), the present study supports the claims that mindfulness could aid the awareness of the therapy dynamics and thus decrease confusion about internal emotional experiences (Davis & Hayes, 2011).

Therefore, this finding indicates that mindfulness could aid practitioners to become more comfortable with therapy processes, which could have a positive influence on the therapeutic relationship as well as on practitioners' well-being due to more effective management of energy strain.

Following the discussion of the main findings in the present study, the attention will be turned next to the implication of these findings for professional practice, followed by reflections on quality and future directions.

4.4 Implications for Professional Practice

The findings in this study suggest that using mindfulness as self-care carries several implications that appear to be relevant not only to newly qualified counselling psychologists but to other novice mental health professionals as well.

The first implication lies in support of previous research proposing that mindfulness appears to cultivate the ability for self-management. This study brought some further insights into how mindfulness can be used to self-regulate cognitive, emotional and physiological states that can be utilised instantly to manage stress and distress and also contribute to overall well-being long term. Importantly, the findings in this study also indicate that the ability for self-

regulation might give rise to self-efficacy in dealing with challenges. This might be particularly helpful for newly qualified therapists who might be exposed to a wide range of stressors while their academic support ceases with the end of their training programme (Zahniser et al., 2017).

Furthermore, mindfulness practice for self-care also appears to promote self-compassion, self-acceptance and appreciation of one's own self-worth, connecting to change towards a more positive self-concept. According to Shaprio et al. (2014), recognition of being an imperfect human and treating oneself with kindness rather than criticism when things do not go according to plan might be a useful skill for a therapist to sustain client care. Besides, therapists who are more accepting of themselves may be more compassionate to others, including their clients (Brill & Nahmani, 2017). Furthermore, strengthening self-confidence might be important for newly qualified practitioners, as previous research suggests challenges with self-esteem due to a more fragile professional identity and intense exploration of self during their training (Ronnenstad & Skovholt, 2003; Firman, 2009).

Therefore, developing skills to cope with internal and external pressures as well as having self-confidence can contribute to the growth of resilience against stress and burnout (Osborn, 2004; Sadler-Gerhardt & Stevenson, 2011). As the building of resilience may not happen by itself but might be the result of active practice (Lawson & Myers, 2011), the findings from this study indicate support for mindfulness practice as a practical way to build this resilience. Furthermore, this study indicates that engaging in mindfulness practice for regular self-care can lead to positive changes in the way of experiencing life as a whole, where mindful living can bring on a sense of content, belonging and interconnection that may link to more meaningful and satisfying living. As newly qualified psychologists can be exposed to high work stress, greater resilience and a happier outlook on life cultivated by mindfulness

practice can contribute to staying in their challenging and busy jobs. This can in turn lead to lower staff turnover in the mental health profession.

Another important implication arising from this study is that practising mindfulness for self-care appears to support professional practice. It appears that mindfulness practice can be used flexibly before, after, between and during individual client sessions to benefit both the client and the therapist. This study indicates that mindfulness appears to offer immediate space to ground self in focus, process intense emotions and restore inner equilibrium. This might be highly valued during a busy day with clients that can leave the practitioner physically and psychologically depleted (Sadler-Gerhardt & Stevenson, 2012).

In addition, according to Rogers (1957), maintaining an empathetic connection in the form of sensing the client's personal world as if it were therapist's own is one of the key elements for therapeutic change. This process might be supported if the practitioner "has the capacity to absorb and process input from clients without defensively protecting the self" (Skovholt & Ronnestad, 2003; p. 50). Therefore, having the confidence to 'bounce back' with mindfulness techniques following an intense session can allow a clinician to maintain empathy for the next client rather than protecting the self from an anticipated impact. Furthermore, participants in this study also reported using mindfulness to be more aware of in-session dynamics. Therefore, newly qualified practitioners, who are still fine-tuning their professional abilities, might especially appreciate these therapeutic skills.

Final implications that arise from this study connect to promotion and teaching of mindfulness. The findings from this study indicate that embodied experience might be crucial to acquire a deeper understanding of mindfulness. Therefore, discussing mindfulness at the theoretical level only as a possible self-care option may not be sufficient. Although an

experiential approach is already incorporated in the traditional mindfulness programmes (Kabat-Zinn, 2003b), this may not always be the case when suggesting mindfulness to practitioners as a self-care approach. Therefore, the data suggest that having an experiential component in the promotion and teaching of mindfulness as a self-care strategy might be essential.

The acquisition of mindfulness for self-care appears as a gradual ongoing activity. It seems that individuals adjust their practice according to their personal preferences, aims and circumstances. This uniquely tailored mindfulness practice might include either formal or informal practice or both, that is however personally meaningful based on individual hobbies, memories and likes. Therefore, mindful self-care could appeal as practical to a large number of clinicians, as it can be integrated into daily life while also being personally adaptable.

Thus when supporting clinicians to make decisions about their self-care strategies, mindfulness for self-care could be promoted not just as a stress-reduction intervention, but also as a personal learning journey that takes time but develops into a meaningful, enjoyable and effective activity to manage one's own well-being. According to Solhaug et al. (2016), students who had a more comprehensive understanding of mindfulness reported more engagement and a larger range of benefits. Therefore, a more comprehensive understanding could support further motivation in learning mindfulness. Furthermore, supporting practitioners to find their own preferred style from a variety of techniques and plan how to integrate mindfulness into their everyday life by reflecting on their existing self-care strategies, hobbies and daily activities could help to sustain the self-care practice long term.

However, becoming familiar with elements of mindfulness might have to be taken in a supportive environment, where participants could be advised in advance about the possible unpleasant or negative effects that were reported in the present study. Therefore, having a space to raise concerns to an experienced teacher (Lomas et al., 2015) and get directions for further mental health help if needed might be necessary.

Finally, this study indicates that awareness of importance, as well as engagement in optimal self-care, can take some time. Therefore, it appears essential for self-care to be introduced into the professional's repertoire as early as possible. Research indicates that completing challenging psychology programs does not necessarily diminish all stressors (Olson et al., 1986). Thus mindfulness for self-care could be offered to run as part of, or optionally alongside, the first-year training curriculum to support the development of therapeutic skills as well as to offer enough time to actively develop a personal self-care culture.

4.5 Evaluation of the Study

As outlined earlier in the methodology chapter, Yardley (2000) suggests four main characteristics that can be considered for evaluation of qualitative studies including sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. I will briefly summarize these characteristics while referring to Elliott et al. (1999)'s guidelines for comprehensive evaluation of the present study.

4.5.1 Sensitivity to Context

I ensured sensitivity to context by staying up-to-date with relevant literature throughout the research process. My personal practice of mindfulness, that I continued to engage in during my training, discussions with peers who engaged in varieties of self-care as well as the third-wave therapy that I used in my client work, exposed me to the wider context surrounding this study. However, I also kept in mind my possible bias due to these personal experiences. While I was interested in participants' mindfulness practice specifically for self-care, I also remained open and attempted to capture how their practice expands further into their personal and professional lives. Also, I referred to participants' life experiences at times to situate the sample in a context, as recommended by Elliott et al. (1999).

4.5.2 Commitment and Rigor

As the 'insider' researcher with personal experiences that I believe supported my commitment to this project, I also strove for rigour while being aware of my favourable view of mindfulness. Therefore, I had regular supervision, particularly during the analysis stage to ensure a reflective position while analysing the themes, although my supervisor did not engage in the full analysis with me. I also ensured a space for participants to express their negative experiences with mindfulness, as well as other approaches to self-care, to encourage wider reflections. Taking into consideration my supervisor's 'outsider' view as well as more rounded participants experiences provided credibility check as proposed by Elliott et al. (1999).

4.5.3 Transparency and Coherence

I ensured coherence by maintaining a fit between the theory and method throughout the project. I maintained a transparent analytic procedure by referring to participants' excerpts and narratives throughout the study. I also included personal reflexivity from my position as a researcher. Finally, I presented the analysis in the form of both a visual map and a narrative sequence for greater coherence, as recommended by Elliott et al. (1999).

4.5.4 Impact and Importance

While mental health practitioners' self-care can sometimes be sidelined in the contemporary research, it carries important ethical and clinical implications. Therefore, I aimed in this research to highlight not only the importance of mindful self-care for the well-being of the clinicians but also its connection and impact on therapeutic work with clients. Furthermore, this study might give suggestions to new therapists on how to develop and maintain resilience essential to their career. Therefore, in the future I intend to publish an article in psychology-related journals to share my findings with the professional community.

4.6 Strengths and Limitations of the Study

This section will consider some of the strengths and limitations of this study. One of the limitations is related to the sample of this study. For example, the self-selected sample could have attracted participants with a more positive outlook on mindfulness, and the negative views of mindfulness could be more limited, thus providing a less comprehensive view. Most interviews were conducted online due to travel distance thus reducing some benefits of in-person interviews. For example, shared personal space or full display of body language

could further support communication, although a good level of rapport was established even virtually. Also the sample comprised of mostly female and Caucasian participants. Furthermore, as the study was aimed at recruiting those who use mindfulness specifically for self-care based on 'Western' training of mindfulness to satisfy homogeneity requirements, it does not include the experiences of those who combine mindfulness with spiritual or religious purposes. Therefore, a wider sample could bring further insights.

Another limitation of this study connects to methodological limitation of IPA and its reliance on language to represent participants' experience. According to Willig (2009), language adds meaning to the experience as language shapes the way the particular experience is understood and expressed. Thus personal accounts in the interviews can be shaped and limited by the use of language as well as an individual's vocabulary. A similar limitation could occur also on the side of the researcher during the interpretation of participants' narratives. Therefore, participants' reports in this study are considered as an interpretation of their experiences together with the researcher at the time of the interviews.

The primary strength of this study includes bringing focus and giving voice to the under-researched group of newly qualified psychologists, as previous research indicates they can often be prone to stress and burnout in their new careers. This study adds an in-depth subjective perspective to existing, mostly quantitative, research on mindfulness for self-care and can contribute to considerations for best practice in self-care not only for counselling psychologists but also other novice mental health professionals.

In addition, psychology profession is becoming increasingly busy during the present times. While psychologists might be requested to provide expertise in a variety of areas such as clinical work, supervision, management and leadership within the service (Douglas et al.,

2016), maintaining resilience and well-being appears crucial. During these busy times, and when other common means of self-care such as socialising or physical exercise might be restricted for various reasons, this study provides detailed accounts of a self-care strategy in the form of mindfulness, which can be employed as flexible and instantly available approach beneficial both to clinicians and their clients.

Finally, as mindfulness could be viewed by some critics as perhaps a passing trend that has recently spread in the Western world from healthcare to a variety of other fields including corporate and government initiatives (Shonin et al., 2015), this study brings detailed subjective reports to support credibility in the application of mindfulness, with specific implications and recommendations for clinical practice.

4.7 Future Directions

This study points towards several directions in future research that could bring further insights into the sphere of mindfulness and self-care. One of these directions could include a wider and more diverse group of participants to obtain more rounded reports, for example exploring experiences of individuals who practise mindfulness more in connection with its religious roots.

Another area to explore could be the role of confidence and self-efficacy to manage one's own well-being following mindfulness practice, as this is currently underexplored in the recent literature. This future study could also investigate whether there is a timeline for this confidence to develop from the start of learning mindfulness.

In addition, more explorations into how mindfulness is used depending on its aim could bring further insights. For example, mixed-method study could compare outcomes and experiences of those therapists who employ their mindfulness practice close to client sessions and those who practise mindfulness separately from work, and its influence on clinicians' well-being as well as therapy outcomes.

Furthermore, explorations of different stages of mindfulness practice over time and its connection with self-care could bring more insights into the journey of the development of mindfulness longitudinally. For example, future research could look further into what helps people maintain their mindfulness practice. The potential research could also explore early learning of mindfulness for self-care during the professional training and its influence on personal and clinical domains both during the training as well as after qualifying.

Finally, to contribute to the current debate about the benefits of formal and informal practice, future research could focus on the effectiveness of personally tailored mindfulness practice based on personal preferences and needs over a more prescribed way of practicing.

4.8 Personal Reflections

4.8.1 Impact of Author on Research

During the process of developing this research I stayed aware of my position as the researcher and how my experiences, interests and beliefs could influence the study (Willig, 2008). Therefore, I kept a reflective diary throughout the entire project. I also included

reflective sections in the research to ensure transparency about this possible influence to allow for all relevant elements of the research process to be disclosed (Yardley, 2000).

As mentioned earlier in this study, having a personal interest in mindfulness has put me in the position of ‘insider’ researcher due to having my own experiences of the topic. Therefore, there was a possible risk that findings could become skewed according to my pre-existing knowledge. I became aware of this possibility during generation of themes and after discussion with my supervisor, I went back to the transcripts and focused on being led more by the data.

As in this study I used IPA as the methodological approach, in which the researcher’s interpretations of participants interpretations are included in the co-constructed findings (Smith et al., 2009), I found that some ‘insider’ knowledge of the topic was also beneficial. For example, I believe the similar experience strengthened my rapport with participants that could have contributed to their openness about their experiences. It also helped me with aspects of the study such as design; for example, my training in ACT gave me an insight into what mindfulness exercises can look like, which allowed for generation of some follow-up questions in connection to participants’ practice.

4.8.2 Personal Reflexivity

While my role as an author had an influence on the process of this research, I would also like to consider the impact the course of this project had in turn on me as the researcher. Although I had engaged with mindfulness practice for several years, some concepts of the practice came to the forefront of my awareness and piqued further interest. For example, my

practice of mindfulness increased during the project, as the possible result of thinking about the concept on daily basis. In addition, my engagement in the mindfulness meditations increased following interviews and reading further literature, when I became reminded again of the value of the meditation.

Furthermore, while experiencing pressures from juggling my training, research work and personal life, I would often feel tense and anxious about managing everything. The research served as a regular reminder for me to stay in the present, as well as be grateful for all the current opportunities. Talking to participants who shared their experiences as newly qualified counselling psychologists also gave me hope for possible successful career one day in the future.

4.9 Conclusion

This study contributes to the existing research area of mindfulness and self-care by exploring the unique experiences of newly qualified counselling psychologists. Despite the limitations, the findings indicate that mindfulness practice appears to be a beneficial and practical approach to self-care, as it can be individually tailored to practitioners' daily lives. Through this process, mindfulness can therefore become instantly available, but it is also sustainable form of self-care.

The implications suggest that using mindfulness for self-care might not only support the prevention of stress and management of distress in newly qualified clinicians by developing self-management skills, but that it can also promote satisfying personal and professional

development. This study also brings recommendations for promoting a culture of self-care in connection to the well-being of psychologists, and its implication for clinical practice.

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Appendix 1: Recruitment Leaflet

Mindfulness and Self-Care

- ***Are you a newly qualified Counselling Psychologist?***
- **Do you currently use formal or informal mindfulness practice for self-care?**
- **Would you be willing to share you experience of using mindfulness for self-care with me?**

If yes, I would greatly appreciate your consideration to participate in my qualitative research study. This would involve 60-minute interview, which will be carried out on one-to-one basis, while ensuring confidentiality. (Reimbursement for your time: 40 GBP).

I am looking for newly qualified counselling psychologists who completed any of the following mindfulness training: Mindfulness Based Stress Reduction (MBSR), Mindfulness Based Cognitive Therapy (MBCT), Mindfulness for Health Care Professionals (MHP), Dialectical Behavioural Therapy (DBT), Acceptance and Commitment Therapy (ACT) or Compassion Focused Therapy (CFT).

If you are interested in being a participant or know someone who would be, please get in touch on the following contact details:

Jana Ferraro

Counselling Psychologist in Training,
Professional Doctorate in Counselling Psychology, University of East London

Email:

Mobile:

Thank you!

Appendix 2: Screening Call Questions

Screening for inclusion and exclusion criteria:

1. When did you register with HCPC as Counselling Psychologist?
2. Are you at present working with clients?
3. How long have you been using mindfulness practice for self-care (in years and months)?
4. What type of mindfulness training did you undertake (MBSR, MBCT, DBT, ACT, CFT) and the year of completion?
5. What type of mindfulness do you practice? (Formal or informal and what kind?)
6. How many times and how many hours per week do you practice?

Screening for signs of PTSD to prevent further distress:

1. Have you previously experienced highly stressful event that would result in current manifestations of distress such as increased feeling of stress, disturbing memories, thoughts, emotions in connection with the event?
2. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
3. Having difficulties sleeping, feeling irritable, super alert, jumpy?
4. Avoiding memories, thoughts, external reminders of the experience?

Appendix 3: Participant Invitation Letter



PARTICIPANT INVITATION LETTER

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a post graduate student in the School of Psychology at the University of East London and am studying a Professional Doctorate in Counselling Psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research on Experience of Using Mindfulness Practice as Self-care for Newly Qualified Counselling Psychologists.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of participants I am looking for to help me explore my research topic. I am looking to involve newly qualified counselling psychologists of either gender, aged eighteen and over who completed doctorate in Counselling Psychology program in UK and have been registered with Health and Care Professions Council as Counselling Psychologists for the period of up to 5 years from the date of registration. Participants should have practiced formal or informal mindfulness as a form of self-care three or more days per week, for at least a year since finishing mindfulness training such as Mindfulness Based Stress Reduction (MBSR), Mindfulness-based cognitive therapy (MBCT), Mindfulness for Health Care Professionals (MHP), Compassion Focused Therapy (CFT), Acceptance and Commitment Therapy (ACT) or Dialectical Behavioral Therapy (DBT).

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced. The participation is voluntary and free.

What will your participation involve?

If you agree to participate you will be asked to sign the consent form which complies with British Psychological Society's guidelines, give some background information about yourself and talk about your experiences of using mindfulness practice for self-care in one to one research interview which will last about 60 minutes.

The interview will take place in a form of informal chat in a quiet location of your choice for example in a meeting room at University of East London in Stratford or at the location of your clinical practice or via Skype. I will ask some questions about your experience of using mindfulness for self-care such as exploration of your thoughts emotions or meanings in connection with the topic and you will be given opportunity to share your experiences. The session will be audio recorded in order for me to have accurate information of the interview.

By participating in the research, you will have opportunity to voice your experiences regarding the topic. The research findings will help to better understand the opportunities and challenges of use of mindfulness in self-care by newly qualified counselling psychologists.

You will be paid 40 GBP for your time. Your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times. Our conversation will be treated as confidential and comply with British Psychological Society confidentiality requirements. This includes your identity only known to me and not shared with anyone else and no name or identifying details will be included in the study. I will delete any identifying details following completion of the study or your withdrawal. You will be free to decline to answer any question and can withdraw from the interview at any time, and from the study up to three weeks after the interview date.

What will happen to the information that you provide?

The data you provide will be securely stored on my password-protected laptop to which only I have an access. I will also ensure anonymity of the information in form of use of pseudonym for study participants. Your contact details will be kept confidential and will not be linked to the pseudonyms.

Anonymous data only will be shared with my supervisor, examiners and they may be published on research database or academic journal.

The data that were kept confidentially for my access only such as participants contact details, interview recordings and transcripts will be deleted after research is completed within period of 5 years from data collection, which complies with GDPR regulations.

What if you want to withdraw?

You are free to withdraw from the research study at any time up to three weeks from the interview date without explanation, disadvantage or consequence. However, if you withdraw after the three weeks post interview deadline I would reserve the right to use material that you provided. If you withdraw, your data will be destroyed immediately on your request.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Jana Ferraro
Counselling Psychologist in Training,
Professional Doctorate in Counseling Psychology, University of East London

Email:
Mobile:

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr. Jeeda Alhakim, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: j.alhakim@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas,
School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix 4: Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Experience of Using Mindfulness Practice as Self-Care for Newly Qualified Counselling
Psychologists: Interpretative Phenomenological Analysis

Please read and tick each box if you are giving your consent:

- I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.
- I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.
- I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time up to three weeks from interview date without disadvantage to myself and without being obliged to give any reason. My data will be destroyed on request. I also understand that should I withdraw after three weeks deadline, the researcher reserves the right to use my anonymous data after the analysis of the data has begun.
- I give consent for the researcher to contact me in the future for the purposes of follow-up research (optional)

Participant's Name (BLOCK CAPITALS)

Participant's Signature.....

Researcher's Name (BLOCK CAPITALS).....

Researcher's Signature

Date:

Appendix 5: Demographic Form



Demographic Information

Dear participant,

This research aims to explore the experience of using mindfulness practice in self-care by newly qualified counselling psychologists. I would appreciate if you could answer the following questions that would help me to explain the characteristics of participants and assess suitability for this study. Feel free to leave blank any questions that you don't wish to answer. This should take approximately 5 minutes.

1. Age

2. How would you describe your ethnic origin?

3. Do you have any spiritual or religious affiliation with mindfulness?

4. Please state your professional qualification/s

Appendix 6: Interview Schedule

Warm Up Questions

1. How did you come across this study?
2. What made you decide to participate?

Interview Questions:

1. Could you reflect on how do you use mindfulness practice for your self-care?
2. What does it feel like to engage with mindfulness practice for self –care?
3. How do you think does your mindfulness practice influence caring about yourself?
4. What does mindfulness practice mean to you?
5. Could you reflect on what changed in your experience of using mindfulness for self-care now compared to before you started using it?
6. Anything else you would like to add?

Prompts:

Can you tell me more about this?

Can you explain how you thought/ felt about that?

That's interesting, go on... can you say more about that?

You told me before that..... what did you mean?

I would like to try to understand that...

Do you have specific experiences in mind? Can you tell me more about one?

Appendix 7: Research Debrief

Numbers for Mental Health Help

A&E (Accident and Emergency):

Newham General Hospital Glen Road, Plaistow, London, E13 8SL 020 7476 4000
The Royal London Hospital, Whitechapel Road, Whitechapel, E1 1BB, 020 7377 7000

Helplines:

SAMARITANS: www.samaritans.org 0845 90 90 90

SANELINE: <http://www.sane.org.uk> 0845 767 8000

Find a qualified counsellor, psychotherapist, psychoanalyst, psychologist, CBT therapist:

- British Association for Counselling & Psychotherapy (BACP): www.bacp.co.uk
- UK Council for Psychotherapy (UKCP): www.psychotherapy.org.uk
- British Psychoanalytic Council (BPC): www.psychoanalytic-council.org
- British Psychological Society (BPS): www.bps.org.uk
- British Association for Behavioural & Cognitive Psychotherapies (BABCP): www.babcp.com

Counselling Services:

- CRUSE bereavement care: www.crusebereavementcare.org.uk 0808 808 1677
- Metanoia: www.metanoia.ac.uk 0208 832 3080
- ORCHA (online directory of self-help apps): www.orchha.co.uk
- Psychosynthesis Trust: psychosynthesisistrust.org.uk 0207 403 7814
- Sexual abuse counselling: www.intothelight.org.uk Email: info@intothelight.org.uk
- : www.wimbledonguild.co.uk 0208 296 0030

Psychotherapy Services:

- Association of Jungian Analysts: www.jungiananalysts.org.uk 0207 794 8711
- British Psychotherapy Foundation: clinicalservices@bpf-psychotherapy.org.uk 0208 438 2415
- British Psychoanalytic Council: clinic@iopa.org.uk 0207 563 5002
- Society of Analytical Psychology: www.thesap.org.uk 0207 435 7696

NHS:

Slam NHS: Provides extensive information on all NHS services, 0800 731 2864;
<http://www.slam.nhs.uk/our-services/service-finder>

Appendix 8: Examples of Transcript with Codes and Emergent Themes

S199 metaphor, I had just put a gown on as I was feeling cold. And in similar way mindfulness is
 S200 also very kind of, it makes me feel warm it makes me feel comforted, it makes me feel
 S201 connected, it makes me feel alive, it makes me feel a lot of things that you know other
 S202 strategies that I have used along the way haven't had the same effect in comforting.

S203 R: Uhm. So it's kind of like you described a kind of comfort, warmth.

S204 S: ... yeah, I kind of feel, I guess it kinds of protects me, it feels like a bit of a .. like even
 S205 look I say this as almost conceptualizing mindfulness as something external but it's
 S206 something (it's internal protection.) I don't know it's like...an.. an insurance I guess... an
 S207 insurance against falling apart or kind of loosing my shit entirely kind of thing (laughing).
 S208 you know, it just.. it just feels.. it gives me that distance, it gives me that protection from
 S209 kind of being completely swept with life.

S210 R: Uhm, and you said that.. it kind of changed you as a person. Can you tell me more
 S211 about that?

S212 S: Uhm, well, it's... at times, it.. it feels like the effects of mindfulness have I guess saved me
 S213 from kind of sinking into a really deep dark hole, uhm and even if it just kind of allowed to
 S214 see me that, you know, there was a hole there whereas I might not even be able to see that
 S215 there was a hole, I might have just kept on, you know, going into the hole. Whereas, you
 S216 know, being able to take step back and uhm.. see what's going on around me, it kind of
 S217 allowed me to say: hold on, I am moving into dangerous territory here, so while I kind of
 S218 pull back and reappraise and think about how else I can kind of deal with this.

S219 R: Uhm, uhm. Ok. And uhm, and in what way are you a different person now, I know
 S220 you just told me something about that, is there anything more that comes to your
 S221 mind? Any ideas?

S222 S: Uhm, perhaps it's a greater sense of emotional equilibrium I guess, like, uhm, I don't feel
 S223 like I am as vulnerable to some of those emotions, I feel like having and always been, you
 S224 know, like, and I said this already, I have always been really anxious. Anxiety has very
 S225 much run in my family and so when I was younger I really struggled, I really really
 S226 struggled with anxiety and even now I struggle with anxiety as an adult but I feel like
 S227 having mindfulness there has allowed me to cope with it much better and it doesn't over
 S228 come me in the same way.

Handwritten notes on the left side of the page:
 - my coping skills as sense of protection
 - my T connection to life (7 life quality)
 - Sense of safety (x overwhelmed)
 - Sense of self-protective to handle difficulties x being overwhelmed
 - help as protection against overwhelm's feelings
 - awareness of responsibility to be aware of difficulties
 - Native response to be engaged in coping
 - awareness of ability to engage in coping
 - using emotional balance of coping efficacy
 - struggles with anxiety
 - to cope
 - overwhelmed

Handwritten notes on the right side of the page:
 - sense of protection - not self
 - announced to me + life
 - energy
 - safety, feeling safe + protected, supported (in the moment)
 - sense of peace
 - protection, safety, insurance
 - insurance protection
 - less need on self
 - sense of confidence
 - to handle uncertainties
 - emotions (x being overwhelmed - reply only)
 - being able to step
 - see reality
 - not be able to cope with life challenges
 - protection x danger
 - unable to cope
 - step back to ground
 - awareness of surroundings
 - this embodied difficulties
 - helps to take action
 - able to stop thinking and control process and reappraise
 - awareness of personal challenges helps to reassess and develop coping strategies (problem solving)
 - sense of emotional balance
 - sense of coping efficacy
 - struggles with anxiety
 - my help to cope and manage anxiety x being overwhelmed

S334 R: Uhm, so it's more part of you, you described it as a trait.?

S335 S: Yeah, it feels more like a trait now as opposed to like something I have to think about, I
 S336 don't have to think about it because it's something, it's just how my mind works now.

S337 R: Uhm, uhm, ok. And so would you say it's kind of automatic or unconscious that
 S338 you don't have to think about it anymore or what comes to your mind you know as a
 S339 trait, how would you explain that?

S340 S: OK. I. those two words I don't know for some reason they don't sit comfortably and I
 S341 don't know why. I don't know why they don't but uhm I am trying to think of alternative
 S342 word and what comes to my mind is the word embodied. I feel it's more embodied in me
 S343 now it's.. I don't know that's one word that just kind of feels right.

S344 R: That describes it well. Yeah. In kind of what way is it embodied?

S345 S: Well I think that uhm, because it has become part of me because it's just part of how I
 S346 think now, I think that that probably comes across in how people maybe experience me or
 S347 how people perceive me as I am kind of running my mindfulness groups or you know just
 S348 in terms of the quality of my attention like .. it..it.. like.. I don't have to practice
 S349 mindfulness to be mindful like it has just become like my mind has just become more
 S350 mindful to be, for the most part not all the time, like definitely not all the time, but when
 S351 things are slightly calmer, or even when they are just like mildly or moderately dreadful
 S352 then it's something that my mind just goes through it's just the way I handle things I guess
 S353 now.

S354 R: Uhm, uhm, uhm. And you said there might be ways, certain way people perceive
 S355 you, can you tell me more about that?

S356 S: Uhm, so I would, look I can't assume because I don't know how various people, how
 S357 people perceive me, like I don't know but ...

S358 R: How does it seem like or feels like that people perceive you with your
 S359 mindfulness practice?

S360 S: I think that you know when people so say I am running my mindfulness group then like I
 S361 feel that in terms of I don't have to necessarily explain, so for example, you know how
 S362 mindfulness you know, like John Kabat Zinn's definition, it talks about you know paying
 S363 attention with with non-judgment, right just that one one bit, I think when I talk about how

Handwritten notes on the left side of the page:
 - my experience of results
 - my as trait
 - my as embodied after years of practice
 - was part of that experience
 - my part of personality - more mindful
 - my as coping mechanism

Handwritten notes on the right side of the page:
 - release as trait (after years of practice)
 - that's (after years of practice)
 - we incorporated into mind (way of thinking being)
 - all of being
 - my feels as embodied after years of practice
 - my experienced as part of self's changed thinking pattern
 - access not so embodied up
 - (my seems to think as quality of attention being my - present? ready and always up to someone else's attention)
 - way of coping with persons

Appendix 9: Summary of Cluster Themes and Connecting Emergent Themes

CLUSTER THEMES		
with Emergent Themes		
<p>Gradual development and acquisition of mf practice for self care approach</p> <p>Initial engagement with mf due to client work</p> <p>Initial experience with mf due to personal distress</p> <p>Some theoretical knowledge before mf training</p> <p>Sense that mf resonates with personal philosophy</p> <p>Combining theory and experiential practice led to mf acquisition for self care</p> <p>Adopting mf as self care after experiential insight</p> <p>Gradual process in development of mf practice over time</p> <p>Finding more effortless way into the practice</p> <p>Adopting critical view of mf</p>	<p>Experience of self-regulation</p> <p>Regulating emotional challenges with help of mf</p> <p>Experience of increased cognitive flexibility</p> <p>Regulation of body and physical tensions</p> <p>Faith in one's own ability to cope</p> <p>Sense of confidence in coping with challenges</p> <p>Sense of security and stability in difficult times</p> <p>Feeling self sufficient in managing distress</p> <p>Having sense of</p>	<p>Holistic approach to self-care</p> <p>Using variety of self-care techniques</p> <p>Having mindfulness in self care tool box to use with other strategies</p> <p>Enhancing effectiveness of variety of self-care strategies</p> <p>Sense that mindfulness allows for self-care</p> <p>Integrated approach to self care</p> <p>Content existence in life</p> <p>Mindfulness as a way of being</p> <p>Sense of deeper spiritual</p>

resilience

connection to mind, body and environment

Sense of belonging with others

Mindfulness practice is not without challenges

Novelty of concepts and practice troubling

Learning from uncomfortable experiences

Difficulties to keep longer practice

Regular practice requires effort

Difficulties with mf practice when mind distracted

Accepting my humanity

Treating self with kindness and self compassion

Appreciating self

Accepting my humanity

Shaping identity

Mf brings on experience of happiness and joy in life

Experiencing quality of meaningful life

Necessity to tailor mindfulness practice

Choosing mf techniques depending on time availability

Selecting mf practice based on personal preferences

Using both formal and informal mf

Maintaining regular mf practice helpful

Flexibly using mf practice

Managing professional life

Using mf to prepare inner resources for client work

Using mindfulness to restore inner balance after client work

Using mindfulness to ground self between client sessions

Managing therapy processes during session

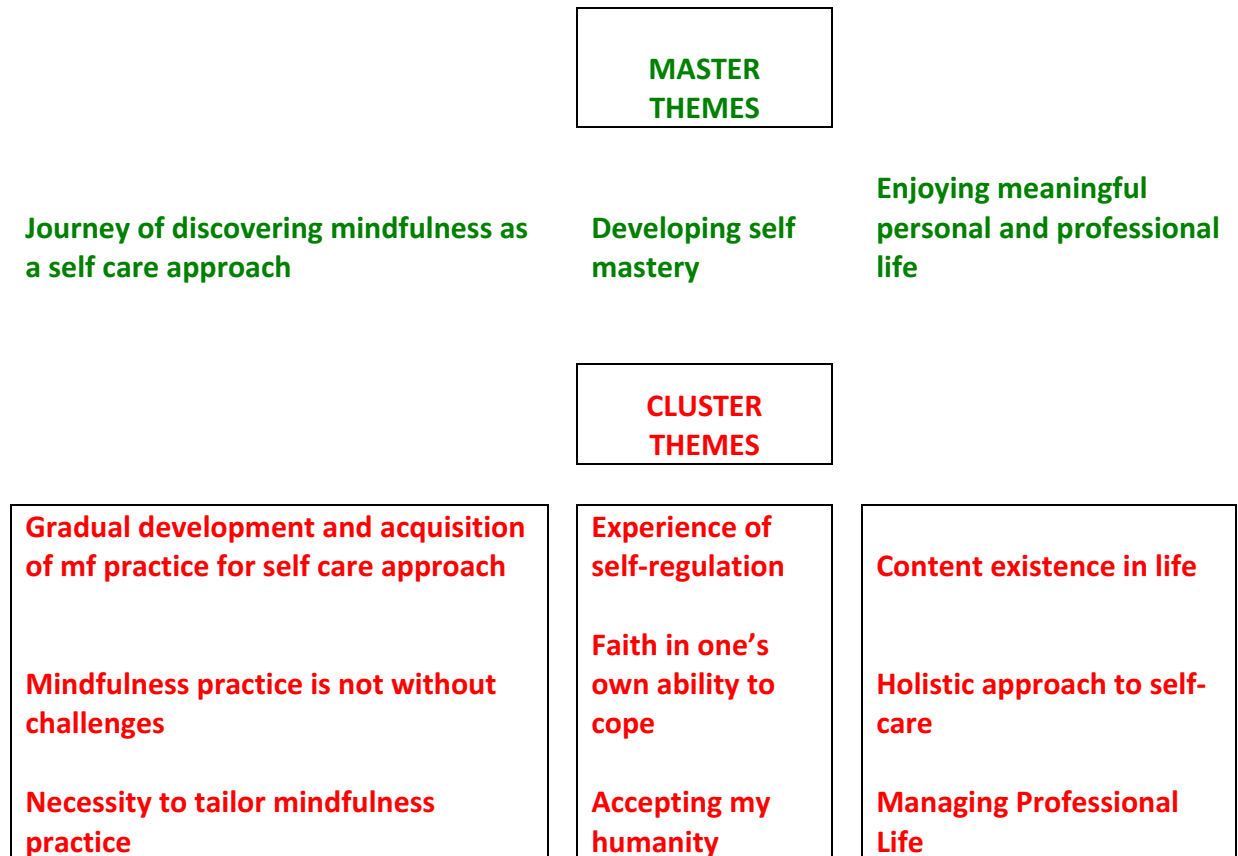
Regular mf practice helps to sustain present focus on client

Feelings of congruence in therapy and teaching mf

Working part time as mindful self-care

Mf enables to pace workload

Appendix 10: Summary of Master Themes and Connecting Cluster Themes



Appendix 11: Appearance of Master and Cluster Themes for Each Participant

Master and Cluster Themes	Count of Participants Displaying the Theme
<i>Journey of discovering mindfulness as a self-care approach</i>	All Participants
Gradual development and acquisition of mindfulness practice for self-care	7 Participants
Mindfulness practice is not without challenges	7 Participants
Necessity to tailor mindfulness practice	7 Participants
<i>Developing self-mastery</i>	All Participants
Experience of self-regulation	7 Participants
Faith in one's own ability to cope	7 Participants
Accepting my humanity	7 Participants
<i>Enjoying meaningful personal and professional life</i>	All Participants
Holistic approach to self-care	7 Participants
Content existence in life	7 Participants
Managing professional life	6 Participants

Appendix 12: Ethical Approval Form

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Sophia Bokhari

SUPERVISOR: Jeeda Alhakim

STUDENT: Jana Ferraro

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: What is the experience of using mindfulness practice as self-care for newly qualified counselling psychologists: Interpretative phenomenological analysis?

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any

research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

2

Minor amendments required *(for reviewer):*

Happy for Jeeda to clarify this with student and ensure participants are clearly told what happens with actual data after 5 years.

Point 19 states: "The data **identifying** participants will be destroyed after the study is over within period of 5 years from data collection." – just need to tidy this sentence up. Do you mean the actual data collected will be destroyed? Or data with participant details on?

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):* Jana Ferraro

Student number: 1717453

Date: 25/04/19

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*):

Dr Sophia Bokhari

Date: 25/4/19


This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix 13: Risk Assessment Form

 UEL Risk Assessment Form			
Name of Assessor:	Jana Ferraro	Date of Assessment	24 February 2018
Activity title:	Research interviews	Location of activity:	UEL rooms, Location of participant's clinical practice (therapy room, participant's home)
Signed off by Manager (Print Name)	Jaeeda Alhakim	Date and time (if applicable)	
Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:			
Research interviews carried out individually face to face and separately with 6-8 participants.			
Overview of FIELD TRIP or EVENT:			
The interviews will be conducted by the researcher with each participant on person to person bases in either UEL meeting room or participant clinical practice location or their home. The participants are registered counselling psychologists. The interviews will last for about one hour and will be audio recorded on a recorder. Information sheet, consent form and debrief sheets will be given.			

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x Severity)	Additional control measures required (if any)	Final risk rating
Distress of participants	Participant	Researcher's professional training should allow for containment of any potential participant distress and pause and stop the interview. However, list of available local mental health support will be offered to all participants. They will be also encouraged to connect with a close family member or a friend to accompany them home if required. The author will clarify her role as a researcher and not a counsellor early on.	1	2	2	Participants will be screened for signs of PTSD prior to the interviews and excluded if possibility of PTSD is indicated in screening call to ensure the likelihood of distress is minimal.	Minor
Reports of professional impairment by participants	Participant/ participant's clients	Participants experiencing challenges in their professional practice would be therefore encouraged to contact their therapist, supervisor or work manager to ensure steps to utilize support. Furthermore, the author at the start of each interview will communicate details of confidentiality and process of its breach if necessary.	1	3	3	Breach of confidentiality and report to HCPC might be required after discussion with the participant and then supervisor by the researcher if harm to clients due to problems with fitness to practice is disclosed by participants during the interviews.	Medium

Risk of personal safety while visiting participant's home	Researcher	Researcher will inform a friend when visiting participants home. The risk is low due to participants being registered counselling psychologists and therefore having DBS checks.	1	3	3	Phone call before and after the interview to a friend will be done to ensure safety.	Medium

Review Date

A comprehensive guide to risk assessments and health and safety in general can be found in UEL's Health & Safety handbook at <http://www.uel.ac.uk/hrservices/hs/handbook/> and a comprehensive guide to risk assessment is available on the Health & Safety Executive's web site at <http://www.hse.gov.uk/risk/casestudies/index.htm>. An example risk assessment is also included below.