

**A QUALITATIVE EXPLORATION OF SELF-
PERCEIVED EFFECTS OF A MINDFULNESS-BASED
STRESS REDUCTION (MBSR) INTERVENTION ON
DEEPLY DISTRESSING EXPERIENCES. AN
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

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Abstract

Mindfulness-based stress reduction (MBSR) intervention has been widely used around the globe to improve psychological and physical wellbeing. Considering the extensive evidence-base for the efficacy of MBSR intervention, exploring the lived experiences of individuals experiencing deeply distressing experiences may provide us with a better understanding of this complex phenomenon.

The research aimed to examine the understanding and making sense of deeply distressing experiences following MBSR intervention. Seven participants who have completed an 8-week MBSR intervention and who self-identified as having experienced deeply distressing experiences were interviewed. Semi-structured interviews were transcribed and analysed using Interpretative Phenomenological Analysis.

Two major themes emerged from the analysis: 'Facing the emotional rollercoaster' and 'A mindful way of being'. Each major theme entails four subthemes.

The results reveal new insights into the importance of the process of going through deeply distressing experiences, encapsulating avoidance and fear of facing one's own reality. The present study draws attention to the significance of embodiment and awareness in the transformative process of shifting deeply distressing experiences and re-connecting with the body as a gateway into an embodied way of being. Clinical implications of the findings are discussed, including moving beyond diagnoses and the potential of using aspects of MBSR in the therapeutic context.

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Figure 1. Diagram of the themes

Abbreviations

APA	American Psychiatric Association
BPS	British Psychological Society
CBT	Cognitive-behavioural therapy
DSM-V	Diagnostic Statistical Manual of Mental Disorders
HCPC	Health and Care
IPA	Interpretative Phenomenological Analysis
MBSR	Mindfulness-based stress reduction
PTS	Post-traumatic stress
PTSD	Post-traumatic stress disorder
UEL	University of East London

Introduction

The nature of the present research study, “A qualitative exploration of self-perceived effects of a mindfulness-based stress reduction (MBSR) intervention on deeply distressing experiences” positions the phenomenon under investigation within a phenomenological framework. The terms used in the title of the study, namely “exploration” and “deeply distressing” experiences are intrinsically connected with the phenomenological view of an individual. Phenomenological research prioritises the embodied, experiential meaning that aims to uncover the rich and complex description of a phenomenon (Finlay, 2009a). Thus, the focus of this research study is seeking reality of individual lived experiences of phenomena through their narratives (Cilesiz, 2009; Husserl, 1970).

The present chapter demonstrates the current scientific and empirical literature on MBSR intervention and psychological distress. The study focuses on the lived experiences of individuals who have completed MBSR program and self-identified as having experienced deeply distressing experiences in their lives. The research explores the self-perceived effects MBSR intervention has had on participants understanding and making sense of deeply distressing experiences following MBSR intervention.

The chapter starts by introducing the language used throughout this research study, mainly focusing on the concepts of *psychological distress*, *trauma*, *mindfulness*, and *holistic* perspective. Later sections of the chapter explore the current definitions of *distress*, focusing on its theoretical understandings and current research. It should be noted that the following sections are by no means exhaustive, considering that these concepts have been explored in literature for several decades (Milton, Craven & Coyle, 2010). Moreover, the current neuroscientific and neurobiological research is overviewed, providing a complementary perspective and useful context to understand how psychological distress may impact the human mind and body.

The second part of this chapter describes MBSR intervention, summarising its curriculum, aims and the existing research in the field. It focuses on the main components of MBSR, including attention and awareness, present moment experience, nonjudgement, intentionality, acceptance and distancing/witnessing. Both quantitative and qualitative research is reviewed to provide an all-rounded view of this intervention, particularly in the context of deeply distressing experiences.

However, as it is often the case with Interpretative Phenomenological Analysis, the role of this chapter is to place participants' experiences in a general theoretical context so that they can be better understood by the reader in the following chapters (Smith et al., 2009), rather than to explore in detail all the research contributions to the phenomena of understanding deeply distressing experiences after MBSR intervention. Research questions inevitably reflect particular interests, engagement and personal experiences of a researcher. Similarly, this research emerged through the researcher's personal and professional journey, as a way to deepen her knowledge and clinical experience as a counselling psychologist practitioner.

Part I: A note on language

Psychological distress and deeply distressing experiences

Etymologically, the term distress, derived from late 13th century French word *destresse*, means “circumstance that causes anxiety or hardship”, from Latin *districtus*, “draw apart, hinder” (Etymonline, 2022). It often describes a state of “anguish, grief, pain or suffering of the body or mind” (Merriam Webster, 2022). The existing literature characterises psychological distress as non-specific symptoms of stress, depression or anxiety (Cuijpers et al., 2012). Distress can follow from everyday stressful or traumatic experiences. However, when it becomes too overwhelming, it can lead to various states which are described in the next section. It is crucial to note that individuals experience distress differently depending on their context and history. More recently, ‘distress’ has been referred to all phenomena and experiences that tend to be called ‘mental illness’ or ‘psychopathology’ (Cromby, Harper & Reavey, 2013).

Understanding psychological distress, beyond the concept of ‘*psychopathology*’, is an important factor when working with deeply distressing experiences. It is evident from the existing research that reductionist descriptions of psychopathology dominate the scientific and clinical worldviews (Fee, 2000). Terms such as ‘psychopathology’, ‘disorder’, or ‘mental health illness’ have become widespread and part of everyday discourse. Distress is not considered as an individual experience but rather as a set of symptoms that can be given a diagnosis and treated with traditional psychological interventions based on the existing protocols (Milton, 2010). In line with Cromby, Harper & Reavey (2013), in this research study, I use the terms ‘mental illness/disorder’ and ‘psychopathology’ only when they are used in the original text. Instead, the term ‘distress’ is be used throughout. The term ‘deeply distressing’ in this research refers to experiences of distress where participants’ wellbeing and/or everyday functioning was impacted.

One word, which is often used interchangeably with ‘distress’ is ‘trauma’. It is frequently found in everyday vocabulary, yet the definition of what constitutes

trauma and the understanding of its impact on an individual may vary widely. Sigmund Freud defined trauma as "...a breach in the protective barrier against stimuli, leading to feelings of overwhelming helplessness." (Freud, 1920). Pat Ogden, a pioneer in somatic psychology, described trauma as "any threatening, overwhelming experiences that we cannot integrate. After such experiences, individuals are often left with a diminished sense of security with others and in the world, and a sense of feeling unsafe inside our own skin" (Ogden, 2015, p. 66). Trauma can thus be understood as a response to a deeply distressing experience that overwhelms an individual's ability to cope. Understanding these concepts is crucial when reviewing the existing research in the field and particularly when exploring deeply distressing experiences.

The following section describes the difference between stress, traumatic stress, PTS and PTSD to provide more background to the researched phenomena.

Distinguishing stress, traumatic stress, PTS and PTSD

In the 1960s, a Hungarian endocrinologist Hans Selye described *stress* as "the non-specific response of the body to any demand (1984, p.74). Selye claimed that *stress* is related to the perception of the experience by an individual, highlighting that the experience of *stress* is not intrinsically 'bad' or 'good' in nature. Several classifications of stress have been proposed, including *traumatic stress*, that can be viewed as a severe form of *stress*, resulting from a traumatic event; and *posttraumatic stress* (PTS), relating to a persistent traumatic stress that continues after a traumatic experience (Rothschild, 2017). Additionally, *post-traumatic stress disorder* (PTSD), applies to particular symptoms that were listed in the *Diagnostic and Statistical Manual of mental disorders* (DSM-5) (APA, 2013), that usually are a result of an accumulation of *posttraumatic stress* over time. Individuals who tend to be diagnosed with PTSD usually display a high level of daily difficulties. However, there are many people who experience PTS and are not diagnosed with PTSD, who have not recovered and continue to experience distress. As such, they are frequently overlooked because of a lack of a diagnosis.

Being aware of the above definitions and understanding of distress is important in the context of the existing diagnosis-dominated research which can be limiting in understanding this complex phenomenon. The present research study moves away from symptom classification and diagnoses and gives agency to participants to self-identify as having experienced deeply distressing experiences.

Defining mindfulness

Mindfulness practices have been present for thousands of years, originating in Eastern traditions around 1500 BCE, often as part of spiritual practice. The concept and practice of mindfulness have become increasingly popular in the Western scientific community in the last two decades. Because of that, several definitions of mindfulness exist. Jon Kabat Zinn, who developed MBSR intervention, stated that “mindfulness can be thought of as moment-to-moment, non-judgemental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgementally, and as openheartedly as possible” (2015, p.1481). The present study adopts Kabat-Zinn’s (1982, 1990, 2003, 2015) definition as a lens to view mindfulness, in line with the focus of MBSR intervention.

Holistic perspective

A holistic approach of an individual is intrinsically linked with phenomenological exploration, where it “captures human existence in all its dimensions, from self-awareness and embodiment (including their prereflexive and ‘unconscious’ forms), to spatiality, temporality, narrativity and intersubjectivity” (Fuchs, Messas, & Stanghellini (2019, p. 64). Holistic perspective takes into account an individual as a whole, in line with counselling psychology values (Douglas et al., 2016). Blair (2010) claims that viewing an individual through the lens of their diagnosis does not take a holistic view of their circumstances and their own perceptions of their condition. Thus, other factors must be taken into consideration to be able to fully appreciate individual’s needs at any given moment. For example, biographical and personal data, organisational expectations or restraints, financial

circumstances or setting (Blair, 2010). Similarly, experiential therapies consider individuals as striving for 'wholeness' and functioning holistically, while attempting to give meaning to the parts of their experience (Yalom, 1989; May, 1981; Gendlin, 1974; and Pearls et al., 1951). These approaches aim to provide a rich integration of mind, body and spirit but are often challenged regarding their intersubjective verifiability.

The holistic view of an individual is in line with the counselling psychology practice and research, namely the reflective-scientist practitioner model (Blair, 2010). It aims to find a pragmatic balance between several factors within a given context, recognising their value rather than focusing on one aspect. A holistic integration of science and practice has been described as "an ongoing and cyclical process of observation, inference and hypothesis-testing, with the goal of building an accurate but tentative and fluid working client model" (Spengler et al., 1995, p. 516). This view mirrors that of MBSR intervention, which considers individuals through a holistic lens, including the mind, body and spirit (Kabat-Zinn, 1990).

However, this has not always been the case when conceptualising human distress. The next section provides a brief overview of how psychological distress and psychopathology have been conceptualised throughout history, and the differences between the Eastern and Western conceptualisations of distress.

Chapter One

Literature Review

1.1 Literature Review Search Strategy

The journal articles and books used as reference material for this research study were accessed using search engines such as Psych Info and Athens, to access international scientific electronic journal databases. The internet was searched using the search engines such as Google Scholar. The following keywords were used in searches: distress; psychological distress; mindfulness, MBIs, mind-body approaches, MBSR; mindfulness-based stress reduction; interpretative phenomenological analysis. Searches were also made at the university library. Articles were obtained from the electronic databases that offered full text, from journals held by the university, and the journals available at the British Library.

1.2 Conceptualisation of psychopathology in history

The word *psychopathology* comes from ancient Greek where *psycho* means psyche, soul, mind; *pathos* refers to suffering, and *logia* refers to study of these phenomena. Together, it describes studying the suffering of the psyche (soul or mind). Psychopathology explores problems related to understanding, classifying and improving mental health. Thus, it could be described as the scientific study of mental health disorders.

History of psychopathology demonstrates various attempts to understand and make meaning out of the 'abnormal' experiences of individuals (Bridley and Daffin, 2018). From the early civilizations relying on mystics, shamans, priests, and other healing modalities that use rituals and offerings to prevent or heal sicknesses. One of the oldest examples comes from ancient Mesopotamia where *Surpu*, an incantation written in cuneiform on tablets was discovered relating to an exorcism (linked to anti-social traits and behaviours) that dates to the eighth century BC (Hamid & Stein, 2013). Medicine had developed in India around 7th or 6th century B.C., where a physician called Sushruta developed the oldest known text in medicine on plastic surgery which was part of the Great Trilogy of Ayurvedic Medicine. The term Ayurveda refers to 'life knowledge' and

incorporates practices of holistic healing including the medical knowledge and spiritual concepts which have been practiced in India for centuries (Nizamie and Goyal, 2010). This was well before the Father of Medicine, Hippocrates (c. 460 – c. 379 BCE), was even born. Hippocrates coined a theory of ‘humorism’ where he claimed that an imbalance of fluids (i.e., yellow bile, black bile, blood and phlegm) in the human body was responsible for mental illness. He categorised it into mania (i.e., abnormal excitement caused by excess yellow bile), melancholia (i.e., abnormal dejection caused by excess black bile) and phrenitis (i.e., brain fever). Later, in the Roman Empire, Christianity became more prominent and mental illness was associated with moral failing. Following the fall of the Roman Empire, religious thinking became dominant, and any abnormal behaviour was treated by priests through prayer, confessions, starvation, whipping or stretching. In Greece, Galen of Pergamon who was influenced by Hippocrates, codified theories on mental illness. Conceptualisation of mental illness changed through Middle Ages and Medieval period (467-1492) through Renaissance (14th century) to the End of the Middle Ages (1401-1500), where non-religious authorities became dominant in treatment of the ‘insane’. This led to the rise of lunatic asylums, later called ‘mental hospitals’, with the first recorded in Europe being the Bethlem Royal Hospital in London in 1407. The treatment of patients relied on acts of violence like whipping, chaining and induced vomiting (Bridley and Daffin, 2018).

In the 18th century, a Viennese physician, Franz Anton Mesmer, invented hypnotism to treat mental illness focusing on ‘hysterical disorders’. Later, Jean Charcot, a French neurologist and a pioneer in the field, made links between human physiology and psychology in his female patients who experienced convulsions and impairments of consciousness, and treated them with hypnotism. One of Charcot’s student, Sigmund Freud, an Austrian neurologist, began using hypnotism in his clinical practice on ‘hysterical disorders’. Around the same time, Emil Kraepelin developed first modern classification system by labelling clusters with diagnostic terms which became prominent and commonly used to diagnose individuals based on the symptoms they displayed (i.e., the medical model of distress, described in next section) (Bridley and Daffin, 2018).

1.3 The medical vs psychological model of distress

Zachar (2012) described two main paradigms of empirical validation, namely the medical model and a psychological model. The medical model includes the study of the natural history of disorders, studies of family aggregation and heredity while seeking the neurobiological causes for the disorder development. The medical model underpins the development of the DSM classification system. The second paradigm, a psychological model, considers psychological variables as latent, not measurable or observed. According to this model, complex statistical methods are necessary. Despite different focus, these two paradigms are not exclusive and tend to coexist in research (Zachar, 2012). Although using models to understand distress can be advantageous, it simplifies distress by considering its key aspects, rather than the actual experience of the phenomena (Cromby, Harper & Reavey, 2013).

The current and most widely used classification system of 'mental illness' is International Classification of Diseases (ICD-11), where mental disorders were first included in the sixth revision in 1949, and the DSM-5. The first version of the DSM was created by the American Psychiatric Association Committee in 1952 as a variant of the ICD-6. As demonstrated in this classification system, the medicalisation of distress lowered the thresholds for diagnosis, subcategorised clinical presentations and blurred the disease-illness divide while describing many new 'disorders'. This led to symptom checklists and symptom counts without the underlying context and the widespread use of terms which can be described as 'idioms of distress' (Thangadurai and Jacob, 2014). Their interchangeable and flexible use when relating to different experiences of distress has blurred the boundary between disease and distress. The authors argue that the medicalisation of distress changed the focus to treating individuals and led to overlooking the impact brought by economic and social stress on mental health (Thangadurai and Jacob, 2014).

Mental illness, such as depression, often tends to be difficult to separate from everyday psychological distress (Thangadurai and Jacob, 2014). Most psychiatrists view depression as a collection of symptoms which are easily recognised using the classification system, such as the DSM. However, some

general practitioners argued that this method tends to identify individuals in distress as opposed to people with 'disease' (Heath, 1999). Considering the multitude of causes that contribute to distress such as the medical, psychological, economic and social factors, an underlying multi-factorial aetiology has been suggested as a perspective to understand mental health (Jacob, 2012). This approach emphasises the importance of multi-pronged approach to intervention and argues that strictly medical approach to viewing distress can be restrictive and ineffectual for many people.

This limited and reductionist view of human distress overlooks other models of health and wellbeing (for example, Antonovsky, 1979), emphasising the pathology of human experience. Antonovsky's (1979) model focuses on various aspects of wellbeing that are not measurable or validated by any assessment tool. He describes a model of *salutogenesis* which refers to one's life experiences that help to shape one's sense of coherence. A strong sense of coherence leads to development of better resources to cope with life stressors and managing distress (Antonovsky, 1979). Recently, a new model of conceptualising distress has been developed, namely the Power Threat Meaning (PTM) framework. The PTM developed a conceptual system incorporating social, psychological, and biological factors as an alternative to functional psychiatric diagnosis. It aims to identify patterns in emotional distress, experiences and behaviour, in a novel way of viewing distress while moving away from the medical model of distress (Johnstone and Boyle, 2018).

There appears to be a gap in the existing literature, emphasising the need to explore the experiences of distress in more detail. Specifically, exploring these phenomena in their embedded context, in line with PTM framework's core assumption that psychological distress is an intelligible response to life circumstances and adversities. Thus, understanding individual's feelings, thoughts and behaviour in their cultural, social, relational, and biological contexts is crucial. Moreover, symptoms of distress could serve protective functions and demonstrate individual capacity for agency and meaning making. The authors consider 'meaning' as inherent to the experience of all forms of psychological distress, providing unique form to the individual's personal stories.

Several models are moving away from focusing on symptoms and classification criteria for mental illness to consider the individual as a whole and focus on their subjective experiences. In light of the models and the existing research, the present research study aims to contribute to research on psychological distress beyond the DSM classification system. The present study adopts the PTM framework as a lens to explore participants' understanding of deeply distressing experiences following MBSR intervention. Specifically, it focuses on participants' narratives, and subsequent meaning making in the context of wider social factors.

1.4 Treatment of distress and embodiment

Distress has been treated in many ways, ranging from talking therapies in the Western culture, to mind-body approaches in the Eastern traditions. One of the most researched talking therapies, namely cognitive-behavioural therapy (CBT), demonstrated symptom reduction with some forms of distress. However, CBT appears to have limited effects associated with complex forms of distress. One of the main arguments against CBT claims that stress affects individuals regulating functions of the prefrontal cortex (PFC). Thus, talking therapies for individuals who cannot think rationally, and being asked to 'think through' or 'rationalise' their responses, due to being in a state of active stress is unattainable and neurologically incapable (Compson, 2014). On the other hand, mind-body approaches, require the involvement of the body to process distress and return the nervous system back to its state of optimal functioning (Stubley & Young, 2021, van der Kolk, 2015, Porges, 2011).

In understanding the inner workings of distress, a concept of *integration* is crucial. This is often done by considering individual responses to an event, which are highly dependent on whether or not the person is able to integrate his/hers traumatic experience (Treleaven, 2018). Integration can be viewed as combining things together to make a coherent whole. Treleaven (2018) compared integration to a pot of soup, where several ingredients such as herbs, chicken, vegetables, and broth combined make a harmonious whole (i.e., chicken soup). Siegel (2011), for example, argues that mindful awareness has the ability to alter mental activity and brain function, promoting 'internal attunement'. This leads to "the linkage of differentiated elements of a system" (Siegel, 2011, p. 64)

promoting adaptive and flexible exchange of information between the mind and the brain and increasing resilience.

Psychological distress often leads to *disintegration* which manifests itself in cutting off emotions, thoughts, and memories from the traumatic experience, or the opposite experience of continuous flooding of the field of our consciousness (Treleaven, 2018). As a result, the mind-body connection is affected and often disrupted leading to avoidance, denial or repression of difficult feelings. Recent studies on integration emphasise the importance of viewing individual experience outside of the DSM-5 definition. It is particularly important when it relates to any forms of oppression, such as poverty, homophobia or racism. Despite their traumatic impact, such experience may not leave an individual with symptoms that meet the diagnostic criteria for PTSD (Treleaven, 2018). As such, various distressing experiences remain under-researched and poorly understood. Recently, a growing number of therapeutic approaches incorporates Eastern traditions, focused on embodiment in viewing and treating distress (described in next section).

1.5 Embodiment

The concept of embodiment has been present historically and considered foundational to working with distress in many cultures. One of the earliest accounts of understanding embodiment comes from writings of William James in 1890 (Damasio, 1994, p.129), where James talks about the impossibility of separating his emotions from body sensations: “What kind of an emotion of fear would be left if the feeling neither of quickened heartbeats, nor of shallow breathing, neither of trembling lips nor of weakened limbs, neither gooseflesh nor of visceral stirring, were present, it is quite impossible for me to think.”

Embodiment has been seen as a corresponding relationship between mind and body, where there is no hierarchical importance between them, but one coherent experience of the mind and the senses (Luca et al., 2019). This concept originates in the work of Spinoza (i.e., theory of embodiment) describing consciousness and bodily actions (as affecting mind and body), as two aspects of one whole, rather than seeing them as separate (Luca et al., 2019).

Since the 19th century writings of Nietzsche, the body was considered as having an important role in philosophy. This is in line with Merleau-Ponty's work, placing embodiment at the heart of his philosophical system. Merleau-Ponty considered body as a source of meaning (Van Wolputte, 2004). Merleau-Ponty's (1945/1962) phenomenology of the body was based on the notion of body-subject in which he reconceptualised the understanding of embodied subjectivity and challenged the notion that the body is separate from the mind. Merleau-Ponty emphasises the underlying ambiguity of the body, being both the 'subjective body' (lived and experienced) and the 'objective body' (observed and investigated). Merleau-Ponty (1945/1962) described the body as the "vehicle of being in the world" through which we rise *towards* a world, and that we *have* a world. The body allows us to connect to the world, as well as facilitates understanding of the world, others and ourselves, through the meaning making in-the-world.

1.6 Neuroscience of distress

The neuroscientific knowledge of how human brain experiences distress is paramount in understanding the impact of psychological distress on individuals' functioning. Recent studies demonstrate that a high level of distress can lead to biological brain changes (Streeter et al., 2010). Moreover, neurobiology research has found that an imbalance in the autonomic nervous system (ANS) consisting of overactivity of the sympathetic nervous system (SNS) coupled with underactivity of the parasympathetic nervous system (PNS) may significantly influence the body homeostasis (i.e., balance) and lead to stress-related disorders (Streeter et al., 2012). To counteract this, mindfulness interventions in the context of neuroplasticity and the human brain's capacity to change over time were found to be immensely beneficial (Baldini et al., 2014).

Overall, the existing research further supports the use of mind-body interventions in the context of distress. The aim of mind-body interventions is to regulate the stress response system in the brain and maintain a healthy balance of the sympathetic nervous system (Selhub, 2007). However, CBT prioritises the cognitive aspects while often overlooking the role of the body in regulating the stress response. Recently, more research supported benefits of a combined

approach of CBT with complementary and alternative medicine, such as mindfulness and relaxation exercises (e.g., O'Shea et al., 2022; Kladnitski et al., 2020; Tsang et al., 2013; Lahad et al., 2010).

Re-connecting the mind and the body has the ability to reduce several symptoms of psychological distress. Mind-body practices increase self-awareness of inner body sensations and regulate the dysregulated states. Thus, providing helpful tools and knowledge needed to tailor individual interventions that are beneficial in overcoming these difficult and debilitating states is crucial. As Bessel van der Kolk (2015) argued, "the body keeps the score", emphasising that distressing experiences not only impact the mind, but are primarily stored in our bodies. Yet, many psychological interventions addressing distress often dismiss the importance of the role of the body when working with distress.

In summary, the first part of this chapter aims to position distress in the historical and social context. Part two introduces MBSR intervention, its origin, aims and the existing research in the field in the context of deeply distressing experiences.

Part II: MBSR: origin, aims and criticism

1.7 Mindfulness and mental health

Mindfulness and mind-body interventions (MBIs) have been increasingly used as part of treatment of several mental health conditions. The significantly growing research evidence base demonstrates that MBIs significantly reduce stress (Burton et al., 2016) and enhance quality of life (e.g., de Vibe et al., 2017; Bormann et al., 2014, Henderson et al., 2012). Mind-body practices often include methods such as breathing techniques, imagery and visualisation, mindfulness, meditation, yoga movements, and relaxation techniques. Their aim is to integrate practices of the mind, body and behaviour. However, these are not without their limitations. Mindfulness practices can exacerbate symptoms of traumatic stress, particularly when practiced without any awareness of trauma or its impact on individuals (Treleaven, 2018; Rothschild, 2017; Lustyk et al., 2009;). This can lead to increased experiences of dissociation, flashbacks or even further re-traumatisation.

MBSR intervention, which is described in more detail in the next section, has become an empirically supported, gold standard mind-body approach. The existing research demonstrates that MBSR supports individuals to manage stress and stress-related conditions (e.g., Guendelman et al., 2022; Roemer et al., 2020, Strauss et al., 2014; Hofmann et al., 2010; Chiesa & Serretti, 2009) and promotes health and wellbeing (Khoury et al., 2015). Moreover, it plays an important part in managing symptoms of PTSD and could prevent the development of PTSD in a significant number of cases (Vujanovic et al., 2009).

Mindfulness-based stress reduction intervention is rooted in the Buddhist meditation practices and mind-body medicine (Kabat-Zinn, 1982). MBSR integrates the essence of traditional mindfulness practice with contemporary psychological practice, focusing on the idea that individuals can manage their stress levels by learning coping skills to handle stressful situations. MBSR is an 8-week group-based intervention that teaches mindfulness skills through several mindfulness practices, following a standardised curriculum, including

mindfulness of breath, thoughts, bodily sensations, sounds, and everyday activities (Kabat-Zinn, 1982). MBSR is the only secular mindfulness practice rooted in Buddhist tradition, specifically Buddhist Mahayana and Theravada traditions. Jon Kabat Zinn, the creator of MBSR, acknowledges several influences, namely Kwan Um school of Zen Buddhism and several Zen masters, such as Thich Nhat Hanh, Suzuki Roshi and Philip Kapleau (belonging to Mahayana tradition;) and Robert Hover who studied with S.N. Goenka, Jack Kornfield and Joseph Goldstein, teachers of the Insight Meditation Society (belonging to Theravada tradition). One of the main influences are scripts from Buddhist authors which are included in MBSR as inspiring lectures, not dogmatic tenets or beliefs (Kabat-Zinn, 2003). Kabat-Zinn (1990) argued that there is no need to change one's own religion to engage with MBSR interventions.

MBSR is a brief meditation intervention, consisting of 2-2.5 hours' eight weekly sessions with homework of 45 minutes a day (Kabat-Zinn, 1990). The curriculum is based on three different core techniques: body scan, sitting meditation and gentle Hatha Yoga movement practice. Body scan incorporates a practice of attention from feet to head, focusing on any sensations or feelings in the body, encouraging non-judgemental approach and breath awareness. Sitting meditation involves mindful attention on the breath, body sensations during breathing and non-judgemental awareness of thoughts. The third element, gentle Hatha Yoga movements, involves simple stretches combined with breathing exercises, aiming at relaxing and strengthening the musculoskeletal system (Kabat-Zinn, 1990).

The primary aim of MBSR intervention is physical and psychological symptom reduction, including chronic pain, stress and depression symptoms. This is different from other mindfulness practices such as Zen or Vipassana meditations, where an insight about the true nature of the self and the world is the focus with the main goal of achieving freedom from suffering (Gilpin, 2008). Thus, MBSR is specifically interested in achieving relief related to negative thoughts and emotions by developing an ability to cope and relate to them differently. The traditional Buddhist practices view health improvement as secondary benefit, as opposed to the Western, more modern practices of MBSR.

Mindfulness has been criticised regarding the lack of consensus regarding a unified definition, which makes the scientific study of mindfulness challenging (Kostanski & Hassed, 2008). For example, Kabat-Zinn (2003) describes mindfulness as a “way of paying attention” as well as “the type of awareness that arises from that way of paying attention”. The ambiguity in Kabat-Zinn’s definition of mindfulness, as well as some inconsistency in the literature indicate the complexity and depth of the concept. Brown et al., (2007) claim that it is nearly impossible to narrow it down to a single clear operational definition. This suggests that mindfulness should be understood within its context, rather than taking any terminology at face value (Dunne, 2011; Grossman & Van Dam, 2011). Similarly, within Buddhist traditions, the idea of mindfulness has had several meanings, uses and connotations (Dunne, 2011). Moreover, there has been some confusion with its key aspects, namely: awareness and attention, presence, non-judgement, intentionality, acceptance and witnessing (distancing) and how these elements fit together. These key aspects of mindfulness are briefly described in the next section.

Attention & awareness

Attention and awareness are at the forefront of mindfulness practice (Kabat-Zinn, 1990; Brown et al., 2007). Kabat-Zinn (1990) defined attention as attentiveness, referring to a manner that is alert but curious about the target on an ongoing basis (Kabat-Zinn, 1990). Attention is open and allows information both from the outside and inside world to appear where these are acknowledged without any expectation or judgement. Awareness has been described as arising out of mindful attention (Kabat-Zinn, 2003). Some researchers suggest that attention and awareness are two separate elements that must be considered when practicing mindfulness (Kostanski & Hassed, 2008). Yet others claim that mindfulness is the name for the process of regulating attention and awareness (Brown et al., 2007).

Presence

Present moment experience is central in mindfulness practice (Kabat-Zinn, 1994). It has been described as a stream or flow of internal and/or external

stimuli, which arise and pass away (Baer, 2003). In order to attend to these moments, one needs to watch moment-to-moment with some fluidity (Linehan, 1993). Present moment experience can often be overwhelming, painful or contradictory, which is why Kabat-Zinn (1990) described mindfulness as embracing ‘the full catastrophe’ of experience.

Nonjudgement

One of the main elements of mindfulness is being non-judgemental (Kabat-Zinn, 1994). This has been described as regarding an experience without avoiding or clinging to it (Kabat-Zinn, 1990). This could often imply a pre-conceptual seeing that avoids interpretation (Shapiro et al., 2006). This non-interpretative aspect of mindfulness allows to register reality as it is, and to see it objectively (Brown et al., 2007).

Intentionality

Mindfulness does not simply happen, but it is a deliberate choice about how one allocates one’s attention (Kabat-Zinn, 1994). Intentionality is often observed in one of the most common mindfulness meditation instructions: “when the mind wanders, gently bring attention back to a chosen target” (Kabat-Zinn, 1990). Kabat-Zinn (1990) highlights that this must be done hundreds of times every time one meditates. However, this aspect has been underemphasised in most definitions and applications of mindfulness (Shapiro et al., 2006; Dreyfus, 2011).

Acceptance

The accepting aspect of mindfulness describes an attitude that must be brought to practice in order for it to be considered mindful (Kabat-Zinn, 1990; Bishop et al., 2004). Acceptance also refers to not striving for anything in particular, as well as not reacting to what is observed (Kabat-Zinn, 1990). Several definitions of experiential or radical acceptance closely resemble definitions of mindfulness: “experiencing events fully and without defense, as they are and not as what they say they are” (Hayes, 1994, p.30); “the fully open experience of what is just as it is” (Linehan, 1994, p.80). Mindfulness is an acceptance skill, specifically it could

characterised as the synthesis between acceptance and acting skilfully (Robins, Schmidt & Linehan, 2004).

Distancing/witnessing

The last element of mindfulness practice describes not getting absorbed in one's experience (Baer, 2003) or depersonalising the contents of consciousness (Kabat-Zinn, 1990). Through depersonalisation or objectification, one can experience that thoughts are not necessarily reflections of reality, leading to a more "decentered" perspective (Sheldon et al., 2011; Segal et al., 2002).

1.8 Research on MBSR

MBSR intervention has been widely researched in over several decades and it remains one of the most effective evidence-based MBIs alongside mindfulness-based cognitive therapy (MBCT), an offshoot of MBSR primarily aimed to prevent depression relapse (Segal et al., 2022). However, considering the aims of the present research, the following section specifically focuses on MBSR intervention.

The existing literature, including randomised controlled trials (RCTs), systematic reviews and meta-analyses continuously provide support for the use of MBSR in clinical populations as well as in healthy individuals. However, research into the mechanisms and effects of mindfulness training draws predominantly on quantitative research. A significantly increasing body of research have demonstrated that MBSR intervention is highly effective in improving psychological outcomes in stress, anxiety, depression (Kriakous et al., 2020; Strauss et al., 2014; Hofmann et al., 2010), PTSD (Schure et al., 2018; Stephenson et al., 2017; Felleman et al., 2016), chronic pain (Bawa et al., 2021; Grossman et al., 2007), and psychosocial adjustment (Ledesma & Kumano, 2009). Moreover, it was found to increase emotion regulation (Corcoran et al., 2010; Farb et al., 2010; Siegel, 2007b), decrease rumination (Chambers, Lo & Allen, 2008; McKim, 2008), and increase positive affect while decreasing negative affect (Hoffman et al., 2010; Jha et al., 2010; Way et al., 2010; Erisman & Roemer, 2010), serving as a preventative intervention to allow for more

adaptive responses to future stress (Nila et al., 2016; Cahn and Polich, 2006; Davidson et al., 2003).

The next sections provide an overview of some of the relevant studies on MBSR and psychological distress.

1.8.1 Stress, adjustment and traumatic events

Carmody and Baer (2008) explored the impact of an 8-week MBSR course on perceived stress, psychological adjustment and wellbeing in a large non-clinical sample. The participants in this study followed the standard MBSR curriculum, including the home practice and the scores were measured pre-and post-intervention. The results demonstrated decreased scores for perceived stress and increased wellbeing and mindfulness scores. The study concluded that increased mindfulness practice can lead to increases in mindfulness that was linked to improved general wellbeing and stress reduction. However, this study did not include any longer follow-up measures and thus, could not indicate long-term effects of this intervention (Carmody & Baer, 2008).

A more recent study of Juul et al., (2018) found that MBSR was effective in a community setting as a self-referred and self-paid course. The study was carried out among one hundred and thirty-two participants, out of which 79% were women with high educational levels. The study measured levels of perceived stress, mindfulness, anxiety and depression symptoms. The findings demonstrated that the effects were largest among participants who reported highest perceived stress level at baseline, with largest improvements in “observing”, “non-judging of inner experience” and “non-reactivity to inner experience”. The results of this study are in line with the existing research on MBSR, indicating potential increased emotion regulation and levels of acceptance. However, this participant group may not be representative of the population and so it provides a limited view of what this experience might be like for others, including individuals from varying backgrounds. The researchers suggested that reaching vulnerable groups with a clear need for stress management will require other implementation strategies.

In a different study, Keng et al., (2021) randomly assigned one hundred and fifty-eight participants to receive MBSR or music therapy stress reduction (MTSR). Participants completed a series of questionnaires, followed by three days of ecological momentary assessment (EMA) measuring a variety of emotions before and after MBSR intervention. The participants (N=121) provided baseline EMA data. The results demonstrated that participants in the MBSR condition displayed considerably larger decreases in variability ($p < .001$) and instability of negative affect ($p < .001$), and emotion regulation difficulties ($p = .040$) compared to the MTSR group. No variances between groups in affect inertia and any of the affect dynamic indicators for positive emotions. The study indicates that MBSR may have an effect on dynamics relating to negative, rather than positive affect. However, some data was lost due to technical issues and could not be included in the analysis. Another limitation included the use of self-report methods to assess participants' emotions which have been criticised for their reliability. Despite these limitations, the findings appear to support the role of mindfulness practice in promoting regulation of negative emotions, particularly in terms of common daily stressors (Keng et al., 2021). What this means is that MBSR intervention contributes to developing a reservoir of useful strategies that have the potential to alleviate distress in everyday situations.

More recently, the impact of the global pandemic caused by Coronavirus (COVID-19) and the subsequent lockdown, has been widely recognised as a series of traumatic events that could pose threats to psychological wellbeing. Accoto et al., (2021) investigated the effect of MBSR on learning skills for dealing with traumatic events. The study assessed 279 participants who received an 8-week MBSR intervention and 6-week video support for meditation practice during the first lockdown in Italy. The sample included women, who tend to be at greater risk than men for developing symptoms of stress, anxiety and depression. The questionnaires assessed mindfulness skills, psychological wellbeing, post-traumatic growth and psychological flexibility. The results showed that after the MBSR intervention, participants had higher scores associated with self-acceptance, purpose in life, and relation to others compared to the control group. Moreover, participants with greater mindfulness scores demonstrated higher levels of psychological flexibility. The authors concluded that MBSR supports psychological wellbeing in the context of unpredictable traumatic events, such as

the COVID-19 lockdown.

1.8.2 Psychological distress and distress tolerance

MBSR was found to enhance wellbeing and reduce psychological distress in several studies (e.g., Grossman et al., 2004; Baer, 2003, Reibel et al., 2001). Evans et al., (2011) found that MBSR was associated with a reduction of distress alongside an increased awareness of everyday life experiences in a community-based sample in a major academic medical centre. The authors added that MBSR, which focuses on the development of detached observation of the contents of consciousness through mindfulness meditation, may represent a powerful coping strategy for transforming the ways in which people in the community manage their distress. This may potentially result in an increase in psychological wellbeing and everyday functioning. However, one of the main limitations of the study was that the sample was relatively small to conduct regression analyses to understand the nature of the findings. Moreover, the group's overall level of distress was found to be higher than a normative adult sample and may have been related to a self-selection bias, including the fact that MBSR took place at a medical centre. Despite this, the group appeared to be representative of a larger population, where individuals are functioning well enough but are nonetheless exhibiting mild-moderate levels of distress. It is also important to note that the participants were not a clinical population, but the group appeared to experience significant benefits in terms of symptom reduction and increases in mindful attention to everyday life. Considering that the sample was highly educated and self-selected, the results may not be generalised to other populations. However, similarly to other MBSR studies that demonstrate positive results, the results of this study should be interpreted with caution against over-interpretation. The authors suggest that further well-designed and longitudinal studies should be conducted to explore the effectiveness of MBSR in community samples.

Furthermore, in a study of perceived stress following MBSR, it was found that baseline distress tolerance significantly moderated reductions of perceived stress. The results supported the primary hypothesis that individuals with lower baseline distress tolerance experienced a greater reduction in perceived stress following MBSR (Gawrysiak, 2016). The researchers suggested that these

results may potentially offer hints about who is most likely to benefit from MBSR. However, this study was not without its limitations, namely lack of a control group, missing demographic data and no objective measures of facilitator adherence to MBSR protocols.

In their later study, Gawrysiak et al., (2018) further examined the effectiveness of MBSR, focusing on the hypothesis that lower baseline mindfulness predicts greater improvement during MBSR intervention. The authors focused on three facets of mindfulness, namely awareness, acceptance and decentering, to test their hypothesis among 131 participants. Their study found that lower acceptance and decentering predicted greater decreases in perceived stress, while higher awareness, acceptance and decentering predicted greater increases in positive affect. Their results also showed that higher awareness predicted greater reductions in negative affect while lower decentering predicted greater reductions in negative affect following MBSR. The findings of this study partially supported the hypothesis that lower baseline mindfulness predicts greater improvement following MBSR. Thus, the results of this study further emphasise the importance of assessing different mindfulness facets given their unique, contrasting relations to outcomes. The authors hypothesised that for individuals reporting low levels of baseline mindfulness, MBSR may facilitate the development of new skills that individuals can use to better manage affect and stress. Considering that participants who reported high levels of mindfulness at baseline and possibly may have already used mindfulness-based strategies for managing stress, individuals with lower mindfulness at baseline, could utilise these newly acquired skills to achieve greater reductions in negative affect and perceived stress (Gawrysiak et al., 2018).

In an earlier study, Shapiro, Bishop and Cordova (2005), found that MBSR significantly increased the capacity to look after psychological health in emotionally demanding environments among health care professionals. The results demonstrated reduced stress, increased self-compassion, improved life satisfaction, and lower distress levels. However, there was no follow-up measures, and the study could not track whether the effects were long-term. Moreover, the study was limited in terms of not providing any qualitative outcomes.

Moreover, MBSR intervention has been found to decrease psychological distress when used as an adjunct to psychotherapy (Weiss, Nordlie and Siegel, 2005). The authors highlighted the value of attending MBSR in addition to individual psychotherapy for anxiety and depression. They found that the group who attended MBSR intervention, needed fewer therapy sessions overall and had higher self-directed goal attainment scores, compared to the group who attended psychotherapy without MBSR. In their study, both groups demonstrated significant improvement on all measures, with the MBSR group showing greater self-directedness and sense of agency. Follow-up questionnaire supported the authors' interpretation of the results (Weiss, Nordlie and Siegel, 2005).

1.8.3 Neuroscience

In support of the MBSR research, several neuroscientific studies found that mindfulness meditation produced changes in neural activation patterns relating to positive affective states and emotional regulation (e.g., Gotink et al., 2016; Farb et al., 2010; Way et al., 2010; Williams, 2010; Davidson et al., 2003). For example, Farb et al., (2016) found that MBSR enhances processing of emotions, allowing participants to experience selective emotions and employ emotion regulation strategies more effectively. In another study, Way et al., (2010) found that mindfulness was linked to amygdala activity, which provided further support for a protective function against experiencing depression symptoms. Moreover, research found that individuals develop increased cognitive flexibility (Moore and Malinowski, 2009), become less reactive (Goldin & Gross, 2010; Cahn & Polich, 2009; Siegel, 2007) while being able to recover quicker following difficult emotions (Moore and Malinowski, 2009; Davidson, 2000).

In the context of MBSR, these effects could be related to the ability to learn to observe negative experiences from a detached observational stance, rather than reactive stance. One study found that participants were able to 'uncouple' sensory information from the 'narrative self-representation' following MBSR intervention (Williams, 2010). Overall, participation in MBSR intervention was found to contribute towards functional and structural changes in the brain, supported by neuroimaging studies (Hatchard et al., 2017). They found that MBSR intervention impacts brain areas associated with emotional processing,

introspection and attention which is consistent with the existing literature. The authors suggested exploring these effects through quantifying the relationship between adherence to home practice, including larger sample sizes, longer follow-ups and including imaging tasks for the purpose of measuring performance to be able to elucidate the structural and functional changes that happen in the brain following the MBSR intervention (Hatchard et al., 2017). However, the underlying mechanisms of MBSR remain largely unexplored and unclear. Thus, further studies are required to gain a fuller understanding of the effects of MBSR on the brain (Tang et al., 2017).

Overall, what this could mean in the context of distress is that MBSR intervention has potentially a lot to offer in developing useful everyday skills, such as emotion regulation, better stress management, acceptance, and increased resilience. These studies, however, seem to be pointing to a need of further investigation of MBSR in longitudinal, double blind, bigger scale research. However, the subjective impact of distress on the individual and their mind remains largely unexplored. Next section explores qualitative research on MBSR and experiencing distress.

1.9 MBSR qualitative research

Despite the paucity of qualitative research focusing on MBSR intervention, the existing qualitative studies appear to support the notion that MBSR is generally received positively across various populations.

In the first study, Schanche et al., (2020) explored experiences of change in the context of a RCT. They used semi-structured interviews to explore the subjective experiences of change in individuals with anxiety disorders, following an MBSR course and analysed them employing hermeneutic-phenomenological thematic analysis. The results identified five main themes: 1) something useful to do when anxiety appears (i.e. focus on bodily sensations or practical tasks), 2) feeling more at ease (i.e. less bodily discomfort), 3) doing things my anxiety wouldn't let me (i.e. going places or doing things that used to be avoided), 4) meeting what is there (i.e. stopping and noticing when things become difficult, increased awareness), and 5) better – but not there yet (i.e. feeling like their problems were not fully resolved). The majority of participants from this study reported an

increase in their sense of agency and relief from anxiety symptoms, radical acceptance of anxiety and increased self-compassion. The participants reported that they found a more constructive way of relating to distress, in relations to worries and rumination as well as accepting the presence of difficult thoughts and feelings which in turn reduced their anxiety to manageable proportions. Overall, the study concluded that participants found MBSR as a helpful tool to improve their anxiety symptoms while bringing more fundamental change towards acceptance of their anxiety. The results support the positive effects of MBSR in this group, including a shift in complex changes of their anxiety symptoms, supporting this intervention as a transdiagnostic approach to anxiety treatment. However, all interviewees had pre-existing knowledge of mindfulness which could have prevented them from asking certain questions during interviews, which was considered as a potential limitation of the study.

Similarly, Kerr, Josyula and Littenberg (2011) conducted a qualitative study as part of a larger RCT, to investigate participants' descriptions of changes during MBSR intervention. The authors analysed daily diary descriptions of a MBSR cohort's (N=8) home practice experiences. The study combined grounded theory with a close-ended coding approach in their analysis. The grounded theory analysis demonstrated that all participants described moments of distress related to practice to varying degrees. Following the MBSR, all participants who completed the intervention displayed improved detail and clarity in their accounts, enhanced affect and the emergence of an observing self. Their data analysis, which aimed to explore the mechanisms of development of an observing self, demonstrated that the emergence of an observing self was not related to the valence of participants' experiential descriptions. Moreover, the participants whose diaries mostly included negative characterisations of their experience demonstrated an increased observing attitude towards their distress by the end of MBSR. However, one of the main limitations of the study was the inherently restrictive format of the diaries. There were no specific guidelines provided and some statements were difficult to classify because they did not capture full description of participants' mental state. Moreover, only five participants provided their diaries and the diary entries only included weeks 1-7, which made it difficult to comment on their experience of the entire programme. The authors suggested

that in future studies diary submission should be controlled more rigorously (Kerr, Josyula and Littenberg, 2011).

Chronic pain and varying illnesses, such as cancer, are frequently experienced as distressing experiences (Bawa et al., 2021). Thus, the available qualitative studies on cancer (Schellekens et al., 2016) and chronic pain (Bawa et al., 2021) were reviewed below.

Schellekens et al., (2016) explored the experiences of an 8-week MBSR intervention among women with breast cancer focusing on the possible benefits and impediments of participating in a clinical setting. They conducted five focus groups that included thirty-seven participants, and three individual interviews. The data was analysed with the constant comparative method in order to develop a grounded theory. The results demonstrated an initial anticipatory fear associated with facing the suffering of fellow participants, which subsided gradually in most women during the initial two sessions. The participants reported feeling supported and safe in the group which facilitated learning atmosphere. The main themes included: 1) anticipatory fear for suffering of others, 2) feeling (un)connected and 3) learning from each other. In conclusion, the authors stated that peer group facilitates the learning process in MBSR and the supportive atmosphere promoted the experienced social support in participants. The results highlighted the importance for mindfulness facilitators to acknowledge and explore the fear of facing other members in the group. Some limitations of the study involved sampling issues, where patients declined participation, limiting the full range of cases that could have been included. Patients who dropped out of the study were not included in the analysis. However, these patients were contacted for a follow-up and indicated that the main reason for dropping out was not wanting to confront other patients. The authors suggested that future research should examine whether the results are echoed by patients with other cancer types (Schellekens et al., 2016).

In another study, Bawa et al., (2021) explored the experiences of MBSR on chronic pain and psychological wellbeing. Twenty-three participants were interviewed immediately after MBSR completion and at 8 month's post MBSR. They researchers utilised IPA to analyse the data and identified themes divided

into 'factors affecting experience' (such as the process of the course and life events) and 'effects of MBSR' (such as process of change, impact on emotions, adverse events and mental health). The findings demonstrated that participants gained a better understanding of the relationship between mindfulness and pain. This involved learning to listen to the body, learning to accept pain, gaining a sense of community and approaching life with more awareness, appreciation, self-care and empowerment. Overall, the participants in this study described a myriad of varied experiences that all related to living with chronic pain. The authors highlighted that the findings contribute to better understanding of how individuals with chronic pain could benefit from mindfulness.

Both of these research studies provide further support for the importance of MBSR intervention in the context of deeply distressing experiences. Despite growing interest in this phenomenon, there is a significant gap in the existing research, particularly when it relates to MBSR and distressing experiences. However, it is important to note that MBSR intervention may not be suitable to everyone. Thus, potential adverse effects and challenges relating to MBSR are briefly described in the next section.

1.10 Challenges and adverse effects of MBSR

With the growing popularity of MBSR intervention, some concerns have been raised about potential for harm (Hirshberg et al., 2020). Manocha (2000) argued that meditation is contraindicated in those suffering from psychosis, while individuals with severe psychological difficulties should be considered with caution, but he did not specifically indicate which conditions were contraindicated. Moreover, Dobkin, Irving and Amar (2012) reviewed the literature on adverse effects linked to MBSR intervention and found studies pertaining to the practice of mindfulness rather than MBSR intervention itself. In an earlier study, Shapiro (1992) evaluated 27 long-term meditators (mean years of meditation = 4.27 years) and found that the majority of them (62.9%) reported experiencing at least one adverse event during and after meditation and that 7.4% suffered profound adverse effects. Shapiro (1992) reported that participants experienced: relaxation-induced anxiety and panic, paradoxical increases in tension, less motivation in life, boredom, pain, impaired reality testing, confusion and

disorientation, feeling 'spaced out' depression, increased negativity, being more judgemental and feeling 'addicted to meditation'.

However, Hirshberg et al., (2020) estimated multiple indices of harm following participation in MBSR course, including global psychological and physical symptoms, such as anxiety and depressive symptoms, discomfort in interpersonal relations, paranoid ideation and psychoticism. Their findings from a large, observational dataset (N=2155) of community health clinic MBSR classes and from MBSR (N=156) and waitlist control (N=118) participants from three RCTs conducted at the same time and city indicated no evidence that MBSR leads to higher rates of harm relative to waitlist control on any primary or secondary outcomes. Moreover, on several indices of harm, community MBSR participation was associated with being preventive of harm. Thus, the authors concluded that engagement in MBSR is not predictive of increased rates of harm relative to no treatment. However, because of sample differences, the results need to be interpreted with caution. Further research has been suggested to understand these effects and provide insights into the true effects of MBSR (Hirshberg et al., 2020).

Overall, despite the gaps in the literature on MBSR's impact on distressing experiences, the results remain consistent across different populations of participants supporting the view that MBSR tends to be beneficial. However, mindfulness as a practice is not without its criticisms, which are briefly described in the next section.

1.11 Secularising mindfulness and McMindfulness

Religious and scientific communities recognise that mindfulness could mean many things to different people. However, there has been a growing body of criticism for various new and rapidly spreading mindfulness practices in the Western culture. Miles Neale, a Buddhist teacher and psychotherapist, coined the term "McMindfulness" to describe "a feeding frenzy of spiritual practices that provide immediate nutrition but no long-term sustenance" (Purser, 2019, p.21). McMindfulness characterises the commodified, marketised and reductionist version of mindfulness practice. This includes the construction of courses, books,

and other items for sale to the public which represent mutations of the original core practices and values derived from Buddhist traditions (Purser, 2019).

Monteiro, Musten and Compson (2015) analysed the position and concerns of the traditional Buddhist community regarding the growing number of contemporary mindfulness programs. The authors noted that traditional Buddhists have reported concerns, primarily related to the significant divergence from canonical definitions of mindfulness, as understood from the vast traditional Buddhist practices and texts. Their main concerns related to the absence of ethics, or *sila*, in mindfulness programs as well as the existing conflict of worldviews between science and religion when teaching secular mindfulness programs in various contexts like corporations or the military (Monteiro, Musten and Compson, 2015). Separating Buddhist tradition and meditation from its underlying context (i.e., secularism), transforms it into mindfulness that gained popularity in the Western culture. Thus, it becomes uncritical of how mindfulness is refashioned into a tool for ideology and decontextualized or separated from its association to traditional objects of meditation (the eightfold path). The existing criticisms point out that “the word meditation is not acceptable, but mindfulness is” (Walsh, 2016, p.18) which reflects the underlying insecurity of the Western world with what meditation portrays alongside a form of rebranding of the term to alleviate those worries (Patterson, 2015 as cited in Walsh, 2016).

Some critics state that mindfulness meditation was reimagined and repurposed as a technique, becoming a tool for fixing the self (Payne, 2021). The authors describe a process of psychologisation of mindfulness, which led to widespread diffusion and popularity of mindfulness in the Western cultures (Payne, 2021). Other critiques point out to the emergence of the mindfulness revolution in social and historical contexts (Ng, 2014 & Goldberg, 2015a as cited in Walsh, 2016) Mindfulness has been remodelled “through a process of cross-cultural exchange that discredits the search for cultural purity” (Goldberg, 2015b as cited in Walsh, 2016).

Summary and rationale

The purpose of the present research study was to explore the understanding and making sense of deeply distressing experiences following MBSR intervention. Examining this phenomenon through the lens of MBSR intervention is particularly important considering the prevalence of deeply distressing experiences in our everyday lives and the paucity of research in the existing literature.

Because of the specific focus of the study, the literature review has sought to examine the research pertinent to both MBSR intervention and psychological distress. In doing so, it was found that the existing research reveals a positive correlation between MBSR and deeply distressing experiences leading to an overall wellbeing improvement. However, this literature review has highlighted that the current research on MBSR in the context of distress is still in its infancy. The existing literature is consistent in revealing that MBSR is effective in helping individuals improve their distress experience through meaning-making, developing awareness and improving mind-body connection. However, despite a large number of research studies on the efficacy of mindfulness, the self-perceived impact of MBSR intervention on experiencing deeply distressing experiences remains largely unexplored. As demonstrated in this chapter, despite the growing popularity of MBSR intervention, it is not without its limitations. The existing research on its challenges, adverse effects and various criticisms of MBSR were described.

The present research study is specifically concerned with how individuals understand and make sense of deeply distressing experiences following MBSR intervention. Specifically, focusing on exploration of their subjective experiences to understand the interpretation, embodiment, and meaning making. The available research in the field provides a strong foundation to support the exploration of this research question and fill the gap in the existing literature.

Chapter Two

Methodology

The following chapter describes the methodology used in this research study in order to answer the research question. It starts with examining the research question, research aims and their underlying assumptions. Subsequently, it describes the reasons for choosing a qualitative research methodology, namely Interpretative Phenomenological Analysis (IPA). As part of that, the researcher's philosophical position is described in detail, including the epistemological and ontological stance. Moreover, this chapter focuses on describing the data collection process in detail alongside providing information on the analytical process and procedure. It follows by a reflexive section which is an essential element of the qualitative methodological process. The chapter concludes with validity and quality review, alongside ethical considerations of the research.

The following chapter was written in first person, due to the researcher's personal epistemological stance. An interpretative phenomenological position was adopted, which emphasises the researcher's immersion in the research process.

2.1 Research aims

The current qualitative research study was conducted from a phenomenological perspective offering insights into understanding and making sense of deeply distressing experiences following MBSR intervention. The aim of the study is to develop a deeper understanding of the role MBSR intervention plays in shaping an understanding of deeply distressing experiences. The findings from this research study could potentially inform future psychological interventions and therapies aimed at understanding distress from a holistic perspective. Thus, as mentioned in the previous chapter, exploring subjective experiences and placing them in the wider context (in which individuals are inevitably embedded) is key to allow for a deeper understanding of this complex phenomena.

2.2 Research question and underlying assumptions

Research question: *How do participants who have completed a mindfulness-based stress reduction intervention understand and make sense of deeply distressing experiences?*

The research question is interested in exploring how participants understand and make sense of deeply distressing experiences in light of MBSR intervention. The research question makes the following three assumptions:

- 1) Individuals are active agents, with unique personal experiences of the phenomenon, who can reflect on their experiences
- 2) MBSR intervention, although a structured 8-week course, can be experienced as a highly subjective phenomenon with different meaning to each individual
- 3) The researcher is able to interpret individual experiences based on participants' narratives

Due to these assumptions, qualitative methodologies, particularly methodologies that follow a phenomenological stance are a good fit with the current research to answer the research question. Based on this, an Interpretative Phenomenological Analysis (IPA) appears to be the most appropriate approach due to its interpretative nature and focus on subsequent meaning-making.

2.3 Quantitative and qualitative research methodologies

Quantitative methods have been dominating research within psychology, psychiatry and medicine for decades. Quantitative research emphasises objectively measurable and empirically verifiable phenomena, as defined by the positivist and post-positivist paradigm (Blair, 2010). In psychiatry, the medicalised view of distress was born and subsequently widely adopted across other disciplines. This model considers psychological difficulties through the lens of pathologies, which reduces them to the observable manifestations of physical symptoms.

As mentioned in the previous chapter, this dominance of the medical model view of human distress was highly noticeable in my literature review. The existing quantitative studies do not consider the subjective experiences of individuals that could be explored regardless of given diagnoses. As a result, the subjective experiences are frequently overlooked when diagnoses are not made, reducing the human experience to fit within the symptoms that match certain diagnoses. All experiences are embedded within a larger context that could be missed or overlooked in most quantitative studies. Although, it is important to acknowledge that the medical model has significantly contributed to our understanding of distress over the last few decades (Hester, 2017), it is essential to consider the wider context in which these experiences take place to be able to fully understand and appreciate this complex phenomenon.

2.4 Epistemological considerations and reflections

Epistemology is a branch of philosophy concerned with the theory of knowledge (Willig, 2013). It involves “the study of the nature and the methods of obtaining it” (Burr, 2004, p.202). Epistemology endeavours to answer the question of “how, and what, can we know?”. Overall, research methods provide “the way to the goal” (Kvale, 1996, p.278) by helping the researcher to answer their research question. Different types of knowledge will be generated by different approaches. However, before this can happen, it is paramount for the researcher to identify their research aims and be able to justify their choice of a research method. This is achieved by adopting an epistemological position that guides the researcher through the research process. Willig (2012) highlighted the importance of identifying one’s epistemological position early in the research process to support the analytical process and research evaluation.

My epistemological position has evolved as a result of learning about the history of the counselling psychology profession and its development, history of epistemology as well as through reading the existing literature on MBSR. Becoming more familiar with the history and its impact on current state of research has assisted me in reflecting on my philosophical views of the world. In the process of clarifying my own epistemological position, I took into consideration the following three questions by Willig (2012), ‘What kind of

knowledge do I hope to create?', 'What beliefs/assumptions do I hold about the world I am investigating?' and 'What is my relationship to that knowledge?'. Upon reflecting on these questions, I considered what constitutes the truth and whether it is something that could be different for each individual. My aim is to explore the subjective accounts of individuals to elicit how they make sense of their experiences by providing a space in which they can interact and engage with a phenomenal experience. I am interested in how they create their life worlds and subsequently how they understand their meaning-making activities (Willig, 2012).

Epistemologically, I acknowledge that to understand lived experiences, it is crucial to understand how individuals make sense of their subjective social world (Larkin & Thompson, 2012). Thus, I would describe my epistemological stance as interpretative phenomenological (Willig & Stainton-Rogers, 2017). The phenomenological paradigm emphasises experience or narrative, rather than focusing on a belief in a 'real' world (Langdrige, 2007). This investigation requires exploring subjective accounts to understand the essence of a comprehensible whole, as opposed to focusing on the universal truths about phenomena (Langdrige, 2007). As a doctoral researcher, I recognise that to be able to fully explore participants' experiences, I need to engage in a reflective relational process to make sense of their meaning-making. However, I also consider the position that a purely descriptive account of experiences is not always possible since the described experiences are subject to interpretation by the participant and the researcher. According to Gadamer (1975/2013), all understanding requires some form of interpretation. Thus, in phenomenological research, the participant's narrative becomes the phenomenon with which researcher engages (Willig, 2013).

My ontological assumptions about the nature of reality and being human consider each individual as a unique being creating her/his unique worlds. I acknowledge that there is a real phenomenon that exists independently of my theories, which I can access through my own interpretation (Maxwell, 2012). This is consistent with a critical realist position, aiming to discover the deeper levels of reality that may be not readily observable, but that still have an effect on an individual (Bhaskar, 1975). The phenomenological view that there may be "as many (experiential) worlds as there are individuals" (Willig, 2012, p.12) is in line with

my personal view as an integrative psychologist, where I emphasise the individuality and subjective experience of a person over a one-size-fits-all approach. As such, this resonates with a holistic view, emphasising uniqueness of each individual and understanding their experiences within their embedded contexts (psychological, physical, symbolic, cultural, social, etc.).

2.5 Rationale for choice of methodology (IPA)

Following a thorough literature review, it became evident that research on MBSR intervention and distress has been limited to quantitative methodologies. Because of this, the subjective aspects of these experiences have been rarely considered creating a gap in the existing literature. Thus, an exploratory methodology seemed appropriate to answer the proposed research question.

Two methodologies were considered, namely the Interpretative Phenomenological Analysis (IPA) and Grounded Theory. Both were taken into consideration due to their similarities (Willig, 2013). To make an informed methodological choice, this necessitated more in-depth investigation. Grounded Theory aims to assist the researcher to develop a theory grounded in the collected data (Willig, 2013) while helping to understand the studied phenomena by capturing its essence (Charmaz, 2013). Charmaz (2013) states that Grounded Theory method offers helpful strategies for analysing qualitative data, providing a frame for qualitative inquiry and guidelines for conducting it. Because of its focus on constructing theory around the researched phenomena, grounded theory could be deemed to be a suitable methodology to construct a theory around understanding distress following MBSR. However, the current research's aim is to explore the subjective experiences of individuals rather than developing a theory. In addition to this, grounded theory researchers remain distant from the studied phenomenon, restricting the intimate familiarity or immersion in collected data (Charmaz & Henwood, 2013). This prevents them from looking at their data from different perspectives. Grounded theory and IPA appear similar in their analytical procedures and terminology used (Smith et al., 2009). However, Grounded Theory's roots in sociology focus on the study of social processes, making it distinct from IPA which originated within the field of psychology, focusing on the subjective, lived experienced (Willig, 2013).

Considering the above, IPA was deemed appropriate for this research study's aims and question. Smith and Osborn (2003) consider IPA as particularly suitable in exploring the novelty or complexity, when investigating how individuals perceive and experience specific situations. The authors argue that IPA is particularly appropriate for examining ambiguous, complex and emotionally laden topics (Smith & Osborn, 2015). Moreover, it is suitable to explore complex psycho-somatic and emotional interactions. IPA allows participants to recount narratives of their experience in detail, enabling the micro-level reading of their accounts, as opposed to Grounded Theory.

Moreover, IPA is in line with counselling psychology discipline, which with its humanistic value base, prioritises the subjective and intersubjective experiences. Counselling psychology considers individuals as unique beings embedded within a relational and social context (Cooper, 2009). Moreover, it emphasises the importance of meaning-making over the view of psychopathology (Milton, Craven & Coyle, 2010). However, counselling psychology inherently functions within the positivist paradigm, placing it at the centre of the existing tensions of understanding human distress (Milton, 2010). This is further reflected on in the discussion chapter.

2.6 Interpretative Phenomenological Analysis: philosophical underpinnings

IPA is a qualitative research methodology that focuses on how individuals make sense of their subjective experiences (Willig & Stainton-Rogers, 2017), comprising their historical and socio-cultural contexts. According to Eatough and Smith (2013, p. 8), "[IPA] attends to all aspects of [the] lived experience, from the individual's wishes, desires, feelings, motivations, belief systems through to how these manifest themselves or not in behaviour and action".

IPA is based on three philosophical principles: phenomenology, hermeneutics and idiography (Smith, Harré & Van Langenhove, 1995). Smith et al., (2009) integrate these three philosophies into one approach, forming the foundations of

IPA methodology. The following section introduces these three concepts within these philosophical paradigms, in the context of IPA's epistemological position and analytical process.

Phenomenology is a philosophical approach developed by Husserl, the founding father of phenomenological philosophy (1927; as cited in Smith et al., 2009). In the early 20th century, Husserl instigated the phenomenological philosophy by focusing on the exploration of how individuals perceive lived experiences and how they engage with them. This philosophy, which was also called transcendental phenomenology, attempted to seek the quintessence of conscious experience, which included the experiential content prior to thoughts, meaning making and interpretation. For the purpose of this process, bracketing prior knowledge (i.e., epoché) and experience was required to relinquish any assumptions about the world and be able to understand the core essence of studied phenomena (Langdrige, 2007). Husserl (1936) claimed that the essence of a phenomenon could be understood through an investigation of lived experiences, emphasising the importance of the subjective experience as the main focus of phenomenological endeavour (as cited in Hollway, 2007). This work was later expanded by Heidegger (1927/2010) and Merleau Ponty (1962/2012). Heidegger focused on moving beyond description and focusing on interpretation of being-in-the-world while emphasising the meaning embedded in different contexts. Similarly, Merleau Ponty (1962) highlighted the role of body and its importance in understanding our lived experiences.

In addition to phenomenology, IPA's second philosophical underpinning describes the theory of interpretation, namely hermeneutics. Initially developed to interpret biblical texts (Smith et al., 2009), hermeneutics emphasised the role of the interpreter in understanding the phenomena as well as the process of analysis. Schleiermacher (1998), Gadamer (1990) and Heidegger (1962) were among the main philosophers who focused on hermeneutics. In line with IPA's philosophy is the idea developed by Heidegger, stating that understanding phenomena through the process of investigation is centred around the meaning given by the individual (Smith et al., 2009). Considering that participants' meanings about their experiences cannot be fully understood, researcher's own views are necessary to make sense of and interpret their personal world (Smith

and Osborn, 2003). IPA is thus based on interpretation where the researcher attempts to make sense of the participants' interpretations of their experience, called the double hermeneutic (Smith et al., 2009). The double hermeneutic process is central within IPA methodology.

The third major theoretical basis of IPA, idiography, refers to the researcher's approach to view the individual experiences as unique (Smith et al., 2009). Idiography from the Greek semantic term *Idios* refers to the study of the individual (Ponterotto, 2005). In contrast to quantitative approaches that view experiences as generalisable truths, IPA considers exploration of subjective experiences of participants in their own words, in order to focus on fine-grain phenomena (Willig Stainton-Rogers, 2017). IPA deems language and context as crucial in participants narratives. Both contextualise participants' experiences in their cultural, social and economic worlds (Braun and Clarke, 2013) while language provides an essential means of encapsulating meaning (Willig, 2012).

2.7 Research design

The current research study was conducted in two stages. The first stage involved carrying out a pilot interview to ensure that the interview questions were understood by participants and appropriate to the research topic. The second stage of the research involved seven one-to-one semi-structured interviews with participants who completed an MBSR intervention, no longer than three years prior to their interview. Interviews were conducted online on Microsoft Teams, audio recorded and transcribed verbatim for analysis.

2.7.1 Pilot interview

The pilot interview was conducted with one participant on Microsoft Teams and lasted 60 minutes. The pilot aimed at evaluating the quality of the interview schedule (Willig & Stainton-Rogers, 2017). Considering the sensitive nature of the study, I was mindful not to impose any assumptions, beliefs or hold any expectations. The participant was informed of the purpose of the pilot interview and asked to provide feedback on her experience. The pilot was not included in the write-up of the research.

Summary of feedback

The participant's feedback included a suggestion to marginally amend the wording in one of the questions from "attending" to "paying attention to" the body. Based on the participant's feedback and following consultation with my research supervisor, the interview schedule was reviewed and amended to better reflect the research focus and aims. I added more prompts where I noticed that a question could be explored further and noted any reflections in my reflective journal.

The pilot interview was informative to me as a researcher in terms of becoming familiar with the online interview set-up and assuming the role of the researcher. During the pilot interview, distinction between the role of the researcher and that of the therapist became apparent to me. Initially, I found it challenging to step out of a supportive therapist role which highlighted to me the tension between the two roles. Subsequently, I needed to reflect on what it means to be an IPA researcher.

2.7.2. Data recruitment and sample size

The study recruited seven participants who completed an MBSR course within three years prior to their interviews. The recommended number of participants for IPA for professional doctorate research involves recruiting between four and ten participants (Smith et al., 2009, p.52). This number of participants was suggested to ensure an in-depth data analysis of each transcript considering the research time constraints (Smith et al., 2009).

2.7.3 Recruitment procedure

The participants were recruited online via organisations offering MBSR courses in London, United Kingdom. Organisations that offer MBSR courses were contacted to advertise my research on their websites and social media channels or share it with their former students. Moreover, online mindfulness groups were contacted for permission to advertise the research among their members. Additionally, some qualified MBSR teachers were contacted through the British Association of Mindfulness Based Approaches (BAMBA) website. A research

recruitment email (Appendix IV) and recruitment poster were created (Appendix V) that were used in online recruitment.

2.7.4 Inclusion criteria

The participants were between 18 and 65 years old and spoke fluent English. All participants completed MBSR courses no longer than three years prior to taking part in this research study. Moreover, individuals who were invited to participate self-identified as having experienced deeply distressing experiences at some point in their lives. Participants described a range of distressing experiences, both childhood and more recent. The research study was interested in participants' subjective identification of experiences and therefore this was deemed appropriate and important to specify.

Overall, the above inclusion criteria were established to maintain a homogeneous sample (Smith et al., 2009). The impact on homogeneity is discussed in the limitation section in discussion chapter. I used purposive sampling to find a relevant group of participants suitable to answer the research question, which is a common sampling method used in IPA (Smith & Osborn, 2003).

2.7.5 Exclusion criteria

Exclusion criteria comprised recent mental health diagnoses (within the last 6 months), not speaking fluent English and being under the age of 18. This was to ensure the wellbeing of participants considering that the topic of the study could potentially cause distress to participants during or after the interview. Pre-interview telephone screening (Appendix VI) and careful wording of recruitment materials were used to identify potential active and ongoing PTSD symptoms that would exclude participants from taking part.

Initially, one of the exclusion criteria comprised current and ongoing mental health treatment (i.e., attending therapy). However, considering that the current research aims to go beyond diagnostic criteria and offer agency to participants, excluding participants based on whether they attend any mental health treatment or not could be taking away from their experience (Fontes, 2004). Because of

that, participants were asked about any recent mental health diagnoses or concerns during the initial screening call but were given the choice whether they wanted to participate in this research study.

2.7.6 Introducing participants

The participants were assigned pseudonyms at random to provide anonymity. They are presented below in a chronological order according to their interview dates.

Alex:

Alex is a 58-year-old female with an extensive background in mindfulness. Alex talked about how a spiritual experience in her early twenties led her to explore mindfulness in more depth.

Beth:

Beth is a 39-year-old female who works as a yoga teacher. Beth linked mindfulness to several transformative changes in her life that improved her health.

Cassie:

Cassie is a 61-year-old female who recently retired. Cassie talked about the power of mindfulness and how it helped her navigate difficult experiences in her life.

Damian:

Damian is a 38-year-old man who took part in MBSR as a last resort when suffering with depression and anxiety.

Emilia:

Emilia is a 49-year-old female who has recently trained as a mindfulness teacher. She is currently pursuing higher education in healthcare. The interview with Emilia was inspiring, and at times emotional.

Florence:

Florence is a 43-year-old female, currently training to become a mindfulness teacher. She used MBSR intervention as a steppingstone to further education.

Gareth:

Gareth is a 42-year-old male, a British Armed Forces veteran, who has experienced several challenging events. Gareth described that MBSR course helped him regain overall functioning and reclaim his life.

Interview procedure

I conducted seven one-to-one semi-structured interviews, in line with Smith et al., (2009) recommendations for phenomenological research. The interviews which lasted between 50 and 75 minutes, were audio recorded digitally and transcribed verbatim for analysis. Semi-structured interviews are considered suitable for IPA due to the ability to obtain rich personal accounts from participants (Smith et al., 2009). The interview schedule comprised open and non-directive questions to enable participants to describe their personal experiences in their own words (Willig & Stainton-Rogers, 2017). The interview questions focused on participants' experiences of MBSR intervention and their understanding of deeply distressing experiences.

Prior to the interviews, participants were sent a research information sheet, which included information about the nature of the research (Appendix II). Subsequently, screening calls were scheduled to discuss participation and eligibility criteria and to answer any questions to allow them to make an informed decision about participating. Additionally, participants were informed that the interview was an informal discussion, and that there were no right or wrong answers since the research was interested in their personal experiences. Following the screening calls, three potential participants were excluded because they completed different mindfulness-based interventions.

All participants signed consent forms before the interviews were conducted. Subsequently, after the interview, a short discussion was carried out with each participant to gauge their potential distress level. Subsequently, participants

received a debrief sheet with a list of organisations they could contact following the interview in case of distress or emergency (Appendix VIII).

2.8 Analytical procedure and strategy

This section presents an overview of the analytical process that was undertaken following data collection stage, in line with IPA approach. Smith et al., (2009) stated that there is no single method for analysing data within an IPA approach. As a novice in this method, I broadly followed the six stages outlined by Smith et al., (2009). However, as advised by the authors, this is not a prescriptive method for working with data. The authors encourage maintaining a 'healthy flexibility' in the data analysis process (Smith et al., 2009, p.70). In line with IPA, the focus lies on participants' attempt to make sense of their experiences. The six stages process places an emphasis on a reflective engagement with the participants' accounts. In this process, I considered the importance of the researcher's role in co-creating the understanding of the phenomenon under investigation and using creativity in moving beyond the six stages.

The analytic process is multi-directional, including continuous shifts between stages which emphasises some tension when writing about analytic process. The following section describes each of the six stages.

Stage 1: Reading and re-reading of transcripts.

Initially, I aimed to reconnect with each participant by listening to the audio recordings and reading and re-reading the transcripts. This allowed me to actively engage with the data and begin the process of entering the participant's world. I immersed myself in the data by repeated reading and allowed an overall feel of our interaction during the interview develop. Before making any exploratory comments, I recorded some of my observations and recollections of the interview experience alongside the post-interview notes to bracket them off. By slowing down the process of analysing the original data and letting the participant become the focus of analysis, I ensured that the participant's voice is heard and not reduced in any way (Smith et al., 2009).

Stage 2: Initial noting.

Initial notes, or exploratory comments, were made in the right-hand margin while re-reading the transcripts. Although there is no standard way to do this, I followed Smith et al., (2009) suggestion to break down exploratory comments into three discrete processes with different focuses: descriptive, linguistic and conceptual comments.

Descriptive comments attempted to capture the content of the participant's account, namely experiences, events and key elements in their *lifeworld*. These could be reflected by emotional responses, assumptions, descriptions and idiosyncratic figures of speech which are taken at face value at this stage (Smith et al., 2009).

Linguistic comments reflected the use of participant's language and its relationship to the content, such as the use of pronouns, laughter, pauses, degrees of fluency (hesitant vs articulate) or metaphors. Smith et al., (2009) state that the use of metaphors provides a powerful component of the analysis, linking the descriptive notes to conceptual notes, opening up a potential for exploration of more conceptual meanings.

Conceptual comments focus on seeking to understand the participant's understanding of their lived experienced by moving away from content towards more conceptual and interpretative level. This stage reflects an interaction between the researcher's and the participant's understanding of the participant's *lifeworld* (Smith et al., 2009).

I focused on each of the processes separately, rather than attempting to do all three at the same time. Subsequently, I came back to revisit the transcript to ensure my exploratory comments did not distance me from the participant's narrative.

Stage 3: Developing emergent themes.

Stage three involves developing emergent themes in the data by summarising the salient aspects of the exploratory comments. This task includes reducing the volume of detail, including the transcript and the preliminary comments, while preserving the complexity of the original data. Smith and Osborn (2003) suggest that the aim is to capture chunks of meaningful text to create individual labels, which have a potential to offer initial interpretations. Emergent themes were recorded in the left-hand side margin.

Stage 4: Searching for connections among emergent themes.

The next stage included mapping emergent themes together so that they formed major themes. I listed all the themes chronologically in the order they came up, as suggested by Smith et al., (2009). Following this step, I moved themes around to form clusters of related themes. Smith et al., (2009) suggest several ways of looking for connections and patterns between emergent themes, namely abstraction, subsumption, polarisation and contextualisation. Abstraction relates to grouping similar themes under a new 'super-ordinate' theme, subsumption occurs when one of the themes assumes a 'super-ordinate' theme status, polarisation attempts to cluster opposing themes, while contextualisation involves integrating temporal, narrative and cultural features as a way of forming connections. At this stage of the analysis, I created a summary table using Excel to help me organise the themes. Some of the emergent themes were discarded or reduced.

Stage 5: Moving to the next participant.

Following completed analysis of the first transcript, I repeated the above process for each participant, following the same procedure. Considering the idiographic stance of IPA, I explored each transcript in detail separately. Smith et al., (2009) highlight the importance of maintaining each participant's individuality while working on consecutive transcript analysis. I was mindful of bracketing my ideas and allowing new themes to emerge while analysing each transcript.

Stage 6: Looking for patterns across cases.

The final stage focused on looking for patterns across all participants. I created a table of themes, demonstrating how themes are nested within super-ordinate themes as recommended by Smith et al., (2009). To illustrate the themes, I followed this process for each participant. I colour coded each of the major themes with their emergent themes, printed them out to be able to engage in a creative and interpretative process of organising them into super-ordinate clusters.

2.9 Reflexivity

This section focuses on the reflexive aspects of the research process. Reflexivity has been defined as the researcher's process of "continually reflecting upon interpretations of both his or her own experiences and the phenomenon being studied", while endeavouring to move beyond preconceptions (Finlay, 2003, p.108). During this process, the researcher remains critically aware of how his or her methods, assumptions, and beliefs shape and impact the research process (Langdrige, 2007). Reflexivity focuses on distinguishing the experiences from the phenomenon under investigation and attempting to observe the interpretations and their impact on the research process. While some authors describe it simply as "bias" (Finlay, 2002), Frank (1997, p.89) suggests "the challenge is not to eliminate 'bias' to be more neutral, but to use it as a focus for more intense insight" without becoming withdrawn.

As a counselling psychologist trainee, reflexivity has been an essential element of my doctorate training. It has become a part of how I make sense of my assumptions, personal thoughts and judgements. As part of that, reflexivity became an essential feature of my research process. In line with Willig (2013, p.96), the "researcher's understanding of participants' thoughts is influenced by his or her way of thinking, assumptions and conceptions", inherently enriching their accounts. This is in line with the interpretative phenomenological stance, where the participants' accounts are not to be 'reduced', but are necessary to make interpretation by the researcher. Furthermore, the researcher contributes his/her "own standpoint" to the reflexive outcome of the research (Willig, 2013).

2.9.1 Methodological reflexivity

In this section, I reflect on my impact as a researcher on this research study in the context of Yardley's (2008) quality and validity criteria and Finlay's (2002) acknowledgement of reflexivity as a standard for quality. Therefore, the consideration of my own experiences and perceptions is essential and considered to enhance the study's rigour (Willig, 2008).

IPA emphasises the importance of meaning co-construction between the participant and the researcher (Smith et al., 2009). This poses a concern about surpassing co-construction and possibly imposing my beliefs, views or assumptions, while overstepping the mark. To ensure that my position as a researcher, or my personal voice, did not overtake that of the participants, I engaged in a continuous reflection as to my understanding of what I was bringing to the research.

Willig & Stainton-Rogers (2017) and Kasket (2013) emphasised the importance of keeping a reflective journal to document the development of thoughts, ideas and any changes that occur during the research process. I kept a journal throughout to reflect on my interpretations of participants' experiences, note any observations from interviews and keep track of my assumptions to be able to discuss them with my research supervisor. As a counselling psychologist researcher, I aimed to remain open and curious to participants' experiences and immerse myself in their narratives. Prior to the interview stage, I found it helpful to discuss my assumptions with my research supervisor and peers to increase my awareness and understanding and as not to contaminate my interactions with participants.

2.9.2 Personal reflexivity

As a qualitative researcher, it is important for me to reflect on some of my personal assumptions and biases and how these may inform the research process. For as long as I can remember, I have been interested in experiences of psychological distress and how it impacts our wellbeing. This has informed my decision to pursue a psychology degree and subsequently complete an MSc in

clinical neuroscience. Due to the demands of the MSc degree, I started exploring various mindfulness interventions and their impact on the mind. I became curious about the psychological effects of distressing experiences and how these can impact understanding of different phenomena, particularly after practicing mindfulness.

My interest in the subject is very much entwined with my counselling psychology training. Particularly, I found the experience of working with complex trauma clients and its emotional impact to shape my identity as a counselling psychologist trainee. A considerable part of counselling psychologist's work and identity lies in 'process' which refers to the therapeutic relationship dynamics (BPS, 2019). It often involves working with things that are unsaid, and tends to oscillate, impacting the therapeutic work. Therefore, my personal experiences and challenges instigated my interest in deeply distressing experiences and the impact MBSR intervention could have on individuals' understanding of distress.

My personal experience of completing an MBSR intervention positions me as an 'insider' in this research study. However, as a trainee counselling psychologist, rather than a mindfulness teacher, simultaneously positions me as an 'outsider'. Both positions could pose tensions in approaching the research, from conducting interviews, to taking participants' accounts for granted. However, having this knowledge and acknowledging its impact, it was important for me to separate my identity as a therapist from that as a researcher.

Moreover, I am mindful that my experiences of distress as a white woman at the beginning of her career as a counselling psychologist could be different to other people's experiences. I grew up in a small town with predominantly white population, reflecting severe lack of diversity. This type of upbringing has meaningfully impacted my understanding and appreciation of distressing experiences. Distress was viewed as suffering or unpleasant experiences that no one talked about. Having moved to London, I became appreciative of the diversity of experiences people have had, in the contexts of their culture, ethnic background, age, education, ability/disability, religion, social or economic status and other aspects that are present in our everyday lives that shape how we experience the world. No experience happens in a vacuum.

This research aims to contribute to the existing literature on distress and its subjective experiences, and will hopefully help us understand, as practitioners, that all experiences, despite often appearing to look similar, may have completely different meanings to the people who experienced them.

2.10 Validity and quality of qualitative research

Yardley (2008) proposed four essential criteria for assessing qualitative research to evaluate and sustain good quality and valid research. These four key dimensions have been considered as a framework to maintain good research quality and validity in this study. I have used them to engage with the research process while remaining mindful of my role as a scientist-practitioner researcher (Corrie & Callahan, 2000).

In this section, I briefly give an overview of each of the four core elements, namely *sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance* (Yardley, 2008) and how they will be applied in the research process. Subsequently, in the discussion section, I included a more detailed evaluation of how this study met each of these guidelines and how the findings link to the existing literature.

Sensitivity to context

Yardley (2008) described '*sensitivity to context*' as an essential attribute to a qualitative research study. Yardley (2008) suggests that this can be achieved by drawing upon relevant empirical and theoretical literature, demonstrating awareness of the socio-cultural setting of participants, and by considering ethical issues that may arise during the research study. To maintain sensitivity to context, I reviewed a wide range of relevant literature, specifically focusing on studies from different disciplines and methodologies. This allowed me to produce an extensive literature review, including theoretical and empirical studies, to demonstrate the existing gap in the research and justify the reasons behind the proposed research question. Moreover, prior to conducting interviews, I engaged with reflective diary to explore my own assumptions and expectations of the research study. I

considered several ethical issues at this stage and aimed to address these throughout the study. One of the main ethical considerations was to ensure that the participants were informed about the nature of the study prior to the interviews, considering the potential involvement of sensitive nature of their experiences. Moreover, participants could choose the time and date of their interviews to ensure a relaxed and confidential environment.

Commitment and rigour

Yardley (2008) stated that '*commitment*' is shown through prolonged engagement with the topic, the development of skill and competence in the methods used and immersion in the data, while '*rigour*' is demonstrated through carrying out a comprehensive data collection and thorough analysis. This research study broadly followed the IPA analytical procedure developed by Smith et al., (2009) who focused on its idiographic approach, considering each participant's lived experience as a unique account. In the present study, I treated each participant's account as a unique entity, carefully analysing each transcript to best capture their experiences. I attempted to find a balance of maintaining rigour while paying continuous attention to methodological flexibility, as suggested by Smith et al., (2009).

Coherence and transparency

Yardley (2008) proposed '*coherence and transparency*' as a third core element of qualitative research. Coherence is maintained when the research study makes sense as a consistent whole, whilst transparency refers to clearly described methodological procedures of the research study (Yardley, 2008). In line with this component, I attempted to maintain transparency throughout the methodology chapter. I described all relevant aspects of the research process, some of which demanded distinguishing between the level of details. Considering the limited scope of this chapter, I included all the details required to understand the research, and for transparency purpose, I addressed reflexivity, which is included in the methodology and discussion chapters.

Impact and importance

The final component of a good quality research, according to Yardley (2008), is *'impact and importance'* which refers to the potential for making a difference. Yardley (2008) argues that the emphasis on research-in-context being a close fit between research and practice is a particular advantage of qualitative research. Yardley (2008) states that "there is no point in carrying out research unless the findings have the potential to make a difference" (p.250). Yardley highlights the importance of qualitative research impact on community, policy makers and practitioners, by drawing on empirical material to present an original perspective, opening up novel ways of understanding a topic. The aim of this research study is to enhance understanding of deeply distressing experiences, in the context of MBSR intervention. This key component is discussed in more depth in the discussion section. The topic of validity in qualitative research is ongoing, and it is important to acknowledge its impact on continuous contribution of research to the existing psychological research (Yardley, 2017).

2.11 Ethical considerations

Throughout the research process, I followed the British Psychological Society (BPS) *Code of Human Research Ethics* (2021) and the University of East London (UEL) *Code of Practice for Research Ethics* (2015). The key principles of conducting ethical research emphasise protection of participants' rights to ensure their privacy, dignity and wellbeing. Additionally, I considered the recently published guidelines of working with participants during Covid-19 pandemic. I was mindful of the additional stressors that participants may have experienced during the pandemic (BPS, 2020). As part of social responsibility and scientific integrity, research quality and rigour were emphasised throughout the research process (BPS, 2021). I informed myself about conducting qualitative research and consulted with my research supervisor to ensure that this research was up to the standard quality and following the UEL's guidelines.

The BPS (2021) highlighted the importance of research as contributing to the "common good". Thus, I prioritised participants' best interests during the research process by considering and alleviating any potential risks. To mitigate any risks

and operate in accordance with the BPS guidelines, I conducted an assessment of potential risks and established protocols to respond to any potential cases of distress so that I continued to prioritise participants' wellbeing throughout the research process. This included introducing screening calls prior to the interviews, and a protocol to follow in case participants were to become distressed (i.e., contacting GP or calling an ambulance if participant is at risk).

Considering the focus of the research on understanding deeply distressing experiences, the potential impact of this research study on participants and their wellbeing was continuously monitored. Potentially sensitive topics that could involve discussing difficult or challenging experiences may carry some unexplored and/or upsetting feelings and emotions. This could lead to participants becoming aware of some distressing feelings that only become apparent during the interview process. Mainly because of this, participants were only considered eligible to participate in this study following their completion of MBSR course.

As a qualitative researcher, I was mindful of developing relationships with participants and other individuals involved in the research. I remained in regular contact with my research supervisor, personal therapist and kept a reflective diary to maintain a record of all processes involved in creating and construction of new knowledge that contributed to this research study. Throughout this process, I followed the BPS (2021, 2017) and HCPC (2016) ethical guidelines, which are described in the following section.

Debrief before interviews

Prior to interviews, I informed participants about the nature of the study and potential risks, considering the sensitivity of the topic. Participants were advised how their data will be used, informed of submission as part of the doctoral thesis and potential publication procedure.

Consent

Prior to the interviews, participants were provided with the necessary details about the study. I ensured that participants were aware of the research aims before they consented to participate. I arranged a screening call with each of the participants to ensure the eligibility criteria were fulfilled, none of the exclusion criteria were present, and that it was safe for participants to proceed to the interview stage. Written consent forms were obtained from all participants before the interviews (Appendix III).

Deception

Participants received a detailed information sheet (Appendix II) outlining the aims of the research. Researcher's contact details were provided in case they had any questions or concerns regarding the research interview.

Debriefing

Following each interview, the participants were asked how they found the interview and how they felt afterwards, to ensure their wellbeing and monitor their distress level. Each participant received an information sheet with a list of services available to them in case they needed further support (Appendix VIII).

Withdrawal from research

Participants were informed about their right to withdraw from the research study, in line with the BPS guidelines. The opportunity to withdraw from the study was clearly stated and included a time of up to three weeks following the interview.

Confidentiality

The participants were made aware that the study is bound by confidentiality and that their privacy will be maintained by anonymising their data. Participants were assigned pseudonyms to maintain confidentiality, audio recordings with verbatim

transcripts were stored securely, encrypted and password protected. Any identifying information were removed or changed.

Only the researcher had access to the collected data. The participants were informed about the research process, how long their data would be stored and when the data would be permanently destroyed.

In line with my professional code of conduct (BPS, 2021), participants were made aware of confidentiality limits. They were informed that in case of any risk where I was concerned for their safety, or the safety of others, I would have to inform the appropriate services.

Ethical approval

Ethical approval was obtained by the University of East London before the recruitment commenced (See Appendix I)

Chapter Three

Analysis

3.1 Overview

This chapter presents two super-ordinate themes obtained from interpretative phenomenological analysis. The themes described in this chapter aim to provide in-depth insights into how participants who have completed a mindfulness-based stress reduction intervention understand and make sense of deeply distressing experiences.

3.2 Introduction to the Themes

The two super-ordinate themes and subsequent sub-ordinate themes are:

1. Facing the emotional rollercoaster
 - Accumulated pressure comes crashing down
 - Holding up a mirror to yourself
 - Going through the mix of emotions
 - A journey of self-discovery

2. A mindful way of being
 - Being in the body
 - Cultivating and embodying awareness
 - The power of anchoring in the present
 - A new way of connecting to deeply distressing experiences

The first major theme, 'Facing the emotional rollercoaster', describes the experience of joining MBSR intervention and the process of being on the course. Participants share what brought them to MBSR and how this instigated a cascade of changes that have impacted their understanding of deeply distressing experiences. The second major theme, 'A mindful way of being,' describes key takeaways that emerged and shifted their perspective on distress. Overall,

participants described a process of transformation, moving away from *'doing'* to *'being'* mode and incorporating their bodies in making sense of deeply distressing experiences.

The super-ordinate themes were present in all participants' accounts, while some of the subthemes did not apply to all participants (See Appendix XII)

The below diagram depicts the themes and how they constitute a process that came through in participants' narratives. The arrow demonstrates the direction of the process, starting from 'Facing the emotional rollercoaster' (Theme 1) to 'A mindful way of being' (Theme 2). The participants described a process that began with some sort of a crisis. Upon joining MBSR, participants were faced with several challenging experiences where they began a journey of self-discovery (Theme 1). Through MBSR intervention, the participants learned how to notice and *'be'* in their bodies, strengthen their mind-body connection and become more aware (Theme 2). This led to new discoveries and learning about themselves, their own reactions, thought and emotional patterns which appeared to transform their understanding of deeply distressing experiences.

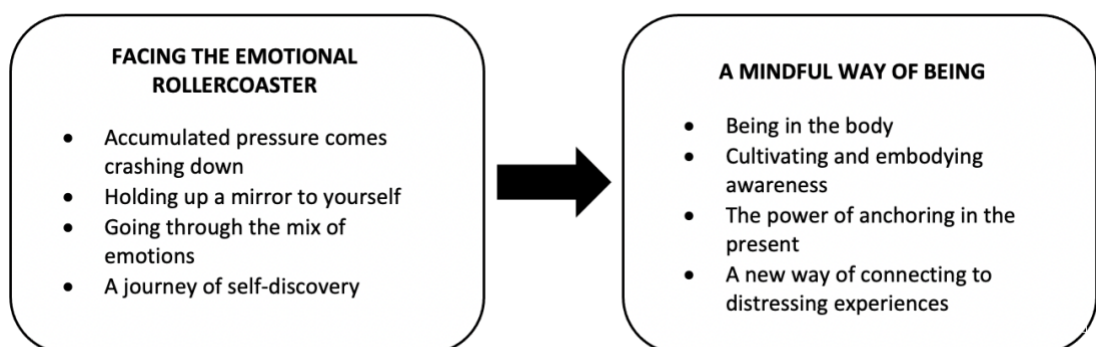


Figure 1. Diagram of the themes

3.3 Reflexivity prior to analysis

In line with Merleau-Ponty (1945)/1962, p.82) observation, “the body is the vehicle of being in the world”, my experiences during this research study have centred around attending to the body. Merleau Ponty states that connecting to the body offers us a unique understanding of the world. During the data collection and data analysis stages, I made notes in my reflective diary to document the process. These were often focused on my embodied experiences during or after the interviews, considering the powerful nature of participants’ lived experiences. In line with Finlay (2006), I attended to my states of embodiment, including empathy, embodied self-awareness and embodied intersubjectivity. During this process, I have noticed a wealth of information that was conveyed through the participants’ body experiences. As a result, I could experience different sensations relating to my own sense of awareness and body responses as a researcher.

In order to highlight the embodied nature of participants’ lived experiences, and place the analysis in context, I present a brief reflection here. Moreover, I include some reflections throughout the analysis chapter in *italic font*, to bring the participants narratives to life and bring emphasis to the ever-present sense of embodiment.

For example, in one of the interviews, Damian’s experience of his body and how it evolved over the course of MBSR brought a strong sense of my bodily sensations. Damian often used vivid imagery to describe his embodied self-awareness throughout the interview. For instance, he described an image of himself as two halves, where one of them was “blurry” with the other half was much clearer in his mind. This embodied sense of self, as manifested in his body scan meditation, resonated with me and my experiences. Through this shared experience, I began connecting with my body, noticing certain aspects of my own responses, feeling more grounded and aware of my body’s position in space.

In my interview with Florence, she spoke about her mental health struggles that contributed to her sense of disconnection from her body. Subsequently, as she engaged in MBSR, she began noticing certain psychosomatic responses that

subsided over time. Interestingly, I found it more difficult to get a sense of my body in our interview. This potentially reflected Florence's experience, illustrating to me the disconnection she described and how difficult it felt for her to connect with her own body.

These differences in the experiences of my body as a researcher demonstrated to me the powerful nature of psychological distress and how important it is to include these reflections in this research. Embodied aspects offer insights into the internal states by providing additional rich material for analysis (Burns, 2003). Moreover, the critical embodied reflexivity often helped me to make sense of participants' experiences through attending to the body (Finlay, 2006) which are further reflected upon throughout this chapter.

3.4 Super-ordinate theme 1: Facing the emotional rollercoaster

The first super-ordinate theme illustrates participants process of MBSR intervention. It focuses on participants describing the rollercoaster of emotions they experienced as they progressed through the intervention. Participants spoke of experiences that alternated between difficult and challenging, to feeling happy and excited and feeling disappointed and frustrated throughout the process. The theme chronologically depicts the phases of the process, focusing on participants' accounts to exemplify their lived experiences.

3.4.1 Sub-ordinate theme 1: Accumulated pressure comes crashing down

Prior to starting MBSR intervention, the majority of participants reported experiences which could be characterised as a state of distress due to various life crises. Participants talked about feeling stuck, or going through various life transitions, such as retirement, moving countries, or changing jobs. Some participants talked about their mental health struggles, extreme work-related stress and an overall accumulation of life pressures that pushed them "over the edge". They talked about not being able to function in life, and questioning their identity in the process, which often made them seek an alternative intervention. This is how they ended up in MBSR. This theme aims to illustrate the powerful

nature of distress and how far participants were prepared to go to seek the needed support.

One of the first participants I interviewed, Cassie, described how she found herself in a distressing situation:

“I had ... had a kind of breakdown ... uhm after leaving my job ... I had taken early retirement ... after 25 years of working uhm ... with refugees.”
(Cassie, 16-18)

Cassie then described what impact this experience had on her as a professional:

“I came to the UK ... on promotion ... I had very high expectations of my work here ... and then it turned out to be very, very disappointing ... and I think ... it was at that point that I ... all the ... all the accumulated pressure ... from the previous 25 years ... just came crashing down on me ... and I really began to ... question ... my ... my ... my identity ... what was I doing and I wasted my entire life ... I started to question a lot of things ... and it really made me feel very depressed.” (Cassie, 38-45)

In these extracts, Cassie described the force of this experience reflected metaphorically as if the accumulated pressure crashed down on her. The metaphor gives a sense that pressure appears to be much like an external object, or an outside force, that comes out of nowhere. Cassie seemed to be surprised by this experience, making her question her identity and feel low in mood. It appears that this experience had a significant impact on Cassie's sense of self and wellbeing. This demonstrates the powerful nature of distress, affecting all aspects of her life. Initially, Cassie mentions her high expectations of her new job, and how disappointed she felt. Then she notes that this experience made her question her identity, which seems to be very closely associated with her job as a lawyer helping refugees. She begins to explore and question her own intentions and life purpose, which makes her feel “very depressed”. This potentially indicates that she was unable to function in her current job.

Gareth's experience seemed to reflect similar struggles, describing his experience of returning from a deployment struggling with his mental health:

"I was just trying to keep my head above water at the time." (Gareth, 29-30)

"I wanted it ... to be able to function normally again ... uhm basically ... and if possible, function uhm ... as a [name of position] again ... uhm either of those would have been ... well ... were were decent outcomes." (Gareth, 32-35)

Gareth reflected on how the distress has been accumulating for him over time:

"You sort of realise how ... how long it's been building up for ... so it was, you know ... there's a couple of things that pushed me over the edge." (Gareth, 505-507)

In these excerpts, Gareth described the moment of crisis on his return from a military deployment. It seems that the challenging nature of the military job contributed to the development of his mental health problems that led to this crisis. Gareth mentioned that he had realised that there were some deeply distressing experiences he went through that he never addressed. The impact of distress appears quite significant at this point, forcing Gareth to prioritise his mental health.

Similarly for Damian, a high-stress work environment had an impact on his wellbeing:

"Over the period of time that I was there I became more and more stressed ... and ... my health deteriorated to the point where I got signed off for stress ... depression and and ... and anxiety ... uhm and it was pretty much ... it was a case of me not really knowing what to do with myself while I was signed off." (Damian, 8-13)

Damian then shared a story with me that illustrated his state of a desperation to get better:

“I was in such a bad place that I've figured that ... I wasn't going to get much worse, so ... if someone else has said to me, oh, you need to go and stand in the back garden with two cups of water in your hands and scream something for an hour every day ... and that's gonna help you to feel better ... I would have probably ... got to that point to do ... agree to do that [smiles].” (Damian, 26-31)

Damian described a moment of crisis that led him to seek alternative interventions. He took a leap of faith in order to improve his wellbeing, desperately wanting to alleviate his psychological distress. These excerpts emphasise the intensity of his distress and highlight the feelings of hopelessness and not knowing what to do with himself, indicating the all-encompassing nature of his experience.

Next, Florence described her experience of a crisis due to the Covid-19 pandemic:

“I've been researching using mindfulness techniques at home for years ... and to help ... keep my mental health on an even keel should we say.”
(Florence, 4-7)

It appears that the Covid-19 pandemic had enabled Florence to take responsibility for her own wellbeing. Florence talked about struggling with childhood trauma and adversity, self-esteem, body image and obsessive-compulsive disorder. She also stated that living in a remote location, with very limited access to mental health support was a deciding factor for joining MBSR intervention. She highlighted the impact of socio-economic status on her access to healthcare and subsequently MBSR intervention. This highlights the problem of exclusion some individuals are faced with, where often limited support is available.

Florence often looked away when she spoke of the difficult experiences during the interview. I sensed that she found some aspects of her experience challenging to discuss. Despite highlighting that she had worked through most of her distress, the embodied sense of the impact of deeply distressing experiences on her was palpable. Due to this, I found myself feeling tense in my body and struggling to concentrate. This potentially prevented me from asking more open-ended questions about these experiences at the time.

3.4.2 Sub-ordinate theme 2: Holding up a mirror to yourself

All participants described being faced with challenges during MBSR intervention. Most of the participants talked about how MBSR brought to the surface some difficult experiences from the past that they thought they had dealt with. This sense of being faced with and getting to know themselves through the structured MBSR intervention became very prominent in their narratives. By acknowledging their problems and facing them head on, participants were able to connect with their deepest selves.

Beth provided a vivid metaphor to illustrate this process, which seemed to be reflective of the experience for other participants. Thus, it felt appropriate to use it as a label for this sub-ordinate theme:

“Like it is like you know it's holding up a mirror to yourself.” (Beth, 120-121)

Moreover, Beth described her experience of learning about the nature of her mind:

“I learned a lot about the judging mind on the MBSR course ... I learned an awful lot about how ... so that was there was a judgment [clears throat] excuse me ... there was a judgment there in the back of mind, and awful lot like that was a voice that I had that I didn't realise I had ... like judging myself, judging others through the lens of myself.” (Beth, 87-91)

In these excerpts, Beth talked about how she was able to observe and learn about herself, including thought patterns, and her ‘inner critic’. This made her realise

how judgmental some of her thoughts were not just towards others but particularly towards herself. This could indicate the nature of living on automatic pilot, low self-awareness and avoidance of seeing parts of herself that felt uncomfortable and potentially distressing. Through “holding a mirror” to herself, Beth came face-to-face with her inner self. Though mirrors may offer us a good image of ourselves, in this aspect it appears to have shown Beth an unexpected view, offering some sense of inner discomfort and criticality. This discomfort appears to be located in her body and inability to feel ‘satisfied’ with her practice, constantly looking for more self-development.

In our interview, I noticed that Beth was quite fidgety, spoke fast and repeatedly cleared her throat, particularly when talking about some difficult aspects of her experiences. For example, in this excerpt, she clears her throat as she is talking about the judgemental aspect of herself. This could potentially be mirroring the sense of discomfort she must have felt when she found out about this judgemental aspect of herself.

Emilia echoed Beth’s experience:

“I think before, I was very much in being negative about everything ... I was not even aware that I was negative and that I was like this ... it was everything was ... I could not see the positive ... always had to highlight the ... the negative ... I suppose it's also the way I've been brought up ... because I had my mum like extremely hard and ... very negative and uhm ... always depressed ... I think it ... it really rubbed on me ... being ... so I kind of like become an extension of her.” (Emilia, 122-129)

In this excerpt, Emilia described her judgemental and critical thoughts towards herself and how she was not aware of them before. She linked these to the impact of her past, particularly her critical mother who suffered from mental health difficulties, which affected the way Emilia viewed herself and others. She talked about being an extension of her mother who was very harsh on Emilia growing up. Some repetitions of words and short, incomplete sentences could potentially indicate how difficult it was for Emilia to speak about her experience.

Florence described her experience of how MBSR demonstrated to her some unresolved difficulties:

“Emotionally ... I think I was already at a point where ... I've crossed a lot of and dealt with a lot of things already ... and in my own mental health story ... path ... but I can't see how it can be so good for ... bringing things to the surface ... and having to accept them and deal with them ... it's amazing how the mind hides things ... it covers things up until you actually ask them to come to the surface ... which is what I feel the course can do.”
(Florence, 111-117)

This further shows what it was like for Florence to hold up a mirror and continue to find out things about herself. Florence appears to be surprised by how much the mind “hides” from her. It appears that she views her mind as a separate ‘object’. Moreover, Florence seems to struggle with the idea of needing or being encouraged to hold up that mirror to herself, perhaps avoiding the confrontation with her inner self.

When holding the mirror to himself, Gareth described a realisation of how the nature of his job sustained the disconnection from his own *self*:

“I think just the concentration on on me ... as opposed to on everybody ... 'cause it's all about a team ... it's a team game ... the military ... and you don't really think about yourself.” (Gareth, 145-147)

“If you don't look after yourself ... then you know everything else is gonna fall apart ... uhm so know that I think ... mainly it was just the permission to uhm ... to look after myself for a bit.” (Gareth, 153-156)

In these excerpts, Gareth described the nature of his military job where, as a leader, he took a lot of responsibility for other people, often to his own detriment. Gareth noted that his job was very busy and stressful, and he rarely got space to think about himself. It appears that this very practical approach to life left very little space for Gareth to think about himself as a separate individual. MBSR gave him permission to slow down and look after himself. It has allowed him to notice

and reflect on things that were happening in his mind and body, strengthening his connection with himself. He now seems to be able to view himself, as a separate individual. There appears some tension between individual and group identity which is apparent, indicating to potential sense of belonging, and perhaps feeling lost as an individual who is not part of the larger team. When talking about this, Gareth's tone of voice was higher, as if more excited and surprised that it has taken him so long to realise that he can function as an individual, bringing a significant shift in his sense of self.

Much like Gareth, Damian, was faced with some unexpected insights about himself:

“I think at the beginning it was ... the challenge was accepting my ... inner demons and accepting that there's genuinely something that is not right ... and that I need to address ... and I need to try and ... work on ...” (Damian, 217 –220)

Damian drew a rather vivid image of what it feels like to face his struggles, comparing it to “inner demons” that he needed to accept. He described it as a challenge, where he needed to face and accept things that were very difficult for him. The use of such a strong metaphor could indicate the intensity of his internal struggle. This could be a reflection of his internal mind, which was perhaps not accessible to him due to the hurt and pain he could not face. It appears to be quite scary for him. Despite not feeling ready to do so, Damian described that he came to a point, where he felt that he needed to accept that something was not right and try to address it, suggesting that he wanted to move forward in his life.

On the other hand, Alex talked about enjoying this part of the process:

“I quite enjoy ... feelings of vulnerability, so it kind of made you quite ... you know question yourself ... double question yourself ... putting yourself on the line.” (Alex, 87-89)

In this excerpt, Alex indicated her inner motivation to keep learning about herself. This potentially demonstrates her extensive experience in practicing meditation

which shows that this was not the first time she turned the mirror on herself. Because of that, the process seems to be more enjoyable to her compared to the other participants.

3.4.3 Sub-ordinate theme 3: Going through the mix of emotions

The process of 'Going through the mix of emotions' during MBSR intervention was evident for the majority of participants. This theme focuses on the participants' journey through MBSR, where they experience a variety of emotions ranging from fear, anxiety and desperation at the start of the course, to feeling relief, content and a sense of empowerment towards the end of it. The theme describes the process of going through a significant change when allowing oneself to '*be with*' and experience difficult emotions instead of avoiding them.

In the following extract, Emilia shared how it felt to her:

"I felt like I was in a storm ... really struggling with all of that ... and then at the same time trying to do the, the mindfulness ... and it was so powerful ... it was really brilliant to ... observe (Emilia, 346- 349)

Emilia's description painted a graphic and intense image of feeling helpless and powerless with respect to her emotions. Emilia drew a vivid image of being faced with a storm which brings to mind a state of vulnerability, with no place to hide. She conveyed a powerful message of how difficult she found being in MBSR course initially, and how this experience shifted once she engaged with her mindfulness practice. Emilia indicated that despite these difficulties, she found the mindfulness component very powerful in taming some of the difficult emotions.

Damian echoed these struggles, portraying an array of emotions he went through in this process:

"At the start I found it very difficult ... uhm I think because I ... I was resistant to ... to allowing myself to be ... this ... find benefits in the exercises ... and in, in, in the teachings ... uhm ... and I was afraid to also ... identify

and accept the things that were wrong with me ... uhm ... I think it was easier for me to to ... shy away from those things and hide them away and think ... you know, just ignore them and they'll go away ... were actually mindfulness ... makes you ... focus on those things and accept that they're there ... and be able to then sit with them ... and I didn't like that to start with ... it took me a while to get used to being able to do that.” (Damian, 80-89)

Damian added how much had changed internally for him:

“So by the end of it ... I was ... I was really excited by that at the very beginning it was very scary and ... and took a long time to drag me through them ... through the mud, as it were.” (Damian, 98-101)

In these excerpts, Damian emphasised the difficulty of going through the mix of emotions throughout MBSR and accepting “things that were wrong with him”. He described his tendency to avoid difficult feelings, and resistance when faced with these emotions which could potentially uncover something he would not find pleasing about himself. Damian mentioned that he often finds it difficult to admit his struggles. He depicted a significant change in how he felt emotionally at the start, compared to at the end of the MBSR course. Damian mentioned feeling scared and how it later shifted into excitement. He emphasised that it took a lot of time and effort for him to feel like this, and he used a powerful metaphor to illustrate his experience.

When Damian described how difficult it felt for him to go through the process, I could sense his internal struggle in my embodied feelings. As he talked of being dragged through the mud, I sensed feelings of unease and discomfort.

Cassie echoed the mix of emotions in her experience:

“I mean the experience differed ... maybe from week to week (Cassie, 225-226)

“At times it was a little bit scary sometimes ... but ... uhm ...but it it's a ... it was ... it was quite a [laughs] don't know how to explain it was really quite ... just ... incredible really ... I I ... I I I kept thinking ... 'gosh, you know I wish I had come to this earlier'.” (Cassie, 230-234)

In these extracts, Cassie mentioned the “rollercoaster of emotions” she went through, with a particular focus on her body reactions to distressing feelings. She talked about difficulties in feeling her sense of embodiment. Perhaps it reveals her expectations towards the MBSR course where she expected to see some effects quicker. Cassie shared that despite its challenges, she found the process of going through the mix of emotions quite incredible. It appears that she found the process quite surprising, as she could not put it into words, stumbled a couple of times and laughed when she said she did not know how to explain it.

3.4.4 Sub-ordinate theme 4: A journey of self-discovery

All participants described how MBSR intervention took them on a journey of self-discovery. On this journey, participants began to learn about themselves, through the MBSR intervention lens. This process made them more open minded, non-judgemental and curious about their own experiences. The theme focuses on how participants' view of distress has changed over time as a result of MBSR. It highlights how these new learnings from MBSR become an integral part of their life. Most participants found it difficult to remember their previous reactions to distress (i.e., pre-MBSR) describing significant changes in their mindset that followed post-MBSR. Now, participants describe viewing distress with a new appreciation of their journey of self-discovery.

Below statements from Cassie and Emilia have inspired the label of this sub-ordinate theme:

“I realise that we're all on a journey ... uhm ... everybody is on their own individual journey.” (Cassie, 166-167)

“It's a journey ... you know it's ... I I see that as a work in progress.” (Emilia, 434-435)

Emilia described what she discovered about herself:

“Stay with the difficult feelings even with the anxiety rather than maybe giving up so on something that really matters to me ... I say OK ... that's how I feel ... like that's a massive thing actually I learned about myself ... that before ... uhm ... I could not even name how I've ... how I was feeling ... and now ... I'm I'm able to ... to identify what I what I ... choose and define emotion ... so that is like definitely a good connection I suppose to myself.” (Emilia, 156-162)

”It's it's very empowering to experience that ... upon realising that it's all in your mind ... all is happening is in is in your mind ... it's it's ... I didn't know today is not so much about the outside world is very much how you respond to the world and how you connect to the world and others.” (Emilia, 329-333)

In these excerpts, Emilia described a powerful experience of learning to recognise and name her feelings. Being able to observe her emotions, noticing the discomfort, and being able to stay with it, created a stronger connection to her own *self*. This made her feel empowered and more in control. Feeling in control, appears to be the opposite end of the spectrum to what Emilia described at the beginning of her interview where she felt like she was in the middle of a storm. It seems that developing her mind-body connection contributed to her stronger sense of self that impacted her relationship with others and the world in general. Emilia repeated some words here when trying to explain what she has learned about herself. These repetitions seem to mirror her earlier state of confusion, potentially not being able to identify her internal states. This could also reflect the difficulty of this process, the embodied learning that she is not able to put into words.

Moreover, Gareth reflected on his assumptions and beliefs pertaining to his military job:

“I was a mental health sceptic previously ... you know ... uhm it's a lot of 'man up ... get on with it' uhm ... rather than ... but when you realised ...

when your whole system shuts down ... uhm you realise what what actually a big thing it is.” (Gareth, 213-216)

Gareth shared his assumptions that were strongly linked to his military identity, where he felt that he needed to be strong, potentially not showing any weaknesses. This links to a social construction of masculinity which combined with a high-status role in the military may indicate his coping strategies. MBSR appeared to be a new experience for him which allowed him to re-connect with his own self. It appears that Gareth began his own self-discovery journey upon leaving the military. His body “shut down” and perhaps ‘forced’ him to re-consider his needs. Gareth then discovered that it is important to take care of his mental health, while moving away from the idea of having to “man up” which underpinned his belief structure.

Similarly, Damian described his self-discovery journey:

“Just being able to identify that ... the way that I was reacting was a product of my thoughts and my feelings and not a product of ... an external source.” (Damian, 230-232)

Damian’s journey to learning about himself revealed that his reactions were mostly linked to his own thoughts and feelings. He began noticing that his own interpretations of the external events play a key role in how he perceived himself and the world around him.

“I think that’s ... the thing is the the MBSR course ... kind of ... gave me confidence in ... in myself that ... I don’t have to listen to what other people are saying ... if I want to try something, then I should just try it.” (Damian, 209-212)

As a result of MBSR practice, Damian has begun developing his sense of confidence, curiosity and willingness to try new things, instead of relying on his conditioning patterns and learned ways of reacting to his environment. Moreover, through developing these skills, he appeared to strengthen his sense of agency

which was evident in the way he spoke, including his tone of voice and his confident demeanour.

Cassie talked about discovering how her mind works:

“Some of the other exercises like ... you know thoughts are not facts ... uhm ... and you know that there's certain narratives that we tell ourselves about ourselves ... which are not necessarily true ... and ... that's just what you think.” (Cassie, 96-99)

In the above excerpt, Cassie described how certain aspects of MBSR intervention, particularly centred around becoming aware of our beliefs, assumptions and narratives about ourselves, were an important part of this self-discovery process. For example, Cassie reflected that learning about the narratives she had about herself surprised her. It appears that looking ‘into her mind’ through holding up a mirror earlier, changed her and led to further self-discoveries. Later in the interview, Cassie noted that she no longer feels responsible for others, indicating some internal change in her view of herself, and her role in the world.

She then described how this developed into a spiritual exploration:

“I think the secular, the secular mindfulness is all very well and good ... but uhm that for me personally ... I felt ... that the spiritual part of it ... had to go deeper ... for me to gain uhm ... I thought now complete ... you know, I felt complete now that I've started to understand the spiritual aspects of it.” (Cassie, 272-276)

In this excerpt, Cassie described the growing importance of spiritual aspects of mindfulness. At the start of her interview, she described that she felt that her mind was separated from her body. She talked about being academic and focused on her work as a lawyer. It appears that due to the nature of her work, her body was somehow disconnected from her mind. This could potentially indicate a protective function of her body, where the embodied sensations of distressing experiences are being avoided to protect the mind against the pain.

There were several moments during our interview where I sensed some distance, as if Cassie was staying away from talking about certain aspects of herself. While she described feeling this sense of disconnect from her body, I could observe this was reflected in my bodily reaction (i.e., not being able to sense or connect with my body).

Similarly, Beth mentioned discovering her mind-body split, not letting herself feel the discomfort:

“Being with the discomfort and really facing it, unless you just got on learning how to like, let the discomfort be there ... and be OK with it being there ... that it's not all encompassing ... it's not all the discomfort isn't actually me ... it's just a part of me and ... and that was a big lesson for me during the course ... that ... OK ... there's ... wave of anxiety that I'm feeling is literally just that ... it's just a wave that ... it's going to pass ... and it's not who I am ... it's just a part of who I am in this moment (Beth, 134-141)

Beth talked about how in her own process of self-discovery, she has learned to ‘*be with*’ the discomfort and observe her emotions instead of instantly reacting to them. She used a powerful metaphor of seeing a wave of anxiety as a temporary thing, something that is going to pass. This seemed to have shifted her perspective and not identify with her feelings. This may represent a process of separating her identity from her emotions, allowing herself to process them and letting emotions go. This gives a sense of Beth experiencing her mind ambivalently, with a potential desire to re-connect with her body on a different level.

3.5 Super-ordinate theme 2: A mindful way of being

This super-ordinate theme describes the process of developing a “mindful way of being”, as described by Cassie, but reflected in all participants’ accounts. The theme describes the journey of participants from constant *doing* to *being* in their bodies. It describes how participants learned to cultivate and embody awareness

and stay in the present moment. As a result, participants began to connect with deeply distressing experiences in a new, transformative way, through the lens of MBSR intervention.

3.5.1 Sub-ordinate theme 1: Being in the body

The sense of embodiment and '*being*' in the body, as opposed to '*doing*' things to the body, was an overarching theme in all participants' narratives. The participants talked about developing and strengthening their mind-body connection through attending to their bodily state. Participants also described a sense of embodiment and how distress manifested in their bodies. They described what impact it had on them before, during and after the MBSR course.

Emilia described her experience of being in her body:

“I suppose it is always ... often the body that I neglect ... even like ... now ... I don't exercise enough ... but when you do the mindfulness ... you are more aware ... of your needs, of what your body needs.” (Emilia, 366-368)

Emilia conveyed a powerful message of tending to ignore and neglect her body, particularly when she is not feeling well. Later in the interview, she shared that by *being* in the body and connecting with it more, she began noticing some aches and pains that she had not noticed before. Moreover, through the MBSR practice, she has developed an ability to notice and listen to her needs. The process of being in her body appears quite important in the context of experiencing distress.

For Alex, being in her body during MBSR enhanced her emotional vocabulary:

“When I did the body scan it was a technique that allowed me to verbalise better what I knew” (Alex, 102-103).

In this excerpt, Alex talked about becoming more familiar with her body, its reactions and as a result, being better able to describe what she felt emotionally. This gives a sense of --- learning a new, emotional language to express herself or being able to put words to describe and understand her experiences better.

Cassie described her experience of perceiving her mind-body connection:

“My body ... and my mind and my soul ... were really quite separate things...” (Cassie, 235)

On the other hand, Cassie reflected on her insights relating to being in her body:

“I realised that I hadn't been breathing properly all my life [laughs]” (Cassie, 92-93)

This excerpt demonstrates that something seemingly as simple as breathing, can easily go unnoticed. Cassie reflected on not realising that she had not been breathing properly until she joined MBSR intervention. She laughed when she said that, potentially indicating some discomfort, or demonstrating her surprise for not realising that before. Paying attention to her breath potentially indicated to Cassie the disconnect between her mind and body, where she did not even notice her breathing pattern before.

Similarly, Gareth talked about the disconnect he felt between his mind and body:

“I paid attention physically to it [body] before ... and made it do things ... you know ... because you go through training and it's pretty pretty hard ... and you ... you do things that you have to ... uhm ... activate your brain to make yourself do things ... you know it's not just like go for a run ... it's actively jumping off something ... that's a long way up in the air ... and you know, hitting a cargo net or whatever it is ... those leaps of faith that take conscious effort to do ... so I've done that previously but I'd never really sat down and thought what's going on.” (Gareth, 243-250)

Gareth's experience illustrates the mind-body split where he treated his mind and body like two completely separate aspects of himself. He depicted the reality of his demanding job, where he was used to treating his body like a physical object. Gareth mentioned “taking leaps of faith” and “taking conscious effort” to do physical things, painting a powerful and vivid picture (with his choice of words) of

how difficult and demanding his role in the military was. The nature of his job potentially did not allow for his mind to be present in these strenuous, dangerous and distressing situations, creating the mind-body split to help him cope with them better. Gareth appeared to see his body as an 'it', something that was a-part from himself (adding to a profound sense of *bodily alienation*) and something that he did not have a control over. He now realised that he needs to do things in a new and different way, without taking his mind and body for granted.

In the following excerpts, Damian described his experience of observing his body during a body scan meditation:

"I think the most profound impact that I felt was doing the body scans ... when we when we started it to my ... uhm ... doing and we were doing the body scan ... my mental image of myself was almost in two halves ... one half was ... on a clear outline or image of myself ... but the other half was very fuzzy and blurry and and sort of distorted." (Damian, 126-131)

"I noticed as we were doing, the body scans that blurry side of me started becoming more in focus ... and I don't know if it's just ... I calling explain it ... but it's almost like there was that element of me that's ... is out of whack ... it's needed to be brought back into line and ... the the mindfulness is certainly the breathing in the meditation sort of helped me to ... internally realign myself." (Damian, 136-141)

Similar to Cassie and Gareth, Damian experienced some type of a split in his body. However, his experience appeared to be more embodied, where the split was possibly associated with the state of his wellbeing being reflected in his body. He described the "blurriness" as a manifestation of his mental health problems, providing a visual representation of his internal state that was mirrored in his body. Later in the interview, Damian compared it to seeing the left-hand side of his body like "through a frosted glass". This experience diminished as MBSR intervention progressed, letting him see his "whole self" rather than its individual parts. This gives a sense of having an inner embodied knowledge of how one feels, compared to an internal body map that we can access if we are in tune with our self.

Damian's visual description appears to point to the experience of connecting with his body which subsequently allowed him to connect to the mental image of himself.

3.5.2 Sub-ordinate theme 2: Cultivating and embodying awareness

All participants described that their developing sense of awareness was a crucial aspect of making sense of deeply distressing experiences. Observing and learning about their reactions and allowing themselves to choose whether they wanted to react, was a significant part of this process. Taking control over their reactions was a transformative experience for the majority of participants, which translated into the wider context in their lives.

In this excerpt, Cassie described a powerful insight about reacting to certain situations:

“I can always take a break ... and instead of ... reacting to particular situations ... I could respond. ... and sometimes that response means doing nothing ... do just ... just sit with it ... so being able to sit with my feelings ... being able to ... uhm be aware of ... and to be able to identify those feelings ... and to sit with them ... I think that was very powerful.”
(Cassie, 104-108)

“It changed ... you know ... as I've already mentioned ... it really changed in the sense that I'm able to ... kind of ... put a buffer between myself and the incident ... and be almost like an observer.” (Cassie, 524-527)

In this excerpt, Cassie expressed a sense of surprise at being able to choose whether she wanted to react or not. Taking a break before responding did not appear to be an option for her before. Cassie's tone of voice and the slow, careful manner of saying each word demonstrates a way in which language not only reflects but also constructs her experience. She described putting a buffer between her and external events, giving a sense that she is able to separate them from her identity.

Damian echoed Cassie's experience:

"It's helped me to change that perspective because ... I am able to take a step back ... and look at things ... from a certain point ... like I said, third party point of view ... but then also to take a step back and ... just stop ... and to think about ... what's going on within myself ... and to then sit with it uhm and to ... choose to react, or choose, not to react ... where before I didn't have that ... I just reacted ... and so it's giving me a lot more choice."
(Damian, 470-476)

In this extract, Damian talked about his experience of learning that he did not always need to react, and that there were other alternatives to his automatic reactions. Damian mentioned learning to take a step back and look from a "third party point of view". The way he described his experience gives the impression that there is almost a third person, an observer, other than himself. It brings to mind an ability to observe the 'distressed self' part of him, perhaps, whereas before he did not have that ability. It appears that he found having a choice empowering, letting him look at his experiences from a different perspective and tolerate difficult feelings, without reacting to them as soon as they arise. This potentially indicates Damian's developing distress tolerance and growing resilience.

Next, Emilia reflected on developing awareness of her triggers:

"Being aware that's that's a key thing ... once you're aware of that ... what it ... something that triggered you ... being aware of your feeling ... so you'll realise 'OK this hurt me' ... or 'I'm sad because this is happening'."
(Emilia, 601-604)

Emilia described an experience of becoming aware of her feelings, which made her more attune to how she was reacting to external stimuli, making her mindful of her responses, and better able to notice and name her feelings. It appears that with developing awareness, came a greater sense of acceptance and being able to name difficult emotions, instead of ignoring them.

Moreover, Beth described how developing awareness became the catalyst for other changes, such as giving up smoking:

“My understanding quite ... requires me picking up a cigarette and lighting it right now you know ... and I hadn't ... I hadn't really done that before ... it was such an automatic thing in automatic response to doing ... to doing something uhm ... so I do ... I learned ... I know that that in the aftermath of it, as I was more aware of like what I was consuming and the choices I was making. “ (Beth, 107-112)

In this excerpt, Beth depicted how she challenged her automatic responses by attending to her body. As a result, she became more aware of her choices. She described an example of picking up a cigarette and how it was a habit for her that she did pay too much attention to. MBSR planted a seed in her mind that continued growing even following the MBSR intervention. This increase in her awareness was not immediate. Beth has only noticed these changes after she completed the course. Beth reflected that her increased awareness has impacted her choices in other areas of her life, where she noticed an increased sense of agency. Beth described that as a result of developing her awareness, she has established stronger boundaries with others. She became more attuned to her needs and developed a stronger sense of *self*.

3.5.3 Sub-ordinate theme 3: The power of anchoring in the present

All participants described the powerful nature of being in the present moment. Some of them talked about how grounding in the present created space to allow themselves to pay attention to their minds, bodies and experiences. This in turn facilitated this newly found appreciation of themselves and the world around them, including a shift in the view of deeply distressing experiences. For most participants, it seemed that focusing on their breath and being able to use it as an anchor, was a crucial aspect of learning to observe their thoughts, without getting 'drawn into' by their narrative. This points to a noticeable overlap with the previous sub-theme's focus on the body. However, this appears to be the next

step in the process of participants' journey, and thus is considered as a separate sub-theme.

In this excerpt, Damian described the challenging nature of staying with the present moment:

“It was challenging to not ... sit with it ... and it's challenging to ... to be present with the feelings and ... accept the feelings as they were and ... accept ... the thoughts as they were ... and not feel the need to run away from them.” (Damian, 337-340)

Damian emphasised the difficulty of being present with his own thoughts and feelings. He realised that in order to sit and be present with them, he needed to accept them first, which was difficult to do. He described wanting to “run away from them”, highlighting the level of intensity and his tendency to avoid discomfort/difficult feelings.

Alex expressed how anchoring in the present moment looked like for her:

“The more mindful you become, the less you feel really in ... the more you enter a state of being ... as opposed to thinking, feeling, doing.” (Alex, 46-47)

“It was a ... a map really for me it was a ... it was mapping what I knew ... so you know you become mindful ... you do ... you do ... you become mindful ... deliberate focused attention that brings you into the present.” (Alex, 146-149)

In these excerpts, Alex talked about her experience of noticing that the more mindful she became, the fewer thoughts and feelings she observed. She described “entering a state of being” which alluded to a different mode of functioning. Perhaps, due to her more advanced level of meditation practice, she was able to connect with her “state of being” on a deeper level. Alex then compared MBSR intervention to a map, where MBSR course appeared to map

all the things she knew, potentially from her earlier practice, into a one coherent whole.

This was echoed by Emilia, who described her experience of connecting to the present moment:

“To be able to anchor myself into the here and now ... to be uhm ... being very much connected to the present moment ... and I could only do that because I was able to focus on my breathing.” (Emilia, 109-112)

On the other hand, Beth described that it was challenging for her to grasp the idea of being in the present moment:

“But it was this sitting still and sitting ... sitting in the present moment ... I hadn't really fully understood the concept of ... being able to just be ... be in a room with people and sharing the experience.” (Beth, 84-86)

Earlier in the interview, Beth described her experience of yoga and meditation practice, alongside several self-development courses. She talked about wanting to make meditation a part of her daily life but not knowing how, and she linked it to a gap in her understanding between what she knew and how she applied it. In this excerpt, Beth mentioned how difficult it was for her to sit still in the present moment. This potentially links to the earlier part of her narrative where she talked about being unable to make meditation a routine.

Then, Beth described a recent experience of a health scare where she was told about potential pre-cancer cells and had to have a procedure done.

“I wouldn't let myself go to the ‘what if’ ... if I caught myself going ... or ‘what if it is cancer?’ ... I didn't ... I actually did ... I ... remember now like ... I did stop myself.” (Beth, 583-585)

Beth described a situation when she grounded herself in the present moment, not wanting to think too far into the future. It seemed that she felt more in control of staying in the present moment, where she could manage her feelings of fear.

The fear of a potential diagnosis, or what might or might not happen, made her stop and reconsider how she wants to proceed. She decided to stop herself from thinking ‘what if’ scenarios and was able to continue with her day to day life, instead of becoming anxious.

3.5.4 Sub-ordinate theme 4: A new way of connecting to deeply distressing experiences

All participants talked about changes that occurred during or following the MBSR intervention. For some of them, this was a shift from living on automatic pilot to conscious living, while for others it was about realising the level of conditioning they had internalised. Participants talked about cultural and societal expectations and norms, biases, habits, beliefs and assumptions that informed their decisions and ruled their lives. MBSR intervention dramatically changed their relationships with themselves, others and the world. Overall, participants described a transformative way of viewing deeply distressing experiences, which changed their relationship with distress and its meaning in their lives.

For Gareth, developing new ways of dealing with distressing feelings and giving himself permission to do so was crucial:

“Just grounding yourself the way you are ... uhm was a really big thing 'cause you can do that anyway, can't you? ... you just take out a bit of time ... uhm I've got a little worry stone thing that I use, you know ... and just and again that's almost a permission thing, isn't it? ... you know you're allowed to have things like that ... even though ... you're ... six foot one of you being in military for 20 years ... you know you're allowed to ... you're allowed to do things like that.” (Gareth, 173-177)

Gareth described challenging his assumptions, potential biases and stereotypes of being a man in the military. Because of MBSR, he gave himself permission to take care of himself as an individual, as opposed to what he was used to doing in his job. Moreover, allowing himself to use techniques and strategies that help with feeling grounded, shifted his relationship with himself and how he experiences distress. He described using a ‘worry stone’ alongside other self-

care techniques. This demonstrates how powerful MBSR intervention was for him in relation to normalising and validating his distress. This is particularly important in the context of some assumptions or beliefs which have been rooted in our culture and societal norms and remain widespread. In Gareth's case, a permission to look after himself appears transformational. It appears that Gareth was able to find some creative ways of dealing with distress that suit him personally. Further in the interview, Gareth described blaming himself (and feeling shame) for things he had no control over. Through MBSR, he learned to recognise things he had control over, as well as talk about distress and working through it, rather than avoiding it.

Damian described the life-changing shift he experienced in relation to distress:

“Before I was very numb to it [distress] ... I think that's something that came up in the course ... and then some of the thoughts and feelings that came up in the course that I had to deal with ... that were stashed away from ... 20 years ago ... and they're still sitting ... there were still sitting like a monkey on my back. (Damian, 403-407)

Damian mentioned that initially he realised he was quite detached from impact of distress. Damian used a metaphor “sitting like a monkey on his back” illustrating the gravity of the situation and how much weight the distress had accumulated on him. Damian used another metaphor, which indicated that he tends to deal with distress using humour and analogies, minimising its impact of distress on himself.

Damian added how MBSR impacted his understanding of distress:

“It made me understand ... or it allowed me to understand that ... the distressing experiences ... and I mean that's an extreme distressing experience ... the distressing experiences that ... I feel and we feel on a day to day basis in the normal world ... uhm ... a lot of the time of ... manifested from ... within ... and I learned that actually ... what I was doing is I was amplifying something small and meaningless into something huge and ... and dangerous ... and ... the MBSR course ... allowed me to

understand more of that and to be able to actually put ... the distresses and the stress factors and things into a ... a more meaningful hierarchy.” (Damian, 449 – 458)

In this excerpt, Damian described the importance of acknowledging and processing deeply distressing experiences. Damian was able to notice that his own reactions contributed to him feeling in a certain way and how he could re-learn how to react to things differently. He mentioned that he developed an increased understanding of how distress impacts him, learning how to prioritise and categorise stresses from his life. MBSR made Damian take a closer look at his feelings and the impact deeply distressing experiences from his past had on him.

Beth described how the practical approach of MBSR contributed to the change of her relationship with distress:

“It's a real common sense ... kind of life skills to have that I didn't have ... in many ways [clears throat] sorry I had them, but I didn't know how to apply them ... and yeah, you know ... building upon them as I went forward was really ... was kind of as well ... was a catalyst for change and a lot of other areas of my life.” (Beth, 205-209)

Beth provided an example from her life where MBSR shifted a distressing condition for her:

“Like looking back ... I know my stress levels are totally gone ... I used to have IBS [irritable bowel syndrome] ... uhm ... that's gone ... and I do put that down to mindfulness ... uhm ... yeah, so I do ... yeah, I think that ... I can't pinpoint the MBSR changed something ... but it was definitely the catalyst for a lot of change.” (Beth, 340-344)

In these excerpts, Beth described how MBSR taught her life skills to deal with distressing experiences. It appears that MBSR instigated a cascade of changes that impacted several areas of Beth's life, including potential psychosomatic symptoms, that manifested as IBS. By eliminating stress from her life, she noticed

bodily symptoms disappear. This potentially suggests a significant mindset shift in Beth's approach to external stimuli, as well as her reactions to distressing events.

For Cassie, the biggest impact seemed to be around learning skills that let her look at distressing situations differently, as well as becoming more accepting:

"I'm not allowing myself to be hostage to my feelings ... I can be objective."
(Cassie, 544-545)

"Mindfulness has also helped me too ... to kind of accept ... you know there's a kind of acceptance that ... 'OK, that is what happened'." (Cassie, 467-468).

In these excerpts, Cassie talked about viewing her emotions through the mindfulness lens, letting her see them more objectively without becoming stuck. She talked about developing a level of acceptance which allows her to cope with distress better without being pulled into it.

In the next passage, Florence echoes Cassie's experience on acceptance.

"It's up to you how you let that affect you ... it's up to you how much you let it hurt you ... you are your own worst enemy to a certain degree ... so if you let things ... stressful events or distressing events ... if you let them eat away at you ... uhm ... that's when it becomes ... a whole lot worse ... you do have to accept some things in life ... there is times that ... hurt and aren't very nice ... you've just got to accept they're there ... and deal with them differently." (Florence, 517-523)

Florence described feeling that it was up to her how she let things affect her wellbeing. MBSR impacted the way she understood how much she lets external things affect how she feels. She emphasised that this is her way of thinking now and that because of her increased level of acceptance, she no longer feels the distressing emotions with regards to other people. Florence talked about blaming her mother for various things before, that made her feel pain and hurt. However,

she said that now she let that go and was able to deal with feelings differently, specifically being more accepting of her current situation.

Chapter Four

Discussion

4.1 Overview

The first part of this chapter summarises and discusses the findings of the present study in the context of the existing research. The main conceptual themes are explored with regards to the wider literature and its philosophical underpinnings. Because of the richness of the findings, the novel aspects are explored in more detail with the hope to contribute the unique perspective of participants to this greatly under-researched topic.

The second part of this chapter aims to address the quality of this research study in terms of its strengths and limitations, considering the methodology and design aspects. Furthermore, I discuss the clinical implications of this study and suggestions for future research.

4.2 Research aims and summary of results

The aim of this research study was to explore how participants who have completed a mindfulness-based stress reduction intervention understand and make sense of deeply distressing experiences. The participants' narratives shed some light on a greatly overlooked area, describing how MBSR intervention transformed their understanding of deeply distressing experiences. Moreover, this newly developed understanding of distress had a further impact on other areas of participants lives which was evident throughout their narratives.

Super-ordinate theme one, 'Facing the emotional rollercoaster', focused on participants' journey through MBSR intervention, whereas super-ordinate theme two. 'A mindful way of being', underlined the aspects of participants' experiences that emerged during and after MBSR course. All participants highlighted how much has changed for them when making sense of psychological distress and

how the process of self-discovery, learning acceptance and being in the body shifted their understanding of distressing experiences.

However, it is important to note that this discussion chapter offers the researcher's subjective interpretation, rather than generalisable explanation, based on the analysis of participants' experiences. In line with the idiographic approach of IPA, researcher's focus remains on the particular rather than the universal experiences (Smith, Harr , & Van Langenhove, 1995).

4.3 Understanding the emergent themes in the context of existing literature

This section discusses the key findings in relation to the main conceptual themes in this research study, in the context of the existing literature. Moreover, it addresses novel findings that extend current explorations surrounding the topic of MBSR and deeply distressing experiences.

The findings of this study suggest that MBSR intervention carries several implications that appear to be relevant to understanding of deeply distressing experiences, and psychological distress in general. All the themes are interconnected and it is not possible to disentangle some of them. Participants' narratives cannot be neatly compartmentalised and there is an inevitable cross-over across themes. However, although the process is not linear, it seems to involve universal aspects for all participants. These findings are described in two parts in the following sections.

(1) The process of deeply distressing experiences

(2) A gateway into an embodied way of being

4.3.1 The process of deeply distressing experiences

4.3.1.1 Accumulated pressure comes crashing down

All participants described experiences of struggling to face their distress. This was detailed in the sub-ordinate theme of 'Accumulated pressure comes crashing down'. The participants portrayed their process of deeply distressing experiences as a long journey, indicating a strong sense of avoidance and wanting to suppress or ignore difficult feelings. Subsequently, the accumulation of distressing life experiences over time began to impact their daily functioning, often leading to a state of desperation and needing to seek support to address their distress.

Cassie described her experience of "all the accumulated pressure crashing down" on her. Similarly, Gareth described a crisis where he returned from deployment and struggled to "keep his head above water". He referred to his difficulties of facing the reality following several deeply distressing experiences that "pushed him over the edge". This was echoed by Damian, Emilia, and Florence whose mental health struggles left them unable to function at some point in their lives.

Overall, this indicates that addressing distress tends to be avoided. This could also reflect how distress and mental health struggles are viewed in our society and how difficult it may be for people to seek help, potentially linked to internalised beliefs and widespread cultural norms that discourage it. This was particularly evident in Gareth's narrative of being a man in the military. Gareth described an experience of feeling like he needed to "man up and get on with things". He did that until the pressure became too much to a point where he could not function in his job. This was echoed by Damian's experience who was signed off work due to his mental health struggles.

The existing research suggest that avoidance may be common compensatory reaction (or coping mechanism) that is usually experienced following exposure to deeply distressing experiences (Wilde, 2022). In such circumstances, the body automatically reacts in one of the three ways, namely fight-flight-freeze. It has been suggested that distressing experiences affect automatic freezing response,

which is a primary defense response, and may indicate the cumulative effect of multiple traumatic events (Hagenaars, Stins and Roelofs, 2012). Distress overload can lead to a body shutdown (Shauer and Elbert, 2010) which was evident in some participants' narratives. When an individual experiences a distressing event, they might be unable to make sense of it, and develop strategies to cope with the impact of this experience. These often include emotional numbing, where the individual who is confronted with a distressing experience forgets, denies or dissociates, as opposed to responding in a more adaptive way. This frequently involves suppressing the distressing memory or taking a defensive stance, often facilitated by alcohol or drugs (Wilde, 2022).

Van den Berg (1972) compared it to a 'collapsing' world, paralleling it to 'losing person's footing' due to mental health struggles. He stated that when the individual is not well, this means that their whole world is not well (van den Berg, 1972; pp. 45-46). Similarly, Kemp (2009) viewed distress through existential withdrawal from the meaningful world and the lived body. This process leads to losing meaning and progressive alienation from self (Kemp, 2009, p. 130) which was evident in participants' accounts.

4.3.1.2 The challenges of holding up a mirror

The second stage of this process involved the participants facing the reality of deeply distressing experiences during MBSR intervention. The participants described at length the challenges of 'holding up a mirror' to themselves in which they were confronted with some difficult parts of themselves that had been previously avoided.

Damian described a challenging experience of facing his inner struggles when he turned the mirror on himself. He used an illustrative metaphor, pointing to an idea of needing to face and accept his "inner demons". Similarly, Florence expressed her experience of facing some difficult feelings that "came to the surface". She stated that her mind was "hiding" things from her, demonstrating the struggle of facing her own 'inner demons'. Both narratives consider the mind as an external, separate 'object', which potentially has some control over participants. Florence described that she "had to accept and deal with [difficult

things]” indicating her inner struggle of going through this process. Having to accept and deal with the aftermath of deeply distressing experiences leads to being faced with aspects of oneself we may not want to see, due to potential feelings of self-blame, or shame which are common when experiencing distress (Shi et al., 2021; Herman, 2012,).

Emilia described feeling ashamed for not being able to function or tell others about how she was feeling. Similarly, Gareth expressed that he “blamed myself for a lot of things that I had absolutely no control over at all”. Facing these feelings by holding up a mirror to themselves, helped most participants to process these emotions, shifting them into acceptance. This potentially indicates that the group aspect of MBSR intervention has a potential to address shame implicitly, through normalising these difficult experiences. This is in line with Proeve, Anton and Kenny (2018) who found that mindfulness-based approaches may be beneficial in reducing shame-proneness.

Furthermore, MBSR was found to increase capacity to tolerate difficult experiences (Teper, Segal & Inzlight, 2013; Jimenez,). Sears and Kraus (2009) stated that awareness and acceptance of transitory moments are key aspects of replacing automatic thoughts and reactivity to events, while replacing them with healthier and conscious responses. This might facilitate acceptance of negative feelings, helping reduce tendencies to avoid or suppress thoughts and negative emotions (Campbell-Sills et al., 2006). Acceptance has been negatively associated with avoidance of symptoms of post-traumatic stress (e.g., Thompson & Waltz, 2010). Consequently, it may help reduce negative appraisals and associated emotions, such as shame and self-blame (Goldsmith et al., 2014).

Moreover, Goldsmith et al., (2014) found that increased acceptance of thoughts and emotions was consistent with the only other known study to measure acceptance in MBSR for individuals exposed to trauma (Kearney et al., 2011). In terms of distress-related appraisals, shame was found to be the only one aspect that changed throughout MBSR intervention. This is in line with previous research on shame and PTSD and depression symptoms, emphasising the significance of its role (e.g., Saraiya & Lopez-Castro, 2016; Beck et al., 2011).

4.3.2 A gateway into an embodied way of being

The body stands before the world and the world upright before it, and between them there is a relation that is one of embrace. (Merleau-Ponty, 1968, p. 271)

One of the main conceptual themes in this research study that was present in all the participants was becoming re-connected with the body (as illustrated in 'Being in the body' sub-ordinate theme).

The participants used their bodies as a gateway into an embodied way of being. The narratives highlight the process of moving away from 'doing' into 'being', as if learning a new way of being-in-the-world, which Heidegger (1927/2011) conceptualised as embeddedness in the world. This was evident in Emilia and Florence's experiences where they began noticing aches and pains they had never observed before. Moreover, Florence described enjoying the time she now spends on her own, which has dramatically changed. Similarly, this was evident in Damian and Gareth's experiences where they moved away from the mind-body split and developed a holistic perspective. Damian described a powerful shift that had "the most profound impact" on him, focused around his mental image of himself. Initially, Damian could see it in two halves; one half was a clear image of himself, while the other was "very fuzzy, blurry or distorted". Damian expressed "feeling out of whack", while seeing half of his body like "through a frosted glass". As MBSR intervention progressed, the blurry side of him began to shift and become more in focus. He said that MBSR helped him to "internally realign himself" by slowly beginning to see his body "as a whole".

This is in line with the growing research on body mapping (Gelb, 2013; Alexander, 1985) and interoception (i.e., a subjective image of oneself as a feeling (sentient) entity). Interoception dysregulation has been linked to acute or chronic stress and major adverse events which can impact self-perception of bodily sensations (Schulz and Vogele, 2015). Research suggests that interoception plays a crucial role in body-related symptoms (Michal et al., 2014; Sedeno et al., 2014). What this potentially means is that MBSR as an intervention could alleviate physical

symptoms and improve overall wellbeing by strengthening the interoceptive signal processing.

Moreover, becoming more conscious of the body has been helpful for participants to put their “felt sensations into words” (Greenberg & Tomescu, 2017 p.699). Alex expressed that MBSR allowed her to “verbalise better what she felt”. This is in line with research demonstrating that emotions remain in an “undifferentiated form as sensorimotor schemes that are pre-ideational and preverbal” (Lane, 2008; as cited in Greenberg and Tomescu, 2017). This suggests that MBSR provided Alex with vocabulary to express her feelings, turning bodily felt sensations, or implicit emotion, to conscious experiences of various emotions, which is crucial in learning adaptive strategies.

Beth described working with the idea of “the body as a safe space”. Similarly, Kabat-Zinn (1990) described using body and breath as a “home base”, indicating to the safety of the home. This implies that after establishing safety within one’s body, participants were ready to utilise their bodies, and use them as vehicles for change (Merleau-Ponty, 1962/1999). This is particularly important when working with deeply distressing experiences, where these difficult emotions can become apparent during MBSR intervention and potentially re-traumatise individuals (Treleaven, 2018). Working with the ‘felt sense’ (i.e., sensations in the body that hold valuable information relating to experience), as introduced by Gendlin (1978), appears to be a crucial aspect of working with distress. According to Peter Levine (1997, p.67), the ‘felt sense’ is “necessary to transform trauma”. This part of the process seems necessary to transform the understanding of deeply distressing experiences.

These findings can be considered in the context of phenomenological perspective on embodiment, particularly the Merleau-Ponty (1945/2012) emphasis on the embodied nature of being. Merleau-Ponty’s concept of the body-subject challenges the notion of dichotomy of considering the body as ours (body-subject), and the body as an object for others (body-object). He argued that the body-subject, the body-as-it-is-lived, tends to be taken for granted, while the body-object refers to the body that is observed by others. MBSR takes the participants on a journey of moving away from the body object, to body-subject

(i.e., the body in which they interact with the world). Moreover, participants are seen as 'persons-in-context', with their *lifeworlds* not being 'hidden inside', but being out in the world, and observable in our relatedness to some meaningful context (Heidegger, 1962).

However, despite the importance of the body in phenomenological research, Finlay (2006) states that its role is often overlooked. Instead, researchers often remain focused on decontextualised words while immersing themselves in interview transcripts which can significantly limit the analysis. The present study highlights the importance the body plays in deeply distressing experiences, but also as part of our overall wellbeing.

4.3.2.1 A way of awareness

The sub-ordinate theme 'Cultivating and embodying awareness' echoes the existing research on MBSR, particularly in relation to developing enhanced awareness of moment-to-moment experiences (e.g., Song and Lindquist, 2015; Grossman et al., 2004), and processes of change (e.g., Sauer & Baer, 2010). Similar results have been demonstrated in Evans et al., (2011) where they found that increased mindful awareness scores were associated with decreased psychological distress following MBSR. Moreover, learning about one's own thought patterns and the fact that thoughts are not "reality" or "truth" has been one of the key aspects in developing awareness for participants (Sauer & Baer, 2010). The participants in this study emphasised the importance of going through this process and noticing the shifting awareness of their own patterns.

Cassie recounted that for her one of the key takeaways was "reacting to particular situations ... I could respond. ... and sometimes that response means doing nothing". Similarly, Damian explained that he can "choose to react, or choose, not to react ... where before I didn't have that ... I just reacted ... and so it's giving me a lot more choice", indicating that he can pause before reacting, and respond in a more adaptive way when faced with distress. Moreover, the participants were able to become aware of their emotions. Emilia expressed that "being aware of your feeling ... so you'll realise 'OK this hurt me' ... or 'I'm sad because this is happening" was important aspect of this. This was also evident in Damian's

narrative where he talked about being aware and recognising that he feels “sad” or “hurt”, giving him more freedom to respond. This was reflected in other participants’ narratives.

This process leads us to developing our emotional awareness (Craig, 2003), self-compassion, empathy and becoming more accepting of ourselves (e.g., Kriakous et al., 2021; Evans et al., 2018; Raab et al., 2015). In the study of Evans et al., (2018) they found that changes in self-compassion were the key determinants in the relationship between mindfulness and wellbeing following MBSR training. Their results suggested that mindfulness may facilitate cultivating self-compassion through MBSR which leads to enhanced wellbeing and resilience.

Considering this phenomenon through a Self-Determination Theory Approach to understanding distress (Weinstein & Ryan, 2011) in the context of wellbeing and adjustment can be beneficial. The authors argue that understanding how stress impacts us and how we cope with it is significant to understanding stress-related phenomena. They suggest that less stress incursion and better coping with demanding events are associated with greater autonomous functioning, higher mindfulness, more interest-taking in internal events, and lifestyles focused on pursuing intrinsic over extrinsic goals, among other factors (Weinstein & Ryan, 2011). This is in line with the participant’s accounts, with increased awareness, they described coping better with deeply distressing experiences. For example, Emilia described that “being aware that’s a key thing” whereas Cassie could “put a buffer” between her and the outside world.

From the participants’ narratives, we can see that they have very different experiences of distress post-MBSR. This is mirrored in the existing research, which stated that MBSR leads to decreased psychological distress and coping with psychological distress in a more adaptive way (e.g., Brady et al., 2012;). Furthermore, Lamothe et al., (2018) considered the feasibility and acceptability of MBSR-based intervention and its impact on psychological variables, assessed pre- and post-intervention, such as mindfulness, empathy, identification of one’s own emotions and those of others, emotional acceptance and recognition of emotions in others, in two studies: in Study 1, twelve students completed MBSR intervention, while in Study 2, twenty-five HCPs completed the MBSR

intervention. The participants who completed MBSR improved on perspective taking, and identification of one's own emotions and emotional acceptance.

The idea of self-knowledge, or "Know thyself", which comes from Socrates, has been linked to the notion of opening the mind to the variability of today's world (Svítek & Žák, 2020). The authors link the level of openness of the mind to the complex perception of ourselves and the world around us. Consequently, this refers to knowing thyself (i.e., ourselves and our environment), pointing to the idea of transcendence. The process of attaining self-knowledge occurs in the macro-world of rational thinking and micro-world of inner emotional states, and requires introspection (Svítek & Žák, 2020). This relates to a central theme in the present research study, where participants embarked on an excursion into their macro and micro-worlds which has enabled them to enhance their self-awareness. Although challenging at first, the participants described how noticing and acknowledging difficult emotions has contributed to developing their self-awareness and its transformative effect on their understanding of deeply distressing experiences.

4.3.2.2 A shift in experiencing distress

"The meditative view is that it is only through the acceptance of the actuality of the present, no matter how painful or frightening or undesirable it may be, that change, and growth and healing can come about." (Kabat-Zinn, 1990, p.213).

The participants described a significant and transformative change in their mindset, particularly around how MBSR shaped their understanding of deeply distressing experiences. This included four different domains: 'Being in the body', 'Cultivating and embodying awareness', 'The power of anchoring in the present' and 'A new way of connecting to experiences'.

One of the main shifts included moving from '*doing*' into the '*being*' state, as mentioned earlier in 'A gateway into an embodied way of being'. However, as Kabat-Zinn (1990) argued, some individuals require permission to do so, alongside guidance and support when finding their way. This was evident in Gareth's narrative, where he described wanting to take care of his wellbeing but

said it was “a permission thing”. Gareth did not think that a man in the military could be doing things to get support for his wellbeing. He called himself “a mental health sceptic”. Gareth’s experiences indicate a potential impact of his conditioning (i.e., values, beliefs, assumptions) that could relate to valuing *doing* over *being*. He talked about using a ‘worry stone’ to help himself stay grounded, allowing himself to use self-care techniques that seemed inaccessible before. Thus, MBSR facilitated this change, providing Gareth with a transformative view of distress. Similarly, Damian stated that “mindfulness ... brought up is that actually I’m a lot more affected by ... by environment and ... and the people around me, then I believed that I was”, opening his eyes to the impact of environment on him.

On the other hand, Beth described that MBSR was a catalyst that instigated several major changes in her life, from quitting smoking, to healing her stress levels and IBS to viewing distress differently and being able to face distressing events in a more adaptive way. For example, she talked about having a health scare relating to cancer, and how she was able to face it without getting lost in the “what if” narrative.

This process of facing deeply distressing experiences can be difficult and challenging, as demonstrated by the participants’ accounts. It seems to mirror therapeutic process in some way, where the therapist often acts as a mirror, reflecting back difficult things the client may be avoiding. MBSR appears to offer a safe, reflective space to individuals to develop their awareness and learn to make use of their bodies.

MBSR intervention appears to take participants on a journey of self-discovery, exploring their avoidance, facing the difficult emotions, and finally leading them to acceptance of the present moment. By acknowledging the impact of distress, they can take control and feel more empowered about their wellbeing. MBSR can be a gateway into an embodied way of being, helping to make a purposeful and meaningful choices about our lives. Overcoming temporary discomfort appeared to bring unparalleled access to support and resources that contributed to this transformative shift in viewing distress.

In light of phenomenological perspective, Husserl (1991) claimed that every experience is intrinsically temporal and that conscious experience is in constant flux, where one perceives only time slices of now-moments. Phenomenology and viewing experiences as temporary (Husserl, 1991) appears to be closely linked with the core teachings of MBSR intervention. Subsequently, it seems that the realisation of the temporal nature of reality and emotion encouraged the participants to move towards the idea of acceptance.

Considering the PTM framework, the present research study focused on participants' narratives, and subsequent meaning making in the context of their wider social factors. Some of the wider social factors that were prominent were childhood adversity, social and cultural discourses about gender roles (i.e., masculinity), the issues of power and socio-economic status that all had an impact on the participants' experiences of deeply distressing experiences. The participants were provided with a platform to share their narratives of deeply distressing experiences in the context of MBSR intervention, increasing their access to resources and power, enhancing agency and creating a new narrative (Johnstone & Boyle, 2018) that appeared to link these together.

4.4 Evaluation of the study

As outlined earlier in the methodology chapter, Yardley (2000) suggests four main aspects that can be considered for evaluation of qualitative studies, including sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. In the next sections, I provide a brief summary of Yardley's (2000) dimensions, specifically focusing on the impact and importance aspect of the present research study.

4.4.1 Sensitivity to Context

To ensure sensitivity to context, I carried out a comprehensive literature search and stayed up to date with relevant literature throughout the research process. This included becoming familiar with research studies in the field of mindfulness and psychological distress, both qualitative and quantitative. My personal practice of mindfulness and experience of MBSR intervention facilitated my

understanding and exposed me to the wider context surrounding this research study. However, although being inextricably involved as a researcher in this study, I took measures to maintain rigour and kept in mind any possible bias due to my personal experiences. I continued to explore my own experiences and understanding in personal therapy, which helped me differentiate my own experiences from those of the participants. While I was interested in participants' self-perceived effects of MBSR in understanding deeply distressing experiences, I remained open to how attending MBSR intervention impacted their personal and professional lives as a whole.

4.4.2 Commitment and Rigour

Considering my 'insider' position as a researcher, I ensured rigour by attending regular research supervision. This was particularly important during the analysis stage to maintain a distance from the analysis and differentiate my own views from those of the participants'. Although, my supervisor did not engage in the full analysis with me, explaining my own process of creating themes and developing my reflective stance was crucial. Taking into consideration my supervisor's 'outsider' view, I also ensured that I maintained a reflective stance while sharing my analytic process at different stages throughout the research.

4.4.3 Transparency and Coherence

Transparency was maintained throughout the research process and is demonstrated in the write up of the study. I have maintained a reflective diary to document my thoughts and ensure a space for regular reflection, including my personal reflexivity from my position as a researcher. Moreover, I maintained a transparent analytic procedure by incorporating excerpts and narratives from participants in the research. Coherence was upheld by maintaining a fit between the theory and method throughout the study.

4.4.4 Impact and Importance

In order to ensure the impact and importance of the findings from this research study, clinical implications have been attended to carefully and thoroughly. The

findings could potentially inform the quality of care of service users who experience psychological distress. Furthermore, this study might provide useful suggestions to individuals who have experienced deeply distressing experiences on how to develop new ways of dealing with distress and healing from painful experiences with the use of MBSR intervention. The findings from this study carry important clinical and ethical implications, which can be overlooked in the contemporary research. In the future, I hope to publish articles in psychology and mindfulness journals to share my findings with the wider community.

4.5 Limitations of the study

This section discusses some of the limitations of this research study. The study was aimed at recruiting participants who completed MBSR intervention and experienced deeply distressing experiences to satisfy homogeneity requirements. The sample included mostly female Caucasian participants. Moreover, there is a possibility that participants who took part in this study had more positive experiences of MBSR intervention, compared to individuals who did not find it helpful. Thus, the accounts included in this study could be limited to the more positive outlook on this intervention. Moreover, due to the nature of the self-selected sample, participants had various experiences of deeply distressing experiences. These ranged from childhood to more recent, often long-lasting/chronic experiences of distress. However, Smith, Flowers and Larkin (2009) argue that complete homogeneity is rarely possible. The participants were selected purposively to find individuals for whom the research problem is relevant and has personal significance (Pietkiewicz & Smith, 2012). Thus, the current sample has the potential to make an important contribution in the field. Moreover, the sample potentially reflects the fact that MBSR intervention is more available in certain locations and contexts. As such, a wider, more culturally diverse sample could potentially bring further insights.

Moreover, the interviews were conducted online due to the post COVID-19 pandemic reality. This could have impacted on some aspects of the interviews, including establishing connection with participants or being able to observe their body language and non-verbal cues, potentially reducing some of the benefits of face-to-face interviews.

In terms of the methodological limitations, IPA's focus on language can limit participants' narratives, depending on their use of language/vocabulary which could be based on their education levels. Willig (2013) claimed that language shapes participants' experience, impacting how it is expressed and understood. This could further impact the researcher's interpretation of personal accounts in the interviews.

4.6 Strengths and Clinical Implications

There were several strengths linked to this study, including addressing the gap in the current literature. Despite the growing popularity of MBSR intervention and its increasing availability around the world, it is usually recommended for particular mental health diagnoses/disorders. Individuals who have experienced distressing experiences or who attend psychotherapy are often advised not to participate, which largely excludes them from this intervention. Moreover, considering the paucity of qualitative research, individual accounts on exploring experiences of distress, particularly in the context of MBSR intervention, has (to my knowledge) never been addressed before. Thus, providing a space for participants' voices to be expressed and heard by the wider psychotherapeutic community is vital.

Moving beyond diagnoses, understanding how individuals understand and make sense of deeply distressing experience following MBSR intervention can provide us with further insights into how this intervention can be beneficial. Thus, the present research study could potentially contribute to a greater understanding of the impact of deeply distressing experiences and lead to further considerations for best practice in therapeutic work. Having a greater understanding of how MBSR contributes to this shift in understanding of distress is not only important in counselling psychology discipline, but in the wider psychotherapeutic context. Moreover, moving away from using pathologising language of 'disorders' and 'illnesses' into focusing on experiences of distress and helping clients to create narratives or stories about their lives and the difficulties they have faced, is crucial.

In line with counselling psychology values on maintaining wellbeing and facilitating resilience, being mindful of novel, less traditional interventions is a key aspect of our developing profession (Douglas et al., 2016). MBSR has been gaining popularity as an easily available, flexible and creative approach that can be beneficial to clients in different contexts. Moreover, having adequate knowledge about this intervention can assist clinicians in amending and tailoring the specific strategies to best suit their client's concerns. Moreover, providing a platform to discuss deeply distressing experiences in different contexts, in light of MBSR, can be helpful in terms of opening up a conversation and helping practitioners and their clients to articulate their experiences (Madison, 2014). As practitioners, it is useful for us to know how deeply distressing experiences can manifest in our clients to be able to recognise their impact and support our clients throughout this process. Being aware of novel approaches to address distress, and potentially including these in our therapeutic toolbox can immensely help to facilitate this process.

Boyd, Lanius and McKinnon (2018) suggest that mindfulness-based treatments may be a good alternative to trauma-focused treatments, including cognitive processing and prolonged exposure therapy, encouraging acceptance and nonjudgement of thoughts and emotions in the present moment. These findings are in line with the participants' accounts and what they found beneficial in MBSR.

4.7 Future research recommendations

The results of this research study point towards the value of the process of going through deeply distressing experiences and moving towards an embodied way of being. Exploring the experiences of MBSR across different, more diverse populations could reveal interesting insights on how individuals perceive it. Moreover, it would be valuable to consider other qualitative and mixed-method research to explore the experience of deeply distressing experiences in more depth to develop a more nuanced understanding of this phenomenon. Furthermore, considering that the participants in this study all reported having generally positive experiences with MBSR, exploring potential adverse effects of mindfulness is needed to create an all-rounded picture of this intervention. This is particularly pertinent when tailoring strategies based on MBSR in the

therapeutic context. Moreover, exploring experiences of more adaptive coping strategies and resilience following MBSR intervention is deemed appropriate.

4.8 Reflections and conclusions

4.8.1 Personal reflectivity

As I reflect on the process of carrying out this research, I am particularly touched by my participants' accounts and their willingness to share their journeys with me. Their stories conveyed a very powerful message, particularly focused on 'Facing the emotional rollercoaster' and moving into 'A mindful way of being' which impacted me significantly as a researcher. The participants took me on a journey through their experiences, often invoking strong emotions and physical sensations. I sensed powerful reactions in my body during the interviews which were later carried into the research process. Acknowledging these difficult feelings has not always been easy. However, I noticed that with regular reflective practice, I began to observe and accept them more easily.

During the research process, my role as a counselling psychologist trainee and a researcher became entangled and at times difficult to separate. Finlay (2009b) describes a common journey of uncertainty and confusion, while getting lost in the complex ambiguity. The switch between the roles and their duality created some dilemmas for me which I needed to address and reflect on. Over time, I have learned to stay in a researcher role, while stepping out of the counselling psychologist trainee position, which at times proved to be challenging. The research process can be at times demanding, particularly when it comes to the relational aspects of the research and trying to disentangle ourselves from our participants. This mirrors therapeutic work where we analyse our responses to clients' stories, reflecting on the dynamics of the therapeutic relationship.

The participants' narratives helped me reflect on my own process of going through MBSR course and its impact on me. I thoroughly enjoyed my experience during MBSR intervention, despite its challenging aspects. Immersing myself in the experiences of the participants and making sense of their interpretations was an emotional but a rewarding experience. Although it felt overwhelming at times,

it all began to link together during my analytical process. In hindsight, the analysis although being the most enjoyable aspect due to its creative and flexible elements, it required immense organisation and focus which proved to be conflicting. Thus, I relied on my meditation practice to keep myself grounded, particularly when feeling overwhelmed. I believe that continuous reflection and moving from 'doing' to 'being' on this research journey, while addressing difficult emotions that came up for me in the process was crucial. Overall, this research study has contributed to my improved understanding and appreciation of this intervention.

Throughout their interviews, the participants' language reflected the widespread use of 'pathologising' language, focused on 'diagnoses' that were evident in their narratives. This potentially demonstrates the prevalence of the medical model and its embeddedness in the culture as a means of communicating with healthcare professionals. I have noticed that moving away from this language during our interviews, and focusing on the term *deeply distressing* experiences, potentially encouraged the participants to consider their experiences from a different perspective, which was evident in their accounts. Consequently, this opened up a platform to consider their experiences in a new light, moving away from their diagnoses.

4.9 Conclusions

In conclusion, this research study presented a unique process of understanding and making sense of deeply distressing experiences by the participants. I hoped to demonstrate in this chapter how the findings of this study could be a valuable contribution to counselling psychology and wider psychotherapeutic disciplines, specifically to practitioners who work with deeply distressing experiences. Despite the limitations of this qualitative research, I aimed to provide a platform for participants to share their stories. At the same time, I aimed to contribute by adding a qualitative perspective providing a more balanced view of the existing research on MBSR and deeply distressing experiences. The present study aimed to address the gap in the literature and provide further insights, highlighting the significance of embodiment in the process to transform the understanding and making sense of distress.

The findings of this research demonstrated potential processes in the context of MBSR intervention that may help individuals make sense of deeply distressing experiences. The participants' narratives highlighted that the most profound changes came through holding up a mirror to themselves and developing awareness that led them into an embodied way of being. However, although this process was not linear, the participants offered new insights into the universal aspects of their journeys. The findings offer suggestions into future research and potential interventions that may be helpful not only when relating to deeply distressing experiences, but also as preventative steps.

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APPENDIX I: Ethics approval UEL

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: Matthew Jones Chesters

SUPERVISOR: ~~Jeeda Alhakim~~

STUDENT: Agata Tarnawska

Course: Prof Doc in Counselling Psychology

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)

APPROVED

Minor amendments required (for reviewer):

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*):

Student number:

Date:

(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*):

M H Jones Chesters

Date: 30/07/21

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

APPENDIX II: 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 Professional Doctorate student in the School of Psychology at the University of East London and am studying for a Professional Doctorate in Counselling Psychology degree. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?

The title of the research is: A qualitative exploration of self-perceived effects of a mindfulness-based stress reduction (MBSR) intervention on deeply distressing experiences. Interpretative Phenomenological Analysis.

This means that I am conducting research into the experiences of self-perceived effects of a mindfulness-based stress reduction (MBSR) intervention on individuals who experienced a deeply distressing event in their lives. I aim to explore the experiences of the MBSR course and subsequent understanding of its impact on understanding these distressing experiences as well as impact on individual's life in general. I believe that mindfulness-based stress reduction course is valuable and could contribute significantly to our appreciation of this intervention.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards 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 people, I am looking for to help me explore my research topic. I am looking to involve individuals who have experienced an event or several events in their lives that they identify as deeply distressing, who are over 18 years old and who have completed a mindfulness-based stress reduction (MBSR) course within the last three years.

I want to 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 free to decide whether to participate and should not feel coerced.

What will your participation involve?

If you agree to participate, you will be asked to take part in an online interview lasting approximately 60-90 minutes. You will be asked some questions about your experience of a mindfulness-based stress reduction (MBSR) course. It will be in a form of an informal chat. The interview will take place online via Microsoft Teams and will be audio recorded. Prior to the interview, you will be invited to a short telephone call to discuss your suitability for the research as well as to answer any questions you may have.

Please note that I will not be able to pay you for participating in my research, but 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 throughout the process. Your data will be anonymised, and so you will not be identified by the collected data, or any written material, including in the write-up of the research. Participants do not have to answer all questions asked during the interview and can stop their participation or take a break at any time.

What will happen to the information that you provide?

Following the interview, the audio recording will be stored safely in a password protected secure server only accessible by the researcher. Your personal contact details will be stored in a secure, password protected server and only accessible by the researcher. Your data will be anonymised (you will be assigned a pseudonym and any identifiable information will be changed or removed) and stored on a password protected server. Your anonymised data

will be accessible by the researcher and the research supervisor. Should examiners request access to the data, the research will share the anonymised transcript. Only quotes from transcripts will be shared in the write-up and in subsequent publication. The study will be written up and submitted as a research project as part of a Doctorate in Counselling Psychology. Following the completion of the study, the anonymised data will be kept for up to 5 years according with GDPR guidelines, after which it will be deleted.

Are there any potential physical or psychological risks to taking part?

Vulnerability in research can arise when personal or sensitive processes are discussed. This may bring some unexplored emotions that could potentially cause you to feel distressed. Because of that, to ensure your wellbeing, you will be provided with all the necessary information about this research study prior to the interview. Before the interview takes place, I aim to call the potential participants and answer any questions they may have about the research, discuss potential risk and confidentiality contract and to ensure participants meet the inclusion criteria and know what to expect from the interview.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

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

Agata Tarnawska Email: u1207277@uel.ac.uk

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 Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

APPENDIX III: Consent form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

A qualitative exploration of self-perceived effects of a mindfulness-based stress reduction (MBSR) intervention on deeply distressing experiences. Interpretative Phenomenological Analysis.

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 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 without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....
Participant's address (at the time of interview)

.....

Participant's GP details and date of birth

.....

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

APPENDIX IV: Recruitment email



To Whom It May Concern,

I hope this email finds you well.

My name is Agata, and I am a Trainee Counselling Psychologist at the University of East London. I am currently recruiting participants for my doctoral research, looking at the experiences of a mindfulness-based stress reduction (MBSR) intervention on deeply distressing experiences, its subsequent understanding and meaning-making.

I believe that individuals' experiences of mindfulness-based stress reduction course and their understanding of its impact on their lives is valuable and could contribute significantly to our appreciation of this intervention. If you think you or anyone you know might be interested in participating in this research or if you would like more information about my research, then please contact me in confidence at u1207277@uel.ac.uk.

I am eagerly looking forward to hearing from you.

Kind regards,

Agata Tarnawska
Counselling Psychologist Trainee
University of East London

APPENDIX V: Recruitment poster

Exploring the effects of a mindfulness-based stress reduction (MBSR) course

Have you attended and completed a MBSR course?

Have you experienced a deeply distressing event at any point in your life before attending the MBSR course?

Would you like to discuss the impact the MBSR course had on your understanding of that event?

If you answered yes to the above questions, I'd like to invite you for an online interview to discuss your experience.

I am a Trainee Counselling Psychologist at the University of East London, currently looking for participants to discuss their understanding and experience of mindfulness-based stress reduction course following a deeply distressing event.

I believe that people's experiences of mindfulness-based stress reduction course and their understanding of its impact on their lives is valuable and could contribute significantly to our appreciation of this intervention.

If you think you or anyone you know might be interested in participating in this research or if you would like more information, then please contact me in confidence at:

Agata Tarnawska
Counselling Psychologist Trainee
Department of Psychology University of East London
Email: u1207277@uel.ac.uk

This study has been reviewed by, and received ethics clearance through the Psychology Research Ethics Committee, University of East London



APPENDIX VI: Screening questions

Screening questions

1. Could you please tell me if you have any current mental health diagnosis?
 - a. Are you under any Psychiatric Team? (Yes/No)
2. Have you ever experienced or witnessed a life-threatening event that caused intense fear, helplessness or horror? (Yes/No) (If yes, Q3-Q5)
3. Do you have intrusions about the event in at least one of the following ways?
 - a. Repeated, distressing memories or dreams (Yes/No)
 - b. Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it) (Yes/No)
 - c. Intense physical and/or emotional distress when you are exposed to things that remind you of the event (Yes/No)
4. Do you avoid things that remind you of the event in at least one of the following ways?
 - a. Avoiding thoughts, feelings or conversations about it (Yes/No)
 - b. Avoiding activities and places or people who remind you of it (Yes/No)
5. Since the event, do you have negative thoughts and mood associated with the event in at least 2 of the following ways?
 - a. Blanking on important parts of it
 - b. Negative beliefs about oneself, others and the world and about the cause or consequences of the event
 - c. Feeling detached from other people
 - d. Inability to feel positive emotions
 - e. Persistent negative emotional state
6. Are you troubled by at least two of the following?
 - a. Problems sleeping
 - b. Irritability or outbursts of anger
 - c. Reckless or self-destructive behaviour
 - d. Problems concentrating
 - e. Feeling “on guard”
 - f. An exaggerated startle response
7. As you know I am interested to hear about your experience of a mindfulness-based stress reduction course. Could you please tell me where and when you completed the course?
8. Are you in any kind of therapy or counselling at the moment? (If so, then suggest participants to talk to their therapist/counsellor before taking part in the study)

9. If you are not in therapy/counselling now, have you had any therapy or counselling in the past? If so, for how long? How did it end?
10. Do you currently have any thoughts of harming yourself or others? Or have you ever had such thoughts in the past? If so, when?

Debrief:

1. How do you feel?
2. Is there anything that bothered you about the interview?
3. Do you have any questions or concerns?
4. If you have any questions after today relating to this research, please feel free to contact me using the details provided on the information sheet. Alternatively, if you feel upset or have any concerns please contact Samaritans or any other organisations, whose contact details are provided on the debrief sheet, or other organisation or other support that you may already have in place.

Reference (Questions: Q2 – Q6)

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

APPENDIX VII: Interview schedule

SCENE SETTING

1. Can you tell me about how you came to join the mindfulness-based stress reduction course?
 - a. What made you decide to join the MBSR course? What did you do before?
2. Before you joined the MBSR course, what did you expect the course to be like?
 - a. Where do you think these expectations came from?

NARROWING THE FOCUS: MBSR

3. Could you tell me about your experience of the course?
 - a. How did you feel during the course?
 - b. Where there any aspects of the MBSR course that had an impact on you? (e.g., sitting meditation, mindfulness of breath, mindfulness of body, mindfulness of thoughts, mindfulness of emotions, gentle hatha yoga)
4. Can you describe any impact of attending the MBSR course? What impact (if any) it had on you as a person?
 - a. Have you found anything particularly challenging about the course?
 - c. Can you describe any thoughts or feelings that came up for you during the course?
 - d. What was the experience like of attending to/noticing your body at the time?
 - e. How did you interpret those feelings? How did you respond to them?
5. Looking back, are there aspects of your life that you feel developed out of these experiences? If so, how?
 - a. Can you tell me if you continue to use any aspects of the course now?
6. How would you describe a deeply distressing experience to someone else?
 - a. Can you describe any thoughts or feelings that come up when you think about it?
7. Could you tell me about your experience of a deeply distressing event?
 - a. What was the experience like for you? Are there any particular aspects of that experience that stand out to you?
 - b. What was the experience of your body like at the time?

- c. What was going through your mind? How did you interpret those feelings?
 - d. What was your response to those feelings?
8. Can you tell me how did your participation in the MBSR course impact your understanding of deeply distressing experiences?
- a. In what ways, if any, has your experience of deeply distressing experiences been different compared to before the MBSR course?
 - b. How do you make sense of it?

ENDING THE INTERVIEW

- 9. Is there anything else you would like to add?
- 10. Is there anything I have missed that you would like to speak about?

APPENDIX VIII: Debrief letter



PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study titled:

A qualitative exploration of self-perceived effects of a mindfulness-based stress reduction (MBSR) intervention on deeply distressing experiences. Interpretative Phenomenological Analysis.

This letter offers information that may be relevant to you following the participation in the study.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided. Any personal contact data will be securely stored on a password protected server and only the researcher will have access to them. Any identifying details will be anonymised or changed to protect your identity. Anonymised data may be shared with the research supervisor. Should the examiners request access to the data, anonymised transcript will be shared with them. Only excerpts from the anonymised transcripts will be shared in the research write-up or publications (if any). Following the completion of the study, in line with the GDPR guidelines, the data will be kept for the duration of the research and/or until publication, up to 5 years following the interviews and to account publications post thesis submission. After this time, the data will be permanently deleted.

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following services helpful in relation to obtaining information and support:

Samaritans: Provides confidential, non-judgmental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

Telephone: 116 123 (free number available 24/7)

Email: jo@samaritans.org

Website: www.samaritans.org

Mind Infoline: Mind provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices. The Infoline gives information on types of mental distress, where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services.

Telephone: 0300 123 3393 (9am-6pm Monday to Friday)

Email: info@mind.org.uk

Website: www.mind.org.uk/help/advice_lines

Saneline: is a national mental health helpline providing information and support to people with mental health problems and those who support them.

Telephone: 0300 304 7000 (4:30pm-10:30pm) and 07984 967 708

Email: support@sane.org.uk

Website: www.sane.org.uk/what_we_do/support/helpline

Rethink Mental Illness Advice Line: Provides expert advice and information to people with mental health problems and those who care for them, as well as giving help to health professionals, employers and staff. Rethink also runs Rethink services and groups across England and Northern Ireland.

Telephone: 0808 801 0525 (9:30am-4pm Monday to Friday)

Email: info@rethink.org

Website: <http://www.rethink.org/about-us/our-mental-health-advice>

You are also very welcome to contact me or my supervisor if you have specific questions or concerns relating to this research.

Contact Details

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

Agata Tarnawska, Email: u1207277@uel.ac.uk

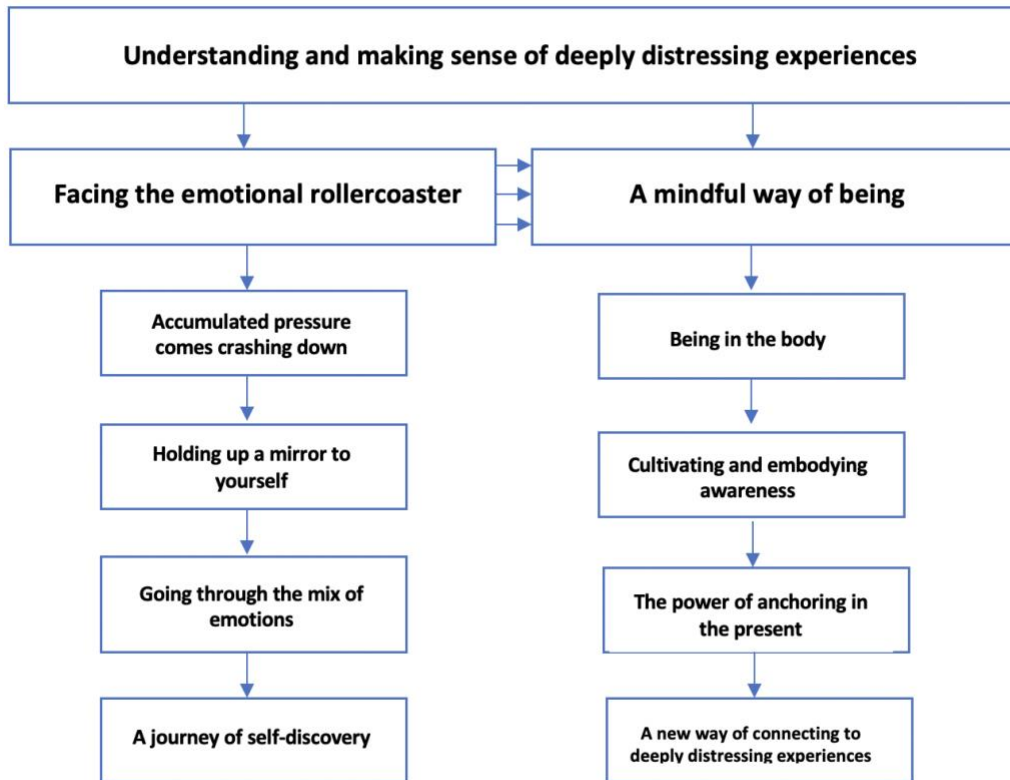
If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Jeeda Alhakim School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: J.Alhakim@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: t.patel@uel.ac.uk

APPENDIX IX: Pictorial representation of themes



APPENDIX X: Illustrative quotes for themes

Super-ordinate Theme 1: Facing the emotional rollercoaster

Master Theme	Sub Theme	Evidence from transcripts	Participant
Facing the emotional rollercoaster	Accumulated pressure comes crashing down	"I had ... had a kind of breakdown ... uhm after leaving my job ... I had taken early retirement ... after 25 years of working uhm ... with refugees." (16-18)	Cassie
		"I came to the UK ... on promotion ... I had very high expectations of my work here ... and then it turned out to be very, very disappointing ... and I think ... it was at that point that I ... all the ... all the accumulated pressure ... from the previous 25 years ... just came crashing down on me ... and I really began to ... question ... my ... my ... my identity ... what was I doing and I wasted my entire life ... I started to question a lot of things ... and it really made me feel very depressed." (38-45)	Cassie
		"I was just trying to keep my head above water at the time." (29-30)	Gareth
		"I wanted it ... to be able to function normally again ... uhm basically ... and if possible, function uhm ... as a [name of position] again ... uhm either of those would have been ... well ... were were decent outcomes." (32-35)	Gareth
		"You sort of realise how ... how long it's been building up for ... so it was, you know ... there's a couple of things that pushed me over the edge." (505-507)	Gareth
		"Over the period of time that I was there I became more and more stressed ... and ... my health deteriorated to the point where I got signed off for stress ... depression and and ... and anxiety ... uhm and it was pretty much ... it was a case of me not really knowing what to do with myself while I was signed off." (8-13)	Damian
		"I was in such a bad place that I've figured that ... I wasn't going to get much worse, so ... if someone else has said to me, oh, you need to go and stand in the back garden with two cups of water in your hands and scream something for an hour every day ... and that's gonna help you to feel better ... I would have probably ... got to that point to do ... agree to do that [smiles]." (26-31)	Damian
	"I've been researching using mindfulness techniques at home for years ... and to help ... keep my mental health on an even keel should we say." (4-7)	Florence	
	Holding up a mirror to yourself	"Like it is like you know it's holding up a mirror to yourself." (120-121)	Beth
		"I learned a lot about the judging mind on the MBSR course ... I learned an awful lot about how ... so that was there was a judgment [clears throat] excuse me ... there was a judgment there in the back of mind, and awful lot like that was a voice that I had that I didn't realise I had ... like judging myself, judging others through the lens of myself." (87-91)	Beth
		"I think before, I was very much in being negative about everything ... I was not even aware that I was negative and that I was like this ... it was everything was ... I could not see the positive ... always had to highlight the ... the negative ... I suppose it's also the way I've been brought up ... because I had my mum like extremely hard and ... very negative and uhm ... always depressed ... I think it ... it really rubbed on me ... being ... so I kind of like become an extension of her." (122-129)	Emilia
		"Emotionally ... I think I was already at a point where ... I've crossed a lot of and dealt with a lot of things already ... and in my own mental health story ... path ... but I can't see how it can be so good for ... bringing things to the surface ... and having to accept them and deal with them ... it's amazing how the mind hides things ... it covers things up until you actually ask them to come to the surface ... which is what I feel the course can do." (111-117)	Florence
		"I think just the concentration on me ... as opposed to on everybody ... 'cause it's all about a team ... it's a team game ... the military ... and you don't really think about yourself." (145-147)	Gareth
		"If you don't look after yourself ... then you know everything else is gonna fall apart ... uhm so know that I think ... mainly it was just the permission to uhm ... to look after myself for a bit." (153-156)	Gareth
		"I think at the beginning it was ... the challenge was accepting my ... inner demons and accepting that there's genuinely something that is not right ... and that I need to address ... and I need to try and ... work on ... (217-220)	Damian
	"I quite enjoy ... feelings of vulnerability, so it kind of made you quite ... you know question yourself ... double question yourself ... putting yourself on the line." (Alex, 87-89)	Alex	
	Going through the mix of emotions	"I felt like I was in a storm ... really struggling with all of that ... and then at the same time trying to do the, the mindfulness ... and it was so powerful ... it was really brilliant to ... observe (346-349)	Emilia
		"At the start I found it very difficult ... uhm I think because I ... I was resistant to ... to allowing myself to be ... this ... find benefits in the exercises ... and in, in the teachings ... uhm ... and I was afraid to also ... identify and accept the things that were wrong with me ... uhm ... I think it was easier for me to ... shy away from those things and hide them away and think ... you know, just ignore them and they'll go away ... were actually mindfulness ... makes you ... focus on those things and accept that they're there ... and be able to then sit with them ... and I didn't like that to start with ... it took me a while to get used to being able to do that." (80-89)	Damian
		"So by the end of it ... I was ... I was really excited by that at the very beginning it was very scary and ... and took a long time to drag me through them ... through the mud, as it were." (98-101)	Damian
		"I mean the experience differed ... maybe from week to week (225-226)	Cassie
		"At times it was a little bit scary sometimes ... but ... uhm ... but it's a ... it was ... it was quite a [laughs] don't know how to explain it was really quite ... just ... incredible really ... I ... I ... I kept thinking ... 'gosh, you know I wish I had come to this earlier.'" (230-234)	Cassie
	A journey of self-discovery	"I realise that we're all on a journey ... uhm ... everybody is on their own individual journey." (167-168)	Cassie
		"It's a journey ... you know it's ... I see that as a work in progress." (434-435)	Emilia
"Stay with the difficult feelings even with the anxiety rather than maybe giving up so on something that really matters to me ... I say OK ... that's how I feel ... like that's a massive thing actually I learned about myself ... that before ... uhm ... I could not even name how I've ... how I was feeling ... and now ... I'm I'm able to ... to identify what I what I ... choose and define emotion ... so that is like definitely a good connection I suppose to myself." (156-162)		Emilia	
"It's it's very empowering to experience that ... upon realising that it's all in your mind ... all is happening in in in your mind ... it's it's ... I didn't know today is not so much about the outside world is very much how you respond to the world and how you connect to the world and others." (329-333)		Emilia	
"I was a mental health sceptic previously ... you know ... uhm it's a lot of 'man up ... get on with it' uhm ... rather than ... but when you realised ... when your whole system shuts down ... uhm you realise what what actually a big thing it is." (213-216)		Gareth	
"Just being able to identify that ... the way that I was reacting was a product of my thoughts and my feelings and not a product of ... an external source." (230-232)		Damian	
"I think that's ... the thing is the the MBSR course ... kind of ... gave me confidence in ... in myself that ... I don't have to listen to what other people are saying ... if I want to try something, then I should just try it." (209-212)		Damian	
"Some of the other exercises like ... you know thoughts are not facts ... uhm ... and you know that there's certain narratives that we tell ourselves about ourselves ... which are not necessarily true ... and ... that's just what you think." (96-99)		Cassie	
"I think the secular, the secular mindfulness is all very well and good ... but uhm that for me personally ... I felt ... that the spiritual part of it ... had to go deeper ... for me to gain uhm ... I thought now complete ... you know, I felt complete now that I've started to understand the spiritual aspects of it." (272-276)	Cassie		
"Being with the discomfort and really facing it, unless you just got on learning how to like, let the discomfort be there ... and be OK with it being there ... that it's not all encompassing ... it's not all the discomfort isn't actually me ... it's just a part of me and ... and that was a big lesson for me during the course ... that ... OK ... there's ... wave of anxiety that I'm feeling is literally just that ... it's just a wave that ... it's going to pass ... and it's not who I am ... it's just a part of who I am in this moment (134-141)	Beth		

Super-ordinate Theme 2: A mindful way of being

Master Theme	Sub Theme	Evidence from transcripts	Participant
A mindful way of being	Being in the body	"I suppose it is always ... often the body that I neglect ... even like ... now ... I don't exercise enough ... but when you do the mindfulness ... you are more aware ... of your needs, of what your body needs." (366-368)	Emilia
		"When I did the body scan it was a technique that allowed me to verbalise better what I knew" (102-103).	Alex
		"My body ... and my mind and my soul ... were really quite separate things..." (235)	Cassie
		"I realised that I hadn't been breathing properly all my life [laughs]" (92-93)	Cassie
		"I paid attention physically to it [body] before ... and made it do things ... you know ... because you go through training and it's pretty pretty hard ... and you ... you do things that you have to ... uhm ... activate your brain to make yourself do things ... you know it's not just like go for a run ... it's actively jumping off something ... that's a long way up in the air ... and you know, hitting a cargo net or whatever it is ... those leaps of faith that take conscious effort to do ... so I've done that previously but I'd never really sat down and thought what's going on." (243-250)	Gareth
		"I think the most profound impact that I felt was doing the body scans ... when we when we started it to my ... uhm ... doing and we were doing the body scan ... my mental image of myself was almost in two halves ... one half was ... on a clear outline or image of myself ... but the other half was very fuzzy and blurry and and sort of distorted." (126-131)	Damian
	Cultivating and embodying awareness	"I noticed as we were doing, the body scans that blurry side of me started becoming more in focus ... and I don't know if it's just ... I calling explain it ... but it's almost like there was that element of me that's ... is out of whack ... it's needed to be brought back into line and ... the the mindfulness is certainly the breathing in the meditation sort of helped me to ... internally realign myself." (136-141)	Damian
		"I can always take a break ... and instead of ... reacting to particular situations ... I could respond ... and sometimes that response means doing nothing ... do just ... just sit with it ... so being able to sit with my feelings ... being able to ... uhm be aware of ... and to be able to identify those feelings ... and to sit with them ... I think that was very powerful." (104-108)	Cassie
		"It changed ... you know ... as I've already mentioned ... it really changed in the sense that I'm able to ... kind of ... put a buffer between myself and the incident ... and be almost like an observer." (524-527)	Cassie
		"It's helped me to change that perspective because ... I am able to take a step back ... and look at things ... from a certain point ... like I said, third party point of view ... but then also to take a step back and ... just stop ... and to think about ... what's going on within myself ... and to then sit with it ... uhm and to ... choose to react, or choose, not to react ... where before I didn't have that ... I just reacted ... and so it's giving me a lot more choice." (470-476)	Damian
		"Being aware that's that's a key thing ... once you're aware of that ... what it ... something that triggered you ... being aware of your feeling ... so you'll realise 'OK this hurt me' ... or 'I'm sad because this is happening'." (601-604)	Emilia
		"My understanding quite ... it requires me picking up a cigarette and lighting it right now you know ... and I hadn't ... I hadn't really done that before ... it was such an automatic thing in automatic response to doing ... to doing something uhm ... so I do ... I learned ... I know that that in the aftermath of it, as I was more aware of like what I was consuming and the choices I was making." (107-112)	Beth
	The power of anchoring in the present	"It was challenging to not ... sit with it ... and it's challenging to ... to be present with the feelings and ... accept the feelings as they were and ... accept ... the thoughts as they were ... and not feel the need to run away from them." (337-340)	Damian
		"The more mindful you become, the less you feel really in ... the more you enter a state of being ... as opposed to thinking, feeling, doing." (46-47)	Alex
		"It was a ... a map really for me it was a ... it was mapping what I knew ... so you know you become mindful ... you do ... you do ... you become mindful ... deliberate focused attention that brings you into the present." (146-149)	Alex
		"To be able to anchor myself into the here and now ... to be uhm ... being very much connected to the present moment ... and I could only do that because I was able to focus on my breathing." (109-112)	Emilia
		"But it was this sitting still and sitting ... sitting in the present moment ... I hadn't really fully understood the concept of ... being able to just be ... be in a room with people and sharing the experience." (84-86)	Beth
		"I wouldn't let myself go to the 'what if' ... if I caught myself going ... or 'what if it is cancer?' ... I didn't ... actually did ... I ... remember now like ... I did stop myself." (583-585)	Beth
	A new way of connecting to deeply distressing experiences	"Just grounding yourself the way you are ... uhm was a really big thing 'cause you can do that anyway, can't you? ... you just take out a bit of time ... uhm I've got a little worry stone thing that I use, you know ... and just ... and again that's almost a permission thing, isn't it? ... you know you're allowed to have things like that ... even though ... you're ... six foot one of you being in military for 20 years ... you know you're allowed to ... you're allowed to do things like that." (173-177)	Gareth
		"Before I was very numb to it [distress] ... I think that's something that came up in the course ... and then some of the thoughts and feelings that came up in the course that I had to deal with ... that were stashed away from ... 20 years ago ... and they're still sitting ... there were still sitting like a monkey on my back." (403-407)	Damian
"It made me understand ... or it allowed me to understand that ... the distressing experiences ... and I mean that's an extreme distressing experience ... the distressing experiences that ... I feel and we feel on a day to day basis in the normal world ... uhm ... a lot of the time of ... manifested from ... within ... and I learned that actually ... what I was doing is I was amplifying something small and meaningless into something huge and ... and dangerous ... and ... the MBSR course ... allowed me to understand more of that and to be able to actually put ... the distresses and the stress factors and things into a ... a more meaningful hierarchy." (449 - 458)		Damian	
"It's a real common sense ... kind of life skills to have that I didn't have ... in many ways [clears throat] sorry I had them, but I didn't know how to apply them ... and yeah, you know ... building upon them as I went forward was really ... was kind of as well ... was a catalyst for change and a lot of other areas of my life." (205-209)		Beth	
"Like looking back ... I know my stress levels are totally gone ... I used to have IBS [irritable bowel syndrome] ... uhm ... that's gone ... and I do put that down to mindfulness ... uhm ... yeah, so I do ... yeah, I think that ... I can't pinpoint the MBSR changed something ... but it was definitely the catalyst for a lot of change." (340-344)		Beth	
"I'm not allowing myself to be hostage to my feelings ... I can be objective." (544-545)		Cassie	
"Mindfulness has also helped me too ... to kind of accept ... you know there's a kind of acceptance that ... 'OK, that is what happened'." (467-468)		Cassie	
"It's up to you how you let that affect you ... it's up to you how much you let it hurt you ... you are your own worst enemy to a certain degree ... so if you let things ... stressful events or distressing events ... if you let them eat away at you ... uhm ... that's when it becomes ... a whole lot worse ... you do have to accept some things in life ... there is times that ... hurt and aren't very nice ... you've just got to accept they're there ... and deal with them differently." (517-523)		Florence	

APPENDIX XI: Example interview transcript

			GARETH
Being able to engage in self-reflection (learning?)			
Concentrating on myself instead of on everybody etc	142	Int: Right. Can you tell me if there were any particular aspects of the MBSR course that had any impact on you?	focus on oneself (internal) as opposed to focus on the team (external)
Changing perspective from thinking about the team	144	Gareth: Uhm ... I think just the <u>concentration on on me</u> ... as opposed to	
	145	<u>on everybody</u> ... 'cause it's all about a team ... It's a team game ... The	
	146	<u>military</u> ... and you don't really think about yourself ... because is, you	
	147	know ... I mean, when I was [name of position in a military] in a [place]	
	148	there are 280 other people to worry about ... uhm ... When I was chief	focus on self-reflection
	149	staff out in the [place] ... they were just just over 1000 people to worry	
	150	about, you know ... uhm and you ... you very rarely sit down and do a bit	
	151	of self-reflection ... uhm ... but it's good ... It's good to uhm to know that	
Looking after yourself	152	that should be a thing you know and <u>looking after yourself</u> ... if you don't	looking after oneself = self-care
	153	<u>look after yourself</u> ... Then you know everything else is gonna fall apart	= permission to do (needed permission)
	154	.. uhm so know that I think ... mainly it was just the <u>permission to uhm</u>	
Giving myself permission to look after myself	155	<u>... to look after myself for a bit.</u>	
	156	Int: Yeah, that sounds like a big difference from looking after so many	
	157	people ... to suddenly looking after yourself.	
Not having time to look after yourself (as a leader)	158	Gareth: Yeah, hugely ... because and and that's the thing ... especially	significant change to consider oneself
	159	being a leader ... you you don't really have the time to think about	
	160	<u>yourself</u> , you know ... but apart from going to get some food, you know	being a good leader and taking care of others at work
	161	uhm ... I don't really think about what I need to do ... It's what what the	
	162	team needs to do ... what the task group needs to do ... you know all	
	163	of that ... because <u>if I start thinking about me then I'm not thinking</u>	= not used to look after himself. (either me (or them ?))
Being a good leader	164	<u>about them</u> ... so to to have that permission to uhm to go away and ...	
	165	uhm ... think about myself that ... that was a big old thing ...	
Taking care of others (i.e. team)	166	Int: Could you tell me if any particular aspects of the course like	
	167	mindfulness of thought, mindfulness of emotions, gentle yoga	
	168	movements or maybe mindfulness of breath, sitting meditation, had	
	169	any impact on you?	
Enjoying yoga (mind / body)	170	Gareth: The <u>yoga</u> was really good actually ... but I never followed it up	Enjoyed yoga movements
	171	and because [laughs]... I haven't found anywhere and it's been COVID,	
	172	doesn't it ... I think the uhm ... the mindfulness of uhm ... self and uhm	
Grounding yourself	173	you know ... <u>just grounding yourself the way you are</u> ... uhm was a really	simplicity & accessibility of grounding
	174	<u>big thing</u> 'cause you can do that anyway, can't you? ... you just take out	found a technique that works for him
Using worry stone	175	a bit of time ... uhm I've got a little <u>worry stone</u> thing that I use, you	
	176	know ... and just ... and again that's almost a permission thing, isn't it?	
	177	... you know you're allowed to have things like that ... even though ...	
Gaining a new understanding	178	you're ... 6 foot one of you being in <u>military</u> for 20 years ... you know	gaining a new understanding
	179	you're allowed to ... You're allowed to do things like that ... so the	= permission as a man in the military to take care of oneself
	180	grounding through that ... is was what I took from it ... It's uhm ... Of like	
Understanding the function of MBSR & how it can help	181	I said ... I haven't really practiced yoga ... but when it comes on ... I'll	
	182	quite happily join in now ... uhm <u>sort of understanding</u> .. What what,	
	183	what it's there for rather than uhm ... the just looking at people making	
	184	strange shapes and, you know?	
	185	Int: Right, yes. Could you tell me a bit more about what impact (if any)	
	186	attending the MBSR course had on you as a person?	
Restarting my life & functioning	187	Gareth: Ah well ... it meant that I could uhm... <u>sort of restart</u> ... my life	Restarting my life after a halt, able to function again
	188	<u>again</u> 'cause it all sort of ground to a halt ... and I wasn't really	
Being able to engage in MBSR			
Challenging traditional views of a man (in the military)			

APPENDIX XII: Appearance of theme for each participant

Themes	Participants who displayed themes
Facing the emotional rollercoaster	All participants
Accumulated pressure comes crashing down	Five participants
Holding up a mirror to yourself	All participants
Going through the mix of emotions	Six participants
A journey of self-discovery	All participants
A mindful way of being	All participants
Being in the body	All participants
Cultivating and embodying awareness	All participants
The power of anchoring in the present	All participants
A new way of connecting to distressing experiences	All participants