Attentive Amelioration: Developing and Evaluating an Applied Mindfulness Programme for Psychologists

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Abstract

It is readily accepted that healthcare in many third world countries is in crisis, but interestingly, even in wealthy first world countries, many healthcare systems are stretched to their limits, as fewer people choose to follow a career in healthcare and more staff members struggle under the pressures of an overextended system (Krasner, et al., 2009). Ways to improve healthcare practitioner wellbeing is thus a relevant and widely investigated topic (McCann et al., 2013), which has, until recently, been aimed at reducing the negative symptoms associated with poor wellbeing, such as stress and burnout. More recently, there has been burgeoning interest in the effects and potential benefits of mindfulness practice to wellbeing, especially in developed English-speaking countries like the UK, Canada, USA, Australia, as well as in Europe. The aim of this study was to contribute to this body of literature by proposing a more personalised and person-centred means to support and improve wellbeing. It was guided by an overarching research question, about the benefits of a mindfulness-based wellness course for practicing psychologists.

This study is a mixed-methods narrative inquiry which employs both Action Research (AR) and Programme Evaluation methods. It involved the design, implementation and evaluation of a mindful-wellness programme, subsequently named the *Attentive Amelioration* programme. Ten participants were purposively recruited and enrolled in the programme, which ran over eight weeks and included coaching and blended learning facilitation methods, including: an introductory workshop (with a pedagogical mix of lecture, group discussion, practical activities, learners manual and YouTube clips), individual and group coaching sessions, and an online learning programme.

The findings suggest that psychologists do experience a great deal of stress and perceived levels of burnout are high, even if the scores on the pre- and post- intervention self-assessment scales do not entirely support this perception. This study found that participants were open to and engaged with mindfulness training and practice and sustained that practice for several months post-intervention. Finally, overall findings suggest that while the *Attentive Amelioration* programme was effective as a means to cultivate and develop mindfulness, self-compassion and overall wellbeing in the short-term, further investigation is required to determine the sustainability of the effects over the long-term.

The findings of this study support the overall aims of the study in that it has found that the participating psychologists found the *Attentive Amelioration* programme to be beneficial, supportive and even therapeutic. By contributing to and supporting findings of existing research, that suggest that a mindfulness-based coaching programme would be beneficial to psychologist wellbeing and therapeutic proficiency, it serves to advocate for mindfulness as a means to improve and sustain psychologist wellbeing.

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Declaration

I, Susan McGarvie, hereby declare that the work on which this thesis is based is my original work (except where acknowledgements indicate otherwise) and have used the American Psychological Association VI system of referencing. I declare that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree through this or any other university.

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Date: 04 February 2020

Abbreviations

ANOVA	A one-way repeated measures of variances
AR	Action Research
BPM	Buddhist Psychological Model
BRS	Brief Resilience Scale
CORE	The Clinical Outcomes in Routine Evaluations
FFMQ	Five Facet Mindfulness Questionnaire
HEP	Health Advancement Programme
IAA	Intention, Attention and Attitude Model of Mindfulness
MBI	Maslach Burnout Inventory
PPS	Perceived Stress Scale
QOLS	Quality of Life Scale
S-ART	Self-Awareness, Self-Regulation and Self-Transformation Framework
SA	South Africa
SCS	Self-Compassion Scale
STOP	Stop, Take a Breath, Observe, Proceed
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

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Chapter I: Introduction

“Real isn't how you are made,' said the Skin Horse. 'It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.' 'Does it hurt?' asked the Rabbit. 'Sometimes,' said the Skin Horse, for he was always truthful. 'When you are Real you don't mind being hurt.' 'Does it happen all at once, like being wound up,' he asked, 'or bit by bit?' 'It doesn't happen all at once,' said the Skin Horse. 'You become. It takes a long time. That's why it doesn't happen often to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand”. (Williams, 2019, p 1)

Much like the description of becoming real in the above excerpt from the Velveteen Rabbit, the main aim of this study was to design a programme to support psychologists to care for and love themselves, to be real and present to their own needs so that they don’t get brittle and fragile and breakable. More and more, research is showing that good quality client care that yields strong, enduring outcomes requires strong and resilient care providers who can remain present and compassionate (Beckman et al., 2012).

Contextual Overview

The context of any research project is paramount to framing and explaining the data (Terre Blanche, Durrheim, & Painter, 2006). However, referencing *the* context the way that we do can be misleading in that it suggests a fixed single entity. In reality the context of research is multi-faceted and continually evolving as it includes the context or circumstances of the participant or research subject, the researcher as well as the research itself; set within the broader research framework (Bryman, 2012). This study has explored the context and experience of each individual participant alongside the context and experience of the group, within the wider body of literature.

These different, but interconnected facets of the contexts will be addressed in the chapters that follow and this chapter will provide an overview of each so as to acquaint the reader with all the elements of the context and the study itself. The contextual overview will be presented in separate sections describing the situational context, the literary/research context and the methodological context of the study.

Situational Overview

The situational context refers to the environmental, societal and political elements that would influence the study and the participants. In South Africa these elements bring with them tensions related to violence, inequality, poverty and disease. They also bring with them a vibrant cultural diversity that gives rise to dynamic arts, activism and research.

It is readily accepted that healthcare in many third world countries is in crisis, but interestingly, even in wealthy first world countries, many healthcare systems are stretched to their limits, as fewer people choose to follow a career in healthcare and more staff members buckle under the pressures of an overextended system (Krasner, et al., 2009). The World Health Organisation (WHO) acknowledges that good quality healthcare and improved patient outcomes cannot be achieved without addressing the state of the health workforce, a sentiment supported by several studies (e.g. Anand & Bärnighausen, 2004; Chen et al., 2004; WHO n.d). Strengthening the health workforce involves two challenges: increasing and maintaining the number of healthcare professionals and supporting the healthcare professionals within the system (Chen et al., 2004). By focusing on the latter of these challenges, improvements can occur in both, because robust, skilled professionals are more likely to remain within the healthcare field; thereby reducing the financial and intellectual drain of people leaving, on health system resources (Krasner et al., 2009).

In the South African context, the human resource crisis in healthcare is abundantly evident (Coovadia et al., 2009). With funding and socio-political challenges and a contextually complicated disease burden, there are major staff shortages, which have been compounded by a mass exodus of qualified healthcare personnel (Kaplan & Höppli, 2017). In response, multiple system re-engineering initiatives and policy reviews led by both government and non-governmental organisations (NGOs) have been implemented in the last few decades. Few of these however have targeted strengthening the healthcare practitioner in a holistic way (Wilson et al., 2014).

Because psychologists form an integral part of the healthcare system in the global context, by adding to the continuum of holistic patient care and supporting the psychological wellbeing of other healthcare professionals (Michaelis et al., 2019), I chose to target the psychology profession as an entry point to establishing a programme to enhance resilience for healthcare professionals. I must add a caveat, however that this picture is slightly different in South Africa, since psychologists working in South Africa work mostly in private practice and many of those work in single person practices. This is partly due to preference, but also due to the fact there are limited organisational or institutional posts available for psychologists and most of those are clinical posts in specified mental health settings (Bantjes et al., 2016). The implications of this kind of working environment are potential professional isolation and severe financial pressures not as evident in healthcare systems where psychologists are more integrated into service provision.

Further implications of this working scenario for psychologists in South Africa affect self-care and client-care, being able to practice ethically and possibly the retention of psychologists, especially in areas outside of large metro's where people may need to be more self-reliant. This situation is coupled with financial stressors such as the lack of payment by medical aids. Bantjes et al. (2016) highlight the ethical pitfalls associated with psychologists who are required to take an entrepreneurial approach to their practice. Given Maslash

and Leiter's (2001) findings that burnout is closely linked with scenarios where healthcare professionals find themselves having to compromise their values, this could have severe implications such as is evident in the number of psychologists leaving private practice and leaving South Africa for more stable and sustainable opportunities abroad (Pillay & Kramers, 2003).

The psychologists who participated in this study were all working in and around the small Eastern Cape town of Makhanda, which is home to the National Arts Festival (Krueger, 2018). This national event is the biggest of its kind in the country, with similar impacts as for example the annual Edinburgh festival, leading to the town having an interesting post-colonial, contemporary bohemian vibe that is juxtaposed a vibrant and active political-activist heritage, and this tension is felt. The local university has recently been at the forefront of several political movements including protests against race and gender inequality and violence (Littleford, 2017; Paphitis & Kelland, 2018).

During the time that the study was running, there was a nation-wide protest to reduce tertiary education fees in South Africa (Hodes, 2017) and this resulted in several violent protests and university shut-downs – these were dubbed the 'fees-must-fall' protests by locals and media. Understandably, this created a tense atmosphere both from a physical safety point of view and from an academic security point of view. Several participants worked at the university counselling centre which was very close to the protest activities and was very busy due to the increased number of students experiencing distress directly linked to the protests and academic disturbance, subsequently requiring counselling.

Makhanda is very much an academic town - there are also several renowned schools and the university is very much at the centre of the community. This is noteworthy as it influenced the type of work the participants were doing and type of clients they were seeing: all participants were or had been involved in either university or school departments and saw large numbers of school

and university students as clients. This academic affiliation also has an impact on the types of collegial relationships that are formed in the psychology community perhaps mitigating against collegial support due to the competitive nature of private practice. At the time of the study, there were no functional peer support groups and even the participants who worked in a group practice did not meet formally to discuss cases or therapeutic approaches or new research, all of which meant that psychologists working in the area were at risk of being professionally isolated.

Makhanda is also a divided community economically, with severely impoverished communities living alongside seemingly privileged and more affluent communities. The municipality itself is also economically compromised, with basic services often shut off and crime rates are high. One of the participants was exposed to this crime first-hand just before she started the programme, when she was assaulted in her home by an intruder. This overview of the context highlights the environmental, political, economic, professional and personal stressors that were present during the time of the study.

Overview of the Literature

This study is situated within a greater body of literature related to mindfulness, coaching psychology, and adult and blended learning. By drawing on literature from this intersection of topics, a valuable interdisciplinary perspective has been created. This literature will be selectively reviewed in more detail in the following chapter, so further exploration is not offered at this point.

Aims of this Study

This study aims to contribute to the literature by proposing a means to address the increasing demands on psychologists (Leiter & Harvie, 1996). The design and evaluation of a mindfulness-based wellness programme for

psychologists, which is holistic and person-centred and yet practical, accessible and time-sensitive will potentially contribute towards improving the wellbeing and proficiency of participants (J. C. Campbell & Christopher, 2012). This programme was designed to be more succinct and more accommodating of individual participant needs and hopes to facilitate incorporation of the elements of mindful-practice into the participants' daily lives, as this aspect has been shown to be a barrier in some of the mindfulness programmes that are currently in existence (Carmody & Baer, 2009). It will include a one-day workshop and a series of individual coaching sessions augmented by interactive e-learning activities, which will include individual reflective practice and group feedback. This model hopes to allow participants to benefit from the blended learning approach as well as group and individual learning.

This study responds to calls for more research in the nascent fields of mindfulness and coaching psychology (Cavanagh & Grant, 2006; Garrison & Kanuka, 2004; Greeson, 2009). It also responds to the more specific need for further research into the development and evaluation of more practical, accessible and time-sensitive mindfulness-based training programmes (Krasner et al., 2009). Moreover, this study addresses a practical need for psychologists, in that it potentially introduces a tangible and comprehensible way in which to teach psychologists how to be *present*, which research has shown to be crucial to the therapeutic alliance and positive patient outcomes; and how to manage their own well-being and provide a potential coping strategy for the potential rigors of the therapeutic environment (J. C. Campbell & Christopher, 2012; McCollum & Gehart, 2010).

Methodological Overview

Set within a narrative interpretivist paradigm, this mixed-method study was guided by an overarching research question: Would a mindfulness-based wellness course be beneficial to practicing psychologists with regard to their

own wellbeing and their proficiency? In order to answer this question several other questions also needed to be answered, namely:

1. What is the current level of wellbeing among the target group – psychologists working in and around Makhanda in the Eastern Cape of South Africa?
    a. What are the barriers to wellbeing?
    b. What do these psychologists do to support their own wellbeing?
2. How could psychologists implement/practice mindfulness?
3. How could they sustain their practice?
4. What effects could a mindful-wellness programme have on psychologists?
5. How would psychologists evaluate such a programme?

These research questions informed the research process to achieve the following objectives:

- To design a mindfulness-based wellness programme for psychologists based on what is known of their needs and current literature; as well as mindfulness-based and coaching psychology principles and interventions, adopting an adult blended-learning approach.
- To implement the intervention and monitor its effects during the intervention, immediately after and some months later.
- To evaluate the intervention and make recommendations for future practice.

The research process involved the design, implementation and evaluation of a mindful-wellness coaching programme which has been termed *Attentive Amelioration*. Findings were obtained by collection, collation and analysis of narrative and quantitative data by way of recorded interactions, written reflections, evaluation forms, interview notes and self-assessment scales.

Terminology

In order to situate the reader, it is important to explain some of the terminology that may not be transferrable across contexts such as academic departments, cultures and country borders. These will be explained in this section.

Firstly, the term relating to the identification of the study participants is different in different countries. The terms psychologist, counsellor and psychotherapist are all used to describe the participant group. Although it may be necessary to use the terms interchangeably at times, the accepted South African term (used to describe their registration category, psychologist) will be used predominantly.

Wellbeing is another term that requires some elucidation. Wellbeing, which is also spelt well-being, refers to a human sense of wellness and thriving. I have chosen to use the single word spelling because I feel that it epitomises the essence of an integrated wellness of being.

Burnout is a term, which was coined by Maslasch and Leiter (Schaufeli et al., 2009), to describe "a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy" (Leiter & Maslach, 2001, p 397). It has, in recent years, become commonly used, out of the clinical context, to describe high, but non-clinical levels of stress and tiredness. Although they were clinical professionals with training in the accurate definition of the term, the participants in this study used the term in this more commonly accepted, but slightly inaccurate way.

Coaching in this context refers to positive psychology coaching which has evolved as a nascent field of personal and professional development (Biswas-Diener, 2010). The history and definition of this term is discussed in more detail in Chapter II.

Chapter Outline

The following chapters are structured as follows:

Chapter II provides the reader with a summation of much of the relevant literature, so as to situate this study within the larger body of work. Chapter III provides insight into the methodological context - how the study was designed within a research paradigm, including the ethical foundation on which it is built. Chapter IV describes the design and implementation of the mindful-wellness (*Attentive Amelioration*) programme. Chapters V to VIII present the findings, which include a description of the participants' individual, group and community contexts. Finally, chapter IX is a discussion and concluding summary of the findings in relation to the different theoretical and contextual facets.

Chapter II: Literature Review

This research has been situated within the greater research arena by investigating the current body of evidence for examples of similar research or research that has been done in the proposed approaches, namely: mindfulness, coaching psychology and blended learning. Further searches of the literature have focused on stress and burnout, alongside wellness and resilience research. All the literature is presented in such a way as to link it to the context of the research population, practicing psychologists, and as such, the literature was searched to establish a broader context of practicing psychologists with regard to their levels of resilience, burnout, stressors, support systems and self-care activities. Where possible relevant literature from SA has been included, but there appears to be a dearth of South African literature related to my study.

The purpose of this study was to design and evaluate a programme that would support healthcare professionals and more especially, psychologists' wellbeing. As noted in Chapter I, this research was based on the premise that there is indeed a need for such interventions. The literature review will, therefore, begin by presenting current findings about psychologist wellbeing.

Psychologist Wellbeing

Wellbeing is an extensive, intangible and subjective and personal concept which has been contemplated, discussed, studied and strived for in one guise or another for centuries (Stoll, 2014). It is an important concept in the context of this study, as it is central to the overarching research question. Wellbeing will therefore be discussed in reference to past and current literature, with particular focus on wellbeing among healthcare professionals and more especially psychologists; with the levels of psychologist wellbeing, the implications of psychologist wellbeing, as well as previous interventions that have been implemented and tested being central to the discussion.

Furthermore, the potential psychological and material barriers to sustaining wellbeing will be reviewed.

Defining Wellbeing

Wellbeing as a concept was first described by Ancient Greek philosophers who referred to terms like "eudaimonia", happiness and "the good life" (Stoll, 2014). As a psychological construct, wellbeing has been extensively researched and in more recent years, this research has focused on wellbeing from a positive psychology perspective (Seligman, 2012). Although wellbeing as a construct has been studied with widespread interest and there are several theoretical descriptions of wellbeing; an acceptable definition has yet to be determined (Dodge et al., 2012; Seligman, 2012). In their extensive review of the related literature, Dodge et al. (2012) found the existing definitions of wellbeing to be inadequate and showed them to be descriptions and constructs rather than an actual definition. Based on their review and an integration of various working definitions, they went on to propose a new definition of wellbeing: "Wellbeing is the balance point between an individual's resource pool and the challenges faced" (2012, p230).

In essence they are proposing that wellbeing occurs when individuals have the resources to meet the challenges that arise in their lives; enabling them to return quickly to a balance point of equilibrium and homeostasis. This definition is built on the foundation of a more noteworthy shift in how wellbeing is viewed as a construct. Historically, wellbeing was seen as and measured by the absence of illness, hardships and suffering (Dodge et al., 2012).

More recently, Seligman's (2012) positive psychology approach has initiated a new way of understanding wellbeing. From this perspective, wellbeing is described in terms of a dynamic process of flourishing. Based on extensive research by Seligman and his team, flourishing is purported to include five components: positive emotion, engagement, positive relationships, meaning

and accomplishment (2011). This is not to say that wellbeing requires a constant state of these components, but rather that there is a baseline for those who report a relatively consistent state and that when faced with challenges; the individual's general sense of wellbeing is maintained or if disturbed; quickly returns.

Both Dodge et al.'s (2012) definition and Seligman's (2011) description of wellbeing allude to the concept of resilience – the individual's ability to re-establish homeostasis after experiencing adversity. According to Egeland, Carlson and Sroufe (1993); "resilience is conceived not as a childhood given, but as a capacity that develops over time in the context of person-environment interactions" (p. 517). This ability to learn and cultivate the elements of wellbeing is aligned with the mindfulness research, which will be discussed later in this chapter.

Wellbeing among Healthcare Professionals

It has long been known that healthcare practitioners' wellbeing is compromised by the very nature of the work that they do (Hall et al., 2016). Brand et al. (2017) report that: "Healthcare professionals throughout the developed world report higher levels of sickness absence, dissatisfaction, distress, and "burnout" at work than staff in other sectors" (p. 1). It is evident that these compromised levels of wellbeing have negative implications for therapeutic outcomes (Wallace et al. 2009). Furthermore, reduced practitioner wellbeing has financial implications that add further drain on the health system (Shanafelt et al., 2017), as increased sick-leave days, staff attrition and turnover, and costs of training of new staff to fill this vacuum are very costly.

Ways to improve healthcare practitioner wellbeing has subsequently become a relevant and widely investigated topic (McCann et al., 2013), which has, until recently, been aimed at reducing the negative symptoms associated with poor wellbeing, such as stress and burnout. The following section will

therefore outline a selection of the current literature, from several English-speaking countries around the world, related to occupational stress and burnout.

Occupational Stress and Burnout

Stress as a concept has until recently, been seen as a negative element linked to chronic illness, stroke and cardiac disease (Haley et al., 2010) . More recent research done in the United States, however, demonstrates a controversial hypothesis that stress itself is not bad for us and that to some extent, stress actually prepares our bodies to meet the challenges we are faced with (McGonigal, 2013). Occupational stress and burnout are different to stress related to everyday living in several ways. Firstly, occupational stress and burnout can be directly linked to the work context (Iliceto et al., 2013). Secondly, whereas some stress can be positive and productivity enhancing, occupational stress and burnout refer more specifically to work-related compromises to wellbeing and difficulties coping with work and life in general (Cooper, 1998).

To date, definitions of occupational stress remain fairly vague and indefinite, but there is some consensus that occupational stress is the result of unmanageable strain in the workplace - where circumstances at work cause a sense of overburden, ineffectuality and powerlessness (Beehr, 2014). An important distinction in the defining of occupational stress is that it is different to ordinary stress, in that is specifically related to the work environment and unlike everyday stress that may have some positive effects, it refers to an experience of distress (Bertolote & Fleischmann, 2001).

One reason for the ambiguity around a definition of burnout relates to the fact that the definition varies within different work settings and contexts. In a 1974 study, Freudenberger first described a syndrome of symptoms identified in mental health practitioners that included disillusionment, exhaustion and withdrawal. Since then the concept of burnout has been

studied in various types of setting, but definitions still vary greatly. More recent definitions that have emerged from research in various fields, including rural-to-urban migrant workers in China and oncology healthcare providers in the USA, highlights the physical, emotional and relational distress caused by prolonged exposure to occupational stress (Luo et al., 2016; Potter et al., 2010). Some recent work then differentiates or classifies three distinct types of burnout: frenetic, underchallenged, and worn-out (Montero-Marín & García-Campayo, 2010). Even though definitions vary; there is some consensus, among researchers, that the burnout syndrome includes the following feature symptoms: emotional and physical exhaustion, disillusionment, and depersonalisation. This was well articulated in a review of the burnout research in the USA by Maslach, Schaufeli, & Leiter (2001) who said:

> What has emerged from all of this research is a conceptualization of job burnout as a psychological syndrome in response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment (p. 399).

In their seminal work, which provides an extensive and comprehensive outline of environmental or organisational causes of occupational stress and burnout drawing from the literature written in English, Maslach and Leiter (1997), by way of a literature review, identified six environmental or work-related causes of burnout: work over-load, lack of agency; lack of appropriate acknowledgement and reward; lack of community and isolation; inconsistency and unfair management practices; and lastly having to work in conditions that compromise one's values. The aforementioned conceptualisations are however mostly oriented toward an organisational context, which highlights the organisational contextual challenges such as insufficient resources, unreasonably long work hours, interpersonal conflict and toxic management practises; that are said to cause burnout. These

studies tend to focus on high-intensity environments such as emergency rooms and prolonged exposure to secondary trauma and distress. They do not adequately take into account the more insidious and non-client related stressors that face independently practicing psychologists such as the no-work-no-pay scenario, the need to run their practices as a business and to perform additional administrative functions after practice hours; as well as the stresses of debt collection.

In their review of burnout literature published in English, Bertolote and Fleischmann (2001) describe burnout as a developmental process that begins with prolonged exposure to occupational stress. This causes psychological strain and a decreased sense of agency and progresses to a state of depersonalisation (Du Plessis et al., 2014). This SA study investigated the causes and prevalence of burnout among therapists working in rehabilitation hospitals across several major centres of SA including Johannesburg, Bloemfontien and Durban. It comprised a quantitative investigation of forty-nine therapists of various professions including occupational therapists, physiotherapists, social workers, speech therapists and psychologists. Using the Maslach Burnout Inventory (MBI) (Maslach et al., 1997), they found a high prevalence of burnout and suggest that ensuring adequate and continuous emotional support, alongside work satisfactions, important to ensuring the wellbeing of therapists.

Occupational stress and burnout among healthcare providers has been described as endemic in the developed world, which is worrying not only because of the impact on the healthcare workforce and practitioners themselves, but because the resilience and the wellbeing of healthcare professionals affects the quality of care they provide (Bogaert et al., 2013; McCann et al., 2013; Poghosyan et al., 2010). Pertinent issues pertaining to occupational stress and burnout for researchers include understanding occupational stress and burnout, the implications of occupational stress and burnout, evidence-based interventions and barriers to remediation, and prevention strategies as they relate to psychologists and healthcare

practitioners in general. Each of these will be discussed in the following sections.

Healthcare professionals are committed to relieving the suffering of patients and psychologists especially work specifically with clients to relieve mental distress. They intentionally engage with the psychological pain and anguish of others on a daily basis. It is poignant therefore, that studies that have included more than five hundred practicing healthcare practitioners and psychologists from the USA and the UK have revealed that burnout levels among healthcare professionals and specifically psychologists, are pervasive (e.g Ackerley, Burnell, Holder, & Kurdek, 1988; Brotheridge & Grandey, 2002; Edwards, Kornacki, & Silversin, 2002; Glasberg, 2007; Leiter & Harvie, 1996). The causes of these levels of burnout have been linked to high numbers of client hours per week, social and professional isolation and financial stresses.

In an extensive review of research with mental health workers, published in English, Leiter and Harvie (1996) found that occupational stress and burnout in healthcare providers, mostly as measured by the MBI, is associated with work conditions that do not allow healthcare providers to fulfil their values at work thus experiencing personal accomplishment. This is most often associated with work conditions that are typified by poor resources and long hours leading to a sense of reduced agency and an inability to provide quality care (Brotheridge & Grandey, 2002).

Within the healthcare field, a more care-specific construct of occupational stress has been formulated. Compassion fatigue defines occupational stress experienced by care and counselling professionals, who are exposed to primary and secondary suffering through their work with physically and emotionally traumatised clients, and frequently share the emotional burden of their clients (Figley, 2002). This construct first appeared in the literature in the early 1990s after a nurse observed that in some circumstances occupational stress led to a decrease in care professionals' ability to feel care and concern for their clients (Joinson, 1992). It has since been studied in

various settings that highlight the pervasiveness of occupational stress among care professionals. In their review of literature related to understanding compassion fatigue, Sorenson et al. (2016) for example found that although not all healthcare professional cadres and groups were equally represented in the body of literature, published in English, which they reviewed; compassion fatigue was indeed widespread and affected a wide variety of healthcare professionals in the developed world.

In the South African context, many psychologists are in private practice and many of those work alone in their practice. This scenario puts them more at risk of exposure to several occupational stress risk factors identified in the literature reviewed above: including professional isolation, extensive work hours and financial pressure, especially if they are lone worker psychologists who are also breadwinners (Maslach et al., 2001). This and the fact that South Africans live in an economically and politically burdened society and are faced with the possibility of violence in a very real way, means that SA psychologists, who support their clients to process and manage their experiences of the stresses of living, including possible exposure to violence, are perhaps more especially at risk of burnout.

In my review of the literature, I have found a potential gap in that nearly all the studies and theories that I found in my searches centre predominantly on an organisational context. Even when I considered the alternate, more care-specific term of compassion fatigue; there are very few studies that look specifically at defining and understanding occupational stress conditions within a lone-worker private practice scenario, for psychologists such as those within the contexts of my research participants. There were also very few studies that represented the SA context.

Implications of occupational stress and burnout

Occupational stress and the resultant potential for burnout have widespread implications that are both overt and insidious and are contributing to the

current healthcare system crisis in several ways. Firstly, an immediate and well documented result of burnout, found among healthcare professionals across six English-speaking countries, is reduced quality patient-care (Poghosyan et al., 2010). Secondly, burnout leads to staff absenteeism, attrition and a reduction in people choosing to embark on healthcare professions (Beckman et al., 2012). Thirdly, there are financial costs associated with occupational stress in that absenteeism costs organisations because they have to hire temporary employees to fill in for absent workers. Countries also have to spend more on training to try to increase an ever diminishing workforce and the care of patients in the healthcare system costs more because they stay in the system longer due to poor quality care (Morse et al., 2012).

Prevention and Ameliorative Interventions – Self-Care and Help-Seeking

Although occupational stress and burnout have been extensively researched in the developed world over the last few decades, there are relatively few studies that have investigated effective means of remediation and there is not nearly enough literature in this area (Lawson, 2007; Morse et al., 2012). The research that has been done in the USA to investigate various methods to improve psychologists' wellbeing (Cummins et al., 2007; Lawson, 2007; Venart et al., 2007; Yager & Tovar-Blank, 2007) has focused on therapy or supervision as mediating factors in the burnout struggle. In a recent review of stress prevention strategies in a rehabilitation setting in Finland, Marjamäki (2019) reported that although the literature supports the need for and effectiveness of supervision, it remains under-utilised as a means of self-care and support. It is also generally accepted that all practicing psychologists should undergo some kind of therapy or supervision in order to better equip themselves to cope with the emotional strain of psychotherapy and counselling practice (Daw & Joseph, 2007; Greenberg & Staller, 1981; Macran & Shapiro, 1998). This is however not mandatory in the South African context, and certain psychologists, depending on their training, do not necessarily see the need for it, even when they begin to experience burnout symptoms.

Current evidence reveals that burnout prevention and wellness strategies need to be self-directed if they are to be sustainable; improving wellness requires lifestyle shifts that incorporate self-care activities into daily living (Cummins et al., 2007; Venart et al., 2007). In light of this, many recent studies have focused on mindfulness interventions, which motivate a holistic lifestyle shift (Beckman et al., 2012; Berceli & Napoli, 2006; Boellinghaus, Jones, & Hutton, 2013; Campbell & Christopher, 2012; Cave, 2012; Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2005). This field, which is emerging in the US, the UK and several developed countries, has included work with patients as well as care-providers, with promising results (Abbey, 2012; Baer, 2003; Beach et al., 2013; Berceli & Napoli, 2006; Brown, Marquis, & Guiffrida, 2013).

Many of the studies referred to in the previous paragraph highlight the need for further research and development of interventions that remediate occupational stress and burnout and help to strengthen and support psychologists' resilience and wellbeing. These aspects are being investigated in the field of mindfulness, which will now be discussed with reference to the proposed study.

Mindfulness

Over the last three decades there has been burgeoning interest in the effects and potential benefits of mindfulness practice, especially in developed English-speaking countries like the UK, Canada, USA, Australia as well as in Europe. This has resulted in an extensive and varied body of literature that includes several academic and professional fields including human resources, governance and leadership, education and healthcare. Mindfulness programmes have even been introduced in the United States military (Stanley et al., 2011; Vujanovic et al., 2013) and in prisons with inmates in Australia, the USA and the UK (Shonin et al., 2013).

Although, or perhaps because, mindfulness has been studied in so many settings over a relatively short span of time, there is still little consensus, and some debate, regarding a definitive conceptualisation of mindfulness. Whilst this may be the usual scenario as a field begins to develop (Kuhn, 2012), it is noteworthy because for a topic or construct to be researched academically, it is necessary to establish a common understanding or definition of what is to be explored, investigated and ultimately, measured (Terre Blanche et al., 2006). This process of conceptualisation allows researchers to apply parameters and controls that make their research meaningful and transferrable – a process whereby researchers can ensure that they are comparing apples with apples. This has proven to be a complex process, since the complications arise from the diverse interests in mindfulness that have burgeoned across multiple fields of research; in addition, the concept itself is quite intangible and nuanced; making it very difficult to define.

Mindfulness has and is being defined from several perspectives including spirituality, psychology and science. Spiritual definitions, which stem from numerous ancient contemplative traditions such as Buddhism, Christianity, Islam and Sikhism refer to mindfulness as, essentially, a type of remembering (Thera, 2005). This remembering is similar to more modern psychological and clinical constructs, in that they too encourage the person to remember to come back to the present moment and one's immediate experiences over and over again. The spiritual teachings drawing mainly from the Buddhist schools, emphasize an ethical and day-to-day behavioural component to mindfulness that is far less explicit in modern-day definitions (Draper-Clarke, 2014).

It could be argued that the modern-day psychological and scientific definitions, which describe mindfulness as a moment-to-moment awareness of our experiences with openness and acceptance (Kabat-Zinn, 2011), incorporate both a state of mindfulness and mindful practice (Germer et al., 2013; Kabat-Zinn, 2011). Mindful practice is defined predominantly in terms of exercises like meditation, breath awareness and body scanning. In contrast, the spiritual teachings view mindful practice not so much as simply

doing the exercises so that they may make us more mindful, but that one does the exercises to gain more clarity and discipline of mind (Ekman et al., 2005). In addition, the spiritual traditions purport that one must consciously cultivate a practice of being mindful, by actively engaging the mind and the senses in ethical thoughts and behaviours that are grounded in a moment-to-moment awareness of experiences.

Langer's (1989; 2000) work, which is based in the USA, is quite different to mainstream mindfulness studies and interventions in that it does not include meditation. This approach to mindfulness incorporates daily integration of mindful clarity and awareness of experiences to the current constructs of mindfulness. Her studies encourage participants to see new things and new perspectives, to actively cultivate a sense of curiosity by engaging the senses in their everyday lives (Langer, 1989; Langer & Moldoveanu, 2000). This work, however, fails to incorporate or focus on internal experiences – it is predominantly focused on looking outward and experiencing external stimuli. The exclusion of the internal landscape may mean that Langer's interventions do not explicitly access mechanisms related to action such as self-regulation, which is purported to arise from the mindful practice of paying attention to emotions and sensations in the body as they arise, with acceptance and non-judgement.

Psychological and clinical constructs have been described as purely concentration practices and accused of lacking crucial elements of the traditional teachings such as insight and ethics (Grabovac et al., 2011). Perhaps this is because the spiritual definitions leave some room for mystery, whereas the academic discussions around definitions and constructs of mindfulness are, understandably, focused on making the concept more tangible, operational and measurable (Bishop et al. 2004; Brown & Ryan, 2004). To this end, several models of mindfulness have been proposed including the Metacognitive model of mindfulness (Jankowski & Holas, 2014), the Buddhist Psychological Model (BPM) (Grabovac et al., 2011) and the

Intention, Attention and Attitude (IAA) model of mindfulness (Bishop et al. 2004).

Jankowski and Holas's (2014) metacognitive model of mindfulness, which was developed in Poland, is based on the premise that mindfulness is a meta-cognitive function that is initiated primarily in the pre-frontal cortex and has multiple layers. Their model is constructed through several hypotheses:

1. Metacognitive, multilevel information processing is inherent to a mindfulness state;
2. The mindful meta-level is always explicit and conscious whereas other meta-levels of cognition may be implicit;
3. Mindfulness practiced intentionally leads to reductions in dissociations between meta and object level cognitions;
4. Specificity of the mindful meta-levels are due to the cooperation between its three components: meta-knowledge promoting a state of mindfulness, meta-experiences accompanying mindfulness and meta-skills initiating and maintaining the mindfulness state; and
5. All components of the basic assumptions of the mindful meta-level of cognition change and develop during regular practice. As yet, the effectiveness of this model has not seen rigorous testing beyond the abovementioned article and Jankowski and Holas (2014) allude to a need for further research.

As a result of their investigation of the potential mechanisms of mindfulness, Shapiro and Carlson developed the IAA model of mindfulness as a part of their work in mindfulness for healthcare practitioners (Shapiro et al., 2006). This model is made up of three interconnected axioms: Intention, Attention and Attitude. Intention refers to the reason for one's practice – this element is purported to be particularly important to outcomes of practice. It is a dynamic and shifting element of mindful practice that is linked to the values of the practitioner and evolves as the practitioner's practice grows. Attention in the context of mindful practice means paying attention to one's internal and external experiences including the environment and its stimuli, one's feelings,

thoughts and bodily responses. Attitude refers to the way in which one pays attention – with compassion, curiosity and non-judgement.

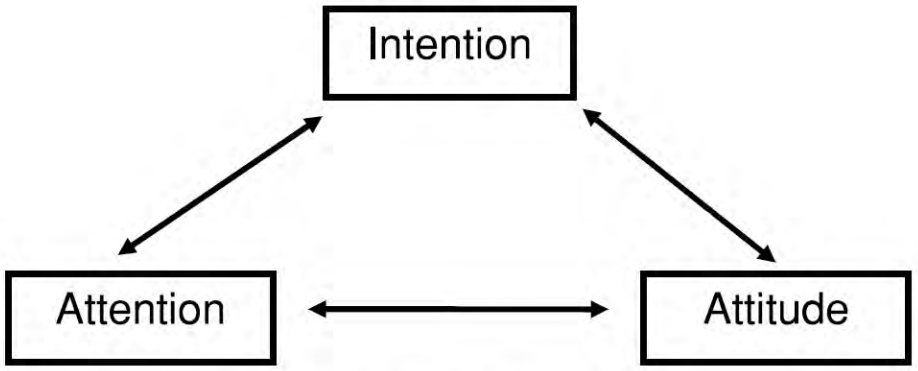


Figure 1: IAA Model of Mindfulness

Though there remains debate among scholars regarding a definitive construct of mindfulness, there is consensus that rather than being a quality that people may or may not have; mindfulness can be developed and cultivated through practice and training (Kabat-Zinn, 2003a). This consensus is based, in part, on the fact that several training programmes have been developed, implemented and measured to determine their effectiveness. As has been highlighted in Kabat-Zinn's USA (2003) study, changes in mindfulness measured before and after the implementation of training intervention have shown increases in mindfulness.

Qualitative, randomized-controlled and MRI studies continue to show that mindfulness-based interventions have significant trait and physiological effects by increasing self-reported subjective experiences of mindfulness and changing the shape and function of regions of the brain associated with mindfulness (Baer, 2009; Chiesa & Serretti, 2010; Thera, 2005). Not only do participants report increasing experiences of mindfulness such as awareness, objectivity and self-compassion, but MRI studies show that areas of the brain like the pre-frontal cortex and anterior cingulate cortex increase in size, while areas related to stress responses (like the amygdala) shrink in size during and after an eight-week mindfulness programme.

Mindfulness Training Programmes

Some of the main academic voices in mindfulness training and research include John Kabat Zinn, Shauna Shapiro, Ruth Baer, Dan Siegel, Ellen Langer, Mark Williams, John Teasdale and Rick Hanson. These mindfulness researchers hail from different departments and disciplines at different leading universities in different countries; and mindfulness research is now being conducted throughout the English-speaking developed world.

Conventional mindfulness training, like Mindfulness Based Stress Reduction (MBSR), usually runs over eight weeks. It includes weekly two hour group sessions and recommends a minimum of daily 45 minute meditations (Kabat-Zinn, 2003b). Although the programme reportedly yields good outcomes, it has been identified that it is time onerous and purely group oriented leaving little room for individual needs and scheduling conflicts (Krasner et al., 2009). Recently, a number of studies have challenged the "required length" of the more traditional mindfulness-based courses. Fortney et al. (2013), for example, cut their study down to a total of eighteen hours divided into a two day workshop and two follow up evening sessions. This abbreviated version of the course apparently produced equally good outcomes, which were sustained for at least nine months after the intervention. Similarly, MacKenzie and Klatt et al. (2006; 2008) found that outcomes of abbreviated interventions yielded comparable results to the standard length courses.

Traditional programmes are often presented therapeutically, to target a particular diagnosis and there is therefore, understandably, a certain prescriptiveness to the way in which they are presented (Dobkin et al., 2014). Participants are introduced to principles and theory and then are required that their participants go home and practice what they have learned, in the way that they have learned it. There is an emphasis on formal meditation practice with the aim of achieving up to an hour's worth of practice per day (Kabat-Zinn, 1982). The structure of the courses, which typically take the

form of a one-day workshop and eight subsequent weekly group sessions, also do not allow for much individualised attention.

More than twenty years of research evaluating the effects of mindfulness-based training programmes in USA, the UK, Europe and other English-speaking countries illustrates that this has been and continues to be an effective way to introduce and transfer mindfulness knowledge and practice, which until recently, was a fairly foreign concept in the developed English-speaking world. It could be that as the concept of mindfulness becomes more widely recognised and understood; this "show and tell" approach becomes less effective and an approach, that has been found to be better suited to autonomous adult learners, may be required.

This proposed study, which did not emphasise meditation as an integral way to practice mindfulness, would not be the first to not do so; Langer has been conducting mindfulness studies that do not include meditation as primary means to be mindful since 1989. In their review of the validity of the Five Facet Mindfulness Questionnaire (FFMQ) (Baer et al., 2010), Goldberg, Wielgosz, et al. (2015) posited that given the increased FFMQ (Baer et al., 2010) scores for their Health Enhancement Programme (HEP) control group participants:

> It is also theoretically conceivable that mindfulness, construed as a set of cognitive, affective, and behavioural tendencies toward present moment awareness is less dependent on explicit instruction and can be enhanced in more diverse ways than the literature on mindfulness interventions has assumed (p. 1013).

Based on this, one can justify an approach to teaching mindfulness that is not wholly dependent on previous models. This study will endeavour to add to this line of research and to measure the effectiveness of less stringent teaching methods.

Empirical studies on the effects of mindfulness interventions

Up until 2011, more than 392 000 published studies, mainly in the UK, the USA and developed countries, propose a diverse array of effects linked to mindfulness. These effects include increased wellbeing, improved emotion and behavioural regulation, improved working memory and reduced levels of distress (Keng et al., 2011).

Given that mindfulness has been shown to improve emotional regulation and compassion; it is understandable that both Carson, Carson, Gil, & Baucom (2004) and Hill & Updegraff (2012) found that mindfulness improves one's relationships with others. This aligns with the premise that improved emotional intelligence augments social intelligence (Lopes et al., 2004).

Kabat-Zinn and Williams have both been instrumental in developing therapeutic mindfulness-based interventions. Williams et al. (2000) developed cognitive-based mindfulness therapy, after Kabat-Zinn (1982) first introduced secular mindfulness to the USA in the form of his MBSR in 1979. The MBSR was developed as an outpatient intervention for patients with chronic pain and has since been applied in a multitude of settings which all seem to support the findings that mindfulness practices are effective in relieving distress and improving wellbeing (Kabat-Zinn, 2003b).

Early studies done by Kabat-Zinn et al. (1982) have faced some criticism due to the following apparent short-comings: the small size of sample groups, the lack of physiological evidence to support self-assessment findings, the lack of testing against additional treatment options and the issue of 'dose' (Irving et al., 2009). Later studies by Kabat-Zinn (2003) and his team and a number of other researchers, who have replicated and further developed testing of the effects of MBSR, have addressed and remediated these shortcomings.

Carlson et al. (2007), Klatt et al. (2008) and Matousek et al. (2010) have contributed to the growing body of research which is testing the effects of MBSR on saliva cortisol levels. Carlson et al. (2004, 2007) studied responses of 42 and 58 cancer patients and found that enrolment in the MBSR programme was associated with improvement in quality of life and decreased stress symptoms and afternoon cortisol levels, results which were still evident at a one-year follow up. In their randomised-controlled study, Klatt et al. (2008) also found that cortisol levels decreased in healthy working adults in the USA, who were involved in a short-version – 6-week – MBSR intervention. In their review of studies that have used cortisol levels as a marker for improvement in MBSR, Matousek et al. (2010) provide evidence that saliva cortisol is in fact a good marker for the effectiveness of MBSR, but with the caveat that it should not be viewed in isolation, but in conjunction with the entire complex stress response and its various markers including immunoglobulin A, salivary amylase, dehydroepiandrosterone (DHEA) and several glucocorticoids.

This selection of studies gives examples from the ever-increasing literature, which indicates that changes in stress hormone levels are evident in MBSR participants. Developments in the research appear to be addressing not only the criticisms about small sample sizes, but that physiological findings support self-assessment study results, illustrating that MBSR is effective in reducing stress and increasing wellbeing. Additionally studies, such as an fMRI study conducted by Swiss researchers, Lutz et al. (2013), further highlight the physiological effects of mindfulness, and reveal physiological and anatomical changes that occur as a result of meditative mindfulness practices. Again, many of these studies have used MBSR and, more recently, MBCT, as the basis for the mindfulness interventions (Chiesa et al., 2013).

It is also important to note that sample sizes in recent mindfulness studies – a previous limitation as highlighted above - are increasing to groups of 40 or more; and collectively the population that has and is being studied across multiple fields is increasing. Studies that compare treatment options or

control interventions have also increased in recent years and have included treatment as usual, wait-list control groups, health education programmes and relaxation training programmes as well as design-specific control interventions such as the HEP (MacCoon et al., 2012; Morone et al., 2016; and Creswell, 2017). These studies have successfully controlled for alternate intervention effects and demonstrated that the mechanisms of mindfulness interventions are the therapeutic agents at play.

However, whereas sample size is crucial in a quantitative, positivistic view as it relates to generalisability and transferability; we are seeing a shift in therapeutic and research approaches to a more postmodern view that acknowledges and indeed honours the subjective experiences of participants. Within this context of qualitative research, the quantity and quality of the data for each participant is equally important and potentially more relevant, as it is this data which will enable me to elucidate the full experience of the participant (Morrow, 2005). This is particularly relevant within mindfulness interventions as the effects and experiences are subjective and personal (Klatt et al., 2008).

The mechanisms of mindfulness

Investigations into the mechanisms of mindfulness are still fairly scarce and preliminary studies need further corroboration, before definitive conclusions can be made as to how mindfulness produces the effects that it does. There are however, several theories that have been proposed by researchers including Shapiro et al. (2006), Hölzel et al. (2011), Baer (2003), Brown et al. (2007), Grabovac et al. (2011) and Vago and Silbersweig (2012).

One of the earliest investigations was done by Baer in 2003. She identified several mechanisms of mindfulness, including exposure, cognitive change, self-management, relaxation and acceptance (Baer, 2003). Baer herself acknowledges, that as her findings are based on studies that do not have rigorous methodological processes, it is difficult to draw strong and definitive

conclusions. She, however, writes with the caveat that the methodological short-comings of the studies do not negate the positive effects of mindfulness-based interventions, or even the validity of the proposed mechanisms.

Shapiro et al. (2006) have identified and defined five mechanisms of mindfulness. Their mechanisms have been derived from a review of studies that investigate the effects of mindfulness and propose mechanisms of change as based on their own IAA model.

1. Reperceiving, which is seen as a primary mechanism, allows for or gives rise to four subsequent mechanisms. Reperceiving is the ability to view our thoughts and experiences from different perspectives. This ability allows us to disidentify from the thoughts and experiences, to view them with more objectivity and clarity. Shapiro et al. (2006) posit that reperceiving is the continuation of a fundamental developmental process in which infants learn that they are separate from their mothers. Shapiro et al. theorise that in the same way, mindfulness allows us to recognise that we are not our thoughts. They differentiate reperceiving from detachment proposing that it does not mean dissociating or disengaging, but rather leads to a more intimate connection with the reality that is unfolding.
2. Self-regulation is the ability to regulate both emotions and behaviour. This ability, according to Shapiro et al. (2006) is directly linked to the ability to observe and direct thoughts and attention with non-judgement.
3. Values clarification allows individuals to discern their own meaning constructions and values; and to align themselves with those values – this level of self-congruence is linked to increased feelings of self-worth and wellbeing.
4. Flexibility – cognitive, emotional and behavioural - is a skill that allows one to respond to moment to moment experiences with more adaptability and grace.
5. Exposure refers to the ability to gently and therapeutically expose oneself to the discomfort of distressing thoughts and experiences. By

learning to stay with these thoughts and experiences and observe them more objectively, we gradually become less distressed by them.

Shapiro et al.'s theory of the mechanism of mindfulness has been tested by Carmody et al. (2009) who found that they could not replicate findings that recognise reperceiving as a separate and overarching mechanism of mindfulness. They did find evidence to support Shapiro et al.'s (2006) other four mechanisms - self-regulation, values clarification, flexibility and exposure, but they suggest that further, more rigorous and methodologically sound studies are needed to test Shapiro et al.'s (2006) theory before it can be proposed as a model representing the mechanisms of mindfulness.

From their theoretical review of how mindfulness exerts its effects, Hölzel et al. (2011) propose the following mechanisms: attention regulation, body awareness, emotion regulation and changing perspective of self. Emotion regulation includes reappraisal, exposure and extinction, meaning that their findings share characteristics with Shapiro et al.'s (2006) mechanisms of self-management, reperceiving and exposure. Their proposed mechanisms also share characteristics with Baer's (2003) following mechanisms – self-management, cognitive change and exposure.

In their review of the abovementioned theories of the mechanisms of mindfulness, Grabovac et al. (2011) make a strong argument that even though they overlap and share characteristics, they do not provide a comprehensive explanation of how mindfulness acts as a change agent. Based on this review and findings, they propose that the Buddhist Psychological Model (BPM), which is derived from Buddhist contemplative traditions, provides a much more comprehensive insight into to the mechanisms of mindfulness. Based on the three characteristics of Buddhist teaching – impermanence, suffering and non-self – they have identified several mechanisms whereby mindfulness affects change: namely compassionate acceptance, attention regulation, ethical practices, non-attachment and -aversion, and mental proliferation. According to this model, compassionate awareness allows us to observe our

moment-to-moment experiences – thoughts, feelings, behaviours and sensations – without judgement and aversion, thus making it easier and less painful to attend to what is arising, thereby relieving suffering. Attention regulation in mindfulness is the practice of bringing compassionate awareness to, or attending to, our moment-to-moment experiences with insight. Simply put, ethical practice means behaving in a way that allows us to have a clear conscience and reduce mental proliferation, and thus minimise suffering. An important message from the BPM is clearly highlighted by Grabovac et al.'s (2011) paper: the purpose of mindful practice is not to eliminate unpleasant experiences or increase pleasant experiences, but to reduce the suffering associated with unhealthy responses to our experiences such as grasping and aversion.

Vago and Silbersweig (2012) propose a framework which includes self-awareness, self-regulation and self-transcendence (S-ART). Within this framework, intention and motivation, attention regulation, emotion regulation, extinction and reconsolidation, pro-sociality, non-attachment, and decentering are proposed as supporting mechanisms. The S-ART framework that is based on a blend of clinical mechanistic models, the BPM and neural processes that support mindfulness.

Gu et al. (2015) conducted a systematic review and meta-analysis of the above-mentioned theories and they found that even though there are apparent methodological short-comings in many of the mindfulness studies; they identified reliable evidence for several of the proposed mechanisms of mindfulness including: cognitive and emotional reactivity, mindfulness, countering rumination and worry, as they found them to common and consistent across several studies. It is important to reiterate that a lack of evidence does not mean that the proposed mechanisms are invalid, but rather that not enough investigation has been done to definitively prove that they are agents of change in mindfulness interventions.

How might the research be improved?

Inquiries about mindfulness were initially made by way of, predominantly, qualitative studies that focused primarily on the subjective experience and interpretation of the participants and the researcher, which led to some academic criticism. It could be argued that since many mindfulness studies are focused on the effects of mindfulness on wellbeing and that wellbeing is an extremely subjective experience, the subjectivity of the research is appropriate. It is also pertinent to note that in a post-modern context, subjective experiences are invaluable to promote deepening understandings.

From my review, I would suggest that the research could be strengthened by widening the context of research studies beyond first world boundaries to investigate mindfulness within less developed and affluent communities. It could also be strengthened with more longitudinal studies that investigate the sustainability of the effects and studies that include larger participant groups.

Mindfulness in Healthcare

In healthcare, mindfulness training has been done with clients/patients as well as practitioners (Baer, 2003; Beach et al., 2013; Brown & Ryan, 2003). Much of the mindfulness work done with care-providers has included investigations into the effectiveness of mindfulness training to improve wellbeing and proficiency. Several researchers have studied the effects of mindfulness training on various healthcare professions such as doctors, nurses, social workers and occupational psychologists (Irving et al., 2009; Krasner et al., 2009; Mackenzie et al., 2006; Reid, 2013; Shier & Graham, 2011). Others have focused more specifically on the effects of mindfulness training on psychology professionals (J. C. Campbell & Christopher, 2012; Germer et al., 2013; Shapiro et al., 2007; Shapiro & Carlson, 2009). These studies done mostly in the USA, the UK, Canada and Europe have shown that mindfulness training improves health practitioner proficiency by increasing attentiveness and presence with patients. They also found that practitioners

who practiced mindfulness reported being more fulfilled, better able to cope and more likely to remain in practice.

Mindfulness in Psychology

The positive effects of mindfulness on wellbeing are well documented and several studies have investigated how mindfulness affects the wellbeing of psychologists (Moore, 2008; Cohen & Miller, 2009; Rimes & Wingrove, 2011; de Vibe et al., 2013). These studies have however predominantly targeted trainee psychologists, rather than seasoned psychologists. A few studies have investigated the effects of mindfulness on practicing psychologists' wellbeing in the developed world (O'Donovan & May, 2007; Aggs & Bambling, 2010); and they have found that a more mindful psychologist is a more satisfied and effective practitioner.

Researchers like Shapiro (2009) and Baer (2003) introduced the concept of mindfulness into psychology and now several studies have been done which investigate how psychology and mindfulness align; and how introducing mindfulness not only affects the therapy process and its outcomes, but the wellbeing of the psychologist as well (Brown et al., 2013; Germer et al., 2013; Grossman, 2010). Furthermore, mindfulness programmes conducted with psychologists show that because mindfulness increases empathy and presence, it is an effective mechanism to foster the therapeutic alliance, which is integral to therapeutic outcomes (Greason & Cashwell, 2009; McCollum & Gehart, 2010; Campbell & Christopher, 2012). These studies focused on professional efficacy, but like those by Krasner (2009) and Shapiro et al. (2009); they also found that participants' abilities to cope with the rigours of their work increased, when they were exposed to mindfulness training and practice.

One of the parallel developments in psychology, especially in the UK and the USA, in the past two decades has been the field of coaching psychology. This has built upon research into positive psychology and adult learning theory.

The coaching psychology approach supports the development of many similar characteristics to mindfulness, like awareness and emotion regulation, as well as objectivity. This field will be briefly explored in relation to the aforementioned alignment and its appropriateness to this study in the section below.

Coaching Psychology

Coaching psychology is a fairly newly defined and recognised field of psychology, which applies learning theory and psychological approaches to coaching practice (Palmer & Whybrow, 2014). Coaching psychology focuses on improving performance and wellbeing by helping the client or coachee to identify and capitalise on their strengths and resources (Linley & Harrington, 2005). It evolved in part out of sports coaching and in response to a need for more regulation and accreditation of the burgeoning fields of life, corporate and leadership coaching, which have grown substantially in the last few decades with very little empirical evidence of success or any regulation of practitioners (Moore & Tschannen-Moran, 2010).

Coaching as it is applied in the fields of life, corporate and leadership development, is predominantly a one-to-one relational and competence specific approach. It has evolved into various forms that apply differing approaches in diverse settings. Although coaching has shown to be effective in improving performance, it has been criticized for its focus on short-term behavioural changes rather than long-term emotional and psychological changes (Berglas, 2002). It is proposed that by bringing in the principles of psychology, change management and adult learning to the process of coaching, practitioners can help clients to benefit from the short-term behavioural changes that coaching is purported to achieve, as well as the long term emotional shifts which are necessary for sustainable change and growth. According to Palmer and Whybrow (2006), coaching psychology brings a sense of gravitas to the field of coaching, as it illuminates and integrates theories of

change, mental health, learning, motivation, systems theory and personal and organisational growth into the coaching process.

Mindfulness in coaching has recently seen an increase in practice and research; and findings suggest that mindfulness enhances the coaching process (Passmore & Marianetti, 2007). According to Virgili (2013) evidence now exists that mindfulness improves coaching results by increasing coach effectiveness and wellbeing; as well as by facilitating the coach-coachee relationship. It allows the coach to be more fully present in a session; and to engage with the coachee's emotions without becoming flooded; and it is a skill which can be shared with coachees to practice at home. This all amounts to a growing body of research in a nascent field, which provides an encouraging outlook for both coaching and mindfulness.

For the purposes of this study, there are particular elements of coaching that are especially important. Firstly, the aforementioned characteristics of self-awareness, objectivity and emotion regulation, as well as self-direction and accountability, are integral to the personal development process that coaching aims to achieve (Palmer & Whybrow, 2006). These are aligned with the principles of mindfulness as described above and by taking a coaching approach to mindfulness training, one could possibly strengthen the effects of the mindfulness training. Secondly, coaching psychology recognises quite overtly that 'one size does not fit all'; and this sentiment supports the overarching research philosophy of narrative interpretivism, which highlights the value of the personal autonomy and the accounts of the participants. Thirdly, one approach to coaching psychology developed in the UK relies heavily on the identification of and building on the strengths of the coachee (Garvey et al., 2017). This also aligns strongly with the narrative interpretivist approach that underpins this study. Finally, coaching incorporates elements of adult learning which will be discussed in more detail in the next section and chapter IV.

Adult learning theory and Blended Learning

Merriam and Brockett (2011) describe adult learning as purposefully designed activities that intentionally result in learning in those who are defined as adults by way of age, social roles and self-perception. Further descriptions highlight that adult learning is self-directed, purpose driven, draws on previous knowledge and experience, and can be transformational (Merriam & Brockett, 2011; Radovan & Makovec, 2015). These descriptions also highlight that adults learn by framing new knowledge within existing knowledge frameworks or in the case of transformational learning, creating new knowledge frameworks (Merriam & Brockett, 2011).

According to Merriam (2008), adult learning theory provides an adult-targeted approach to facilitating learning and development, which recognises that learning is a "multidimensional phenomenon" (p. 95). Within this multidimensional approach, Merriam (2008) proposes that adult learning is embodied and has spiritual and narrative elements. She also adds that the context of learning has a meaningful influence on the learning itself. To further understand these aspects, it is necessary to describe in more detail the different facets: the embodied nature of learning and the spiritual and narrative elements of learning.

Embodied learning has been described as *"*a way to construct knowledge through direct engagement in bodily experiences and inhabiting one's body through a felt sense of being-in-the-world*"* (Merriam, 2008, p. 40). From this description one can interpret that learning experiences that elicit sensory experiences and a sense of real-world and real-time presence are likely to be more meaningful. With regard to spirituality in learning, it would not be helpful or appropriate to embark on a long and complex discussion of the topic here. Suffice it to say that learning that is linked to creativity, metaphor, symbolism and art are thought to help learners to connect to their spirituality and in so doing imagine innovative ways to create change (Merriam, 2008). Narrative learning addresses both process and conceptual elements of

learning. It is an intentional use of stories to effectively connect complex theory with lived experiences, thereby making it more tangible, understandable and accessible.

Blended learning refers to the intentional integration of multiple learning methodologies, technologies and tools within a single curriculum (Valiathan, 2002). This means that blended learning programmes typically include various learning modalities and methods as well as a blend of face-to-face and remote learning opportunities (Graham, 2006). It is ideally suited to adult learning, especially the multidimensional model of learning described by Merriam (2008), as discussed above.

The above introductory discussion of adult and blended learning will be expanded in chapter IV where they will be discussed in relation to the design and presentation of the *Attentive Amelioration* programme. In the following paragraphs, the traditional methods used to present and facilitate mindfulness training will be discussed.

Mindfulness courses commonly employ varied facilitation methods including: lectures, experiential practice, reflective feedback, movement exercises, group sharing and sometimes electronic learning (e-learning) in the form of exercises on audio recordings (Stahl & Goldstein, 2010). This kind of blended learning is recommended for adult learning as it allows for optimal integration of knowledge (Garrison & Kanuka, 2004). I intend to honour this blended learning approach and add to it by including individual coaching sessions and an interactive blog-style e-learning element.

The individual sessions will incorporate coaching psychology principles that apply learning theory and psychological approaches such as developmental psychology, cognitive behavioural therapy and positive psychology to coaching practice (Linley & Harrington, 2005; Palmer & Whybrow, 2014). The coaching psychology approach has been chosen because it has been found to be suited to high functioning clients, such as the proposed target population

of practicing psychologists, who seek to further develop themselves in one or more areas of their life (Grant, 2006; Palmer & Whybrow, 2006, 2014). This approach has also proven to synthesise well with mindfulness training (Passmore & Marianetti, 2007; Spence et al., 2008). The proposed blended learning approach will allow the participants to benefit from group interaction in the workshop session as well as the interactive blog exercises: but by adding the individual coaching sessions, participants will have an opportunity to address their unique challenges and to focus on how to incorporate specific elements of the mindfulness practice into their individual contexts.

This review of the literature is aligned with the research questions for this study which, as mentioned in chapter I, are:

1. What is the current level of wellbeing among the target group – psychologists working in and around Makhanda in the Eastern Cape of South Africa?
    a. What are the barriers to wellbeing?
    b. What do these psychologists do to support their own wellbeing?
2. How could psychologists implement/practice mindfulness?
3. How could they sustain their practice?
4. What effects could a mindful-wellness programme have on psychologists?
5. How would psychologists evaluate such a programme?

The literature supports the need for further research into psychologist wellbeing, mindfulness and coaching which this study aims to do. This review of the literature highlights further gaps in research where this study could possibly add insight. This research will add to the dearth of research into the topics of mindfulness, coaching psychology and psychologist wellbeing emanating from South Africa. The nascency of this type of research in South Africa supports a qualitative approach and given the high levels of human distress in the country, an interventionist approach is a more ethical choice than an experimental approach.

Chapter III: Methodology

Positioned within the contextual framework laid out in previous chapters, this chapter will outline and explain both the research paradigm, design and procedure. In addition, contextual and theoretical justification for the chosen methodologies will be provided by drawing on evidential examples. By grounding this research methodology both contextually and theoretically; I hope to strengthen the rationale for the chosen methodological approach.

Methodological Framework

A life's work is not a series of stepping-stones onto which we calmly place our feet, but more like an ocean crossing, where there is no path, only a heading, a direction, which, of itself is in conversation with the elements.

-David Whyte, Crossing the Unknown Sea: Work as a Pilgrimage of Identity (2001, p. 80)

Much like David Whyte's description of the nature of a life's work, the process of this research has unfolded as a living, dynamic process in which multiple conversations between participants, researcher, literature and data were interpreted and translated within the following methodological framework.

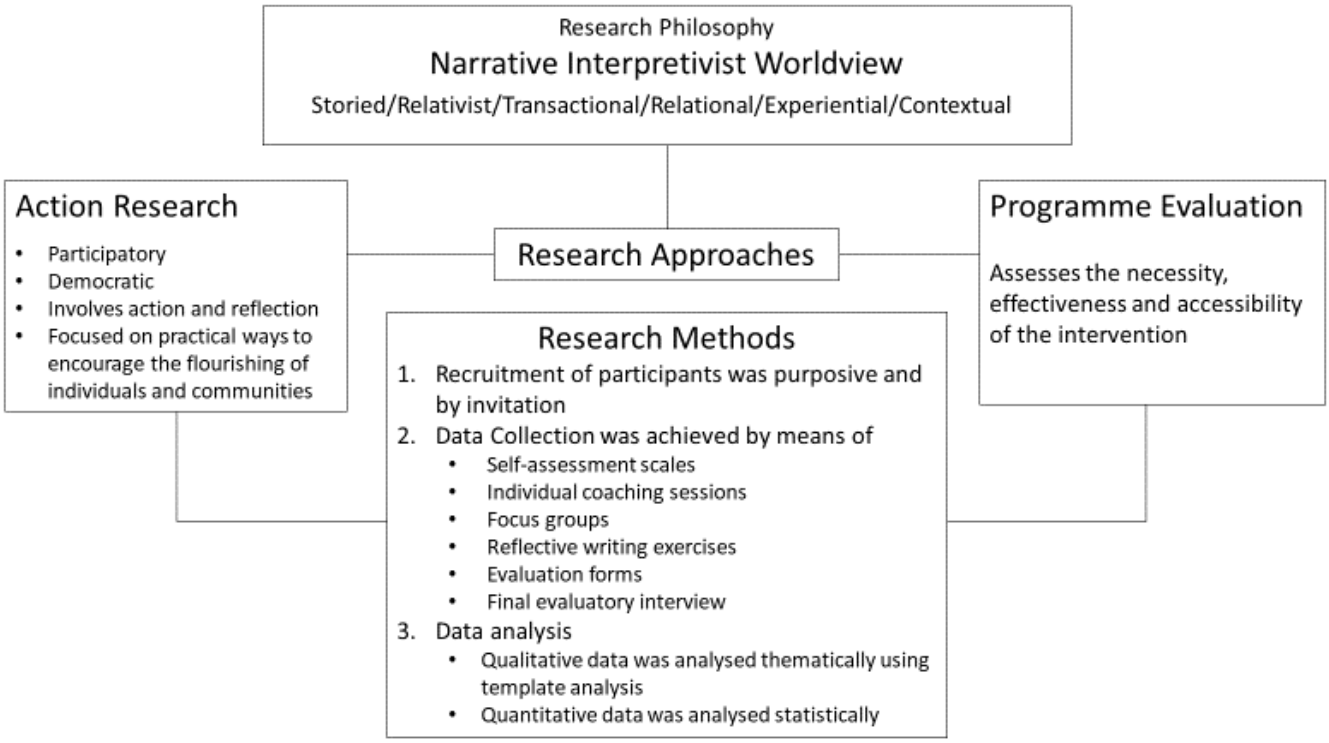


Figure 2: Research Methodology Framework

This study has been approached primarily as a narrative interpretive inquiry and as such the following basic assumptions underscore the reason for choosing the given research methodologies. Firstly, a narrative interpretivist view presupposes that our reality is relative, dynamic and co-constructed through storied interaction and experience (Spector-Mersel, 2010). This is to say that reality is defined and co-created as we engage with our lives and our communities and learn through and by our experiences and our actions (Cohen & Crabtree, 2008). Secondly, a narrative interpretivist view assumes that the researcher cannot be separated from the research or the research participants. She has an unavoidable influence on the data and her values are intrinsically weaved into the design, process and interpretation and this influence must be recognised and acknowledged (Angen, 2000; Denzin & Lincoln, 2009).

Furthermore, narrative interpretivism proposes that knowledge discoveries are made throughout the research process (Spector-Mersel, 2010). Resulting interpretations are negotiated and contextual. That is, interpretations were clarified with participants in their final interview to ensure true understanding and depth of knowledge; and this knowledge is understood to be peculiar to the specific context and could be interpreted in various ways by different people or in differing circumstances (Bryman, 2012).

Within this overarching research philosophy, I have drawn on principles of action research (AR), narrative research and programme evaluation methodologies. A narrative approach is inherent both paradigmatically and methodologically in that not only is the research set within a narrative interpretivist worldview; it also includes several characteristics of narrative research design. Namely, I collaborated with participants to record, analyse and interpret contextual, individual experiences as chronological stories (Creswell, Hanson, Clark Plano, & Morales, 2007).

A narrative approach is appropriate to this study both because of the research design, but also the mindfulness content. Mindfulness and narrative theory share several overarching assumptions. In Spector-Mersel's (2010) account for example; we are offered a description of the principles of narrative inquiry which purport that we live a storied reality in that we make sense of life through stories. Our stories have an organising function and our stories influence our experience of life, because our reality is shaped by our perception and stories help to construct our perception.

This aligns with mindfulness research that has found that what we practice grows stronger (Shapiro et al., 2006). By repeated action and thought pattern; we strengthen specific neural networks (Hölzel et al., 2011). In narrative language, we would understand that when we repeatedly tell our story in a certain way; that becomes our reality (Spector-Mersel, 2010). Spector-Mersel goes on to say that within narrative inquiry; stories are grounded in the narrator's current situation and that our stories are crafted through

"conscious and unconscious selection" (p. 212). Mindfulness principles propose that reality only exists in the present moment and that the more we increase our awareness of the unconscious; the more choice and agency we have in how we respond to and perceive our experiences (Kabat-Zinn, 2003a).

A narrative approach also aligns with the researcher's values and collaborative, person-centred approach in that it allows individuals to direct their own therapeutic and/or learning intervention through collaborative dialogue (Rodríguez Vega et al., 2014). This means that the participant is encouraged to engage in the learning material and process in a way that aligns with their own interests, abilities, resources and values, this in turn means that they take ownership and accountability for their own learning, and this too proposes to give participants more agency in their learning experiences.

With regard to the inclusion of AR principles in the study, AR aspires to contribute to the literature with practical information and knowledge that is applicable to everyday life in a way that improves wellbeing (McNiff, 2013). Within AR, knowledge is accepted to be socially constructed and a continuous process of action and reflection (Brydon-Miller et al., 2003). This is appropriate to this study because this study aims to develop a user-friendly mindful-wellness programme for the main purpose of improving psychologist wellbeing.

It is also particularly suited to this study, because it has the following advantages which are aligned with important characteristics of this study: it allows the researcher to be an integrated part of the study, it involves repeated ongoing evaluation, can lead to open ended outcomes, and AR allows the researcher to create a vivid storied illustration of change (Koshy et al., 2010). AR is also appropriate to this study because it has been shown to be useful to improving professional practice (Freshwater, 2005).

In order to create a structural framework to hold the research process and to mitigate the inherently subjective nature of the narrative and AR processes, programme evaluation principles were applied to assess the necessity, effectiveness and accessibility of the intervention. This narrative interpretive evaluation created an environment in which matters pertinent to the participants and the programme's development could be analysed and negotiated by the participants and the researcher (Terre Blanche et al., 2006). Given the use of AR principles, it could be argued that a participatory paradigm could be equally appropriate. From the point of view that the philosophy of a participatory worldview is guided by an overarching relational ontology and an experiential epistemology, it does appear to be applicable. Indeed, participatory and interpretivist paradigms share several beliefs, including that our realities are defined and co-created as we engage with our lives and our communities and learn through and by our experiences and our actions, and could both be considered to be relevant (Heron & Reason, 1997).

This study could not however, be considered to be entirely participatory since it was not based upon a fundamentally democratic process. Even though participants were asked to give some input into the design of the intervention as it proceeded and indeed, made decisions about their own agendas for the intervention and activities that they would engage in, and several other process decisions, the research design was initiated and primarily decided by the researcher. Also, participatory research has a strong advocacy and political agenda, which this study did not (Petersen & Gencel, 2013).

The following section will provide a short overview of how the methodological assumptions, which have been introduced and discussed above have influenced the study. These influences will be elucidated in the methods section where the design of the intervention and the research process will be described in more detail.

Reality is relational and knowledge is experiential

The design of the study and the research intervention, the *Attentive Amelioration* programme, are based on the assumption that what we know and the meanings we make are constructed through our storied experiences and our interactions with others (Spector-Mersel, 2010). Allowing participants the opportunity to engage with each other, the material and the facilitator in ways that created experiential learning opportunities were integral to the design and implementation of the study and the *Attentive Amelioration* programme.

By implementing narrative and action research approaches, the participants and I were steeped in the research process. This has been achieved by their participation, conversation, interaction, reflection, input to content and decisions (Reason & Bradbury, 2001) regarding application of knowledge during the research intervention – the *Attentive Amelioration* programme - and the evaluation of their experiential outcomes and the programme itself. This experiential and interactive type of engagement was achieved in several ways. Firstly, each participant set goals for growth and development, decided on action steps to achieve those goals and evaluated their own progress. Secondly, I facilitated the wellness programme myself. Thirdly, the participants evaluated the programme by way of focus group discussions, interviews and pre- and post-evaluation forms. Fourthly, the intervention was designed to encourage participant interaction both between each other and with the facilitator by means of group face-to-face interactions at the workshop as well as the focus groups, individual coaching sessions and they were encouraged to use the e-learning platform as a chatroom. Fifthly, participants were encouraged to practice what they learned and reflect on those experiences: this was ensured, in small part, by each contact session with the facilitator involving at least one guided mindfulness practice.

Research should produce knowledge that is practical and leads to improved wellbeing

The value of knowledge that is generated by research can be linked to its practicality and its applicability in real-life scenarios (McNiff, 2013). This is particularly true for AR that is set within a narrative interpretivist paradigm, which attempts to make real-world changes (McNiff & Whitehead, 2009). This research involves the design and implementation of a programme whose primary purpose is to improve the wellbeing of psychologists. The programme includes learning processes that are designed to provide practical ways to improve everyday life from managing time and stress to improving communication and relationships. Psychologist wellbeing is essential to the quality and sustainability of therapeutic practice (Lawson, 2007), which means that this study could possibly not only impact the wellbeing of the participants, but potentially their clients as well.

The Values and Views of the Researcher are Inherent to the Research Process

In this study, I have been steeped in the process of design, implementation, analysis and interpretation and as such, my values and beliefs are likely to have an influence on the findings (Spector-Mersel, 2010). It is therefore important to define these values and to identify how they will influence the study. I have a strong palliative care background set within the not-for-profit arena. The palliative care approach is interdisciplinary, holistic and person-centred and frames itself within the ethical values of Childress and Beauchamp: autonomy, beneficence, non-maleficence and justice (as cited in Twycross, 2003). Working in the palliative care environment has significantly influenced my values and my approach to life and professional practice.

I am also steeped in mindfulness practice and the values of open-minded awareness, curiosity and compassion are strong themes that weave their way through my life and my work. These have a strong influence on how I engaged with the research process and material and with the participants.

Knowledge insights emerge and evolve throughout the research process

As an AR study, this study is designed to be reflective and to immediately and repeatedly identify and respond to findings (McNiff & Whitehead, 2009). I designed the study in such a way that data was collected in several ways throughout the study. The initial workshop was recorded and transcribed; written reflections were handed in at the end of the workshop and included in the data set; evaluations were filled in after the workshop and at the end of the 8-week programme; participants were asked to give feedback during each coaching session and these were recorded and transcribed; participants were asked to comment and reflect on the e-learning platform; group discussions were facilitated; and finally an independent interview was carried out which were all compared and contrasted with self-assessment scales which were carried out before the intervention, immediately after the intervention and again several months after the intervention. This information was used to guide and shape the research and the intervention both in content and design to varying degrees.

All interpretations are contextual and open to varied and contradictory interpretation

As discussed above, the narrative interpretivist paradigm and the AR process acknowledge and value the researcher's participation and collaboration with participants and recognises that findings are subjective interpretations of the data (McNiff & Whitehead, 2009). I am very aware that my interpretations are merely one perspective made within a specific context. Thus, the context and the details of the context are acknowledged as integral to the interpretation process. This includes my own nature and perspective, as well as that of the participants and their contexts as well as the various academic contexts. These are described and discussed across various sections of the thesis so as to highlight the specific contextual and interpretational influences.

Ethical Framework

Because this study involves several approaches that have an underlying ethical stance; the ethics in this study have permeated every aspect of the work hence the foregrounding of ethics at this point, rather than the section being at the end of the methodology, which is more customary in dominant research reporting. From the narrative-interpretivist worldview to the mindfulness principles to my palliative care background, there are ethical threads that weave their way through the study and into the writing.

From a narrative-interpretivist perspective; the design of this study was open and responsive to the research participants and the process. It was particularly relational in its design and process and incorporated interpersonal ethics related to the dignity, privacy and wellbeing of the participants (Josselson, 2007). Relationally, I facilitated the implementation of the intervention, which required several group and individual contact sessions with the participants that necessitated the development of rapport and trust. This is strongly aligned with the narrative interpretivist approach as it is described by Josselson (2007, p. 539):

> The essence of the narrative research approach, what gives it its meaning and value, is that I have endeavoured to obtain "data" from a deeply human, genuine, empathic, and respectful relationship to the participant about significant and meaningful aspects of the participants' life.

This approach placed me in a binary role of both facilitator and researcher, which could be said to introduce a conflict in roles and ethics (McGoldrick et al., 2002). There is literature that supports the application of this type of binary role in AR and Herbert (2010, p. 681) notes that "Simultaneously occupying facilitator and researcher roles requires greater mindfulness of one's actions and emotions than if one is occupying only one role". As this is a mindfulness-based study and I have a mindfulness practice, it is

appropriate and there is an expectation of an ability to hold this awareness of role actions and emotions in ways that do not compromise the participants or the process.

From an inter-personal and relational perspective; I needed to build trust and ensure that interpersonal ethics were upheld. Against this, one could argue that the academic obligations and objectives to accurately and authentically interpret and present the data could be compromised. However, it could also be argued that given the very nature of the study its narrative interpretivist approach; the relational and interpersonal aspects are central to the academic objectives and as there is no pretext of scientific objectivity, the scholarly ethics are in no way compromised (Josselson, 2007).

Furthermore, I have honoured narrative interpretivist ethics by being reflective throughout the research process myself and by encouraging participants to reflect on their experiences, both with the practice of mindfulness and with the programme itself (Josselson, 2007). As mentioned above, I have my own mindfulness practice and practices reflection on a daily and continuous basis. Specific to the research, I constantly reviewed, evaluated and acknowledged my own potential biases and limitations and declared them wherever appropriate.

All presentation, interpretation and discussion of data is done explicitly as my own understanding within the specific context of the research (Spector-Mersel, 2010). There is a definite awareness that this data could and would probably be interpreted differently by another researcher, the participants themselves and even the same researcher given other contextual dynamics. In addition, the data analysis methodology itself reflects a certain amount of bias since it was done from an *a priori* perspective by means of a template analysis (King, 2012). No pretence is made that the themes "emerged" or "presented themselves" organically – Braun and Clarke (2006) would argue that this can never occur and that there is and should always be a shaping and moulding of the data by the researcher in order to create themes.

In this case, I have reviewed and analysed the data with specific questions in mind and specifically looked for data that would contribute to the patterning of the thematic material related to these questions, following a similar process to Template Analysis (King, 2012). These pre-designed questions were also indeed known during the implementation of the intervention and so were asked explicitly throughout the study; ensuring that there would be narrative data that could be collated in relation to the questions. This could be seen to be manipulating the data in order to serve the researcher's objectives and it has been structured in such a way so as to ensure the researcher's questions are explicitly answered. Every effort has, however been made to ensure that those answers have not been unduly influenced by the researcher's agenda.

Although the secular mindfulness that is taught in the developed world is based on Buddhist teachings, which have a very strong ethical foundation (Thera, 2005); the ethics of mindfulness has only recently begun to draw research interest in the literature. According to Grossman (2015), Buddhist ethics is based on a far more subjective premise and understanding than the usual normative edicts that govern acceptable behaviour. Ethics in his view are linked to and arise from the peculiar human experience: "…actions that are meant to cause harm are considered unwholesome; whereas conduct and mental activity meant to be benevolent are, on the other hand, considered wholesome" (p.18). He goes on to explain that unwholesome behaviour is described as behaviour that is driven by qualities such as greed, aversion and delusion, and wholesome behaviour can be identified by qualities such as kindness, compassion, equanimity and appreciative joy.

This is a very uncomplicated, slightly abstract view of Buddhist ethics and another, perhaps more tangible, perspective can be gleaned from the eight-fold path which proposes right speech, right action and right mindedness (Greenberg & Mitra, 2015). In Greenberg and Mitra's (2015) view; there is a necessary evolution from mindfulness to "right mindfulness" which includes principles from the eight-fold path and highlights qualities such as discernment, discrimination, remembrance and imagination.

While the ethical principles of mindfulness were not explicitly introduced in the learning material of the programme, I live and practices from an ethical platform that is informed by both mindfulness and palliative care which, as mentioned in the section above, is strongly linked to Childress & Beauchamp's principles of ethics (as cited in Twycross, 2003). These have been upheld in that the participants were very much central to the design and implementation of the programme and self-determining of how they chose to engage with the programme, and how they chose to practice the mindfulness principles. The programme was designed specifically to benefit and not to harm the participants in any way, as supported by the findings.

As to justice Childress & Beauchamp (2001): all participants were given equal and fair access to the resources provided as a part of the programme. It must be mentioned however, that as some of the material was made available via an e-learning platform; those participants who were not particularly computer literate could have been somewhat disadvantaged. There was one participant who fitted this description and time was spent after a coaching session to help her navigate the site so that she would not be disproportionately compromised.

With regard to Childress & Beauchamp's (2001) principles of autonomy and justice: this study was conducted with professional adults who were asked to voluntarily consent to participation (see Appendix III). The entire process was done in accordance with the Rhodes University ethical guidelines as well as the amended Helsinki convention guidelines (2008). The ethics clearance number is PSY2015/14 and a copy of the ethics clearance letter can be found in appendix I.

All participants were informed (see appendix II) that they may withdraw from the study at any time and they would be afforded the opportunity of counselling in the unlikely event that they experienced any distress as a result of the programme. None of the participants withdrew from the programme

and none showed or reported any signs of distress as a result of the programme.

As ever, confidentiality and privacy (Smith, 2003) were particularly important for the participants in this study since they lived in a small community. In order to safeguard participant privacy, all written and voice recorded data was kept in a locked cabinet and treated confidentially and no participant names have been included in the write up of the study. Participants were invited to provide a pseudonym of their choice, but no participants wished to do so and subsequently, pseudonyms were chosen for them. Pseudonyms were thus chosen randomly by the researcher.

Confidentiality was of some concern to several of the participants. They were not concerned that people knew they were involved in the programme, but they were concerned about how their reflections would be documented. They explained that as Makhanda is a small place, it would be quite easy for people to make inferences about who participants were and what they were sharing, even if they were given pseudonyms. Careful consideration was therefore given to how to present and write up the vignettes so as not to give too much away.

The candidate gave full disclosure of the purpose of the study as well as her own interests in the process. Participants were given the contact details of the psychology department at Rhodes as well as the ethics committee so that they could contact either directly should they have any concerns (See Appendix II).

Copyright, which has legal and professional implications, is always a concern when developing a body of work for publication (Gadd et al., 2003). An area where copyright issues could potentially occur in this study, was with regard to the use of the self-assessment scales. To the applicant's knowledge however, all scales are in the public domain and have been made available by the developers for use in not-for-profit research, and the developers of each self-assessment scale are acknowledged and referenced.

Research Design

This is a mixed-method study, which has theme-based and case-based elements and self-assessment scales. This type of mixed-method study has been shown to provide a more comprehensive, insightful understanding of the data (Greene et al., 2001). In the psycho-social context, there is evidence that this approach creates a space to showcase the participants' voices and affords a more integrated and reliable analysis of data and findings (Chaumba, 2013). This study is theme-based in that contextual and outcome themes, attributed to the mindfulness-based wellness programme, were investigated via thematic analysis (Bryman, 2012; Smith, 2007). It is case-based in that the chronological unfolding of experience within several cases has been examined to illustrate impact trends as well as individual stories through time (McLeod & Elliott, 2011). These have been written as a series of vignettes (Draper-Clarke, 2014).

Case-based research is particularly well-suited to studies with small participant samples and provide a starting point for "preliminary, exploratory investigations" (Rowley, 2002, p16). Although case study research has a long history in counselling research, there has been a renewed interest and acknowledgement of the value of this methodology (McLeod & Elliott, 2011). This is in part due to reviewed methods of case collation, analysis and presentation that allow for more rigorous interpretations. It is however, also, and perhaps more especially, due to the post-modern shift toward acknowledging participants as the experts of their own experiences and more widely accepted acknowledgement and valuing of subjective accounts in research (Morrow, 2005).

The theme-based aspect of the study related mostly to the analysis of the data corpus to identify thematic patterns identified across the participants and their individual cases. Draper-Clarke (2014) exemplified this combination of theme and case-based methodology by using a number of vignettes to highlight the individual experiences of a selected number of participants

alongside the thematically analysed group 1n. This method of combining vignettes with more generalised theme-based analysis is particularly well-suited to this study as it allows for subjective, sequential and experiential interpretation, which is contextualised within a more objective theme-based and assessment-based analysis. It could, however, be argued that a general theme-based approach (Braun & Clarke, 2012) would be adequate, but the individual cases add depth and interest to the data.

The structure of the research process

The research process included the design of a mindful-wellness programme, the implementation of the mindful-wellness programme and the evaluation of said programme. It followed an AR process, which according to Kemmis (2009), is a meta-practice as "it is a practice that changes other practices" (p 463). Kemmis (2009) goes on to clarify that AR changes practitioners' practices, their understanding of their practices and the conditions in which they practice. This description of AR aligns strongly with mindfulness since it too is a meta-practice that changes how we practice thinking, speaking and behaving (Jankowski & Holas, 2014).

AR follows a specific repetitive flow or cycle of action, which includes planning, doing and reflecting (Kemmis et al., 2013). This is beneficial in studies where an intervention is being designed, implemented and evaluated, as it assists the researcher to refine the design and implementation of the intervention and ultimately develop an intervention that is more effective and more meaningful. The research cycles in the figure below illustrate this process, with specific reference to this study:

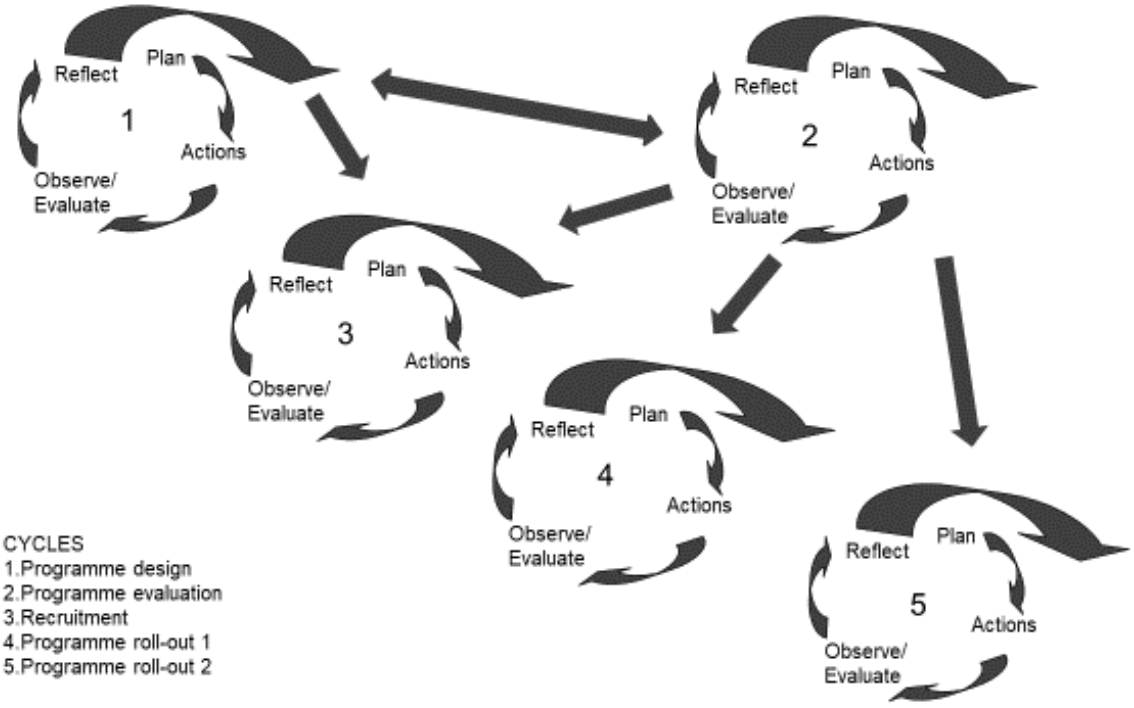


Figure 3: Action Research Cycles

As is illustrated in figure 3, the study took a fluid and cyclical course. The initial planning was very loose and programme design was heavily influenced by early outcomes and the participants themselves. An initial programme design concept was formulated based on prior knowledge and existing literature. This plan was implemented starting with the initial workshop for the first group which has been called group 1n, and expanded on, based on the reflections and sharing of the group during the workshop and the coaching sessions that followed. Even though the topic for each week was pre-determined by the facilitator, each week's e-learning material was developed during the previous week and was informed and influenced by what arose during the participants' coaching sessions for that week.

As noted before, programme evaluation (Terrre Blanche et al., 2006) occurred throughout the intervention in several ways including workshop evaluation forms, reflective writing activities, verbal reflections, programme evaluation forms, focus group discussions and a final independent interview, and this

evaluation process was also used to inform the development of the programme and the learning material. For the second group, which was called group 2n; the programme was already more structured as a result of what had evolved during the first cycles, but nevertheless responsive to the group and individual participants. E-learning material was reviewed each week and re-shaped to suit specific group needs. Further description of the process of designing and implementing the programme is provided in chapter IV.

Recruitment and Sampling

The following section will describe the recruitment process and sampling of the participants for this study. The programme was delivered to psychologists based in and around Makhanda (Grahamstown). Purposive and convenience sampling strategies were employed to recruit participants for the study. Purposive sampling and convenience sampling are non-probability sampling techniques, which are useful when there is small sample population and the researcher has limited resources (Etikan et al., 2016). According to Etikan et al., (2016), these sampling techniques are appropriate when the study does not aim to make generalisations that will apply to an entire population.

The psychology department at Rhodes University has a list of psychologists practicing in and around Makhanda and this list was used as a starting point to invite psychologists to participate in the study on an entirely voluntary basis. These invitations were made telephonically and by email. During the recruitment process, it became evident that the list provided by the university was incomplete; and the names and contact details of other psychologists in the area were attained by word of mouth from psychologists on the list and medical surgeries in the area. This constitutes a form of snowball sampling (Handcock & Gile, 2011). Recruitment presentations were also made to the psychologists working at the local psychiatric hospital and university counselling centre.

Recruitment was not straight-forward as some of the collegial relationships between psychologists in Makhanda proved to be contentious and certain psychologists would not consent to being in the programme because of who else may be participating – this would be an interesting topic for further investigation. These tensions had to be managed and the topic of confidentiality came up several times: related to the dissemination of data and how shared reflections would be presented, so as to ensure privacy for participants. Even though pseudonyms were being used, one of the participants in particular, was concerned that because Makhanda is a small community, readers would know from fairly simple descriptions, who the participants were. Detail about confidentiality processes have been discussed in a previous section relating to ethical issues.

In the initial recruitment six practicing psychologists were enrolled to participate; and after this initial roll out, a second recruitment round was done, which yielded a further four participants who were all intern psychologists (in their final year of practical training). Although there were two groups who were recruited separately, because both groups were small, they have been treated as one sample for data analysis purposes. This decision was supported by the fact that the material generated by both groups had more similarities than differences.

Even though the study sample was always intended to be small, it was important to me to recruit a demographically representative group of participants. The table below indicates statistics of all psychologists working in the Eastern Cape Province during the period of the study. These statistics were obtained on request, directly from the Health Professions Council of South Africa (HPCSA) and they unfortunately could not provide statistics specifically for the town of Makhanda. Here we see that that there were very

few Indian and coloured psychologists across the entire Eastern Cape and no Chinese psychologists[1].

Psychologists Registered with HPCSA in 2015 and 2016 in the Eastern Cape								
2015	Gender	African	Chinese	Coloured	Indian	None	White	Total
	Female	63	0	23	16	29	215	346
	Male	13	0	3	3	35	70	124
2016	Gender	African	Chinese	Coloured	Indian	None	White	Total
	Female	64	0	26	16	29	219	354
	Male	13	0	2	3	34	71	123

Figure 4: Demographic Overview of Psychologists Registered with HPCSA in 2015 and 2016 in the Eastern cape

A further break down of the demographics of the participants labelled by their pseudonyms in the figure below shows that females represent 80% of the sample and that 62.5% of the females were classified as white. Males made up the remaining 20% of the sample and both males were classified as white. No black males were represented, and no other minority ethnic groups were represented even though every effort was made to invite all practicing psychologists practicing in the area. But given the demographic statistics provided by the HPCSA as illustrated in the table above, it could be assumed that even though the sample group may not represent all ethnic groups or the majority in South Africa, it is fairly accurately representative of the psychologist population in the small town of Makhanda, especially given the idiographic nature of the study.

[1] The signifiers used to describe race are specific South African signifiers and although they may be seen to be derogatory in other countries, they are accepted South African signifiers of race.

Participant	Gender	Race	Registered/Intern
Bronwyn	F	B	R
Arthur	M	W	R
Delia	F	B	R
Helen	F	W	R
Lucy	F	W	R
Christine	F	W	R
Genevieve	F	W	I
Fiona	F	B	I
Erica	F	W	I
Lear	M	W	I

Figure 5: Demographic Overview of Participants

From a neutrality perspective, it could be said that given the recruitment process, only those people predisposed to mindfulness and its effects would be drawn to participate. This may well be true, but since this study was a modest narrative interpretivist investigation of the subjective experience of psychologists who participated in a mindful-wellness coaching programme, the potential bias toward mindfulness is not likely to unduly influence the study's findings.

Participants' previous experiences with mindfulness were however assessed to establish a base of established knowledge. This is in line with adult learning principles which acknowledge the value of adult learners previous knowledge and experience (Lieb & Goodlad, 2005). The following was found to be the extent of their previous experience:

- Four participants said they had no experience or knowledge of mindfulness
- Arthur had done a short workshop at a conference 2 years before the programme and had not pursued any further reading or training, but

had had a long-standing Christian meditation practice some years before

- Helen had no formal training, but had done some internet research and watched YouTube clips
- Lucy had also attended a brief introductory workshop
- Genevieve had her first encounter with mindfulness at age 15 and had attended a number of retreats over the years
- Erica had no direct experience, but her mother had attended some mindfulness programmes and discussed these with her
- Jack had done extensive reading on Buddhism and some meditation practice over the last 15 years

The non-probability recruitment and sampling process for this study resulted in a small, relatively representative group of the greater population of psychologists working in and around Makhanda, who had a mix of mindfulness-related experience. The sample was made up of two groups of various levels of psychology experience and participants had an eclectic mix of previous work experience [see case-studies for further description], which further served to add depth and dynamics to the programme interactions and findings.

Procedures for Data Collection

The data collection process for this study was complex and yielded an immense data corpus, because it included collection of quantitative data in the form of eight self-assessment scales, and qualitative data in the form of several participant evaluation forms, reflective writing exercises, transcriptions of individual and group coaching sessions, and a final independent interview sheet. This body of data was collected at various points in time across the two groups, namely: before the intervention, at the end of the intervention and 8 - 11 months after the intervention.

Several data sets were collected as follows:

Self-report scales

Several repeated self-report scale measures were conducted so as to provide a triangulation point for the various narrative data samples (Terre Blanche et al., 2006). Validated and widely-used self-report scales were chosen, based on their utility to measure changes in mindfulness, self-compassion, levels of stress and burnout, and wellbeing. Although no scales could be found that had been validated or tested within the specific context of the study, the chosen scales had all been tested within similar contexts and have been used widely amongst English-speaking professionals. The Maslach Burnout Inventory has been used within the South African context as elucidated in the section below (Storm & Rothmann, 2003). The Five Facet Mindfulness Scale was successfully utilised by Draper-Clarke (2014) in her study with trainee teachers in South Africa.

Given their validity, specificity and previous proven utility, the list of self-report scales described below were chosen with a view to maximise the quality of data gathered with a strong intention to minimise the potential burden on participants:

1. The Clinical Outcomes in Routine Evaluations (CORE) (Barkham et al., 1998) is a validated 34-item self-report scale. Developed by Barkham et al. (2001) in the UK, the CORE (Barkham et al., 1998) is designed to evaluate changes in levels of psychological distress by way of the following five constructs: subjective wellbeing, problems/symptoms, life functioning and risk/harm. The CORE has been helpful as a tool in various population groups in the UK such as general population, national primary and secondary health care and older adults since its conception in 1993 (Barkham et al., 1998). Versions of it have also been locally used in the university and validated by Young and colleagues (M. M. Campbell & Young, 2016).

2. The Maslach Burnout Inventory (Maslach et al., 1997) is a widely used validated multi-construct measurement of burnout symptoms developed by Maslach, Leiter and Jackson in the USA (1997). The MBI (Maslach et al., 1997) is a 22-item assessment which measures emotional exhaustion, depersonalisation and personal achievement which has been used in more than eleven thousand cases, which represent several healthcare cadres including, but not limited to psychologists, nurses, social workers, physicians and educators. Although the MBI (Maslach et al., 1997) has been used and validated in many countries around the world across many groupings, it is more relevant to note that is has been validated in South Africa for use within the South African Police service (Storm & Rothmann, 2003).
3. The Quality of Life Scale (QOLS) (Flanagan, 1978) is a validated 16-item scale developed by Flanagan in the early 1970s in the USA. According to a review by Burckhardt & Anderson (2003) the QOLS (Flanagan, 1978) reliably measures quality of life across diverse population groups including, but not limited to American, Danish, Swedish and Arabic.
4. The Brief Resilience Scale is a 6-item scale developed by Smith et al. (2008) at Ohio State University in the USA. This tool is designed to measure participants' ability to recover from stress (Windle et al., 2011).
5. The Five Facet Mindfulness Questionnaire (FFMQ) (Baer et al., 2010) is a customised tool designed and developed by Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) at The Ohio State University in the USA. It was derived from several independently designed questionnaires and measures five separate constructs of mindfulness: observing, acting with awareness, describing, non-judging, and non-reacting. The FFMQ was used successfully by Draper-Clarke (2014) in her study with South African teaching students.
6. The Self-Compassion Scale is a validated scale developed by Neff (2003) at The University of Texas at Austin in the USA. The scores of the 26-item scale contain six sub-scales: self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identified. These can all be measured as separate subscales or computed to formulate

an overall score for self-compassion. For the purposes of this study and given the limited sample size, an overall self-compassion score was calculated.

7. The Perceived Stress Scale (PSS) (Cohen et al., 1994) is a 10-item scale designed to measure the degree to which people perceive situations in their lives to be stressful. Developed by Cohen et al. (1994) in the USA, it is a popular scale which has been in use since 1983. It has been validated in diverse countries such as China (Leung et al., 2010), Greece (Andreou et al., 2011), Denmark (Eskildsen et al., 2015) and Sweden (Nordin & Nordin, 2013) with the following cohorts: cardiology patients, general populations, pregnant postpartum women, and older adults.

Transcribed narratives

The workshops, individual coaching sessions and focus group discussions were voice-recorded and transcribed by me. Transcriptions were done manually by playing the recordings and typing the dialogues word for word in a playscript style. Although this was a tedious and time-consuming exercise, I chose to do them myself as I felt that this would allow me to further immerse myself in the data (Braun & Clarke, 2006). The value of self-transcribing has been made evident by Bird (2005) and by transcribing the data myself I found that I could minimise interpretation errors, as I could cross-reference with my own account of the coaching sessions that I facilitated. All transcriptions were included in the data set.

Written reflections

According to Jasper (2005), reflective writing is central to the methodological process of qualitative research. Since reflection is central to mindfulness, narrative and AR approaches, as well as the process of psychotherapy [which related specifically to the sample group] it was important, to me, to include various aspects of reflection into the research and programme design. Reflective writing has been shown to cultivate reflective practice (Wald & Reis, 2010) and as such was included as an exercise at the end of the introductory workshop.

The reflective writing exercise was initiated by asking participants to reflect on their day and to write about anything that came to mind and felt significant. They were asked to include experiential as well as evaluative reflections – to describe their experiences and their assessment of elements of the workshop such as the environment, learning material, learning activities and timing. These were collected, saved and included in the data set.

Final evaluative interview

After some months [eleven months for group 1n and eight months for group 2n], the participants were interviewed by an independent party. The choice to employ an independent party was made so as to create a space where participants could more freely express their evaluations of the programme, without feeling that they may offend the interviewer. This would give them an opportunity to voice challenges or concerns with the process more openly and therefore perhaps lead to a more accurate evaluation of the programme. Coupled with the fact that the independent interviewer would also be less likely to sub-consciously influence responses, this process would provide potentially more objective feedback from participants.

The independent interviewer was a social worker who predominantly used narratives therapeutically, which made her ideally suited to support the narrative interpretivist approach of the study. She was given an interview schedule, which was tailored slightly to include some reflections that were specific to each participant's nuanced experience (see Appendix IX). The interviewer took notes during the interviews and wrote down the answers given by participants [verbatim, where possible] and these were included in the data set. These were not recorded as the interviews were done remotely via Skype.

These interviews served several purposes: they provided a last and final opportunity for participants to evaluate their experiences, they allowed me to establish if and how participants had sustained their learning and their

practice, and it allowed for an opportunity to clarify interpretations and gain additional insights regarding participant reports.

For group 1n the final interview took place eleven months after the end of the intervention and for group 2n, the final interview was done eight months after the end of the intervention. The difference in time span was because I wished to do the final evaluations and assessment scales during a time of the year that had been described, by participants, as particularly stressful, so as to get a sense of how the programme may have changed how they managed the stress of that time.

The e-learning reflection feedback

e-Learning elements have become central to what is now a widespread use of blended learning principles in the training and education of adults (Graham, 2006). As a part of the blended learning approach, the participants in this study were asked to provide feedback regarding their experience. The e-learning reflection feedback process was set up on a word-press website whereby participants were asked to comment at the end of each weeks' page.

This process failed to provide any meaningful data as the participants forgot to leave comments. Further detail regarding this failure will be discussed in findings chapters, as well as the section pertaining to the limitations of the study.

Data Analysis Strategy

Lederach describes the process of analysis as one of breaking things apart so that we can create something new and meaningful (Ferrera & Lederach, n.d.). He goes on to say that analysis in and of itself "does not have the heart to put things back together" and for me this was especially true.

The data corpus consisted of several sets of narrative, qualitative data as well as quantitative data, and these had to be analysed to formulate a set of vignettes, using forms of thematic (Braun & Clarke, 2012) and template

analysis (King, 2012) to inform a quantitative account of the study. These forms of analysis were applied in order to answer the research questions as clearly and comprehensively as possible.

Similar to Draper-Clarke's (2014) use of vignettes, the vignettes in this study served to create cameo descriptions of each participant with specific reference to content that aligned with the research questions. The vignette was a helpful way to highlight the narrative account of each participant's journey of growth and development through the *Attentive Amelioration* programme.

During the data analysis process, I found myself becoming mired in technical jargon, drowning in data and feeling at a loss as to how to turn the vast volume of data into something rich and meaningful. The following poem quoted by David Whyte at the beginning of his book, The House of Belonging (1997), was particularly helpful to me…

Lost

Stand still. The trees ahead and bushes beside you
Are not lost. Wherever you are is called Here,
And you must treat it as a powerful stranger,
Must ask permission to know it and be known.
The forest breathes. Listen. It answers,
I have made this place around you.
If you leave it, you may come back again, saying Here.
No two trees are the same to Raven.
No two branches are the same to Wren.
If what a tree or a bush does is lost on you,
You are surely lost. Stand still. The forest knows
Where you are. You must let it find you.
- *David Wagoner*

This poem reminded me that it is mindfulness that brought me to this point, and that I needed to implement those very principles in order to start making sense of the data. I needed to be present, to be curious and compassionate and view what was before me with non-judgement and to allow the data itself, to guide me. This allowed me to take a step back, to review what I know about data analysis and to align that with the mindfulness principles that are core to this study. As a result, the following process evolved…

Qualitative Data Analysis

Paradigmatically, this study was guided by narrative interpretivism and as such an overarching narrative analysis approach applied (Creswell et al., 2007). According to Riessman (2008) narrative analysis is not prescriptive and allows the researcher to choose between several analytic methods. For this study; the qualitative narrative data was analysed using an overarching thematic approach as outlined by Braun and Clarke (2006), and supplemented by King's template analysis (2012).

Braun and Clarke (2006) were the first to systematise thematic analysis clearly. Their seminal work on the subject has given thematic analysis wider legitimacy and form within qualitative research disciplines. This approach to data analysis, which primarily focusses on identifying and formulating patterns and stories within a data set, is particularly versatile and can be applied across various disciplines regardless of the overarching research approach or epistemology (Braun & Clarke, 2014). It is an appropriate match to this study as it relates both to the overarching Narrative Approach and it supports [and requires] the researcher to be an active participant in the data analysis and interpretation process: such as in this case where I have been inextricably linked and immersed in the data gathering, analysis and interpretation.

As it became clear that there were specific questions that were being asked of the data, these questions were used to formulate a template for analysis of the data. As a niche form of thematic analysis, template analysis is described by King (1998) as a collection of thematic analysis techniques used to code narrative or textual data. Essentially, the researcher uses pre-existing knowledge to identify a list of codes which may represent *a priori* themes. This list of themes is then used as a template to identify further examples in the text. These examples are then examined, analysed and interpreted according to the initial template, to form a hierarchical list of themes (Brooks & King, 2012).

This form of thematic analysis was identified as appropriate to this study, because I had several questions that she wanted to answer based on the literature and previous similar studies. These questions formed the basis of the *a priori* themes and the initial template:

1. What was the participants' current level of wellbeing?
2. What were participants' barriers to wellbeing?
3. What were participants doing to support their wellbeing?
4. How did the participant implement/practice mindfulness?
5. How did the participant sustain their practice?
6. What effects did the programme have?
7. How did the participants evaluate the programme?

Question 1 was answered by means of the self-assessment scales and was tracked sequentially by measuring before the intervention, at the end of the intervention and some months after the intervention and was analysed statistically. In hindsight, it may also have been pertinent to ask participants to rate their level of wellbeing on a scale from 1 to 10 before, after and in the final interview as well. This left questions 2 through 6 as an initial template of *a priori* themes. Findings related to these questions were reported in chapters IV to VIII.

The analysis process ran parallel to data collection as I implemented the mindful-wellness programme myself and as such was immersed in the data from the very beginning. I then went on to do all my own transcribing which allowed me further opportunity to familiarise myself with the narratives. It was during this initial immersion in the data, that I formulated the *a priori* themes that aligned with the research questions and formed the first rough template.

This template appeared to form a good foundation, because as the textual data was read and analysed, it was clear that conversational data related to these themes was indeed present. Although some depth needed to be teased

out, because I had these questions in mind from the start [and during interviews]; the codes were mostly explicit and fairly easily identified.

Further data analysis was then done using a case-based approach as described first on p 64, as well as a cross case analysis of themes, through the following steps:

Step One

I read through individual transcripts, reflective writing samples and workshop, programme evaluation forms and the final interview notes making notes and coding sections that related to the template themes. This process formed the basis of the case studies.

Step two

The transcripts were collated to create one [202 page] document and then read electronically, using the review function to code sections related to the template themes using the comments tab. A word Macros, which is a software add-in that extrapolates the comments and the related highlighted text sections from a document, was then used to extrapolate the coded section into a tabulated document that included the following headings:

Page	Comment scope	Comment text	Author	Date

Figure 6: Table Headings for Word Macros Coding Table

The comment text was used to formulate codes which were then used to build on the *a priori* themes.

Step three

The themes and codes from steps one and two were compared and analysed to formulate what was thought to be a final hierarchical set of themes. The themes are presented in a hierarchical list where the order is determined by

the initial relevance in relation to the sequence of the programme, rather than their level of importance or volume of data that they represented. More specifically, the themes were arranged as follows:

1. Theme One [What were participants' barriers to wellbeing?] was particularly relevant at the beginning of the programme as this information helped to inform programme design and as such has been listed first.
2. Theme 2 [What were participants doing to support their wellbeing?] was also particularly relevant early on in the process as I wanted to establish what practices pre-dated the intervention.
3. Theme 3 [How did the participant implement/practice mindfulness?] was a central theme throughout the process.
4. Although themes 4 [What effects did the programme have?], 5 [How did the participant sustain their practice?] and 6 [How did the participants evaluate the programme?] were relevant and measured throughout, although they became more noteworthy towards the end of the study.

This arrangement supports the study's narrative approach in that it allows the themes to support a sequential story telling continuum.

Step Four

During the write up process; it became evident that these six main themes could be grouped and thus the thematic analysis took on a kind of stretching process, in that several sub-themes were formulated within these main themes and they were also grouped into a smaller group of main themes. The following figure illustrates an overview of the final main theme structure.

A Prioi Themes
1. What was the participants' current level of wellbeing?
2. What were participants' barriers to wellbeing?
3. What were participants doing to support their wellbeing?
4. How did the participant implement/practice mindfulness?
5. How did the participant sustain their practice?
6. What effects did the programme have?
7. How did the participants evaluate the programme?

⟷

Final Themes	Sub-Themes
Wellbeing	Level of Wellbeing
	Barriers to Wellbeing
	Self-Care
Mindfulness	Mindful Practice
	Being Mindful
	Sustaining Mindful Practice
	Mindfulness in Therapy Practice
Programme Evaluation	Structure of the Programme
	Content of the Programme

Figure 7: Overview of Main Themes

Quantitative Data Analysis

The quantitative assessment scores have been collated and analysed with the Statistical Package for the Social Sciences (SPSS) software programme version 24, so as to produce descriptive and inferential statistics for triangulation with the narrative findings. The use of non-parametric statistics was appropriate, due to the smaller sample size (Terr Blanche et al., 2006).

Each assessment scale was analysed descriptively to determine changes in group means and further more in-depth inferential statistical analyses were done by doing one-way repeated measures of variances (ANOVAs) to determine whether there were statistically significant differences in the scores from before to both directly after and some months after the Attentive Amelioration programme. The assumptions for the repeated measures ANOVA were tested prior to running the analyses (absence of outliers, normally distributed residuals, and the assumption of sphericity) and where assumptions were violated, appropriate adjustments were made. Where the omnibus tests of the one-way repeated measures of variance (ANOVAs) turned out to be significant, post-hoc analyses were conducted to determine between

which of the time points the significant differences lay. Bonferroni adjustments were applied for multiple comparisons.

Due to the sample size of the study, these results cannot accurately be reviewed in isolation and have been used purely to triangulate the more subjective narrative data (Terre Blanche et al., 2006). It is also important to note that as this is a narrative study, it is more specifically interested in the subjective, experiential results and it recognises the participant as expert in their own lives and therefore most able to assess their own changes (Riessman, 2008).

Data Interpretation and dissemination

Although the qualitative and quantitative data sets have been analysed separately, findings from the two sets will be discussed and interpreted together in chapter X, so as to compare and triangulate the data (Terre Blanche et al., 2006; Schutt, 2011).

The interpreted data can be used to inform further practice using applied mindfulness and coaching psychology principles to improve psychologist wellbeing and proficiency. A summary report of the findings of the study was disseminated to all participants and organisations involved. Further dissemination of the findings will potentially occur via publication and presentation at relevant conferences.

Evaluation of the mindful-wellness programme

The mindful-wellness programme was evaluated by the participants at various stages by means of evaluation forms, verbal assessments at each coaching session and focus group reflective sessions (Bryman, 2012; Greene, 2000). Alongside this participant evaluation, a series of participant self-assessment scales were completed by participants at baseline, before the intervention, at the end of the 8-week programme and then again, several

months later. Furthermore, a final evaluation interview was conducted with each participant by an independent facilitator. The programme evaluation elements have been woven into the discussions about the programme in the chapters that follow.

Chapter IV: Designing and Facilitating the Programme

The design and facilitation of the programme has been included as a separate chapter because it forms an integral part of the study; and as an action research study, it is relevant to outline the actioning of the process as well as the participants' input and drive within that process (McNiff, 2013).

Designing the mindful-wellness programme

Even though there are several mindfulness courses that have been developed, I chose to develop a new course. This decision was made so that a mindfulness-based course could be designed specifically for healthcare practitioners and more specifically, psychologists. This decision allowed me space to address issues highlighted in the literature review, namely: the time onerousness of existing programmes and the lack of individual attention provided during current mindfulness-based course models.

Additionally, implicit mechanisms of change resulting from mindfulness training have been identified by several previous studies and I wished to incorporate these into the programme so as to make them more explicit and potentially augment their effect (Carmody et al., 2009; Grabovac et al., 2011; Shapiro et al., 2006). As outlined in chapter II, these included mechanisms such as Shapiro's re-perceiving, self-regulation, flexibility, values clarification and exposure (2006).

Moreover, I wished to include principles from related approaches such as positive psychology coaching (Foster & Lloyd, 2007), compassion-based therapy (Gilbert, 2009) and blended learning theory (Devi et al., 2017). These principles include finding and making meaning, active cultivation of compassion and self-compassion, appreciative enquiry and strengths-based approaches as well as social and interactive learning experiences.

As such, a new course tailored specifically for psychologists was developed and titled *Attentive Amelioration*. This title was chosen as it describes mindful healing and growth which is both appropriate for the psychologists themselves, as participants, and it describes what they do with their clients. The 8-week course followed the AR cycles as illustrated in figure 3 and included:

Intervention	Content and structure	Interval and/or duration
Introductory workshop	Retreat-style workshop which included an introduction to: • The principles of mindfulness • The mechanisms of mindfulness • Applications of mindfulness	1 day (6-7 hours) at the beginning of the 8-week programme
Individual coaching sessions	Individual coaching sessions in which participants set intentions for practice and application of mindfulness principles into daily life, practiced guided meditation, asked questions and addressed difficulties and challenges.	1 hour every second week
Group Coaching Sessions	Sharing session where group shared experiences of mindfulness, supported each other and gave evaluative feedback on the programme.	1 hour at the end of week 8 for group 1n 1 hour at week 4 and week 8 for group 2n – the addition of the second group session was made in response to feedback from group 1n.
e-learning material	e-learning material was loaded onto a secure website in the form of a blog-style summary of weekly learning material based on sections of the workshop and participant feedback. This was augmented by links to YouTube clips, relevant websites and research articles.	Material was loaded weekly and participants could engage with it as much or as little as they liked.

This course outline was underpinned by the AR process described on p. 54. This process enabled me to follow the AR reflective cycle at points before, during and after each session.

Presenting the *Attentive Amelioration* programme

This section will discuss the way in which the *Attentive Amelioration* programme was presented. This discussion will occur in relation to the situational experience reported by the participants and based upon the reflections of the researcher, set within the wider context of the literature, where the literature will provide comparative examples and rationale. Limitations and potential improvements will also be discussed with the view to better enhance future programmes.

"Then said a teacher, Speak to us of Teaching.

And he said:

No man can reveal to you aught but that which already lies half asleep in the dawning of your knowledge.

The teacher who walks in the shadow of the temple, among his followers, gives not of his wisdom but rather of his faith and his lovingness. If he is indeed wise; he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind. The astronomer may speak to you of his understanding of space, but he cannot give you his understanding.

The musician may sing to you of the rhythm, which is in all space, but he cannot give you the ear which arrests the rhythm nor the voice that echoes it. And he who is versed in the science of numbers can tell of the regions of weight and measure, but he cannot conduct you thither. For the vision of one man lends not its wings to another man.

And even as each one of you stands alone in God's knowledge, so must each one of you be alone in his knowledge of God and in his understanding of the earth" (Gibran, 2012).

This excerpt from Kahlil Gibran's (2012) The Prophet is descriptive of the adult and blended learning coaching approach that was used to present this programme. This meant that it was participant-centred, to a fair extent participant-driven, it drew on prior learning and assumed participants' readiness and motivation to learn (Korr et al., 2012; Pratt, 1993). Learning was facilitated rather than prescribed and the participants' knowledge and experience were acknowledged and their autonomy and agency for change was pre-supposed.

Although informed by the three most researched and successful mindfulness programmes – Mindfulness Based Stress Reduction (Kabat-Zinn, 1982), Mindfulness Based Cognitive Therapy (Segal et al., 2002)and Mindfulness Based Compassion Therapy (Gilbert, 2009) – in design and content; the presentation approach for this programme was designed to be somewhat different. In the form of its presentation, it was far more participant driven and noticeably less prescriptive about how participants should implement what they learned when practising mindfulness.

An Adult Learning Approach

The choice to incorporate the principles of this approach in the presentation of this programme was made because the precepts of adult learning theory support the philosophies of narrative interpretivism and action research. It also aligns with my own philosophies of coaching and facilitation. These philosophies are aligned in that they acknowledge the participant as a key driver in the process of learning and decentralise the facilitator as expert recognising that each participant is the expert in their own lives, thus allowing greater agency in the learning experience. They view the participants' subjective perceptions of the world as most important in their learning

experiences; and recognise that it is through this experience that they construct meaning in the learning process (Korr et al., 2012).

Drawing from principles of adult education elucidated in chapter II, this course was presented in a way that allowed participants to negotiate and direct their learning, draw on prior experiences and apply their knowledge according their own needs and experience (Cox, 2015). This was done in several ways and these will now be discussed progressively, beginning with the initial introductory workshop.

The first group started their course in October and the second group 1n January of the following year. Each group participated in a retreat-style workshop which was outlined by the following schedule:

<table>
<tr><td colspan="4">Workshop Programme</td></tr>
<tr><td>Time</td><td colspan="3">Activity</td></tr>
<tr><td>08:30</td><td colspan="3">Welcome, consenting and assessment session</td></tr>
<tr><td>09:30</td><td colspan="3">Tea</td></tr>
<tr><td rowspan="5">10:00</td><td rowspan="5">Introduction</td><td colspan="2">Adult learning principles and objectives for the course</td></tr>
<tr><td colspan="2">Burnout and Resilience</td></tr>
<tr><td rowspan="3">Mindfulness</td><td>Qualities of mindfulness</td></tr>
<tr><td>Mindfulness in action</td></tr>
<tr><td>Mindful practice and activities</td></tr>
<tr><td>12:00</td><td colspan="3">Reflection about the morning session and group sharing</td></tr>
<tr><td>12:30</td><td colspan="3">Lunch (Quiet lunch in the garden)</td></tr>
<tr><td rowspan="5">13:30</td><td rowspan="3">Mechanisms of mindfulness</td><td colspan="2">Re-perceiving/perspective</td></tr>
<tr><td colspan="2">Compassion</td></tr>
<tr><td colspan="2">Meaning, values and ethics</td></tr>
<tr><td></td><td colspan="2">Self-regulation</td></tr>
<tr><td></td><td colspan="2">Flexibility</td></tr>
<tr><td>15:30</td><td colspan="3">Written reflection and group sharing</td></tr>
<tr><td>16:00</td><td colspan="3">Close</td></tr>
</table>

Figure 8: Workshop Programme

This day-long workshop served as an introduction to the principles of mindfulness, the mechanisms of mindfulness and the applications of mindfulness.

The course material included some elements of theory presentation in the form of PowerPoint presentations; group discussions and various learning activities like reflective writing and experiential practice of the principles including basic breath awareness, body scan, mindful eating, mindful walking; and loving kindness meditation. At the end of the day, both groups were asked to reflect on their experiences by way of a group sharing exercise, a written reflection exercise and a formal evaluation form. Both the free form written reflections and evaluation forms were included in the data set.

The workshop was presented on a farm where a learning environment was provided that was not only conducive to learning, but also encouraged participants to let go of their real-life demands, reconnect with nature and focus on the learning experience. According to Radovan and Makovec (2015), the learning environment is an integral determinant of learning, initially recognised by Knowles (1980) in his proposal of adult learning theory. It also included creating a safe atmosphere, which was essential if participants were going to engage and share their experiences. A learning environment that is conducive to learning goes beyond a space that is physically safe, quiet and comfortable with adequate resources, it also includes the emotional climate and social climate. For a learning environment to be conducive to learning, learners must feel emotionally and socially safe to engage and share. They must feel that the learning material is relevant to them, that they have autonomy and agency in the learning process, the material is being presented in a clear and coherent way and that the facilitator is interested and engaged with the material and with them as learners (Radovan & Makovec, 2015).

The feedback from learners regarding the farm as a venue for the workshop was positive. Participants enjoyed the relaxed feel of things and having time to reflect outside under the trees. In written reflections in the workshop evaluation form, Arthur reported that the learning environment was conducive to learning and: *"So tranquil and lovely -perfect for retreat and reflection".*

There was however one participant who was phobically afraid of animals and things had to be put in place to address and allay her fears before she could feel safe enough to participate freely. In hindsight, the facilitator should have made these sorts of enquiries in her pre-workshop communications. Luckily, the participant was open about her fears when she arrived, so they could easily be addressed, and she could thereafter relax and enjoy her time and participate in the learning process.

In order to address the other aspects of a conducive learning environment and adult learning theory in general, the workshop started with an introductory session where learning needs, prior learning and expectations could be established (Pratt, 1993). This was followed by a brief introduction to adult learning theory and a negotiated presentation of the learning objectives during which participants were encouraged to give input regarding these objectives. No changes were made to the learning objectives by either group, but there was a request [and group consensus] to include and emphasise application of the principles in everyday life. Furthermore, participants were presented with evidence regarding the theory that was being presented and the proven benefits of the practice of mindfulness.

Finally, they were encouraged to engage in collaborative learning by having open discussions about the theory and principles that were presented and by drawing on and sharing personal, experiential, real-life examples. Both groups engaged well and participated freely in all the activities, but group 2n seemed particularly open with each other: I [and they] attributed this to the fact that they were all in the same masters' group, knew each other fairly well

and were in the habit of sharing because of the nature of the masters' programme.

This presentation approach meant that instead of being told how to practice, participants were presented with the relevant theory for discussion and examples of how one *could* practice. Throughout the workshop, participants were encouraged to think about and plan how they would apply their knowledge in a practical and meaningful way in their own lives, and to give input regarding the supportive, weekly e-learning material.

The coaching sessions that occurred once every two weeks provided a good space for participants to discuss practice intentions and experience with the facilitator and to build a personal mindful practice that could be applied to their daily lives: *"Ya, so it was very nice to have the space* [the individual coaching sessions] *as well, where you come in …it definitely felt like that to me. It felt more therapeutic. It was my space. Reflecting on about me and for me. what's going on with my life and my work and everything else. That was very helpful"* [Group 1n Final group session]. Here Bronwyn has highlighted the benefits of the individual coaching session: the therapeutic space to make personal learning reflections.

The group sessions provided an extension of this space where participants could then share their experiences with each other and learn from each other. Helen initiated a discussion about the groups when she said: *"I think I would have liked to meet up with the group a bit more. To get a sense of where everyone else is, because I'm learning so much from hearing from other people, so I missed that"* [Group 1n final group session].

It was hoped that the e-learning blog site would also serve as a platform for input and support, but this function was not utilised by participants. Reported reasons for this were mainly that participants *forgot* to comment, but one participant raised the fact that she felt awkward and as she wasn't sure about herself; she didn't make any comments. This could potentially

have been mitigated if better instructions had been given and if the facilitator had added a weekly reminder about commenting.

A Blended Learning Approach

As discussed in chapter II, albeit that there is not yet a universally accepted definition of blended learning; there is an understanding that it is a hybrid or mixed method of teaching that merges classroom time with on-line learning elements (Graham, 2006). From this perspective, the course was presented by way of traditional face-to-face group training, on-line training (which can be viewed on the following link[2] with the username: susan and password: susan77), collaborative group discussions and individual face-to-face coaching sessions. This allowed participants to engage with the theory and principles in multiple contexts and a-synchronously time-wise (to enable them to customise their responses according to individual schedules), allowing for a rich and layered learning experience.

Within these modalities this idea of blended learning was expanded in that training material was presented in multiple forms: including traditional written learning material in the form of a learners manual, PowerPoint presentation, online reading material, video clips and experiential learning activities (Korr et al., 2012). This meant that participants could learn from the facilitator, from each other and from a variety of other teachers [clips of talks and lectures from different teachers were made available] and they could work with the material independently. This enabled them to thereby tease out and make their own practical meaning from the abstract theory and principles.

[2] http://susanmcgarvie.com/

An e-learning process was presented by creating a website - www.susanmcgarvie.com - with a closed password-protected blog group. On this platform weekly learning material was offered which included articles, reflection exercises and links to related websites and YouTube clips. Students were encouraged to use the material to augment their own practice to whatever degree they felt appropriate. They were also encouraged to look for other material that resonated for them and to give feedback to the group about their experience.

It was hoped that this element of the programme would be an interactive process that would allow participants to share their experiences with and learn from each other, but it was not very successful as far interaction was concerned. This was in part, because each week's material was published on a new page; the participants just forgot to go back and give feedback on the previous-week's material and activities. It was suggested during the group 1n focus group discussion that perhaps a WhatsApp group would have worked better. Following AR principles, this was implemented for group 2n, but even this was not used by participants to interact about course content or experiences. It was however a successful logistical tool for me to share information and arrange dates, times and venues for the focus group discussions.

Participants were encouraged to evaluate the content and delivery of the e-learning material; the e-learning material itself was favourably received and participants reported finding it user-friendly and helpful in their learning process. Suggestions that were made included small issues: group 1n for example requested that I provide links to shorter YouTube clips as they didn't have the time or the energy to sit through the longer ones. They also asked if I could give an indication of the length of the clips so that they could fit the shorter ones in, in between their clients, during their workday.

These changes were made for group 2n. Another suggestion from one participant in group 1n was that a hard-copy pack of reading material be issued to each participant. Due to cost and environmental factors, this was not done. It was felt that those participants who wanted a hard copy could print out the documents for themselves, whereas a blanket printing of all documents could discourage people from accessing the e-learning element of the study.

A Coaching Approach

From a coaching perspective, participants engaged in individual coaching sessions (Garvey et al., 2017), which provided an opportunity for them to set practice intentions and goals, review challenges, track progress and apply the mindfulness principles to specific scenarios that arose in their lives during the time of the programme (Hall, 2013). After an initial introduction about the coaching process and what I hoped the participant may gain from them, these individual coaching sessions were guided primarily by the participant.

One form of guidance from the facilitator involved suggesting to the participants that they identify areas in their lives where they could already see mindful tendencies, to try and build on those by more actively introducing mindfulness to those areas of their lives. This attunes with a strengths-based approach which proposes that in order to bring about meaningful change; it is more effective to work with what is already working and to build on that (Linley & Harrington, 2006).

Each participant participated in a series of four individual coaching sessions - one every two weeks. The decision to include individual sessions was made based on literature, which highlighted firstly the lack of individual attention in other mindfulness-based programmes and the difficulty for participants to attend regular sessions at a specific time (Carmody & Baer, 2009). These individual sessions allowed me to address individual issues and questions and to help participants to apply the principles specifically to their own lives

and issues that were arising for them in real time. In addition, this format allowed the facilitator to meet the participants at a time and venue that suited them, thus making it more convenient and timesaving for the participant.

These sessions were typically 45-60 minutes long and were carried out at the participants' offices or home. Coaching sessions ordinarily included:

1. A basic greeting and check in where the participant gave a brief overview of how they were and what was going on in their lives.
2. This was followed by a short, guided meditation and discussion about their experience of the meditation.
3. This then typically led to a review of the time since the last session and a discussion about how the participant was engaging in the programme and their mindful-wellness practice including any mindfulness meditations or exercises they were doing, how they were applying it to their own circumstances, any difficulties they were having and topics of learning that were of particular interest.
4. Reflections and discussions about:
    a. The learning material provided by the facilitator and any other material that the participant had found in their own explorations.
    b. Any problems or difficulties that had arisen since the last session and how they could potentially apply some of the learning principles to help them to address those experiences.
5. Setting of practice intentions for the next two weeks.
6. Review of how they were experiencing the programme and feedback about the process.

Feedback from participants during the final group sessions [taken from transcriptions] and programme evaluation forms [paper-based and written by the participants themselves] showed that they found these sessions beneficial to their mindful-wellness practice; and that they found them to be a nurturing and therapeutic space. In her final interview, Fiona [Group 2n] reported that:

"I have found it very helpful for me, because I am supposed to be seeing a psychologist this year, but I can't afford one and even if I could, I don't have the time, but this has been therapeutic and it has a huge role". [Final interview]

In the group 1n group session, Arthur also reported finding the coaching sessions helpful:

"I also found the meetings with F [the coaching sessions with the facilitator] very helpful. … I am much more a relational person than an academic person and I loved most of the videos and read some of the articles, but what I felt most or maybe not most, but very nurturant was that time that we had with you [the facilitator]. A chance to reflect on and integrate those things that we were watching and reading and experiencing and to pull it together a bit with what was happening in our lives at the moment. It was therapeutic, that's the word, and I haven't been to therapy for many years, so I miss it". [Final group 1n session]

Group Coaching Sessions

Focus groups were included in the design of the study as a means to evaluate the programme. During the roll-out of the programme for group 1n however, it became evident that these had value as more than just focus group discussions and that they were an important part of the programme, allowing for experiential sharing and the opportunity for group coaching. This is supported by literature findings discussed in chapter II that show that group coaching has been found to enhance learning outcomes (Flückiger et al., 2017); and that experiential group coaching sessions serve as a valuable addition to mindfulness training programmes (Griffith et al., 2019).

Group 1n had one group coaching session at the end of the 8-week programme as planned, and in that session, they reported that they would have liked more group interaction, with the caveat that they didn't know how they would find a time that would suit them all. In accordance with the AR

framework, this feedback was noted, and I included a second focus group discussion in the programme for group 2n – one at four weeks and one at the end of the 8-week period.

All the group sessions for both groups 1n and 2n were attended by all participants, except one participant from group 1n and they lasted approximately an hour each. The participant from group 1n who did not attend was Delia: all efforts were made to find a date where everyone was available, but given the time of the year and all the demands on participants, it proved impossible. An attempt was also made to include Delia by way of Skype, but she was presenting training in a part of the province where access to Wi-Fi was very limited.

The group coaching sessions were semi-structured discussions. The facilitator started the discussion by reading an excerpt of The Velveteen Rabbit (see Appendix VII). Participants were then asked to share their experiences and insights and to give evaluative feedback about the programme and the learning material. These discussions were recorded and transcribed and included in the data set.

Participant Evaluations of the *Attentive Amelioration* Programme

With regard to participants' reviews of the *Attentive Amelioration* programme, I focused on how participants evaluated the programme resources and the programme interactions.

The programme resources

As noted earlier in this chapter, there were several types of resources that were made available to participants during the course of the programme both in written hard-copy form and virtual form. The feedback regarding the learning material was positive, in that participants said that they found it user-friendly and easy to access and they appreciated the balance between

written learning material, activities or exercises and visual learning material in the form of YouTube clips.

They also liked the effect that the additional links provided as this led them to more personally resonant mindfulness articles, clips, exercises and sites. Lucy [Group 1n] said: *"I also like the kind of stumble-on effect that the material provided. That you could explore a little bit more along what caught your interest"* [Final group 1n session].

They did, however, say that they would have liked more of the reading material to be supplied in print and there was one video clip that some of the participants found to be too long and difficult to follow. In general, participants preferred the shorter clips and exercises as they found they could more easily schedule these in between clients and other demands. Bronwyn said: *"But it was nice with the shorter ones, because you could fit them into your day. You didn't have to wait until you were at home. You could do it in your office time if you get like 20 minutes you can do it right there and then"* [transcription of final group 1n session].

The programme interactions

The participants engaged with and reported really appreciating the programme interactions, which included the workshop, individual coaching sessions and the focus group sessions. Group 1n reported that they would have liked to have more of both the individual and group sessions, but admitted that there was a tension between their desire for more interaction and their busy schedules.

In the group 1n focus group this was discussed, and Arthur summed up the gist of the conversation when he said: *"I know when you asked should we have it* [the individual coaching sessions] *weekly rather than every two weeks for future courses and I had said; no, every two weeks was a nice rhythm and*

then I came back and said well actually weekly would really get that rhythm and routine and kind of sustaining" [Final group 1n session].

As noted earlier, using the AR framework, after further discussions and review; a decision was taken to include a second focus group session for the second roll out of the programme. Individual coaching sessions were however kept at one every two weeks, totalling four individual coaching sessions and two group sessions for the group 2n roll out. This proved to be a good decision as group 2n reported that they felt that the interactions were beneficial, and they felt that the balance and number of interactions worked well for them. In their final focus group, Genevieve said: *"I think the balance worked quite well for me as well. I always want more of everything, but I think given how busy we've all been, this felt manageable and helpful"* [Final group 2n session].

Fiona added: *"I feel like it was a nice balance to have the individual sessions and the group sessions. I suppose it is about how I function I am more reflexive and thoughtful on my own and I make better sense of things when I am listening to myself and I tend to get distracted when there are a lot of other people around. So, the individual sessions allowed me to think through things and reflect better"* [Final group 2n session].

Although the programme was presented in a different way to traditional mindfulness training programmes (as noted on p. 76), it was aligned with recognised training and change-management theories and processes, namely adult-learning (Lieb & Goodlad, 2005) and positive psychology coaching (Linley & Harrington, 2005). There were certain elements of the programme such as the on-line blog group, that did not work as they were intended to, but overall the participants seemed comfortable and positive about how the programme was presented.

Chapter V: Vignettes

The following ten vignettes are short summaries intended to give the reader a sense of each participant; who they were, what was going on in their lives at the time of the programme, how they implemented mindful practice, how they sustained that practice and what insights they gleaned from the programme and their own practice. The vignettes were compiled using a combination of all the written and transcribed data. This included: the pre-programme questionnaire, the written reflections, the workshop evaluation form, the transcribed coaching and focus group recordings, the programme evaluation form and the final interview notes made by an external interviewer.

The participants' own words are used to illustrate points where appropriate and these are noted in italics. Each vignette begins with an excerpt that seems to best capture the meaning of the programme for the person. The excerpts are written in the participants' own words and where derived from text, their own grammar and spelling are also used. It is important to stress that although the participants' own words have been used; they have been interpreted and contextualised by me, the researcher and may therefore not be taken to be accurate representations of the participants.

The vignettes are ordered with the vignettes of group 1n being showcased first, followed by the group 2n vignettes. Each vignette is titled by the participants' pseudonym, arrived at by a process described in chapter III, and gives a brief snapshot of the individual participant. It is also important to highlight that beyond each individual's specific life and circumstances; they form a part of a collective group as psychologists practicing and living in Makhanda and, that this collective existence is regarded as contextually significant. The details surrounding the contextual and situational elements have been explained in Chapter I.

Bronwyn

I think for me, what I can't get out my mind is bringing consciousness to everything. For me that is the big deal of mindfulness. Whether it is a practice or my response to a situation. Being conscious of how I respond and responding in a way that is aligned to my values as well. Bringing consciousness to whatever it is that I do.
[Group 1n final group session]

Bronwyn, an amaXhosa woman in her late twenties, was unmarried and lived alone. She had a daughter who lived with her mother in her hometown, which was approximately an hour away. She grew up in a single-parent family of six with a "*big extended family"* [pre-programme questionnaire] to which she was still close even though they did not live in the same town. Bronwyn had *"very close friends who I consider to be family"* [pre-programme questionnaire]. These were predominantly people that were in her master's class, but she also had strong relationships with some of her childhood friends.

Bronwyn was in generally good health. She exercised approximately three times a week, had an active social and spiritual life, which involved occasional church attendance. She valued time alone in nature and reported that she *"is able to keep a positive outlook on life"* [Written reflection from pre-programme questionnaire] and *"can bounce back easily"* [Written reflection from pre-programme questionnaire] from life's difficulties.

She was the first of her family to attend university and embark on a professional career. She graduated from a psychology master's programme and worked part-time at a university counselling centre and had recently started a private practice. She works with both adults and children and uses narrative and psychodynamic principles in her approach. She is involved in scholastic, career and emotional assessments. She enjoys her work and

describes her work conditions and relationships with colleagues as "*good*" [Written reflection from pre-programme questionnaire].

Bronwyn was the sole breadwinner supporting herself, her mother and her daughter. As such she felt a great deal of responsibility and strain associated with the financial aspects of private practice. In her own words: *"I am the first in my family to enrol in university and am therefore most responsible for my family's financial state"* [written reflection from pre-programme questionnaire]. This was complicated by the fact that; "*…if I don't work, I am not earning money, but if I am unwell, then I can't work. So, I have to push myself…Even when I was attacked, I couldn't take time off"* [Transcription of coaching session one].

At the time of the study, she lived alone and was in the process of moving to a new house after she was attacked in her flat by intruders. During the initial workshop, she reported feelings of burnout due to the attack and trying to balance the need to care for herself with *"…being in private practice and being the main breadwinner and if I am not there, I am not working. And finding myself under financial pressure because I need to earn money so in the stress, I need to limit the stress in terms of not making issues difficult for myself"* [Transcription of group 1n workshop]. This concern and pressure to earn to support her family weighs heavily and presents as recurrent compromising of her own wellbeing in order to fulfil her role as breadwinner.

The abovementioned attack had been particularly stressful, because of the emotional effects of the attack and the consequential move, which also proved to be very stressful for a number of reasons. Firstly, she had struggled to find accommodation and had to move into temporary accommodation while she found something more permanent. Secondly, her previous landlord had withheld her deposit, because she asked to be released from her lease early. This resulted in a legal battle and additional financial strain and anxiety.

The move into her new flat then initiated residual feelings of anxiety related to her attack. Bronwyn acknowledged that; *"I process emotions and then I move on, but this is different. I felt like I had processed it, but maybe I haven't done the whole processing, because there are still sensitive areas related to that and moving into this house has opened those up"* [Coaching session IV].

During the programme, Bronwyn's relationship with her boyfriend became strained due to family conflict within her boyfriend's family and his inability to address the conflict and acknowledge that their demands were unreasonable. She became increasingly frustrated with the situation and decided to end the relationship. This was difficult for her and she experienced some uncertainty and feelings of ambivalence about her decision, which she processed by *"just sitting with the emotions of it and the hurting of it and one of the things that I am trying to do is to not minimise it. Sitting with this uncomfortable feeling. It is a process. There's no speeding it up or rewinding it. And I think also being more empathic towards myself and reminding myself that I considered a lot of things before making this decision"* [Coaching session III]. Bronwyn went on to report that *"…there is going to be an emotional response to it. I am trying to allow myself to get in and out of that space where you can feel"* [Coaching session III].

In the year that followed, she continued to experience significant life events and, like most of the participants, was involved in the 2016 *Fees Must Fall* protests. Her work at the university counselling centre put her at the heart of the unrest and violent outbreaks and these incidents increased the need for the counselling centre services, which in turn, increased their workload; *"We are seen to be the most supportive space for students; the number of students we had to see increased hugely and the environment was very toxic; there was a lot of miscommunication and unrealistic expectations; and we were being misrepresented. It was chaotic. As a psychologist I managed to maintain my energy levels in spite of this"* [Final interview].

To summarise then, Bronwyn appears as a strong and resilient woman who went through several of what are commonly regarded as the most stressful life events just before and during the course of the programme. These included a criminal attack, a house move and a relationship break-up, not to mention being at the centre of community unrest and violence. She carries a great deal of responsibility around supporting her family and seems often to neglect herself in order to provide for them.

She embraced the mindfulness practice, both in her own life and as a part of her psychology practice and managed to sustain it until the final interview and assessments a year later. In her final interview she reported to the interviewer that she was still: *"Being aware of what I'm doing; being in the moment, being present. Not being distracted. I still do mindful walking. I incorporate mindfulness in my exercise regime. And in my eating; being aware of what I eat"* [Final interview].

This was, in part, because the principles of mindfulness aligned with her own therapeutic approach and she could bring the principles into the process of her work and thereby, essentially, practice mindfulness throughout her working day.

Helen

It is quite nice to have this mindfulness thing, but at the same time, it is quite difficult, because it [the time of year and the work pressure] is so hectic. It is quite difficult to find time to do things and reflect, because life is just so busy. But it feels good, because I feel as if I have another tool. It feels like a very welcome addition in my life. I am just trying to be more mindful in my life, which does help to calm and soothe and help me keep grounded.

[Coaching session III]

Helen was an English speaking, white woman in her middle years. She was divorced and lived with one of her two daughters, her mother and a collection of creatures in a house that she owns. Her second daughter was away at

university. She had lived in the same town for many years and had a good social network with a few very supportive friends. She observed that her spiritual life and ethos had evolved over the last few years and she now described her beliefs as more open and philosophical, with no ties to any particular religion.

Helen originally trained as a social worker before completing her master's degree in psychology after her divorce. She had been practicing as a psychologist for ten years and, at the time of the study, had psychotherapeutic, crisis management and supervision and managerial responsibilities. She described her approach to therapy as mostly based on CBT and schema therapy, but she drew from other approaches such as narrative therapy too.

At our first coaching encounter, Helen shared that she was feeling overwhelmed as her life was in flux. She went on to describe the circumstances: where two of her step-parents had died within a month of each other; her seventy-year-old mother – along with her dogs, cats and various other pets - had come to live with her for the first time in her adult life; her daughter was writing her final exams and would be leaving home to start working in a town 7 hours away; and it was a particularly busy and pressured time at work.

Both the circumstances around her step-parents' deaths and the new living arrangements had evoked traumatic and conflictual emotions [difficult decisions and destructive family conflict, which she found to be very upsetting and quite traumatic]. Each of the circumstances she described would be considered life-altering in themselves, but considering the clustering of the events and the complicated familial conflicts that had arisen due to the deaths of her step-parents, it was understandable that she felt overwhelmed and emotionally fragile.

The new living arrangement added additional strain as her mother was grieving the loss of her husband and Helen was finding her to be quite dependent and needy. *"As soon as her husband was diagnosed with cancer, she kind of sucked onto me immediately, and she is a different person"* [coaching session I]. Helen was torn between needing her own space to process her own grief and nurture herself and wanting to be there to support her mother.

Alongside the familial difficulties, this was a very busy time when everyone was feeling quite tired and strained and collegial relationships were put under pressure, so Helen was trying to hold a supportive space for her team. This means that both at home and at work Helen was putting her own needs aside to support everyone else. She realised that the situation was not sustainable but said she couldn't find the time or the resources to nurture herself. Mindfulness thus became a way for her to take care of herself that didn't require great investments of time or money.

Although she was physically quite well and exercised fairly regularly – she walked her dog daily and attended aerobics and yoga classes up to three times per week, when time and work constraints allowed – she had concerns about her health. At the introductory workshop she reported that; *"One of my real concerns is my physical health in turning 50 – I am healthy, and I want to honour my body and take care of it. I am worried and concerned that my level of stress and demands of work are going to cause me to become seriously ill…"* [Group 1n workshop].

Helen embraced the mindfulness programme and practice; being ever-hungry for more learning material: "*I am eager for more information. I go onto YouTube to watch John Kabat-Zin, because I kind of want meat? It's just so simple and I think there must be more to it?"* [Coaching session I]. She always made time to engage with the weekly e-learning material and eagerly discussed the weekly topics and references.

She described herself as a perfectionist with unrelenting standards and is very critical and hard on herself. In her second coaching session she said: *"When we were filling in the assessments the other day* [at the initial workshop] *I had the realisation that when I am stressed, I try to work harder"* [Coaching session II]. Addressing her critical voice and practicing being kinder to herself became a central theme in her coaching sessions and her mindfulness-practice: *"I have found the compassion meditation most helpful. I have done the full exercise twice, but I have been trying to do that in just 2 min, because I was struggling to find the time to do the whole thing. I just feel like it's caring for me. I think that is where I have been feeling disconnected. My work is all about giving of and sacrificing myself. I always have to put others ahead of myself"* [Coaching session II]. She then went on to say: *"Making time for me, even if it's two minutes or twenty, is making a difference for me. It's making me connect with me. It has given me a chance to feel where I am and making me feel cared for"* [Coaching session II].

In her personal mindfulness practice, she worked with mindful-compassion practices, moments of mindfulness and consciously bringing more mindfulness to daily activities: *"I have found the compassion meditation most helpful. I have done the full exercise twice, but I have been trying to do that in just 2 min, because I was struggling to find the time to do the whole thing. I just feel like it's caring for me"* [Coaching session two]. She reported that the compassion practices allowed her to be more tolerant of her own failings and to be less judgemental, which in turn meant that she became less anxious and more accepting of things as they were.

Helen also saw an overlap between the mindfulness principles and her counselling practice: "*I recognise a connection with narrative, and it dovetails* [with her own therapeutic approach] *in that I also have a holistic approach. And the caring component. I feel like I am getting personal and professional growth from this process and I think that the therapeutic process should also be about growth. Also, getting in touch with how you're feeling. That's what we do in therapy and for me, mindfulness is about getting in contact with where*

you are right now and being okay in the moment … It makes sense from a CBT kind of thing as well" [Coaching session two]. She also reported being more aware of and more accepting of herself during counselling sessions, doing guided meditations with clients during counselling sessions and referring clients to the mindfulness material on YouTube: "*Sometimes there isn't a lot of time between clients and it can be rushed and it takes time to settle in and really be with the client. So, I am consciously trying to be present"* [Coaching session two]. From these reflections, one can see that Helen actively engaged and applied the mindfulness principles to her therapy practice.

She reported in the final interview, a year later, that she was still practising mindfulness in her daily life and applying the principles to her counselling sessions and that as a result; she felt "*more relaxed and less pressured during sessions"* [Final interview]. She had also observed that her clients, with anxiety especially, benefitted from the mindfulness principles and activities that she weaved into her therapeutic practice. From her accounts, one can deduce that the *Attentive Amelioration* programme was beneficial to her on a personal and professional level.

Christine

I have always been quite aware of my thoughts and feelings, but I've been able to embrace the negative ones over the last while. Embracing the negative emotions has actually allowed me to experience a lot of positives that I think I might otherwise not even have noticed because I wasn't fully engaged in what was happening

[Written reflection in the programme evaluation form]

Christine was a white English-speaking married woman with a young family – two children aged three and five respectively. She described herself as *"married to an academic"* [written reflection in the pre-programme questionnaire] and explained that they moved to Makhanda when her husband was offered a position in the city. There were some contentious dynamics in her extended family and she sometimes struggled to find ways to

navigate these, but she was deeply devoted to her nuclear family and described them as *"the cord"* [Transcribed from coaching session IV]. She had a small group of close-knit friends but said: *"Most of my time is spent with family though"* [Written reflection in pre-programme questionnaire].

She went on to describe a home life full of love and tenderness, where the family make a point of eating their meals together and her children bring her back to the present moment by demanding cuddles. She talked about baking and dancing in the kitchen with her children and being shadowed by her cats when she arrived home from hospital after her surgery. Later she reflected on how important it is for her to get to know her children as people and how important it was to her that they could talk to her about what was going on in their lives.

Since moving to Makhanda, Christine had done some part-time lecturing and had started building a private practice, which was full and extremely busy. She worked with adults and adolescents and many of her clients were students. Almost immediately, Christine showed interest in and began applying the mindfulness principles to her therapeutic practice. She referred her clients to the principles and slowly started doing guided meditations with clients during sessions.

In the first coaching session she reflected on how much she cared for her clients and this sense seemed to grow during the course of the programme. In our final session she said; *"…I walked away feeling that I really love my clients. Not in a romantic way, but just that. And I think for me, that is what makes the work meaningful"* [Transcription of coaching session IV]. In her final interview – 11 months later - she was still applying mindfulness to her therapy practice: "*I sometimes use mindful exercises in the sessions, and have my clients incorporate them in their daily practices. Actual meditations, breathing and sometimes emotion focussed mindfulness and sharing information/resources. I can't actually isolate one single person, but mindfulness definitely has helped to reduce anxiety in my clients".*

For herself, Christine introduced a daily morning tea practice which involved rising early, before her family, to make herself a cup of tea which she would take into the garden. She made an intention to drink her tea mindfully and to be present to her surroundings; taking in the sounds of the birds and the garden. As the year became busier however, this practice became increasingly difficult to do, but the intention remained and in a later coaching session she spoke about continuing the practice in the new year; *"I will actually have more time in the morning next year, because my kids will be at the same school and they will start at the same time. I will have an extra 45 min in the morning that will just be mine"* [Final group session].

Christine also introduced short sessions during the day where she would take time between clients to meditate. She bought herself some sound control headphones to help create a quiet space for herself, as her office was not particularly sound-proof and she sometimes found noises from the reception area distracting.

At the initial workshop, Christine openly discussed her sense of being pressured to meet everyone's needs and the demands of the several roles in her life; "*But there are even more roles. Like your responsibility to the family and their stresses impacting on yours, your own self-care and then your clients and to sort of maintain that balance is sometimes hard. When everyone in the family is going through a difficult time then your own self-care tends to…"* [Initial group 1n workshop]. Over the next few weeks, this sense of pressure seemed to escalate as Christine experienced the usual end of year demands and social engagements that were exacerbated by receiving a distressing health diagnosis, which required a series of painful and embarrassing operations.

She was however, quite surprised to find that even though she was faced with significant stress, anxiety and discomfort, she was able to enjoy things; *"For me I find this time of year quite stressful, because it's not just work, it's social busyness and I'm quite a home-body. I don't do all the social things all that*

often and it [the mindfulness practice] *has just allowed me to connect more with those social events and actually enjoy them more so that has been nice for me"* [Final group 1n session]. It would appear that this shift was sustained, as in the final interview, Christine reflected on how she was coping with the same pressures a year later; *"I've actually been ok with this incredibly busy time; it has to be the mindfulness. I can't pinpoint it exactly. But I'm still managing to enjoy things"* [Final interview].

During the programme, Christine reported that she consciously applied the principles and practices of the programme to her experience of her health issue in a particularly focused way. In the second coaching session she described how she had been practicing one of the guided meditations to address her anxieties around getting everything done before she had to go in for the first operation; and even though she found it quite helpful to do it on her own, she felt that it would be helpful to do it with me – as facilitator. After we had done the practice, she had this to say; *"This has been very helpful. At one of the stages when I was looking at the emotions and stepping back; I was thinking well even if those things don't get done, it won't be a train smash"* [Coaching session II]. At a coaching session after the operation, she reported: *"I even did sitting* [meditation] *before I went into surgery.* [Chuckling] *A little bit of mindfulness to calm down"* [Coaching session III].

Christine was a keen runner and in her pre-programme questionnaire she indicated that her running was her main source of stress release, grounding and centring in her busy and pressured life. She was quite anxious about the implications that her health issue would keep her from running and reported a sense of relief at being offered an alternative: "*…and it will mean that I won't be able to run, and I am not sure for how long? So, this* [the mindful-wellness programme] *is coming at a perfect time, thank you. Because running is my "settling" thing so I think it will be nice to have something else that I can use"* [Coaching session II].

For Christine a strong notion of being present to what was arising developed, especially a sense of being able to sit with and be open to discomfort. During the intervention she reported that her mindfulness practice helped her to navigate the stressors as described effectively. In addition, she reported that her increased ability to be present allowed her to experience the richness of her experiences more deeply. This became very apparent to her when she attended her children's end-of-year function soon after her first operation and was anticipating a long painful evening; *"On Thursday evening we had my little boy's school play and I was not looking forward to having to go and sit there on those hard chairs and all the people. I just thought well, I am here now, let's just…And it was just amazing! Looking at all the kids and I've seen them come over the years and how they've developed. Just watching all of them and how much they enjoyed it. It was lovely. So that has been the biggest one. Just being more in the moment"* [Coaching session III].

In summary, Christine embraced mindfulness practice in her personal and professional life and saw benefits from early on. She sustained her practice through the months following the programme and still reported actively engaging with the practice in her final interview, 11 months later.

Arthur

It is nice to engage with theory and understand the mechanisms. As psychologists, one wants to understand that. So previously when that practice was there and benefiting me, I wasn't really aware of how it was benefiting me. And that is very helpful. I now understand how the mindful approach benefits me and I can access that at any time.

[Coaching session III]

Arthur, a white English-speaking male in his forties, was the father of a young family. Both he and his wife were professionals, working independently. They had two young children and at the time of the study Arthur's wife was pregnant with their third.

Together they juggled parenting roles with their practice work. Arthur was dedicated to his family, took his role as a father seriously and worked hard to create a work/family balance. This was tested quite strongly at the time of the study, since Arthur's wife's pregnancy was particularly difficult and debilitating and he found himself having to support her and their two children - both under five - more and more. Arthur described this as a *"relentless phase of parenting"* [Written reflection in pre-programme questionnaire], characterised by sleep deprivation and very little time for socialising, exercise or quiet *adult* time.

Alongside his private practice, Arthur was involved at the local university, and he was on the board of a local charity. His role on the board was particularly demanding and stressful at the time of the study due to contentious human resource issues that required distressing and time-consuming legal consultations.

When asked what Arthur felt most interfered with his resilience and wellbeing, he reported that sleep deprivation and financial stress were the main contributors to his stress levels. Tiredness, in particular, seemed to plague him, making it feel as if everything took so much effort; *"It [tiredness] actually ends up being a kind of agony. I mean tiredness can be quite agonising when you're trying to accomplish something"* [Coaching session I]. This was particularly difficult as he felt under pressure to do more - for his wife and family, in his practice and in his role as a board member. The financial strains also increased during this period as his wife was earning less. Arthur was therefore under pressure to make up the short-fall. As our conversations progressed, it became clear that time was a stress theme in his life, and he felt he had no time for any of the self-care activities in which he had previously engaged.

Spiritually, Arthur had had a longstanding relationship with a local monastery, which he said had come to an end unexpectedly and this meant that he was *"spiritually homeless"* [Written reflection in pre-programme

questionnaire]. He went on to describe a time, before he and his wife had children, when they had meditated daily and how this had set them up for the day and served to support their resilience and wellbeing. He reported that he missed that routine and hoped that the mindful-wellness programme would help him to find a way back to it: "*I know from experience that it offers value to my own self-care, my dealing with stress in my roles as a husband, father and psychologist especially, and to a healthier, more balanced compassionate living"* [Written reflection excerpt from reflective writing exercise at initial workshop].

Arthur had had some exposure to mindfulness at a conference where an addiction expert had presented a workshop which included some mindfulness principles related to work with addicts. I had gone through a few basic practices with participants and this exposure as well as his previous meditation practice meant that he was very open to the programme interventions. He especially wanted to; *"integrate a more mindful attitude more especially my relationship with my wife, and my children, my relationship with eating and weight, with exercise and my body, with my patient practices and finally with the financial stresses of being self-employed"* [Written reflection excerpt from reflective writing exercise at initial workshop].

Arthur's planned mindfulness practice involved taking ten minutes to meditate at the end of the working day before he went home and an intentional practice of being more present and less reactive with his children and family; *"So in terms of commitment 10 or fifteen minutes around 5pm every day. I may even set myself a reminder, because I don't want to miss out on that. I do look forward to it. It is refreshing and it's also not a bad time of day, because it means I get home in a good space. Which is actually really important. And then outside of the formal meditation to just bring more awareness to my parenting and to try to reduce reactivity in my interactions with my children"* [Coaching session I].

Arthur continued to practice the ten minutes at the end of the day for the duration of the programme, when time and energy allowed. His main focus however, was to bring a mindful responsiveness to his interactions with his family which he continued to work on throughout the programme. In his final interview he reported; *"I now practice mindfulness on the trot. I'm constantly reflecting and drawing on practices…"* [Final interview].

He reported the following shifts in his thoughts and behaviour; *"I've noticed that I'm less wedded to strong emotional responses. I'm quite an impassioned guy. I have strong feelings about things; I think sometimes I can be clouded by overly emotional feelings; mindfulness has helped me to be less wedded to these strong emotions"* [Final interview].

By cultivating a regular meditation and attending to self-care in a way that addressed his tiredness and emotional reactivity, Arthur placed particular focus on relational mindfulness. He was committed to improving his responsiveness to his family and when asked about changes in thoughts and behaviour attributed to the programme, he wrote: *"My experience and perception of myself, others and 'stressful' situations has deepened and broadened in terms of my ability to be centred, more authentic and true to my values, and hopefully responsive (i.e. less reactive)"* [Written reflection excerpt from programme evaluation form]. Reports from the final interview indicate that this development and transformation was sustained across the 11 months following the programme.

Delia

It has helped me to acknowledge that to be aware of issues or things is sometimes adequate, one does not have to fix everything.
[Written reflection in programme evaluation form]

Delia was a single, amaXhosa, parent in her middle years who lived with her mother, sister and son. She had studied teaching initially and later went on to do a master's degree in psychology. She had her own independent practice

in Makhanda and was also involved in her family's business. Her therapy practice included individual and couples' therapy as well as developing and facilitating training programmes for various government departments and non-profit organisations (NPO).

In her pre-programme questionnaire, she described a life that was very busy and left little time for socialising and exercise, but she did mention that: *"I sometimes make use of a bicycle in my bedroom, particularly when I feel stressed"* [Written reflection in pre-programme questionnaire]. She also reported that she was very involved in her church and that her spirituality provided resilience and support. In her pre-programme questionnaire, Delia wrote that she had had to take some time off work a few years before the study; *"I felt exhausted & booked myself for 6 days @ St Francis Health Centre & I get back much better"* [Written reflection in pre-programme questionnaire]. Her primary objective for participating in this programme was to: *"learn to take better care of myself"* [Coaching session I]. This was especially important to her as she felt that it would improve her performance as a psychologist; *"I am hoping that if I learn to take better care of myself, I will be able to take even better care of my clients"* [Coaching session I].

Delia chose to integrate mindfulness into her daily prayer routine which she described as a very focused reflection on a scripture. She chose to loosen the focus and try to be more aware of herself and her surroundings during the reflection; *"I think that I am more aware and alert of what is happening around me during my prayer times so I think it is helping in a way that I cannot explain. In Christianity, we say that in prayer you talk and The Lord speaks back to you, but in most cases we just talk, talk, talk, ask, ask, ask and complain, complain, complain, but now I am more aware of the fact that I need to be listening as well. I need to be aware of my surroundings"* [Coaching session II]. She reported that this felt quite foreign to her, but it added a new dimension to her prayer time; *"So mindfulness is just adding something to that* [the prayer sessions]. *A good flavour that I am enjoying"* [Coaching session II]. This

practice was sustained and in her final interview a year later, she reported that she still did a meditation as a part of her morning reflections.

Even though Delia reported early on in the programme that she was quite surprised that she was experiencing results: *"I didn't expect to receive rewards of that now"* [Coaching session I], and she could see definite synergy with some of her existing therapeutic practices; she struggled with time and workload and so felt that she could not engage with the course material to the extent that she would like. She reported feeling that when she did engage it was out of a sense of duty and that she was; *"not actually enjoying it to the fullest in the way that I would like"* [Coaching session III]. Her lack of engagement was made more evident in that she was the only participant who failed to attend the final focus group session, she also struggled to find a time to do the final interview and needed repeated prompting to submit her final self-assessment scales.

Due to difficulties engaging with the materials and sustaining practice, her reflections and insights seemed to lack the depth, richness or enthusiasm of the other participants. In coaching and interview conversations; she seemed distracted and unwilling to reflect more deeply. Yet she continued to praise mindfulness, acknowledging its potential and expressing an intention to immerse herself in it; *"I intend to revise the steps done, keep on practicing until I master the skill. I'm anticipating gradual growth which I view as a sign of sustainability"* [Written reflection in the programme evaluation form].

In her final interview she reported that she felt that mindfulness had created a shift in her psychotherapy practice in that she was far less attached to fixing her clients issues; *"Its added to the box of tools - it's changed my attitude; it's ok if you can't fix all things; it's ok to let things be. Coming from a solution-focused approach this is quite a shift"* [Transcription of final interview]. On a personal note, she had found that she now saw more value in recreational type activities; *"My attitude has changed – I thought sitting and reading a book was a waste of time instead of doing heavy stuff I usually do – prepare articles,*

write reports. But I realise you become refreshed having made time for yourself" [Final interview].

In her discussion, Delia went on to report that she had noticed a shift in how she approached certain things; *"I'm somebody that wants to fix things – so that it goes the way I want it to go. But with some things you let it be. In my work we do trainings and we're supposed to be paid for these trainings. I haven't been paid but I've just let it be. Because sometimes there is really nothing much you can do, except wait. Some things are out of your control. People generally don't know me to be like this"* [Final interview].

Even though Delia did not engage with the programme as much as the other participants, she reported meaningful shifts in herself and her approach to her therapy practice, which were, in part, sustained through the eleven months following the programme.

Lucy

One of the things that I thought about was an open heart which is one of the things that I heard about in one of the guided meditations that I listened to. I think an open heart is a kind of counter point, because anxiety and those kinds of emotions are more of a shutting down kind of feeling.
[Coaching session II]

Lucy was a married English-speaking white woman with three children – two teenagers, and a late arrival aged 4 years. Lucy's husband is of European descent and they lived in Europe in the early years of their marriage. At the time of the study, they lived in Makhanda and retreated to a smallholding outside of town, where they farmed on the weekends.

Lucy had previously had a varied career - she initially studied social work and worked as a family psychologist for a non-profit and later in private practice. She then went on to do a Higher Diploma in Education, which she used in order to teach English while living abroad. She subsequently completed a

master's degree in narrative and pastoral therapy and then further studies in psychology. She had worked in a prison doing restorative justice work and at the time of the study was a counsellor at a school. This role included assessment and counselling of children as well as teaching life orientation.

Lucy described her life circumstances as predominantly consumed by school schedules: *"School schedules consumes much of our time"* [Written reflection in pre-programme questionnaire]. This was balanced by visits to their small-holding and long family holiday trips - the family had recently travelled to a game reserve and neighbouring country, which had been very meaningful and enjoyable.

Lucy expressed a strong Christian faith which was *"not church-bound"* [Written reflection in pre-programme questionnaire]. She brought this faith into her engagement with the mindfulness by exploring and searching for more Christian-focused mindfulness material and exercises, which she found on YouTube and engaged in enthusiastically.

Lucy appeared to be a healthy, active person who had to read up on resilience and wellbeing as a part of her studies and was aware of the importance of actively working to support her resilience and wellbeing. She did this by consciously making an effort to get out into nature as much as she could, getting enough sleep and exercise as well as reading novels as a diversion. She hoped to resume her running regime, which she had started to do by participating in a local regular weekly run.

She reported that a few things got in the way of her wellbeing. She reported feeling stressed by the clutter at home, her family's dependence on screens and her geographic distance from family and friends. She said though that none of these felt overwhelming or in need of specific attention at the time of the study.

As a result of participating in the programme, Lucy implemented a mindfulness practice by way of an early morning routine – this was a quiet time before the family got up and her day started. She sustained this throughout the programme, but had to make it earlier as she found that; *"before you know it everyone else is up and about and the day slips away"* [Coaching session IV]. She was also intent on; *"Incorporating it into more areas. So, making it a way of doing more tasks, so not just a meditative practice, but as a way of approaching other tasks that need to be done"* [Coaching session II]. In the final interview, she reported that her practice was *"more incidental"* [Final interview]. She described moments of mindfulness, sitting in the garden, being more aware of her "*environment and the things around me* [Final interview]*".*

She felt that the mindfulness principles covered in the programme resonated with her therapy practice in that she was very conscious of "*being present in the room with clients; mindful listening in the moment"* [Final interview]. She subsequently integrated mindfulness into her work at school by sharing what she had learned with colleagues and learners, guiding classes through mindfulness meditations and teaching individual learners different techniques to address specific issues such as homesickness, anxiety and exam stress: *"It is hands on, in a sense. You can give it to clients as a practical tool. And the re-perceiving aligns with the narrative approach. Looking at alternative ways of thinking and separating the person from the problem"* [Coaching session II].

With regard to how she felt mindfulness had impacted her own experiences of her therapy sessions she said: *"Maybe compassion with the person you are working with has increased; and the connection with the person you're working with. If there's a difficult scenario, not to get stressed out; not to be tempted into wanting to fix things; to be more mindful of where you are in the moment"* [Final interview].

When asked how mindfulness may have affected how she handles pressures and stresses, she reported that: *"I think in a way – I feel less hooked into things. I can keep a balanced perspective and not get hooked into the notion of busyness. Holding an awareness of trying to focus on what's required rather than getting everything done at once"* [Final interview].

To summarise, Lucy integrated the mindfulness in to her home and professional life. Offering mindfulness to her clients and letting it shift her approach to therapy practice and to how she engages with stressful situations.

Genevieve

It feels like I go into a different state of mind that is less fear driven. Something about paying attention to what I'm experiencing in the moment; it clicks me into a different mode, different lens, different state, it's quite a physical change. I feel a very basic, greater sense of safety.
[Final interview]

Genevieve, a white English-speaking intern psychologist, had a dual academic background, with psychology as her second masters. She worked in her other profession for some years before she experienced a period of what she described as severe stress and burnout, which led to a break from work and a subsequent career change and entry into the psychology masters' programme. She admits that she is very much performance driven and spends a lot of time in her head worrying about how she could have done things differently or better.

Genevieve had moved to Makhanda with her family when she started her master's in psychology. She and her partner were supporting a family member who had been diagnosed with some mental health challenges. They all lived together with their three dogs and two cats. She described her pets as *"very much a part of the family"* [Written reflection in pre-programme questionnaire]. She had some close friends in Makhanda and one of the major cities in South

Africa and had fairly close relationships with her mother and siblings who were still based in her hometown.

She felt that most of her recreational life had been put on hold due to the demands of the master's degree and subsequent internship. She mentioned that she enjoyed jogging and cycling and was trying to revive her exercise routine. She had no spiritual affiliations and when asked about spirituality described herself as *"not religious"* [Written reflection in pre-programme questionnaire]. Genevieve said she had been exposed to mindfulness when she was fifteen and had attended several retreats over the years. Mindfulness has a fairly rich spiritual aspect to it, but this did not feature in her frame of reference for the programme.

By way of supporting her resilience and wellbeing, Genevieve was engaged in psychotherapy, made an effort to get enough rest and spend quality time with the important people and creatures in her life. With regard to psychotherapy, she felt that she had a sense of being supported, accepted, valued and understood which was helpful. She added that she had experienced previous psychologists who were "*extremely non-directive, more classically psychoanalytic"* [Written reflection in pre-programme questionnaire], leaving her feeling lonely in the process. She was gaining far more benefit from what she described as a more transparent and active approach.

In her pre-programme questionnaire, Genevieve reported being inclined to worry and be self-critical, to over-work and over-commit and to have unrelenting standards, which she felt could interfere with her sense of wellbeing. During further conversations, she discussed the types of things that she worried about and these included the fact that she may have wasted time in making the choice to do the master's in drama, that she was running out of time to have a baby, that she was not getting to everything that she needed to and was feeling overwhelmed by the work-load.

During her coaching sessions, we looked at how some of the mindful-compassion practices could potentially help with the worrying and sometimes overly critical voice in her head. In her final interview she reported that it had helped her while she was doing the practices, but she noted that *"I revert back, quite quickly, to my nasty, old habits. For me it needs quite regular attention not to slip back into that groove"* [Final interview].

For her mindfulness practice, she chose a very structured and formal practice, which she adhered to quite rigorously up until two months before the final interview, 8 months later. When questioned about why she had stopped practicing at this time, she mentioned that she was at an early stage of a pregnancy and at the end of that interview she verbalised a renewed intention to revert back to her mindfulness practice; *"I've had a strong sense of wanting to re-engage in mindfulness"* [Final interview].

For Genevieve, her choice of practice meant making sure she arrived at work approximately forty minutes early so that she could do a sitting meditation for twenty to thirty minutes, before she started her day. She reportedly found this extremely helpful in that she felt more settled and had more clarity of thought for the first part of the day. She did report that she felt that this tended to *"start wearing off after a few hours"* [Coaching session I] and she tried to implement a *"top-up"* [Coaching session I] system. This was little moments of mindfulness between clients to help her check in and ground herself in the moment. At first, she found this difficult, but eventually found herself doing this in key moments during her working day and this helped to sustain her.

Throughout the programme, Genevieve was very dedicated to her mindfulness practice and took it very seriously. She also engaged, if not to the same degree, with the learning material which she used as a means to support her practice. Her insights therefore, came directly from her own experience. Her breath-work for example, highlighted a need to control and perfect things and generated anxiety; *"…the breathing is difficult for me. It feels like my breathing*

pattern epitomises something very core psychologically for me. It is a sort of an effort. I think a core pattern for me is that I really try to be good, to get things right and so on and I think I do that with my breathing" [Coaching session I].

She also noticed *"how often I intellectualise when faced with difficult emotions or interpersonal situations. It is an anxiety driven type of thinking that is often not very clear or helpful. When I ease off from thought a little, my thought paradoxically clarifies. i.e. turning away from thought – to sensations – seems to improve the quality of my thought".* She went on to report that *"distressing thoughts and feelings seemed to pass more quickly"* [Written reflection from programme evaluation form] and that she seemed to be *"less involved/hooked in"* as a result of her mindfulness practice.

Genevieve initiated a fairly rigorous meditation practice and worked hard at it. This is reflective of her self-observations regarding her habitual tendency to push herself. She seemed to find a gentler space in the practice of mindfulness, where she could be kinder to herself and less driven.

Jack

One thing I've become aware of is how my body reacts to stress. And I consciously try to watch that and relax my body. I've consciously tried to slow down in everything I do. It works for me; I'm able to focus more on exactly what I'm doing, I feel more relaxed, and uncluttered.

[Final interview]

Jack was a bilingual intern psychologist. He had originally studied an industrial business degree and after many years of being self-employed, he decided to study research psychology and subsequently to become a practitioner. At the time of the study he had just started his internship. Jack was a white male with two adult children. He had a close relationship with his former wife and children, making frequent trips to visit them. In Makhanda he lived alone, next door to some rather rowdy students who frequently disrupted his sleep with their nocturnal activities.

He had made friends in Makhanda and had quite an active social life. He actually felt that it was too active and was working on creating more balance and spending more time alone. This was in part due to an anxiety that he had around social drinking. Since he was a bit shy, he often had a glass or two of wine to relax at social gatherings and he did not like this as he felt: *" I lose my edge"* [Coaching session I] and that made him feel out of control. This proved to be a point of entry for a mindful-awareness practice and early on in the programme, he reported becoming more aware of how he was feeling in social situations and allowing himself to observe his discomfort and drink a glass of water or grape juice first, before having his first glass of wine; *"I am quite shy in social situations and then I have a glass of wine to take the edge off. Now I am aware, and I rather observe myself and have a glass of water or grape juice and then have a glass of wine"* [Coaching session I].

He was an active person who regularly did trail runs, paddled and surfed. He was also an active member of a local choir and he felt that all of these activities served to sustain his sense of wellbeing and resilience. Even though surfing and the choral singing were his chief hobbies, he found that he could bring mindfulness to the paddling most meaningfully: *"I find that if I focus just on the paddling it becomes quite rhythmic and that helps and then I have also stopped doing it to try and get fit or 'be the best canoeist ever'. Now I stop and watch the birds quietly and it has sort of…it is a sort of meditation and I always come away feeling better"* [Coaching session II].

Jack came from a conservative church background, but had some experience with meditation and Buddhism and so openly engaged with mindfulness. For his mindfulness practice, he created an early morning time in which he reflected on various excerpts of Anthony Osler's writing and then spent some time working in his garden. He also created time during his lunch hour to walk mindfully and spend time in the botanical gardens.

Alongside these more formal practices, he tried to integrate mindfulness into everyday tasks like cutting the bread to make his sandwiches in the morning and by consciously slowing himself down: *"It is always difficult when you are rushing around, but even when I am rushing around, I try to force myself to* [slow down]*…when I think I need to do things quickly, it's weird, the one thing that stayed with me was that thing you mentioned of the multitasking study and I am trying to say "no, I am going to do this slower and sort of mindfully"* [Coaching session III].

Jack found his first few weeks of work quite frustrating. He felt that there was quite a lot of injustice in the way that the workplace was run and that those in authority left no room for dialogue around these issues. He also had extensive experience around strategic planning and management and felt he was not given a voice or acknowledgement when it came to these kinds of activities. This conflict and struggle proved to be an interesting point of entry for some of the mindfulness principles that we discussed.

During the programme, Jack practiced coming back to the body and being present to his feelings in conflictual scenarios with management. He reported that it was extremely difficult and that the feelings did not go away which allowed for an insight that mindfulness is not about getting rid of difficult feelings, but more about holding a space for those feelings. He noticed that after a few weeks he was far less hooked, but acknowledged that that could also be attributed to the fact that he was busier and so distracted from the perceived injustices: *"I think the mindfulness is still working for me. I honestly feel like it has become more of my day to day thing. I don't know if it is related, but yesterday we had a staff meeting and they were saying things that were sooo…which I could take on and afterward E asked me; 'Aren't you mad?' and I said; 'No, why?' so I think there has been a shift in me, because at the beginning of the year I was just fighting with everyone. I was very upset about the way the place was run. Now it's like, I've just decided that I'm doing my own thing. But that attitude, that I think the mindfulness has helped me become accepting and gentle and mindful in the way that I do things. Not that I am*

saying that I was mindful sitting there and not reacting, but I am less reactive, I think" [Coaching session IV].

Jack engaged with the mindfulness principles enthusiastically and integrated them into his life as a part of a more formal practice as well as a less formal way of being. He also reflected on the fact that even though he was; *"hesitant to be prescriptive with clients in terms of giving them tools. In once-off sessions, you can end up with a solution-focussed approached. What I would then do is introduce the idea and get the client to consider mindfulness; breathing, relaxation exercises, a simple type of meditation. I've also suggested that certain clients read up on mindfulness and see whether it would work for them"* [Final interview]. In addition, Jack reported that he had found that mindfulness practices were helpful when; *"Clients would come in totally overwrought and stressed out; we'd do some breathing exercises to help them become relaxed, which worked"* [Final interview].

Jack took time to grow a rich and meaningful practice which he used in his personal life as well as his therapy practice. He literally slowed things down and found that this helped him stay centred and calm and to get things done more efficiently.

Erica

I think it is empowering to know that you can decide for yourself how you want to respond. You don't have to just react.

[Coaching session I]

Erica was a young white bilingual female psychology intern. She had previously completed a social work degree and had worked as an intern for a non-profit for three months before enrolling in a psychology master's programme. She was the youngest of three girls. He father was an academic and an activist and her mother was a clinical social worker. Her two older sisters were both naturally high achievers and Erica was aware of her own high standards for herself as well as an innate academic competitiveness. She

felt this may have developed as a defence against being a bit different and thus being bullied at school.

In her view: *"I think I come from quite a driven family, I think from quite a young age, my sisters performed well. I always felt that I had to live up to that. It is more something that I put on myself. I think even when I was at school, my parents tried to encourage me not to focus on achievement so much. But it was always something that I put on myself. I think I come from a driven family. So, it's not that I didn't achieve. I think it is perhaps something…trying to compensate for perhaps not fitting in, for being a bit different. This is the one area that I am good with, that I have some control over. I think when I was younger, I was mocked quite a bit. I think I was very sensitive as a child and on the quieter side and I think I was perhaps an easier victim? It was easier to bully someone that is not going to fight back. And I think I just used work as a way of compensating for that. It was an area that I was good at"* [Coaching session I].

Throughout the programme, we worked within this self-critical and self-demanding space to create some compassionate awareness so that she could be more attuned to her present moment awareness and more process oriented: *"This awareness, combined with mindful breathing exercises, helped me to become kinder and more compassionate towards myself and to be more aware of the process of what I'm doing, instead of being preoccupied with the end result"* [Written reflection in programme evaluation form]. In her final interview she made the following observation about her master's research experience; *"to find joy in the moment of learning, not just the end result. In my undergrad I was very focussed on getting good results to get into the masters' programme. I'm enjoying the research and am less focussed on the result"* [Final interview].

Erica reported applying mindfulness in several ways. She did short guided meditations - mostly breath-work - on an almost daily basis, she brought a mindful awareness to her cooking and eating, to her gym sessions and to her

psychotherapy practice, and she did mindful walks in nature whenever she could. She found that all of these interventions were beneficial, and she remained true to them throughout the programme and on into part of the following year. In her final interview some months after the programme, she said, even though she wasn't doing any formal practice; she was still doing the breath work and that mindfulness was still a part of the way she lived and worked; *"I believe the exercises of bringing my attention back to the present moment, allowed me to be more present in my work with clients"* [Final interview].

Erica was particularly interested in how mindfulness could and was helping her relationally. From early on in the programme, she noted that she had more emotional regulation and more agency around how she responded to relational upset and conflict; *"I believe I feel much calmer and are able to take a step back from emotionally charged situations, instead of reacting immediately with anger"* [Written reflection in programme evaluation form]. In addition, she reported that this relational focus of mindfulness helped her to be more present in her psychotherapy practice; *"I just noticed in this therapy session, how present I could be. I wasn't thinking about my response or what I must say or what theory to use, I was just present to what he was saying and also my own emotions. I think I took the session a bit slower than I normally would"* [Coaching session I].

Erica also used what she learned in the programme in her mentorship of first-year master's students. She taught them some basic principles and facilitated guided meditations with them; *"I've tried it with my mentorship of the M1s…It went well. We did the raisin exercise…It has been challenging to teach them mindfulness techniques, because they are so stressed"* [Coaching session IV].

Erica was fortunate in that her mother had done an eight-week mindfulness-based stress relief course and so she had seen someone close to her experience positive results and she could share ideas and resources with her. She borrowed guided meditations from this other course and was encouraged

to make her practice a daily routine; *"She said that it is important to incorporate it daily. Then it becomes a lifestyle"* [Coaching session II].

In her final interview, Erica reported that she had sustained some of her mindfulness practice and that she was still seeing some of the benefits that she had experienced during the programme, especially with regard to the relational aspects that she worked on.

Fiona

I am much less self-critical, and more compassionate to myself. It's one of the biggest things I've learnt throughout the course.
[Final interview]

Fiona was a single isiXhosa-speaking woman who enrolled in the counselling psychology master's after she found herself in a personal and professional rut after years working in a government role. Fiona was the oldest of four children and both her parents were alive and a part of her life, for which she expressed gratitude. She was an intern when she participated in the study.

Fiona cited journaling and prayer as her main sources of grounding and resilience work, but reported that before she started the master's programme, she had become very depressed and felt quite hopeless. The very busy and demanding master's one year had only exacerbated these feelings even though she knew she was doing what she loved; *"I love psychology, but there was a period where I resented being here and I wanted to pack my bags and go back home. But I had given up everything to come and do this so there would be nothing to go back to"* [Coaching session II].

She was very open and excited about the course material and verbalised that it was an alignment with her passion and her reason for doing psychology – she was enthralled by how the mind works. She engaged with mindful practice enthusiastically and reported experiencing salient shifts from early on in the programme, particularly with regard to her sleep patterns and feeling more in

control of her life; *"this has been very helpful for me, because I tend to get over-excited and revved up about things and not really focus on what I am supposed to be focusing on"* [Coaching session I].

She felt that emotional and physical exhaustion, comfort-eating and hormonal imbalances really got in the way of her resilience and wellbeing. During the programme, she paid particular attention to trying to eat more healthily and do more exercise, but found that she just didn't have the energy or the time. She did manage to improve her sleep patterns by consciously winding down and doing mindful breathing before bed and when she awoke in the night after bad dreams: *"I have also been practicing the mindfulness in terms of focusing on my breath and calming myself down. I even use that when I wake up from a nightmare or some super-charged dream that gets me revved up so I use that to calm myself down and get back to sleep and it has been working nicely"* [Coaching session II].

Fiona highlighted that she was aware of a very critical voice in her head and would often call herself an *"an idiot"* [Coaching session I]. She worked on this and spent some time with the compassion practices. In her final interview she said: *"I've been doing a lot of reflection about the changes in me from M1 to this year. During M1, there was a lot of 'idiot' talk and self-bashing. This year I'm in a place where if I struggle with something, I try to understand what is going on and be open to the process. Through the process of understanding, I've become gentler with myself"* [Final interview].

In her practice of providing psychotherapy, Fiona noted that: *"Thinking of being in the here and now; being fully present to your clients is being mindful"* [Final interview]. She went on to describe how she had used mindfulness to help a client: *"I had a client struggling with alcohol. He was shaking so badly when he came to see me. I did breathing exercises [breath awareness meditation] with him and he actually stopped shaking. I had a few more sessions with him, where he used breathing exercises which seemed to help him. And he now uses breathing to help prevent him shaking"* [Final interview].

As for several of the participants, time was a stress factor and she talked about having difficulty managing her time. By the end of the programme and after some months, she reported that: *"I have more ways of managing things – when I feel pressure, I feel I have the tools to deal with the pressures, IAA principles, breathing exercises with meditation. With admin in particular, I allow myself to be open and try and understand it"* [Final interview].

In her final interview she reflected that sustaining her practice had been difficult: *"But I do remember to be mindful when things get difficult, or when I'm stressed. It's almost by default"*. She described this as: *"Mostly being more present while doing things; breathing and meditation when I need to calm myself down. Last night I was struggling to sleep – I did a meditation and was able to go back to sleep afterwards which I wouldn't have done previously"* [Final interview].

Fiona made insightful observations throughout the programme and sustainable changes that were still evident at her final interview, eight months after the end of the programme.

Concluding Reflection

In my reflection of the vignettes, I was struck by how much each of the participants were dealing with in their personal lives and how much it was affecting them emotionally and physically. The deep level of tiredness that seemed to be pervasive across both groups was especially noteworthy. Yet, they still managed to provide positive, quality therapeutic care to their clients, which I think was due to the deep level dedication that they had for their work. I got a real sense of their caring about their work and their clients.

Chapter VI: Mindfulness

"Mindfulness is both a path and a destination".

- (Riskin, 2009)

As Riskin's statement suggests; mindfulness can be seen as a concept and a process. As a process, one can practice mindfulness by consciously engaging with mindful activities or exercises. As a concept, one can be mindful in the ways one thinks and acts (Langer & Moldoveanu, 2000). In psychological terms one might refer to it as state rather than a trait, in that by repeatedly cultivating a state of mindfulness through active practices, one might ultimately create a more enduring state of mindfulness.

In the following chapter the findings related to both mindful practice and mindfulness as a way of being will be presented both qualitatively and quantitatively. More specifically, how did participants come to understand what mindfulness was, how they implemented the principles of mindfulness, how it manifested in their lives, the barriers and facilitators to practice and how mindfulness was sustained? This chapter relates specifically to the following research questions:

- How could psychologists implement/practice mindfulness?
- How could they sustain their practice?
- What effects could a mindful-wellness programme have on psychologists?

Mindful Practice

Mindful practice describes the process or path of mindfulness (Baer, 2003). The activities and exercises were introduced hoping that they would be incorporated into the participants' lives with the express purpose of cultivating mindfulness. Since the participants in this study were not given explicit instructions as to how to practice, it was interesting to see how they

chose to practice in varied and practical ways that suited their needs and lifestyle.

Doing Things More Mindfully

Given that it is likely that participants volunteered because they wanted to learn about the ideas and skills of mindfulness, during the introductory workshop they reported an intention to make mindfulness a part of their lives. This intention materialised in that as the programme progressed, they all found different ways to integrate mindfulness into everyday activities such as walking through gardens, cooking, making breakfast and having tea. They did this by slowing things down, cultivating curiosity, doing one thing at a time and generally being more deliberate in their actions and attentive to what they were doing. Christine reported this idea succinctly: *"For me the whole idea of mindfulness is that you can do it doing anything. You can wash the dishes mindfully so that for me has been important. Rather than just a meditation it is actually being present"* - Christine [Transcript of coaching session one].

Christine's quote succinctly captures not only the participants' common choices to integrate the practice into the seemingly mundane tasks of everyday life, but also the sense of surprise that it can done in this way. By seeing and practicing mindfulness in these ways; it became far more doable. This highlights a key element of my approach to the concepts, in that these are not necessarily additional practices or exercises, but rather an integral part of mindful practice. The following sub-headings describe aspects that appeared to be usefully incorporated by participants.

Mindful Thinking

A part of mindful practice involves a purposive shift in the way one thinks. This has been referred to as de-centring, reappraisal and re-perceiving to mention a few (Garland et al., 2009; Segal et al., 2002; Shapiro et al., 2006)". A qualitative study with healthcare staff, exploring the facilitators and barriers to engaging in a self-help mindfulness-based intervention based upon Shapiro et al.'s (2006) concept of re-perceiving as a mechanism of mindfulness, was introduced in the learning material: guided re-perceiving exercises were designed and shared with participants in the e-learning programme. Participants practiced re-perceiving by holding a conscious intention to purposefully shift the habitual ways they thought about and viewed the world. The following examples illustrate participants' purposeful shifts in thinking:

"I think the fact that you can step back and just see and identify the thoughts and the feelings" – Bronwyn [Coaching session two].

"I started to think; 'well maybe there are other ways of seeing this issue?' But it is still too early days. It seems to me that trying to be more objective, stops the judgement" – Helen [Coaching session II].

"Maybe that also links to re-perceiving. Maybe there is a difference between being busy and overwhelmed and feeling like one is busy and overwhelmed? I don't know. At some level maybe it is also not expecting it to be different. Not having an expectation that I should be more on top of things-it is what it is?" – Genevieve [Coaching session III].

The above to quotes illustrate a number of aspects of a conscious cultivation of detachment – by the act of noticing their feeling states; participants become less hooked into them. This was achieved through stepping back; and actively engaging with other ways of constructing meaning. Genevieve's quote

highlights the idea of recognising that expectations may be unrealistic and consciously altering those expectations.

Participants noticed that as they paid more attention to their thoughts and became more aware of them; they became less attached and identified with their thoughts. This resulted in more of a sense of agency around their thoughts:

"I get more of a sense of distance from my own thoughts. Not feeling so identified with my thoughts; having a sense of possibilities that's associated with less anxiety" – Genevieve [Final interview].

"Greater awareness of ability to reperceive thoughts and agency in letting them go – acknowledging opinion not fact" – Lucy [Written reflection excerpt from reflective writing exercise at initial workshop].

Both Lucy and Genevieve illustrate purposeful re-evaluation of what might have been more automatic thoughts in the past. They also demonstrate an awareness of the ability to re-evaluate how they assess their experiences. The final quote uses the term 'agency' to illustrate the sense of greater self-control and competence.

Cultivating Sensory Awareness

Beyond purposely cultivating awareness of their thoughts and making objective shifts in the way that they thought; participants also developed mindful awareness by tuning in to their senses, their bodily sensations and their environments. Helen and Lucy were particularly aware of aspects of the natural world around and how that awareness of nature affected them. The following are two examples of these types of observations that focus on noticing aspects of present perceptions:

"And trying to notice what's out there. It is lovely that the moon is so bright at the moment" – Helen [Coaching session III].

"And even going on walks in nature where I can look at the leaves, the textures, the colours" – Erica [Coaching session II].

From these two quotes we can see that some participants consciously nurtured an awareness of the nature around them and that this renewed awareness in nature had an emotionally uplifting effect.

Body awareness was also important to participants from several perspectives. Firstly, this is evident as a portal to the present moment as Christine describes: *"Something that I've said to people is "everyone has a cup of coffee or tea every day and to actually drink your cup of tea mindfully and let that be your time" to actually smell it and taste it and that is a moment in the day"* [Coaching session I].

Secondly, participants found that if they paid attention to where they felt emotions in their bodies, the emotion appeared to have less of a grip on them: *"I notice that my shoulders are quite tense. I am very aware of where in my body I feel the tension. I think I am also more aware of perhaps why I am feeling this way. Where this is coming from. I think I was always someone who wasn't really in touch with my body and I sense I am becoming a bit more…Like when I was feeling tense; I didn't necessarily know where I was feeling it. But now I guess I can, also the different feelings, how different they feel in my body"* – Erica [Coaching session III].

Thirdly, in relation to self-care, participants started to take more notice of their bodily needs such as rest, nourishment and hydration: *"So, I need to make sure that I cook real food … And then exercise"* – Fiona [Coaching session four].

The above observations show that enhanced sensory and bodily awareness can be used as a portal to mindfulness. By using their sense of bodily responses and reactions to anchor themselves in the moment participants found they could disengage from the 'hook' of emotional reactivity. The renewed awareness of body also helped to shift attitudes toward the body as participants recognised the need to nurture and nourish their bodies.

Meditation

Meditation is a central practice in traditional mindfulness trainings like MBSR and a daily discipline of sitting meditation is strongly encouraged and purported to be a key mechanism of change (Kabat-Zinn, 1982). Although several types of meditation (referred to in chapter IV) – breath awareness, compassion practices, body scan, sensory awareness and RAIN - were taught to participants during the introductory workshop and coaching sessions, and guided meditations were provided via the e-learning website and used by all the participants, only two participants chose to implement a daily sitting meditation practice. Arthur chose to do ten minutes at the end of each workday before he went home, whilst Genevieve chose to go into work early and do twenty to thirty minutes before she started seeing clients: *"I have been coming in 40 minutes early and then doing a sitting meditation for somewhere between 20 minutes and half an hour. It really helps me as a way to start the day"* [transcription of coaching session I]. This illustrates that a key element of other programmes might not be suitable for implementation into every person's life.

As an alternative, STOP, taking a pause and doing mini meditations during the day were a more common practice among participants. Participants reported doing this as a part of a routine, on an ad hoc basis and they used it to mediate stressful situations and emotions that arose. Two examples of this include:

"When things are getting hectic, I almost do that STOP thing. Just taking a breath and a moment to kind of check in with yourself. Just thinking, 'okay, what's happening? I'm feeling overwhelmed or tired' or whatever. I just like that acknowledging and not judging. So, allowing it to be there and thinking; 'It's fine!' That just feels good"– Helen [Coaching session III].

"There are times when I can just settle in and it just flows, but there are times when external pressure un-balance me and I have to actually actively re-balance things. About three weeks ago work pressures and kids and everything just started to get whoosh and then I needed to say "Okay STOP. Stop and breathe". But as soon as I do that then it sorts out" – Christine [Coaching session I].

The above excerpts illustrate a sense of greater metacognitive awareness and thought-regulation reported by both. In addition, their accounts indicate that this technique became incorporated into their self-talk, which would suggest that their desire to integrate the principles and practices of mindfulness into their lives was beginning to manifest.

I started this subsection by saying that only two participants engaged with formal meditation, and this is so, but all the participants cultivated meditative practices of some kind or another. Mostly they found that short, in-the-moment meditations like STOP worked best for them and they felt the effects of those practices in the immediacy of their lives. This experience of immediate effect could be seen to have facilitated their practice if one refers to Banerjee et al.'s (2017) reported facilitators to practice, which will be discussed in more detail in the section below entitled: Barriers and Facilitators to Practice.

Practising Self-Compassion

Self-compassion is a well-evidenced mechanism of change in mindfulness (Baer et al., 2012; Raab, 2014) and was explicitly included in the learning material and guided practices. The awareness of and practices related to it

resulted in participants purposefully becoming more aware of their self-talk and practicing non-judgement as illustrated by:

"I am much less self- critical, and more compassionate to myself. It's one of the biggest things I've learnt throughout the course" – Fiona [Final interview].

"I have become less judgmental of myself. I've become more compassionate with myself" – Helen [Final interview].

One particular area where this was relevant was with regard to perfectionistic thinking. Several of the participants reported holding themselves to very high – almost unachievable – standards, which caused them considerable levels of stress. They reported that by bringing awareness to their perceptions and intentionally being less judgemental they felt less pressured. By way of example, Erica reported that *"It has helped me to become aware of my perfectionism; and to accept things as they are in the present moment; and not how I want them to be"* [Final interview].

These self-reports of being more self-compassionate are supported by increases in the self-compassion scale (SCS) (Neff, 2003) raw scores over time. Mean scores showed an initial increase from before the intervention to after the intervention with slight decrease at the 8 – 11 months after assessment, as illustrated in the diagram below. The mean scores from before, during and 8 -11 months after all fall within the higher end of the moderate and high categories of the expected norm scores according to Neff (2003).

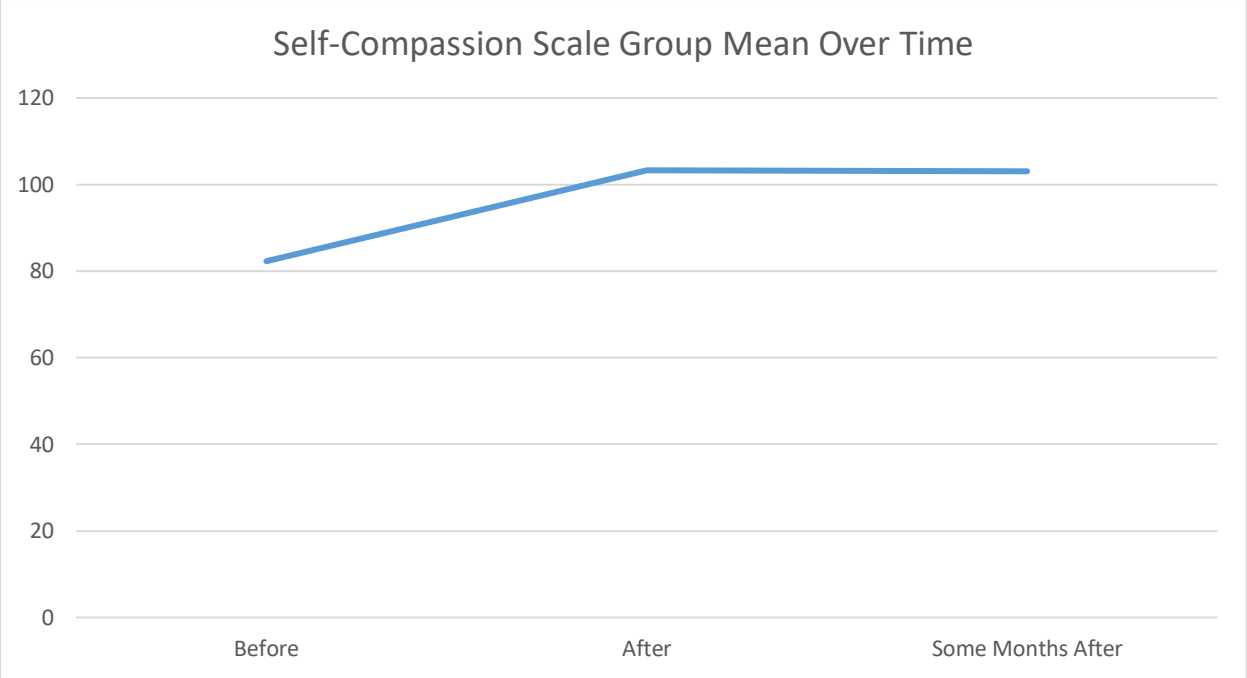


Figure 9: Self-Compassion Scale Group mean Over Time

Statistical analysis showed that there were statistically significant changes in SCS (Neff, 2003) scores over time, F(1.048, 9.428) = 9.671, p=0.011, partial η2 = 0.518, with SCS (Neff, 2003) scores increasing from pre-intervention (M = 82.30, SD = 23.62) to post-intervention (M = 103.30, SD = 18.33), but then decreasing slightly again some months after the intervention (M = 103.00, SD = 18.38). This decrease at the 'some months later' assessment is an understandable adjustment if one considers that participants had no further support or intervention during those months.

Post hoc analysis with a Bonferroni adjustment revealed that SCS (Neff, 2003) scores were statistically significantly increased from pre-intervention to some months after the intervention (M = 20.70, SE = 5.712, p = 0.017), but not from pre-intervention to post-intervention (M = 21.00, SE=7.30, p = 0.055), or from post-intervention to some months after the intervention (M = -0.30, SE=2.00, p = 1.00), which could be interpreted to mean that the changes that were made were sustained through the months between the intervention and the final assessment. This would need more rigorous statistical investigation with a larger sample group.

Relational Mindfulness

Taking the sample group and their role as psychologists as well as the study's narrative-interpretivist worldview into account; relationality was particularly important. This will now be discussed in relation to how it applied to the participants' personal lives. In the following chapter this will be discussed in relation to the way participants applied the mindfulness principles to their therapy practice, in more detail.

Given that mindfulness has been shown to improve emotional regulation and compassion; it is understandable that both Carson, et al. (2004) and Hill & Updegraff (2012) found that mindfulness improves people's relationships with others. This aligns with the premise that improved emotional intelligence augments social intelligence (Lopes et al., 2004). Several participants in this study gave examples of how they applied mindfulness specifically to their personal relationships. One participant, Arthur, was particularly committed to being more mindful in his relationships with his wife and children. As mentioned in his vignette, he was deeply committed to being gentler and more present with his young family and worked hard to be more mindful at home.

The other participants found themselves in relational crises at one time or another and applied what they were learning in the programme in a more organic way. For example; at the time of the study, Jack was adjusting to a structured, organisational environment and having a boss, after owning and running his own business for nearly thirty years, and he brought more awareness to how he was reacting to people and situations in that environment:

"I think in my interactions with my colleagues. That's where it has been obvious. I try to be more mindful when I engage. I can get quite driven and so I just try and chill a bit more and step back and listen" – Jack [Coaching session I].

Bronwyn brought mindfulness to how she interacted with her sister and her boyfriend. During the programme, issues with her boyfriend came to a head and she made the decision to break up with him. In the session after the break-up she described her processing of what transpired: *"I think for now it is just sitting with the emotions of it and the hurting of it and one of the things that I am trying to do is to not minimise it. Sitting with this uncomfortable feeling. It is a process. There's no speeding it up or rewinding it. And I think also being more empathic towards myself and reminding myself that I considered a lot of things before making this decision"* [Coaching session III].

In this excerpt there is evidence of several principles of mindfulness. Firstly, Bronwyn has allowed herself time to reflect on what happened in a non-judgemental way. Secondly, she took time to identify and feel her emotions and thirdly, she showed compassion towards herself.

When Helen started the programme, she was still reeling from a very upsetting family conflict over her stepfather's illness and death. She reported feeling a great deal of distress and as a result we explored compassion practices from the very first coaching session. She continued to practice these and although she did not re-engage with his family to try and repair the relationship, she did use it to address her own feelings of guilt and shame: *"I am still struggling with my own feelings about it and my own level of regret and I am trying to not judge it. There is also a part of me that says okay sit with it, process it, struggle with it a little bit, but what's done is done"* – Helen [Coaching session II].

The above excerpt also illustrates a reflective awareness and a shift towards acceptance. All participants showed an intention to and experimented with ways to integrate mindfulness into the ways they related to therapy clients and their therapy practice and this will be discussed further in the following chapter.

Barriers to and Facilitators of Practice

Barriers to practice were mentioned by participants, but most examples seemed to pose a minor challenge rather than being a more serious hindrance to practice. If we are to investigate and report on how participants practice mindfulness it is however important to review facilitators of and potential barriers to practice especially given the slight 'tail off' in self-compassion scores mentioned earlier. The facilitators of practice would be those things that make it easier for participants to practice and the barriers to practice are those issues that get in the way of participants being able to engage with the practice as much as they would like to. Although barriers to practice were not studied explicitly for this study and did not feature as a commonly reported finding, they were identified as a part of the thematic data analysis in response to research question 4: How did the participant implement/practice mindfulness? This and the fact that barriers to practice have been identified in previous studies (e.g. Banerjee et al., 2017; Olano et al., 2015) affords enough importance to report on them briefly in this chapter.

The challenges that participants reported were tiredness, no time to practice and forgetting as explained by Jack: *"In terms of the mindfulness; the busier you get the harder it is to stay with the mindfulness. Because I am literally running around, but I still try and take my lunch times and get away and go and lie under a tree. And my mornings I also use to try and be quiet and read a bit and work in the garden. But this week has just been crazy. The students, next door, have moved back in and they talk between half past one and 3 o'clock in the morning and the walls are paper-thin. So, I'm tired and I can't get up in the morning, so it has been more of a challenge to remain there* [in a mindful space]" [Coaching session II]. Here Jack has highlighted how the demands on time, tiredness and work pressures kept him from being able to be present and to practice more intentionally. Jack was also one of the first to introduce the idea of triggers or reminders to be mindful so as to keep from forgetting.

In contrast, participants noted two types of facilitators: those tools they had purposefully sought out such as noise-cancelling headphones for meditation and alarm-type reminders to remind them to pause and be mindful. They also reported that several elements of the programme such as the guided meditations, weekly emails informing them that the latest e-learning material had been loaded, and our scheduled bi-weekly coaching sessions were helpful to remind them to practice, Bronwyn, for example, said: *"I think it was also nice to have you giving the prompt on the Friday that you've loaded the material. It was a kind of a reminder in the busyness and then you know; 'Oh, okay.' There's this…you allow yourself almost, it's part of your routine, on Friday, now I know that I am going to go and check mindfulness stuff"* [Group 1n final group session].

The content itself, and its alignment with their psychotherapy theory and practice also served as a facilitator. Participants reported that the principles of mindfulness resonated with their own knowledge, beliefs and experience and this kept them interested and wanting to learn and experience more. They were also motivated by altruistic intentions – they could see the potential benefits for their clients and were eager to share what they learned with their clients. Again, Bronwyn summed it well: *"Ya, I was also thinking that it was very close to our work as therapists. Doing the mindfulness. It was also kind of like being reminded to do certain practices. When I think of narrative practices that I often use, very close to what mindfulness teaches us. So, it kind of felt like getting back into the training without all the other readings and stuff"* [Group 1n final group session]. This illustrates the link made between mindfulness and the participants' therapy practice, particularly certain therapeutic approaches such as narrative therapy.

Furthermore, participants were encouraged by seeing changes and shifts in their lives from very early on in the programme and this also served to motivate them to keep practising: *"For me now it is just about reminding myself to keep doing it every day, because I can definitely see the benefits"* – Erica [Coaching session IV].

Briefly, some of the benefits mentioned were a sense of more emotional and cognitive agency, feeling more calm and centred, feeling more relationally adept, and feeling more confident and more present during therapy sessions.

Being Mindful

An important question from the perspective of the programme evaluation element of this study, is whether or not the *Attentive Amelioration* programme led to increased mindfulness in participants - whether participants showed changes in their capacities for mindfulness. This was assessed subjectively by participants' comments and responses, through the narrative, and by way of the FFMQ (Baer et al., 2010), which was part of the pre- and post- measures completed by them. This was evaluated in the narratives (as for example in the excerpts earlier in this chapter) by identifying where participants showed signs of being more reflective, less reactive, more aware. They appeared to be particularly more self and relationally aware, more able to focus or attend to things, more self-compassionate and less identified with thoughts as evidenced in other studies as well (Kabat-Zinn, 2003b; Shapiro et al., 2006).

Participants were open to self-reflection and readily noticed shifts in themselves. They reported becoming more self-aware: *"And another thing that I have realised is that I am learning about myself. I always thought I had quite a lot of self-awareness, but since I started this journey it has been interesting how much of myself, I really wasn't aware of"* – Fiona [Group 2n mid-programme group session]. It was also noteworthy that they gave examples with regard to their thoughts and the critical "voice in their head" and a running commentary of self-talk. They could recognise thought and behaviour patterns more readily and in so doing, felt that they became less governed by those patterns. Fiona illustrates this: *"What comes to mind right now is that I have been a very critical and judgemental person toward myself and harsh at doing it and with the practice I've become more aware of it and therefore more gentler and kinder toward myself and it is still there, but not as harsh and I believe as I continue it with the practice it will come to a place where I am okay*

with myself and not have that harshly critical voice. That has been the biggest thing for me from this 8 weeks. I have learned a lot. I have had a lot of insights about the way I function as a person and how I deal with myself and it has been very …fulfilling" [Group 2n final group session]. Here, Fiona has illustrated how the meta-cognitive and compassion-based aspects of mindfulness have helped to create an awareness of her self-criticism and to bring more self-kindness to those parts of herself.

Participants also reported being less identified with their thoughts: *"I get more of a sense of distance from my own thoughts. Not feeling so identified with my thoughts; having a sense of possibilities that's associated with less anxiety"* – Genevieve [Final interview]. Again, Genevieve has highlighted how the meta-cognitive elements of mindfulness allow participants to create some distance from their thoughts and to be less identified with the emotions associated with those thoughts.

Finally, participants reported being more emotionally and relationally responsive, more self-compassionate, and more sensorially and environmentally aware. The following excerpt from one of Erica's sessions effectively illustrates the shifts they saw: *"I think as far as the mindfulness is concerned, the biggest thing for me is that it has helped me gain more self-awareness. To be more aware of my thoughts and my feelings. I think the biggest benefit for me has been in terms of relationships and in terms of being present during conversations and also being kind to myself. Giving myself time to self-care, especially when I take baths. I've been focusing on the present moment, what it feels like, the water. It feels as if I am a bit kinder on myself. I can still be critical, but less"* [Coaching session II]. From her words, we can interpret that she cultivated a stronger sensory awareness.

Although the narrative data was triangulated using several sources, quantitative data in the form of the FFMQ (Baer et al., 2012) assessment served to further support the claims of participants. In the diagram below, which illustrates the changes in the raw score group means over time, one

can see that participants' mindfulness scores as measured by the FFMQ (Baer et al., 2012) increased from before the *Attentive Amelioration* programme to after the programme and then decreased slightly when measured some months after. This kind of adjustment some months after is understandable, as the participants did not experience any further support in those months post the intervention.

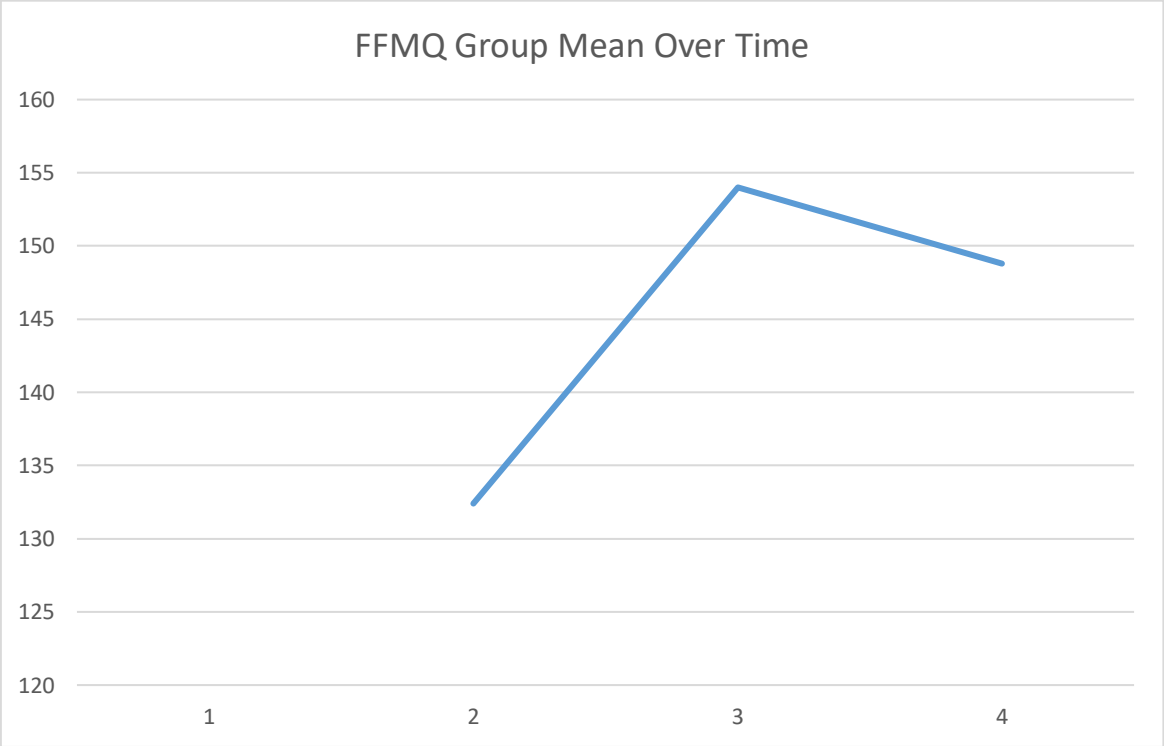


Figure 10: FFMQ (Baer et al., 2010) Group Mean Over Time

A more in-depth statistical analysis showed that the Attentive Amelioration programme elicited statistically significant changes in FFMQ (Baer et al., 2010) scores over time, $F(2, 18) = 8.794$, $p=0.002$, partial $\eta 2 = 0.494$., with FFMQ (Baer et al., 2010) scores increasing from pre-intervention ($M = 132.40$, $SD = 15.30$) to post-intervention ($M = 154.00$, $SD = 18.40$), but then decreasing again some months after the intervention ($M = 148.80$, $SD = 17.26$).

The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, x2(2) = 2.327, p = 0.312. Post hoc analysis with a Bonferroni adjustment revealed that FFMQ (Baer et al., 2010) scores increased statistically significantly from before the intervention to shortly after the intervention (M = 21.60, SE = 5.835, p = 0.015), but not from pre-intervention to some months after the intervention (M = 16.40, SE=6.172, p = 0.079), or from post-intervention to some months after the intervention (M = -5.20, SE=3.818, p = 0.619). I had hoped that these later scores would more conclusively support the narrative data, but this would require further, more rigorous statistical investigation with a larger sample group. In addition, this seems to support the need for some form of longer-term continuity in provision of support, in the hope of changing patterns and habits built up over a lifetime.

How Participants experienced Mindfulness Activities

Another important aspect with regard to programme evaluation related to how participants experienced mindfulness activities and the resulting emotional and bodily sensations. They reported feeling more connected, grounded, centred and compassionate after having done the mindfulness activities. They also reported feeling calmer, more present more often and less judgemental. In the final focus group session, Genevieve said: *I just felt generally a bit calmer, becoming less overwhelmed".* And Fiona said: "*What comes to mind right now is that I have been a very critical and judgemental person toward myself and harsh at doing it and with the practice I've become more aware of it and therefore more gentler and kinder toward myself…"* [Final group 2n final group session].

Bronwyn had this to say: *"But then I can come back and centre myself and tell myself; 'take those breaths and be present' And I can be present with my clients as well. I make that conscious awareness. This is what I want to do, and I am going to do this. It almost keeps you grounded in what you are doing so you don't find yourself getting frustrated with clients or if I am frustrated, I know*

that it is because of my own issues and being able to bring my awareness back to what's going on in the room" [Coaching session II].

These participant accounts reveal certain commonalities: they highlight a more immediate awareness of how they are feeling and they all report feeling a sense of greater containment of emotions, in that they are less overwhelmed by their feelings. Perhaps most interestingly, there is a sense of having gained more agency. They can decide what they want to feel, how they want to react and what they want to think.

Reported Shifts in how Participants Engage with their Lives

Shifts related to how participants engaged with their lives were reviewed by looking at different aspects of their lives, such as; their thoughts, their emotions, other people, their work as psychologists [Discussed in Chapter VI], stress, their bodies, their environments and choices or habits in relation to food.

Participants reported finding that they were more detached from thoughts, had more clarity of mind and focus, more objectivity and perspective, more agency with their thoughts and were more inclined to observe their own thoughts. Lucy for example, reported that she could visualise thoughts floating by. She reported that she had agency with what she did with her thoughts; and had more agency to let go. She also said that she had more self-regulation of emotions. Delia also noted that: *"I think I have learned to separate myself from the thoughts and the feelings that I have, and I feel that it makes me able to deal with them properly"* [Coaching session II]. This illustrates that some participants experienced a sense of more cognitive agency and more self-regulation.

In addition, participants showed signs of having more emotional regulation: that they were more aware of their feelings, more able to allow their feelings to be, more emotionally resilient, better able to self-regulate and felt that they

had more emotional freedom. Bronwyn reflected on this: *"I used to find that I would get overwhelmed by emotions and allow the emotions to overwhelm me, whereas now, I can bring myself out of that and get perspective, how am I feeling, what's going on with myself and then being able to react in a way that is more in line with my values. And not get pulled by the 'wind', I guess it is more voluntary. I am consciously aware of how I want to respond. That kind of change in my mind, in my consciousness"* [Coaching session IV]. Here again, certain participant reflections illustrate that increasing levels of awareness led to feelings of greater control and agency.

Relationally, participants found that they had more feelings of connectedness, were better able to manage relational conflict, were more compassionate towards others, more curious about others and more relationally responsive (as also shown by Baer et al., 2012). Erica said: *"I've noticed a shift when dealing with anger and conflicts in relationships. I try to be aware of what I'm feeling in the moment; of what I'm feeling in my body; it does help me to calm down. It does help me with my emotions, with anxiety"*. By way of a specific example, she went on to describe*; "With one of my friends who made me angry. I stopped for a little bit, just to think what it was that made me angry. I noticed there was a bit of a stretching feeling in my shoulders and my stomach was tightening up. I became aware of the sensations in my body… I think I could state my feelings clearly and be more in control of what I was saying"* [Final interview].

Lucy added: *"That reminds me of that word that I read early, to 'unhook'. Instead of impulsively getting hooked into something, to unhook and reflect and fully engage. I think those moments whether it is with other people or whatever I can just be in that moment, it brings a lot of gratitude for what you have regardless of all the other things around"* [Final group session]. Both of these participants thus described a growing ability to pause in the moment and connect with their feelings in a more objective way that allows them to be more responsive and less reactive in relational situations.

With regard to how they engaged with stress, participants reported consciously practicing mindfulness in stressful situations and being less reactive to stress and more consciously responsive. Helen observed the following: *"I have even been able to do it at work during stressful situations. I stop, sit up straight and take a breath and say; 'it's okay if you don't know how to proceed, it's okay if it is chaotic, it is okay'"* [Coaching session II]. In her final interview, Fiona reported that: *"I do remember to be mindful when things get difficult, or when I'm stressed. It's almost by default"* [transcription of final interview]. These examples illustrate that participants can be more objective, less reactionary and have more agency in stressful situations. This supports findings from some existing studies e.g. (Baer et al., 2012).

Participants also noted an increase of awareness. There was a sense of an increased general awareness, but mostly participants remarked on greater feelings of self-awareness in that they were more aware of how they were feeling and how their emotions played a role in their behaviour and how they related to others. For Arthur, this was an integral part of his bringing mindfulness to parenting his small children which he found to be both pedagogical and rewarding. He observed that feedback was instantaneous in that when he was present, he could be responsive to what was happening in the moment and when he slipped, the feedback was equally immediate: *"…and actually the parenting focus is quite nice for that because it is very live. If I overreact in the moment, I see it quickly on the faces of three other people and I feel it. So that is quite quick feedback and if I don't overreact, there is also quite quick positive feedback from it".* In the final interview he went on to say; *"When dealing with irrational and or tired young children, it's very tempting (when I'm also tired, and frustrated) to be overly forceful and strong. In being able to rise above it and respond in calm, non-attacking, overly harsh way, and being able to respond in calm, yielding way; not thumping the boundary onto the child; knowing when to teach a lesson, and recognising when to let go, and what kind of behaviour is not acceptable and should be strongly rejected. I also want to get my own way, which may come in the way of empathy and seeing the child's distress. Again, mindfulness has helped my awareness of this"*

[Transcription of coaching session I]. In this example Arthur illustrates the power of self-awareness and self-regulation to mediate conflict scenarios and, by effect, improve relationships (also found by Harvey et al., 2019).

Erica, Helen and Fiona, especially, observed a greater sense of more general self-awareness and Fiona reported: *"I always thought I had quite a lot of self-awareness, but since I started this journey it has been interesting how much of myself, I really wasn't aware of. I am still intrigued by…I've always known that I can be quite anxious, but I realised how much more anxious I can be than I realised and how it has been impacting the way that I have been doing things"* [Group 2n mid-programme group session].

Fiona also became more aware of her breathing patterns and noted that she often held her breath while Christine observed that her wellbeing was inextricably linked to her body being well and strong and fit. She reported that exercise and running in particular was a way for to relieve stress and that she was very grateful for mindfulness as an alternative when she couldn't run due to ill-health: *"It is one of a series of ops that I am going to have to have and it will mean that I won't be able to run, and I am not sure for how long? So, this coming at a perfect time, thank you. Because running is my "settling" thing so I think it will be nice to have something else that I can use"* [Coaching session II].

Participants were quite surprised at how quickly the programme began to have impact their lives and frequently expressed gratitude for the programme and how it had helped to support them and to change their way of thinking and being. The following examples illustrate this: *"As I say it is the one thing that I am grateful for, that I decided to participate in this programme this year, because it has made a difference…I think I told you that I was in a place where I couldn't even feel happy, I hadn't felt happy for a long time and I felt that just a few weeks after I started the programme and I managed to reconnect with myself and now I am actually able to feel happy and joy and all sorts of things,*

because I had been numb for a long time. That's why I am quite grateful for it" – Fiona [Coaching session IV].

"I think as a psychologist, we become so used to listening to others, you don't make time for yourself to be listened to. I think that it is nice to have that space to talk about our own issues [within the *Attentive Amelioration* coaching sessions] *and be in tune with where we're at emotionally and I think we are being conscious of ourselves in some way"* – Bronwyn [Coaching session II]. Here, Bronwyn illustrates the value of both self-care as well as the cultivation of a therapeutic space for psychologists in private practice.

While Arthur said: *"It's been great to be engaging with this material and the attitudinal shift that the mindfulness focus brings"* [Coaching session II]. Arthur's reflection indicates that he found value on both the learning material and the experiential changes that he experienced. His and the above comments illustrate some of the different levels on which participants appreciated the *Attentive Amelioration* programme. Firstly, they were grateful to have a space where they could focus on their own emotional needs. Furthermore, they enjoyed engaging with the learning material and practices and seeing the shifts and effects that practice was having in their lives.

Sustaining Mindful Practice

For programme evaluation purposes, it was important to both measure and establish how sustainable the participants felt their learnings to have been by means of an independent final interview and a set of self-report scales at 8 – 11 months after the intervention.

In the final interview 8 – 11 months after the intervention (see appendix IX), participants were asked if they still practiced mindfulness and if they still observed shifts in their thoughts and behaviour which they attributed to mindfulness. Participants were asked, directly, if they were still practising. Only two of the participants reported having a structured formal practice at

the final interview, but given that few had established that kind of practice during the programme; it was unsurprising that they did not have that kind of practice months later. Delia reported that she still meditated as a part of her morning prayer routine and Jack continued to be mindful during his morning routine. He reported that this helped him to sustain his practice as he brought intentionality to being mindful every day.

What was interesting was that, although several participants initially reported that they were no longer practicing, on further questioning they realised that they were, in fact, still being mindful. They reported that they remained more present and aware; that they remembered to be mindful when were stressed or anxious and that they were more aware of being mindful during their therapy sessions.

As noted earlier in this chapter, alongside the final interview, self-assessment scales were also completed at the 'some months after' point in order to triangulate the self-observed data. Although the statistical analysis of the FFMQ (Baer et al., 2010) did not show that there was a significantly statistical change at the 'some months after' point; participants' narrative reports indicated that they were still practicing and experiencing mindfulness to a certain degree. One could argue therefore, that given the sample size, the statistical significance between the before scores and the 'some months after' scores may not be as they seem and that if the sample size was greater, the statistical significance in the changes may also have been greater (Fields, 2010).

Classic mindfulness teaching talks about the state of mindfulness versus the practice of mindfulness; and previous mindfulness training programmes have intimated that we practice mindfulness in order to be mindful and a formal practice is integral to becoming mindful (Kabat-Zinn, 2003b). The participants in this study did not follow this classic cause and effect route and yet their reports show that they really engaged with the programme and mindfulness practice in their own way. They found ways to make it their own and integrate

the practice into their lives in a way that allowed them to *be* mindful and they saw tangible benefits from early on in the programme which they could still see in their final interviews, some months later.

Chapter VII: Therapy Practice

Because the participants, themselves, focused on how the mindfulness practice would affect their psychology practice and how they could share what they were learning with clients, quite organically and reflexively; the findings related to this have been included in a separate chapter. These findings relate specifically to research question four: What effects could a mindful-wellness programme have on psychologists?

During the introductory workshop, participants were encouraged to find areas in their lives where they were already being mindful and to build their practice from there. Participants found this a useful way to think proceed and they found varied ways to this as mentioned in chapter VI in the section related to making mindfulness practice a part of everyday activities. Beyond this, as they moved into the first few weeks of the programme; they also identified the process of their psychotherapy practice to be an area of their lives where they could see the relevance and potential applications of mindfulness principles Participants identified this as a good place to integrate what they were learning as a apart of the *Attentive Amelioration* programme.

Jack, who had previous meditation experience, spoke about how his meditation practice during the year before had helped him to be more present during therapy sessions: *"I found at certain, limited times last year when I did meditate, it was always so good for me. I found it especially useful in therapy. Sitting with a client, if you working psychoanalytically to be present and say; ah. This is coming up. To sit with that was very helpful"* [Group 2n introductory workshop].

In his second coaching session Arthur observed: "*It is interesting you know, there is quite a mindful attitude that one has as a psychologist in the course of the work. I am deeply attentive to the psychological moment. I do sometimes get distracted by something, especially if I am tired. It's empathic though, it has a different focus, but the attitude is similar in terms of the focus and the*

awareness and the presence and witnessing what comes up so I am then monitoring what's happening with you and monitoring what's happening with me 'cause I am drawing on that for you. Because I might become aware of something which I am picking up from the patient" [Coaching session II].

Both of these participants have highlighted above how mindful-presence during therapy sessions can enhance therapeutic attention; and if this kind of mindful-presence were to be practiced actively during therapy sessions, they could thereby essentially spend significant parts of their day consciously practising mindfulness. In other words, by being present to their clients, they would be practicing mindfulness and by being mindfully present, they would be more attentive to their clients too.

Beyond this sense of self-reflection and being more mindful during therapy sessions, participants were also quick to explore how they could use what they were learning to help their clients. The following excerpt from a conversation with Helen provides a helpful example of how participants thought about mindfulness in relation to their therapy practice:

"I recognise a connection with narrative, and it dovetails in that I also have a holistic approach. And the caring component. I feel very cared for in this process. I have recommended mindfulness to some of my clients. I feel like I am getting personal and professional growth from this process and I think that the therapeutic process should also be about growth. Also, getting in touch with how you're feeling. That's what we do in therapy and for me, mindfulness is about getting in contact with where you are right now and being okay in the moment. I have also been aware of my connection with my clients. Sometimes there isn't a lot of time between clients and it can be rushed, and it takes time to settle in and really be with the client. So, I am consciously trying to be present" [Coaching session II]. From her words we can see that she has made several connections between mindfulness and her therapy practice. She recognised a connection with her holistic narrative approach, and she reports recommending mindfulness to some of her clients. She also reports bringing

awareness to how she is feeling during therapy sessions, her connection with her clients and cultivating a sense of presence in the session. This effect of mindfulness helping practitioners to be more present during therapy sessions aligns with findings by Shapiro (2009) and Brown et al. (2013).

As the programme progressed, participants found that they became more present, focused and responsive in their psychotherapy practice. This could be linked to previously reported findings [chapter VI] related to the emotional and relational effects of mindfulness, namely: increased self-awareness, self-regulation and in-the-moment awareness. Such links would support findings by Shapiro (2009).

Cultivating more mindful presence during their sessions with clients proved especially helpful to some of the master's interns who had comparatively less therapeutic experience. Erica, an intern at the time of the study, reported the following: *"I also tried it in a session with a client. Being very aware and focused on what he was saying to me and I found it helpful. I found it easier to respond, it came more naturally, and I felt more interested in the session. It felt slower and less stressful and I felt more present"* [Transcription coaching session I]. Later in the session, she reported: *"I just noticed in this therapy session; how present I could be. I wasn't thinking about my response or what I must say or what theory to use, I was just present to what he was saying and also my own emotions. I think I took the session a bit slower than I normally would. Last year I got feedback that I should take it a bit slower and focus more on the process, so I think it was very helpful".*

Erica's observations allude to mindfulness being helpful in allowing her to be more naturally responsive to her client, rather than self-consciously trying to apply a therapeutic approach to her client's problem. From these findings we can see that mindfulness helped participants to cultivate therapeutic presence, which supports Bourgault & Dionne's (2019) similar findings. This has positive implications for training psychologists, since the cultivation of

therapeutic presence has been found to be difficult to teach (Bourgault & Dionne, 2019).

Moving from a focus on trainees to the larger group of participants as a whole, it was also interesting to note that some of them introduced mindfulness directly with clients, doing mindfulness activities like guided meditations during sessions and giving them tools to use on their own. Bronwyn reported that she had done a 20-minute guided meditation with a client and that: *"It was one of my long-term clients who struggles with exam anxiety and up until now, before I was involved in the mindfulness thing, I was teaching her to centre herself and focus. When we did the exercise, she really enjoyed it. It was nice for me, because I had something to demonstrate and we sat together and listened to the meditation clip. It was her last session before the exams, and it was nice for me to have something to give her to take away with her and continue with if she wanted to"* [Transcription of coaching session II].

Bronwyn's commentary highlights some ideas worthy of further discussion. Firstly, the use of the meditation clip during the session could be seen as an expansion of her therapy repertoire. Several other participants also commented on how they found the mindful practice activities to be useful tools to add to their therapy practice: *"It's nice to have that as a tool or something that you can use"* – Helen [Transcription of group 1n final group session].

A second idea that is highlighted by Bronwyn's commentary is the idea that the mindfulness activities and teachings are useful as between-session work, for clients to do independently. This is supported by the fact that participants in the study found the weekly home-work activities helpful as a reminder to keep practicing. For example, in answering the question: "What have you found to be helpful during programme?", in the programme evaluation form (see Appendix VIII), Christine wrote: *"Having the weekly "tasks"* [presented by means of e-learning material] *was helpful in keeping things going"* [Written reflection from programme evaluation form].

The findings suggest that the mindfulness impacted participants' therapy practice directly in an additional way, in that participants also reported a shift away from needing to fix things in their therapy sessions. Delia, for example, reported that: *"…it's changed my attitude; it's ok if you can't fix all things; it's ok to let things be. Coming from a solution focused approach this is quite a shift"* [Final interview]. Arthur added: *"…it has helped me in terms of how I react to my clients and their histories. I have appreciated the attitude of mindfulness – of adopting a fine line of helping clients to deal with their own empowerment and mentoring them – and knowing when to act. Mindfulness has augmented this for me"* [Final interview]. Even though these participants are giving different examples, they are both illustrating that mindfulness has helped them to make a shift toward a more post-modern, narrative approach to therapy that recommends that psychologists re-align the power dynamic within their therapeutic relationships, so as to offer a more balanced power dynamic that affords the client more agency (Zimmerman, 2018). These participants also highlight the fact they have experienced a personal shift – a detachment from outcomes – which also has implications for their therapy practice.

From the findings presented in this chapter, one can see that the mindfulness practice influenced the participants' therapy practice in several ways which are aligned with findings of researchers such as Shapiro, (2009); Zimmerman (2018); Bourgault & Dionne, (2019). As found by Baker (2016), the mindfulness training provided them with new therapeutic skills. Similar to Bourgault & Dionne's (2019) participants, it changed the way they conducted therapy. Finally, the programme provided another therapeutic technique that they could teach their clients.

Chapters VI and VII have focused on the effects of the *Attentive Amelioration* programme on participants' lives. The findings have been presented and briefly discussed so to highlight the effects on both personal and professional aspects of participants' lives. Chapter VII will now focus on the findings

pertaining to participants' wellbeing before, during and as a result of the *Attentive Amelioration* programme.

Chapter VIII: Wellbeing

Wellbeing was a central theme to this study since one of my overarching objectives was to establish if mindfulness presented in the form of the *Attentive Amelioration* programme would have a positive effect on participant wellbeing, as found by other researchers (Baer et al., 2012; Krasner et al., 2009). The finding discussed in this chapter relate specifically to two of the research questions: "What is the current level of wellbeing among the target group – psychologists working in and around Makhanda in the Easter Cape of South Africa?" and "What effects could a mindful-wellness programme have on psychologists?"

The levels of participant wellbeing at various points were assessed by triangulating the transcribed narrative data from programme interactions, evaluation forms, final interview sheets and several self-report scales. The following chapter will review the reports and assessments of participants' wellbeing over time by highlighting and discussing barriers to wellbeing and self-care attitudes and practices.

Barriers to wellbeing

A strong theme in the narrative data related to participants' wellbeing were their reports of stresses they were experiencing as well as life challenges. These have been grouped under this heading barriers to wellbeing, along with any other codes and sub-themes which could be considered to be hindrances to participant wellbeing. These will now be presented narratively, including references to some of the statistical findings.

There were five main barriers to wellbeing that could be identified from the data. These included general stresses and challenges, tiredness, major life-altering events, intrinsic barriers to wellbeing and conflict. This topic was initially addressed in a pre-programme questionnaire by way of a question

asking “What, if anything most interferes with your resilience or sense of wellbeing?”

Participant responses to this question included routine, everyday issues like:

- Financial stresses
- Tiredness
- Lack of proximal support networks
- Intense level of investment in work
- Clutter
- Meeting the demands of multiple roles
- Lack of time

There were however also more serious stresses and challenges, which were revealed as the initial workshops and programme progressed and have been described in detail in the participant vignettes (for example an experience of assault, the ending of a relationship, difficulties related to grieving, changes in domestic living and family arrangements).

These initial responses prior to engaging in the programme served to form a foundation for the theme. Through further analysis of the data, I formulated the following sub-themes related to the issue of barriers to wellbeing:

Stresses and Challenges

Support for the aforementioned question in the pre-programme questionnaire, which elicited a basic list of stresses and challenges, was identified and coded within the various text data as participants readily spoke about the stresses and challenges in their lives. The types and causes of stresses were numerous and several of these stood out as important and relevant to the study and the participants. These stresses will now be explained under several thematic headings, namely: financial stress, time and multiple roles.

Financial stress

Financial stress was only overtly mentioned by two participants but will, however be discussed here, because the financial stress reported by these participants was more specifically related to being in private practice and having income directly associated with hours of work or number of clients seen. It was also seen to be a meaningful stressor because of the impact that it had on the two participants who spoke about it and, those two participants were quite unique among the participants in that they were the only two participants who were the main breadwinners in their families, with both themselves and other family members relying on their private practice income. Finally, it was seen to be noteworthy since the potential relevance and the impact that it could have on other psychologists in similar situations is substantial.

The two participants who identified financial stressors most strongly were Bronwyn and Arthur. Bronwyn mentioned it in the initial workshop when she talked about how she couldn't take a break from work after the assault that she was victim to, because if she wasn't working, she wasn't earning: *"I think I have had burnout for the last month, because I was attacked in my flat and I have had to balance the whole thing with being in private practice and being the main breadwinner and if I am not there, I am not working. And finding myself under financial pressure because I need to earn money so in the stress, I need to limit the stress in terms of not making issues difficult for myself"* [Initial workshop]. This description of Bronwyn's circumstances raises several issues: the fact that she was attacked and that she believed she could not give in to the mental distress that the event was causing, her need to work to earn to support her family, and her realisation that she needed to care for herself.

Arthur's situation was slightly different, but also noteworthy. As discussed in his vignette: his wife was laid low by an unexpected and debilitatingly difficult pregnancy and he found himself having to work more at work to make up the income shortfall, as well as having to do more at home to support their young

family: *"I am facing having to do a lot more and carrying more of the load. There is quite a lot of stress associated with the pending new arrival which does take a certain amount of effort at this stage, because my wife is less able to do stuff and pretty soon she'll stop working and I'll be picking up quite a bit of that. So, we face the new year with some trepidation, but it is also something to look forward to. We were talking about financial stress. For us maternity leave is all unpaid, so it is a very expensive business"* [Coaching session IV]. Both Arthur and Christine thus reported being severely impacted by and experiencing notable distress because of the financial stressors that they note. Arthur in particular also mentioned it several times in the coaching sessions.

Several other participants also alluded to financial pressures at various stages of the programme. Helen, for example, spoke about being a single mother of children attending university and having to now also support her mother, not only emotionally, but financially as well. Then, the group 2n participants were earning limited salaries as psychology interns.

Time

This theme represents stressors related to time from two different perspectives. Firstly, participants identified a lack of time as a resource and a feeling of having too much to do with not enough time to do it. In this sense, this theme links to and overlaps with the multiple roles theme (to follow) and gives an impression of participants' feelings of being overwhelmed by all the demands placed on them. Fiona, had this to say about time: *"Things are getting busier and busier. I am getting a bit anxious about managing my time. Making sure that everything is done at the appropriate time"* [Coaching session II].

Secondly, time also refers to participants' comments that they felt that they didn't have time for themselves. This was true specifically for Helen who found herself sharing her house with her mother and her mother's pets. This move and circumstances around it left her feeling that she needed to be there for

her mother and at the same time support her daughter, who was writing her final exams while also managing an organisation offering counselling. In her own words she said: *"Because of my home situation, it would have been easier if it was just x* [her daughter] *and myself at home, but now I am trying to spend time with my mom to keep her company. I am very aware that there is less time for me, and I am also aware that that is what I need"* [Coaching session IV].

Fiona also reflected on the effects of living in a student digs with other students and thus she found it very difficult to find time alone: *"When I was reflecting on my year last year, I realised a pattern of when I spent a lot of time with people it took a lot out of me and then when I am alone, I need a lot of time alone to recharge, but what was happening last year was I rented a flat with a friend and I almost never had time alone. So, I would be with people all day and then I would go home and have to engage with my flatmate and then go back and study, not focusing at all on myself or anything about myself"* [Initial workshop]. Here Fiona has illustrated how beyond her need to give of herself at work, her living situation also provided little space to accommodate her needs, especially her need for solitude.

Lack of time in the two senses described above is an evident stressor for participants. This aligns with research findings such as Griep et al.'s (2016) Brazilian study that found that a stressful sense of a lack of time could lead to health issues such as migraine headaches, which have also been associated with unmanageable stress levels (Sauro & Becker, 2009). The second sense in which participants saw time as a stressor related to a lack of alone time, which for introverts is particularly important as this allows them to re-charge (Ingalls, 2019). Given that tiredness also featured as a stressor (see further discussion), it can be deduced that this lack of alone time may be compromising participant wellbeing in a noteworthy way.

Multiple roles

This idea was first raised by Christine during the initial workshop. In the process of reviewing all the data; it became clear that it was a common stress. Participants reported feeling overwhelmed by the many demands and pressures that arose as a result of their different roles in life. Christine put it this way: *"But there are even more roles. Like your responsibility to the family and their stresses impacting on yours, your own self-care and then your clients and to sort of maintain that balance is sometimes hard"* [Initial workshop]. This highlights the energy taken by family demands and vicariously feeling the stresses of other family members; as well as being able to support clients in stressful situations and maintaining one's own wellbeing in the midst of all of this.

Several of the participants had additional roles over-and-above the roles of psychologist, as well as being parents and spouses in some cases. Helen and Arthur for example were both managers and had multiple work roles apart from their roles as a counsellor. Arthur also had other work-related roles at the local university and as the chairman of the board of a local charity – a role that demanded a lot of his time and energy. Delia ran a private practice on her own, in addition to doing training for local government departments and being a partner in a family business. Lucy's position as school counsellor meant that she too had multiple roles at work including counselling, teaching and curriculum development.

Although the challenge of multiple roles linked closely with the element of time as a stress factor, it also included feelings like being torn between demands and not having enough of themselves to give. Lucy summarised this as follows: *"I think my battle is juggling all the different roles. I have a good idea of what the nurturing things are and when I get the opportunity, I grab them, but at other times you get pulled in a few different directions"* [Initial workshop]. Here Lucy has illustrated the way in which the participants felt that they were being torn by various role demands.

Finances, time and multiple roles, as discussed in the preceding sections appeared to have had a pervasive effect on participant wellbeing. The literature provides some support for these findings. McCormack et al. (2018) for example sighted workload, work setting and personal characteristics as well as resources as prevalent stressors, which contradicts a more dated study by Ortner (1985) that reported that psychologist stress resulted predominantly from listening to traumatic events as described by their clients. This element did not appear to feature much in the participant accounts.

In Beckman et al.'s (2012) study of the impact of a mindful communication training for primary care physicians, they found that the training programme was helpful in alleviating some of the stressors referred to in this sub-section; particularly the stressors related to time and multiple roles. They found that as a result of their training, participants felt less pressured around both time and their multiple roles. The Beckman study also found that the patients and family members of these participants found them to be more present and less stressed both at home and at work.

Tiredness

Tiredness proved to be a fairly pervasive barrier to wellbeing, in both groups. For most participants, it was just the wearing down of the daily grind that left them feeling tired. For some, it was a more ubiquitous feeling of exhaustion and some participants reported experiencing symptoms of burnout.

In the initial workshop, group 2n participant Fiona, said the following about why she didn't do self-care activities such as journaling and prayer, that she knew kept her strong and feeling well: *"I just constantly felt too tired to do anything and so I would just leave it out and do a lot of my reflection in my head"* [Initial workshop]. Later in the conversation Genevieve reflected: *"I relate to micro-burnout"* [This term was first used here by Genevieve as way to describe periods of extreme exhaustion]. *"I guess how I understand that is I often realise too late that I am really tired"* [Group 2n mid-programme group

session]. These two comments provide useful examples of the level of tiredness experienced by many of the participants.

In one of our first coaching sessions, Bronwyn talked about how she had stopped jogging, a personal self-care activity, the year before, because she was just too tired: *"I was jogging last year, but for some reason, this year, I just can't bring myself to do it. I am just so tired"* [Coaching session I]. Later in the conversation, she went on to say*; "…because when you're stuck in stuff you tend to neglect yourself. You're exhausted and tired and you don't force yourself to do stuff that you know is good for you"* [Coaching session I]. Here, Bronwyn illustrates how tiredness affected her ability to engage in self-care activities and ultimately compromised her wellbeing.

Arthur spoke about being tired at the initial workshop and it continued to be a major theme in his life as he dealt with the increasing demands of a young family. His circumstances meant that he reported what he called severe sleep deprivation. He referred to tiredness at several of our coaching sessions and reported that he found the tiredness to be quite debilitating: *"…it is a state of physical discomfort and agitation. It actually ends up being a kind of agony. I mean tiredness can be quite agonising when you're trying to accomplish something"* [Coaching session I].

Helen's circumstances meant that she was providing a safe, open emotional space for everyone around her and she found that: *"It's just difficult when you're always focused on everyone else and at the end of the day, I am just so tired"* [Coaching session I]. This illustrates the sense of being focused at work on the needs of others, rather than one's own.

Fiona reported that she found that as the year progressed, and they started seeing more clients; she felt increasingly tired: *"What's happening at the moment is that I feel that I get extremely tired in the evenings. When I finish work, I can't do anything. I have a bit of supper and just go to bed, because I am extremely exhausted at the end of the day, and the only thing that changes*

is that I have more clients, I am sometimes seeing eight or nine clients a day and it is emotionally exhausting" [Coaching session III]. This highlights the emotionally energy-sapping nature of the work, so although participants do not refer directly to client-related matters, they allude to the demands of working with this material.

The above examples serve to illustrate the pervasiveness of tiredness and the effects it had on participants. Both physical and emotional tiredness featured as stressors for participants, which echoes McCormack et al.'s (2018) findings as discussed above in the section related to time and multiple roles.

More extremely, burnout featured in two contexts in the data. Firstly, several of the group 2n participants reported having experienced what they termed episodes of burnout in their previous lives – before embarking on the master's programme. These episodes included illness, having to take time off work, needing to be medicated for mental distress and ultimately, to their making the decision to leave their previous careers.

Genevieve, for example, reported that: *"I had one point in my life in 2010, where I am not sure if it was burnout, I was diagnosed with depression. It was quite frightening; I was in the middle of a theatre project which was my career opportunity up to that point and I just couldn't think anymore. I felt like the spark, the thing that had always driven me was gone. I had to pull out of the project, and I couldn't work at that point for about two months. I had to reorientation myself and that was quite a significant experience. I think it may have been something like burnout"* [Initial workshop]. It is interesting that in the above examples, Genevieve is tentative and even hesitant to call her, fairly extreme, experience burnout and yet other participants readily identify their tiredness with burnout.

Secondly, some participants reported experiencing episodes of what Genevieve dubbed micro-burnout after Erica described: *"I think I often felt quite burned out in my life without really noticing it. Maybe afterwards I*

realised that maybe I was a bit burned out there. I think even being aware of being burned out, I just don't stop I just go on and continue. I think I can identify with what M said, you lose interest in things that you used to love doing. I think that is the sad part of burnout and I think in our training it was quite hectic... Like I said, I think I had many small episodes, maybe not a complete burnout episode, but without realising it" [Initial workshop].

It could be argued that what was described by the participants does not coincide with the accepted criteria for burnout (Maslach et al., 2001), but it has been used here because it was a term that they used (and in the ways it is often used in everyday conversations). It was clear that they obviously felt that the effect of what they were experiencing on their lives had noteworthy impacts.

Regardless of what one calls it, there was a distinct sense of depletion and exhaustion among both groups; and given that group 2n did the programme at the beginning of the year, after the long annual break, this has important implications for the interns' training programme. A further feature is that these reports raise the issue that the burnout effects were only noticed in hindsight and this serves to motivate for more active engagement in peer-support activities. These kinds of peer-support groups may help them to identify these effects earlier and thus potentially prevent further, possibly more dire effects.

Major life-altering events

This theme considered and included the major life-altering events that occurred in participants' lives. These were reviewed and included, because of their apparent impact on wellbeing. At the start and over the course of the programme, several of the participants reported experiences of what could be termed major life-altering events which severely impacted on their level of wellbeing at the time of the programme. These were described in detail in the participant vignettes and are just briefly summarised here followed by a

poignant textual example. Christine was diagnosed with a serious condition and required several operations over several months. Arthur's wife fell pregnant unexpectedly and was very ill during her pregnancy. Bronwyn was attacked in her home, had to move house, and broke up with her boyfriend.

Helen lost two stepparents within a month of each other, had her mother move in and was preparing for her daughter to leave home. She had this to say: *"For me it's not knowing when a thing could get worse. It's about managing personal stuff that is going on. I am aware that I am going through an adjustment period at the moment with the loss of my Mom's husband and Mom moving in with me and that loss and the loss of my daughter leaving university and moving away. I am aware of my own personal stress and what I am carrying for clients and staff and very aware that I am not giving myself enough self- care. Worrying about when am I going to burn out and, am I keeping myself together enough? And not knowing, trusting, but not wanting to burnout"* [Initial workshop]. This illustrates a sensitivity to aspects of her work and life that could lead to burnout, with related concerns about being able to keep going.

The frequency and magnitude of the events described in the paragraphs above were noteworthy compromisers of participant wellbeing. This could also have potential implications for the effects upon client's therapeutic outcomes if the therapists effectiveness during sessions were to be compromised by their personal experiences (Chui et al., 2016).

Intrinsic barriers to wellbeing

The idea behind identifying this theme was that there were reports of thought and self-talk patterns that were in themselves barriers to wellbeing. Two main elements emerged here. The first was negative self-talk or the perceptions of internal critical voices that seemed to undermine them. The second was a perfectionistic outlook or a sense of having to live up to self-imposed exacting and almost unattainable standards. For example, Helen reported: *"That is*

something that I find very hard. The self-criticalness that I know that I carry" [Coaching session II].

Fiona said: "*That's one of the things that I did pick up at the workshop. That I beat myself up all the time about everything. I remember the phrases that I said often last year; 'I feel like an idiot' and 'I shouldn't be feeling like this'"* [Coaching session I]. *She went on to say; "I am quite understanding and accepting of everyone else, but I have these crazy perfectionistic expectations for myself. These standards that I know in my head are just not possible, but they are there"* [Coaching session I]. Both Helen and Fiona have drawn attention to comments made by several participants; that they were aware of having self-critical and judgmental thoughts that also impacted on their coping.

As noted above, a second aspect was expectations of perfectionism. Erica also reported having lived her life trying to live up to extremely high standards. She described growing up in a driven family and trying to live up to her high achieving sisters, which she says may have contributed to it, but she also said that: *"I think even when I was at school, my parents tried to encourage me not to focus on achievement so much. But it was always something that I put on myself"* [Coaching session III]. This illustrates Erica's (and several other participants') experiences of not feeling good enough, reflexively making harsh and critical judgements of self-worth based on achievement and unrealistic expectations.

The paragraphs above highlight a potentially chronic habit of self-judgement and criticism (that may be evident in people working in helping professions); and the possibilities that mindfulness training raises self-awareness around such types of judgement and helps to reduce it (Neff & Germer, 2013).

Conflict

This theme relates to participants' relational conflicts, both in their personal lives and in their professional lives. It has been included because several participants gave examples, which caused them distress and appeared to be a barrier to their wellbeing. For example, as mentioned in her vignette, Helen described a deep familial rift that had arisen as a result of her stepfather's illness and death. This was causing her a great deal of distress at the time and during the first few weeks of the programme; she spent a lot of time and energy processing these feelings. Additional examples include the following: Christine spoke about underlying tensions with her husband's extended family and how that made their family holidays difficult. Bronwyn found herself in conflict with her boyfriend and his family and ultimately decided to end the relationship, with concomitant impacts on her emotional states.

Arthur found himself embroiled in a particularly contentious human resources conflict which lead to a disciplinary hearing and ultimately the termination of the manager of the non-profit organisation that he worked for: *"This has been, definitely, the most stressful time of my life. It is twelve months ago since we suspended XY* [the NPO manager] *and that process is still ongoing. But the twelve months has been offset by hundreds of hours of work, the stress of the confrontations and legal processes, managing hospice. And that has been on top of everything else that has happened. My practice which is usually my primary focus has just gone on, on its own. I am full most of the time and busy and not to mention that it is my primary income, but it has all been very stressful. I have had stress migraines, I thought I had an aneurism there was so much pain in my head. That is a brand-new level of stress for me"* [Coaching session I]. Arthur's comments above illustrate that he had difficulty managing the complicated and stressful staffing issue, alongside his day-to-day responsibilities; and felt that that experience had compromised his focus on his practice as well as his health.

Jack, Erica and Helen also described work-related collegial conflicts, which they felt upset their equilibrium and negatively affected their wellbeing, during their coaching sessions. For example, Erica reported that: *"I think in the beginning of the year we were all quite stressed and tense and we had a bit of conflict in the organisation. That was a bit difficult"* [Coaching session III].

Helen also said: *"Also, when I feel criticised or when someone has made a remark or something or a confrontation, disagreement or conflict with staff members. That's what depletes me"* [Coaching session II]. Both these reflections highlight the difficulty that conflict causes and the potential effects that that difficulty can have on wellbeing.

There was extensive conversational data that additionally highlighted the barriers to wellbeing described above; and participants readily spoke about these in the workshops and the coaching and group sessions that followed. Although the above list is not exhaustive; it does present the main emergent themes.

Self-Care

Self-care was of interest from the point of view of understanding what, if anything, participants were doing to support their own wellbeing. When it came to self-care activities, I wanted to establish what self-care activities they were doing before the intervention; and if and how they integrated mindfulness into their self-care routines during and after the programme.

This concept was also initially investigated via the pre-programme questionnaire (see Appendix IV), where participants were asked to describe their current self-care practices. They provided an extensive list of the following types of activities: maintaining good relationships with friends, family and colleagues, spending time in nature, regular exercise, maintaining a positive outlook, regular holidays, morning meditations, strategic work/life balance with strong boundaries, spirituality and family support, listening to

music, reading inspirational books, walking and a good sleep regime. The number and variety of activities is perhaps indicative of the diversity of the group with regard to age, gender, culture and race. One of the aims of this programme was to supplement aspects of their current self-care practices.

However, as the conversations with participants continued, many of them admitted that although they knew that these activities were helpful and that they had done them in the past; they weren't actually doing them often enough at the time of the study. This was as a result of various reasons – many of which are highlighted earlier in this chapter – namely: financial constraints, time and energy. Arthur spoke about the demands of his young family and the fact that his meditation routine and social life had been interrupted by new priorities. Lucy clarified the challenges of continuing with self-care when she said: *"I think my battle is juggling all the different roles. I have a good idea of what the nurturing things are and when I get the opportunity, I grab them, but at other times you get pulled in a few different directions"* [Coaching session I].

In her final coaching session, Helen reported that *"I have found that it is encouraging me to take care of myself. I know that I am very other-focused and this* [mindfulness] *is encouraging me in a gentle way to take care of myself. And if I don't have time to do twenty minutes or whatever, I just take one min in the chaos-I quite enjoy knowing that I can just breathe and it will be okay, and I can let it be chaotic".* She went on to say: *"…and particularly that it can be within stress or within the work. That was always the hard part finding time and even finding money to spend on self-care. You don't always have spare money to buy a massage or put petrol in your car and go somewhere. Whereas, the mindfulness you can do wherever. In the tricky situation, at two in the morning, etc which is quite a nice tool to have"* [Coaching session IV]. From these comments, it would appear that elements of the programme fitted relatively easily into everyday routines, promoting self-care. This illustrated an important idea: that it did not necessarily require major shifts in behaviour.

Helen's comment also speaks directly to the second part of this theme – participants' attitudes in relation to self-care. At the beginning of the programme, most participants saw self-care as specific activities that they needed to do; activities that took them out of their environments or away from their stresses. As the programme progressed, there was a shift in this thinking and participants began to see that self-care could be done within stressful environments and situations. The approach and exercises illustrated that self-care was more of a mindset.

A further shift in thinking around self-care related to participants' openness to prioritise self-care. At the beginning of the programme, many felt that they would be denying their clients, their families or some other worthy cause if they practiced self-care; but as time went on, they came to see that by prioritising self-care they had more to give.

Bronwyn highlighted this shift in approach when she said: "*I feel like this has come at the right time. I need to do this, to focus on myself and do things in a different way. Learning to not compromise myself. Learning that my time is important. Focusing on yourself and doing stuff for yourself is okay. Whether it is going through the readings, doing the meditations or just thinking without being judgmental about it. It is so easy to fall back into the normal default mode where you are so focused on the needs of others. It has been for me to learn that you can make time for yourself, even if it is five minutes to re-group, re-centre yourself and just be aware of what is going on"* [Coaching session IV]. This shows that she recognises the need for self-care and a shift in intention to practice self-care more regularly. She also highlights that is very easy to fall into the old habits of prioritising everyone else first and neglecting self-care.

Erica's comment also indicates a clear shift in her thinking around self-care: *"I think that I felt like I should be there for my clients and focus on them and not necessarily my own personal wellbeing. I think I can be more available to people if I do…"* [Coaching session I].

Delia reported that: *"My attitude has changed – I thought sitting and reading a book was a waste of time instead of doing heavy stuff I usually do – prepare articles, write reports. But I realise you become refreshed having made time for yourself"* [Final interview]. Delia's reflections and the reflections in the paragraphs above indicate a shift in attitudes about self-care; more specifically they demonstrate many participants' recognition that it is acceptable and necessary to take care of yourself, and that self-care enhances rather than detracts from an ability to care for others.

The issue of self-care was investigated on a practical level to establish how participants practice self-care; and from a more intellectual perspective by reviewing what participants thought about self-care. From a practice perspective, participants integrated mindfulness principles such self-compassion practices and body awareness into their self-care routines and found that this approach made self-care more accessible and do-able. From an intellectual perspective, participants shifted from their ideas that self-care was selfish; to recognise that self-care is essential and allows helpers to have more to give. They also came to see that self-care was more of a way of being with themselves that involved kind self-talk and paying attention to and prioritising their needs, along with cultivating a sense of balance and space in their lives.

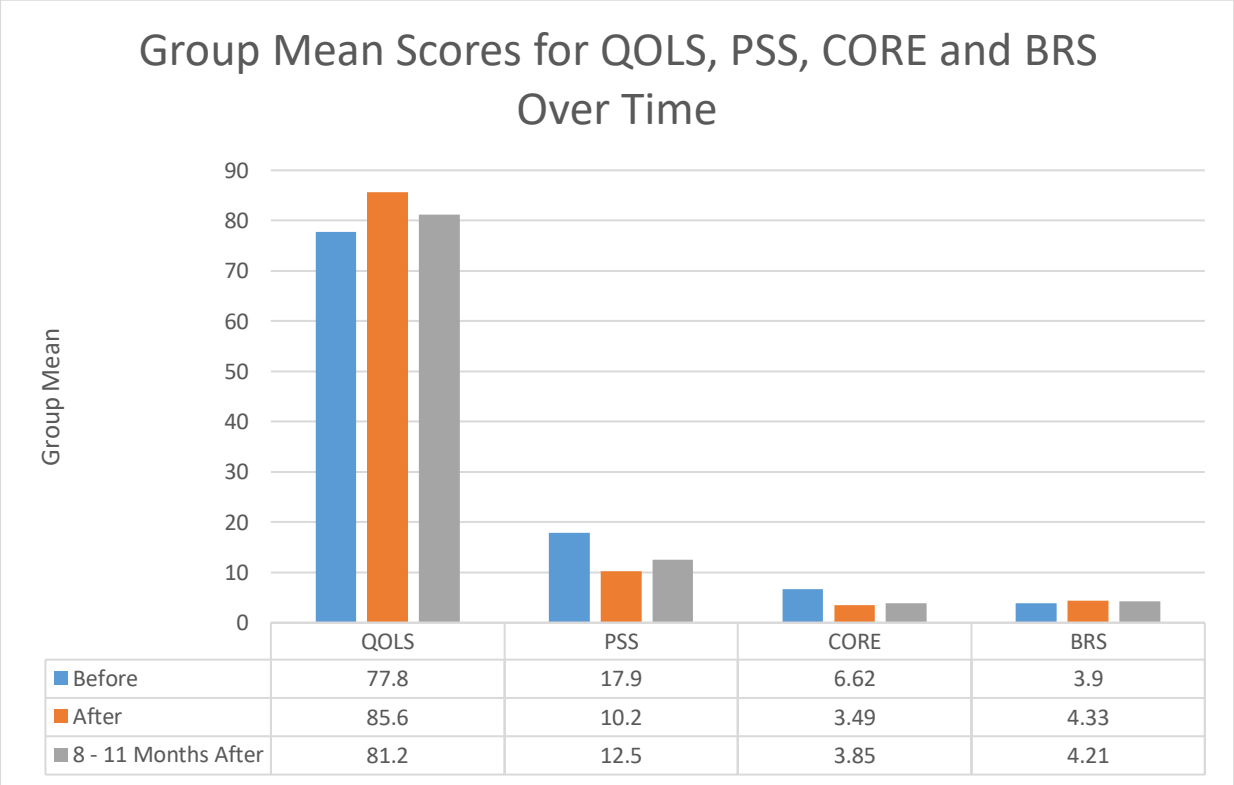
Measuring Shifts in Wellbeing Quantitatively

Psychologist wellbeing was measured at several intervals over the course of the programme to establish their level of wellbeing starting before the programme, then after the programme and again some months later. Several self-assessment scales were used to measure various facets of wellbeing, namely; quality of life, stress and resilience.

The statistical analysis of each assessment will now be presented and explained. As previously discussed, the small sample size of the study means that these cannot be reviewed in isolation and require a triangulated

interpretation which takes the participants reported experience and assessment into account. This interpretation will be included in chapter IX as a part of the overall discussion of the findings.

Figure 11 shows the group mean scores for four of the self-assessment scales listed on p 63 of the methodology chapter, namely the QOLS (Flanagan, 1978), PSS (Cohen et al., 1994), CORE (Barkham et al., 1998) and BRS (Smith et al., 2008). These will each be presented separately with a more in-depth analysis below.



	QOLS	PSS	CORE	BRS
Before	77.8	17.9	6.62	3.9
After	85.6	10.2	3.49	4.33
8 - 11 Months After	81.2	12.5	3.85	4.21

Figure 11: Group Mean Scores for QOLS (Flanagan, 1978), PSS (Cohen et al., 1994) and BRS (B. W. Smith et al., 2008) Over Time

Clinical Outcomes in Routine Evaluations [CORE]

The raw mean CORE (Barkham et al., 1998) scores for the group showed an initial group mean score of 6.62. According to the developers of the scale (Barkham et al., 1998), scores below 10 are seen to be non-clinical and therapy interventions are unlikely have significant effects on the scores. The

participants' group mean score did, however decrease post-intervention to 3.49 and remained relatively stable through the months post intervention and was 3.85 at 8 - 11 months after assessment. More in-depth statistical analysis of the CORE (Barkham et al., 1998) scores over time showed statistically significant changes, $F(2, 18) = 14.698$, $p=0.000$, partial $\eta 2 = 0.620$, with CORE (Barkham et al., 1998) scores decreasing from pre-intervention ($M = 6.620$, $SD = 3.15$) to post-intervention ($M = 3.49$, $SD = 2.64$), but then increasing again some months after the intervention ($M = 3.850$, $SD = 2.53$).

Post hoc analysis with a Bonferroni adjustment revealed that CORE (Barkham et al., 1998) scores were statistically significantly decreasing from pre-intervention to post-intervention ($M = 3.13$, $SE = 0.739$, $p = 0.007$), and from pre-intervention to some months after the intervention ($M = 2.77$, $SE=0.59$, $p = 0.003$). But not from post-intervention to some months after the intervention ($M = -0.360$, $SE=0.549$, $p = 1.00$). This would indicate that the scores of the CORE (Barkham et al., 1998) self-assessment scale substantiate narrative findings and participants, self-reports that the *Attentive Amelioration* programme was beneficial and perhaps even therapeutic.

Perceived Stress Score [PSS]

The raw mean scores for the PSS (Cohen et al., 1994) assessment, which measures participants perceived levels of stress in response to life situations, showed a group mean score of 17.9, which falls within the average stress band. This then decreased to 10.2 at the end of the intervention and then increased slightly to 12.5 between 8 - 11 months after the intervention. Taken at face value, the raw scores and descriptive statistics show changes in the PSS (Cohen et al., 1994) group mean over time. However, further pairwise comparisons and more in-depth statistical analysis showed no statistically significant differences in PSS (Cohen et al., 1994) scores between any of the time points.

Quality of Life Score [QOLS]

The raw mean QOLS (Flanagan, 1978) scores for the group showed that their assessed quality of life score at the onset of the programme was 77.8, which is slightly below the developers proposed healthy norm score of 90. The scores increased to 85.6 and decreased slightly through the months post intervention, to 81.2 at the 8 – 11 months after assessment. Further statistical analysis was done using a one-way repeated measures ANOVA to determine whether there were statistically significant differences in QOLS (Flanagan, 1978) scores from before to both directly after and some months after the *Attentive Amelioration* programme. Boxplot assessments identified four outliers in the data, but as these points were not due to data entry errors, and represented actual data points, it was decided not to delete them from the dataset. The data were normally distributed as assessed by Normal Q-Q Plots. The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, $x2(2) = 0.817$, $p = 0.665$.

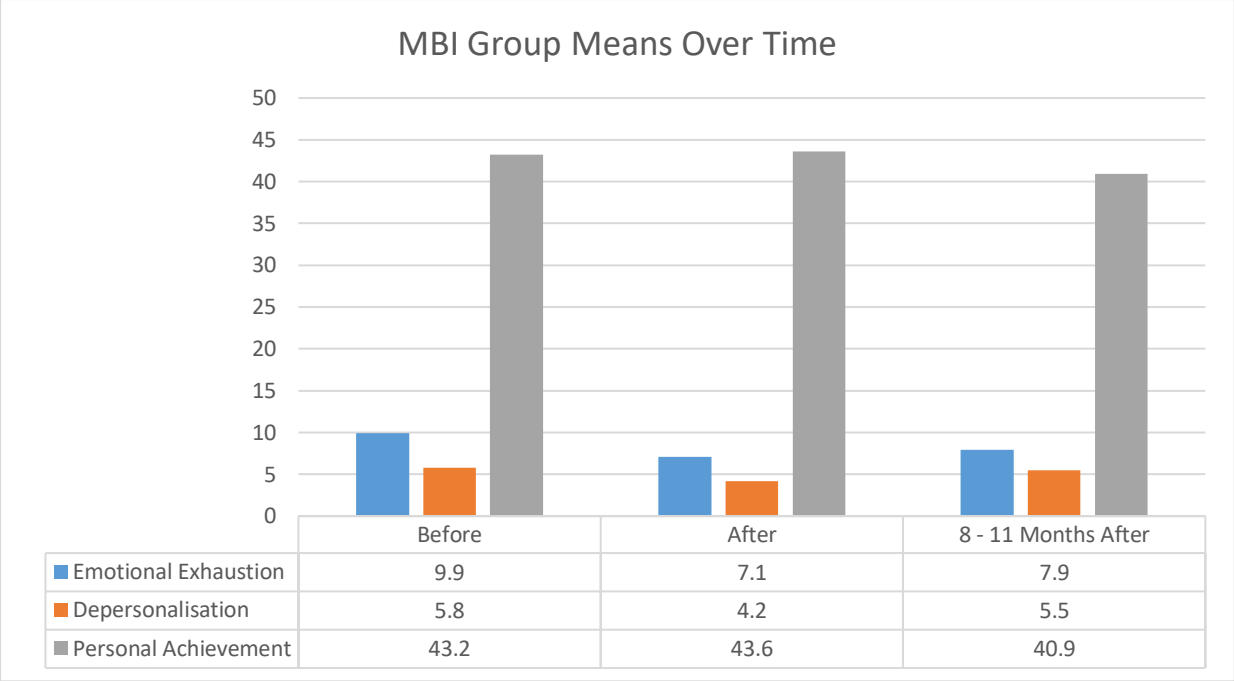
The intervention elicited statistically significant changes in QOLS (Flanagan, 1978) scores over time, $F(2, 18) = 6.40$, $p=0.008$, partial $\eta2 = 0.416$, with QOLS (Flanagan, 1978) scores increasing from pre-intervention ($M = 77.80$, $SD = 8.92$) to post-intervention ($M = 85.60$, $SD = 11.45$), but then decreasing again some months after the intervention ($M = 81.2$, $SD = 9.95$). Post hoc analysis with a Bonferroni adjustment revealed that differences in QOLS (Flanagan, 1978) scores were statistically significantly increases from pre-intervention to post-intervention ($M = 7.80$, $SE = 2.476$, $p = 0.035$), but not from pre-intervention to some months after the intervention ($M = 3.40$, $SE=2.16$, $p = 0.448$), or from post-intervention to 8 – 11 months after the intervention ($M = -4.40$, $SE=1.89$, $p = 0.134$).

Brief Resilience Score [BRS]

The raw mean BRS (Smith et al., 2008) scores for the group showed that their measured resilience mean score at the onset of the programme was 3.90 which is at the higher end of the developer's 'normal resilience' category which is classified as scores between 3.00 and 4.30. The participants' group mean score increased to 4.33 and decreased slightly through the months post intervention to 4.21 at the 8 – 11 months after assessment. Further analysis by way of a one-way repeated measures ANOVA was conducted to determine whether there were statistically significant differences in BRS (Smith et al., 2008) scores from before to both directly after and 8 - 11 months after the programme. Boxplot assessments revealed three outliers in the data which were not deleted as they were found to represent actual data points. The data was normally distributed as assessed by Normal Q-Q Plots. The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, $x2(2) = 3.475$, $p = 0.176$. Based on this in-depth analysis, the intervention did not appear to elicit statistically significant changes in BRS (Smith et al., 2008) scores over time, $F(2, 18) = 2.271$, $p=0.132$, partial $\eta 2 = 0.202$.

Maslach Burnout Inventory [MBI]

The MBI (Maslach et al., 1997) measures three separate constructs - emotional exhaustion, depersonalisation and personal accomplishment. These were analysed separately by way of one-way repeated measures ANOVAs to determine whether there were statistically significant differences in the scores from before to both directly after and 8 – 11 months after the *Attentive Amelioration* programme.



	Before	After	8 - 11 Months After
Emotional Exhaustion	9.9	7.1	7.9
Depersonalisation	5.8	4.2	5.5
Personal Achievement	43.2	43.6	40.9

Figure 12: MBI (Maslach et al., 1997) Group Means Over Time

According to the developers (Maslach et al., 1997), the three constructs can be analysed as follows: Emotional Exhaustion scores below 17 indicate low-level burnout, 18 -29 indicate moderate burnout and above 30 is seen as high-level burnout. Depersonalisation scores below 5 indicate low-level burnout, between 6 and 11 indicate moderate burnout and above 12 indicate high-level burnout. Personal Achievement scores of 33 or less indicate high-level burnout, between 34 and 39 moderate burnout and above 40 low-level burnout. From the above scores one can see that participants' scores on all three constructs place them within the low-level band before, after and 8 – 11 months after the intervention. These scores appear to contradict the narrative data and the literature, which proposes that healthcare professionals experience high levels of burnout (McCormack et al., 2018). A more in-depth statistical analysis of the scores is explored below.

Emotional Exhaustion

The construct of emotional exhaustion is a widespread risk for those working in the helping professions (Maslach et al., 2001). The one-way repeated measures ANOVA showed that there were no outliers in the data, as assessed by boxplots and the data was normally distributed as assessed by Normal Q-Q Plots. The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, $x2(2) = 1.898$, $p = 0.387$. Based on this analysis, it would appear that the intervention did not elicit statistically significant changes in Emotional Exhaustion scores over time, $F(2, 18) = 0.837$, $p=0.449$, partial $\eta2 = 0.085$.

Depersonalisation

As for the above construct, depersonalisation is a widespread risk among the helping professions (Maslach et al., 2001). The one-way repeated measures ANOVA showed there were no outliers in the data, as assessed by boxplots and the data was normally distributed as assessed by Normal Q-Q Plots. The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, $x2(2) = 4.189$, $p = 0.123$. Based on this analysis, the intervention did not appear to elicit statistically significant changes in Depersonalisation scores over time, $F(2, 18) = 0.933$, $p=0.412$, partial $\eta2 = 0.094$.

Personal Accomplishment

For those in helping professions, the negative effects of the work that lead to emotional exhaustion and potential depersonalisation are mitigated by the rewards related to helping others (Maslach et al., 2001). The one-way repeated measures ANOVA showed that there were four outliers in the data, as assessed by boxplots which were included in the data set as it was established that they represented actual data points rather than data entry errors. There were some deviations from normality in the distribution of the data, as assessed by Normal Q-Q Plots. However, the repeated measures ANOVA is

relatively robust against violations of the normality assumption, and therefore the test was run regardless. The assumption of sphericity was not violated, as assessed by Mauchly's test of sphericity, $x2(2) = 3.810$, $p = 0.149$. Based on this analysis, the intervention did not appear to elicit statistically significant changes in Personal Accomplishment scores over time, $F(2, 16) = 2.601$, $p=0.105$, partial $\eta2 = 0.245$.

From these statistical analyses, it would appear that the intervention did not elicit statistically significant changes in any of the MBI (Maslach et al., 1997) constructs. It is noteworthy that even though participants verbalised feelings of burnout, the MBI (Maslach et al., 1997) scores do not correlate well with these accounts. It is, however, also worth noting that given that participants did not show high risk factors for burnout on the MBI (Maslach et al., 1997), at the beginning of the programme; it was unsurprising that significant changes in scores were not observed.

In summary, significant differences were measured on the CORE, QOLS (Flanagan, 1978) and the BRS (Smith et al., 2008) measures, regardless of the small sample size that impacts on being able to show statistical changes. This would seem to indicate that these measures were sensitive enough to be useful as additional quantitative measures. These statistical findings support the narrative findings which suggest that the *Attentive Amelioration* programme had a positive impact on participant wellbeing. In contrast, the PSS (Cohen et al., 1994) and MBI (Maslach et al., 1997) did not seem to be sensitive enough to the impacts of the programme, as illustrated earlier.

The positive effects (noted extensively in the narrative data and reinforced in some of the quantitative data) are understandably personalised and differ from one participant to another, but that would be expected given the complexities of the lives and circumstances of these skilled professionals. It is also in keeping with the participant-focused approach: that the programme could have such personalised effects is encouraging, considering that there appears to have been an overall positive effect of the programme. Specific

comments from each of the participants related to the personally experienced and varied effects of the programme are included as a conclusion to this chapter.

"I have really enjoyed this parallel these last eight weeks. On the surface it felt like a very bad time of year. Not that there is ever a good time of year, it was very busy with all kinds of things going on so on the one hand all that busyness and in the other this process winding its way through. And that has been powerful and positive and helpful to me on different levels" – Arthur [Group 1n final group session]. Here Arthur highlights how the *Attentive Amelioration* programme has helped him to cope with a particularly stressful time and in so doing given him agency to cultivate a greater sense of wellbeing within stressful times.

"*For me I find this time of year quite stressful, because it's not just work, it's social busyness and I'm quite a home-body. I don't do all the social things all that often and it has just allowed me to connect more with those social events and actually enjoy them more so that has been nice for me*" – Christine [Group 1n final group session]. Here Christine illustrates the positive effects of the *Attentive Amelioration* programme on her ability to enjoy various social events in her life.

"That reminds me of that word that I read early, to 'unhook'. Instead of impulsively getting hooked into something, to unhook and reflect and fully engage. I think those moments whether it is with other people or whatever I can just be in that moment, it brings a lot of gratitude for what you have regardless of all the other things around" – Lucy [Group 1n final group session]. Lucy's reflection demonstrates that some of the concepts included in the course supported her wellbeing, by helping her to engage more fully with her life resulting in more uplifting feelings of gratitude.

"I just felt generally a bit calmer, becoming less overwhelmed … I just felt easier and I also relate to that self-critical aspect. Noticing it more when I am putting

pressure on myself. Very helpful things. Lifelong learning, I think" - Genevieve [Final group 2n session]. In her comments, Genevieve has highlighted several ways in which the programme served to improve her wellbeing, namely: helping her to feel less overwhelmed, being less self-critical and being more realistic about the pressures she places on herself.

"I think that it has been most beneficial for me in relation to other people. That helped. For me that was one of the most beneficial things" – Erica [Final group 2n session]. Here she highlights the impacts on relationality and its benefits to her wellbeing.

"I consciously try with breathing and slowing down, I do one thing and I finish it. I try to get through my work in the day and this has helped me. The mindfulness has helped me" - Jack [Final group 2n session]. This illustrates the way in which learning to slow things down and act more purposefully have been beneficial to him.

"I am more positive about my ability to care for myself and be more compassionate to others". Fiona's written reflection in the programme evaluation form is suggestive of previously noted shifts in attitude around self-care which are linked to improved wellbeing.

"I didn't expect to receive the rewards of that [the *Attentive Amelioration* programme] *now. Usually, at this time, with all that I need to be doing and with everything that is going on at home, I would be stressed, and I would feel that the day can't end soon. I would not be able to wait to get home to sleep. But I have been practicing the mindfulness, not as much as I would like to, and I am finding that I am more relaxed than normal. I am also writing my proposal for my next degree and it has been hectic so I should be stressed, but I find a little bit of time to rest and do the activities that we did together and try and observe and just feel and be mindful of things around me and I find that it is giving me a little bit of relaxation. The breathing in and the breathing out"* [Coaching session II] Delia's account of her experience demonstrates how the *Attentive*

Amelioration programme helped her to manage stress more effectively and experience more wellbeing within stressful times.

"I have found that it is encouraging me to take care of myself … And if I don't have time to do twenty minutes or whatever, I just take one min in the chaos-I quite enjoy knowing that I can just breath and it will be okay and I can let it be chaotic. I guess that is also strengthening the neural pathways, because it is a different way of being for me". Helen's reflection [Coaching session IV] echoes Fiona's illustration of how the programme supported self-care and as a result, improved wellbeing.

"I used to find that I would get overwhelmed by emotions and allow the emotions to overwhelm me, whereas now, I can bring myself out of that and get perspective, how am I feeling, what's going on with myself and then being able to react in a way that is more in line with my values. And not get pulled by the 'wind', I guess it is more voluntary. I am consciously aware of how I want to respond. That kind of change in my mind, in my consciousness". Here Bronwyn's transcribed account from her final coaching session demonstrates how the programme helped to increase participants' sense of emotional agency and therefore, their wellbeing.

This chapter has discussed wellbeing as a central theme and highlighted how the presentation of *Attentive Amelioration* programme impacted participant wellbeing. These findings suggest that the psychologists in the Makhanda area have to overcome significant barriers to wellbeing including general stresses and challenges, tiredness, major life-altering events, intrinsic barriers to wellbeing and conflict, and that the *Attentive Amelioration* programme was effective in increasing their level of wellbeing as well as sensitising them to the value of self-care, encouraging self-care practices, and providing an effective means to do self-care.

Chapter IX: Discussion and Conclusion

The aim of this study was to contribute to the literature by proposing a more personalised and person-centred means to support psychologist wellbeing. It was guided by an overarching research question, regarding the benefits of a mindfulness-based wellness course for practicing psychologists. In brief summaries, the findings related to each research question are addressed below:

<u>What is the current level of wellbeing among the target group – psychologists working in and around Makhanda in the Eastern Cape of South Africa?</u>

Findings outlined in chapter VIII show that although self-assessment measures [BRS (Smith et al., 2008), CORE (Evans, 2000), MBI (Maslach et al., 1997), PSS (Cohen et al., 1994) and the QOLS (Flanagan, 1978)], which were conducted pre-intervention, post-intervention and 8 -11 months after the intervention suggest that participants' levels of wellbeing fell within normal ranges, they reported a different picture in their narrative accounts. Before the programme, they reported high levels of stress and anxiety related to various, particular barriers to wellbeing like financial strain, lack of time, pressure associated with multiple roles, conflict and tiredness. Whilst the participants reported knowing that self-care was important and that they knew what sort of self-care activities supported their wellbeing, they were not in the habit of engaging with those activities in a meaningful way before the programme. In other words, they acknowledged their rational 'knowing' about the importance of self-care, but found it difficult to translate this knowledge into actions for their own benefits. Further findings suggest that the programme served to provide meaningful and do-able self-care activities and to shift their attitudes about self-care.

How could psychologists implement/practice mindfulness?

Findings presented in chapters IV and VII illustrate that during and as a result of participating in the programme, participants practiced mindfulness in diverse and dynamic ways. Seemingly, as a result of this programme that encouraged a more personalised approach, there was a common emphasis on making mindfulness practice a part of their everyday lives. Participants demonstrated this by bringing a mindful attention to daily activities including their exercise routines, eating and cooking. In addition, in relation to their work, there was a special interest shown by all participants in bringing mindfulness to their therapy practice – both in the ways they practiced therapy and in the ways that they brought their clients' attention to mindfulness, and gave them literature and exercises to do during and between sessions. The findings thus illustrate potential benefits to both the participants' mental health, through the activities they incorporated, as well as potential benefits for their practices and thus their clients.

How could they sustain their practice?

Findings from the final interview and self-assessment scales, 8 – 11 months after the programme (presented in chapter VII), suggest that even though participants experienced no further intervention from me and reported being far less purposeful in their practice of mindfulness, they still retained a certain level of the mindfulness and self-compassion skills that they had learned. They reported that they had continued to read and watch YouTube clips about mindfulness, showing the possible changes that resulted. This would seem to illustrate that both the increased awareness and integration of practice into participants' daily lives; as well as the materials that they were alerted to through the blended learning approach, led to benefits that could be sustained over a period of time.

What effects could a mindful-wellness programme have on psychologists?

Findings related to this question are presented in chapters VI and VII. These include how these psychologists' participation in the programme affected their sense of wellbeing and a variety of elements related to their therapy practice. These findings suggest that participants translated some of their 'knowing' into 'doing' through experientially shifting their insights and integrating new behaviours, which have been discussed in the sections above.

How would psychologists evaluate such a programme?

The findings regarding programme evaluation have been woven through all the findings chapters. Their responses to the programme appear in most detail in chapter IV, where the participants' evaluation of the design and presentation of the programme were favourable. There they reported finding the programme overall to be user-friendly and the learning material accessible and manageable, given their busy schedules. They also reported that the programme interactions in the form of individual and group coaching sessions were nurturing and beneficial. These findings reinforce the integrative approach chosen and the value of more customised activities that include relational elements with participants.

The further discussion of these findings in this chapter is structured in three parts: the first part presents an interpretative discussion of the findings in relation to the overall aims and objectives of the study; this is followed by an evaluative discussion regarding the efficacy of the *Attentive Amelioration* programme. Finally, the chapter ends with a concluding summary, which highlights the study's place within the current body of research, its limitations and suggestions for future research.

Interpreting the Findings

The findings of this study support the overall aims of the study and the findings of existing research, that suggest that a mindfulness-based coaching programme would be beneficial to psychologist wellbeing and therapeutic proficiency (Hemanth & Fisher, 2015; Shapiro, 2009). In summary, the findings show that the participating psychologists found the *Attentive Amelioration* programme to be beneficial, supportive and even therapeutic. The following discussion aims to summarise and strengthen the overall picture presented by the findings chapters: IV to VIII.

Mindfulness

Because the purpose of this study was to design, implement and evaluate a mindfulness training intervention; it was meaningful to review how participants practiced mindfulness and to assess and measure shifts in mindfulness as they were experienced and described. Of particular interest was how they implemented the principles of mindfulness, how it manifested in their lives, the barriers and facilitators to practice and how mindfulness was sustained.

As described in chapter II, the traditional mindfulness training programmes would usually recommend that participants practice several different types of meditation, body scan, and compassion practices (Kabat-Zinn, 1982) as a part of their mindful practice. However, as outlined in chapter IV, participants in this study were taught about the different mindfulness practices and how to do them, but they were not instructed what practices they should do, which of these practices were expected of them or how often they should do them. Rather, drawing from the principles of adult education (Merriam & Brockett, 2011) they were encouraged to identify areas in their lives where they could already see mindfulness tendencies and bring more mindful awareness to those areas. In other words, they should introduce the mindfulness practices that resonated for them into those already mindful spaces in the lives. Based

on these guidelines, participants each created a very personal mindfulness practice, which was more integrated into their lives.

As described in detail in chapter V; most participants tried and experimented with most of the traditional mindfulness activities and they were all exposed to meditation practices during the *Attentive Amelioration* interactions; and they did guided practices as a part of the e-learning element of the programme. Only two of the participants however, opted to create a formal, structured meditation practice, the rest chose to rather bring a mindful awareness to their everyday lives through thinking mindfully, doing things more mindfully, being more aware of their bodily senses and sensations, being more self-compassionate and relating to the people around them more mindfully. This type of practice is particularly aligned with Langer's (1989) work, which proposes that we can purposefully pay attention to new things and do things in new and innovative ways to cultivate mindfulness.

This type of environmental and situational awareness and intention is central to mindfulness. Although meditation and by extension mindfulness may be thought of in a more fixed and limited way – as a formal practice of carving out daily time to spend "sitting on the cushion" - thinking and living this way makes everyday activities meditations of living. The fact that formal meditation did not feature strongly is possibly attributable to the way in which the programme was presented. It could however also be suggestive of a previous study's findings, which reported that participants found formal meditation difficult to sustain and compliance with this type of homework assignment was low (Danilewitz et al., 2016). It could also be indicative of how difficult it is to change behaviour patterns and develop new habits.

One could argue that much like being an adherent to a faith is more about how you live your life than how much time you spend in prayer or in a religious place; this approach to practice may be more authentically integrated into life routines and practices. However, I would add the caveat that there is evidence that meditation practices do help to strengthen new

neural pathways associated with mindfulness (Desbordes et al., 2012), so this is not to diminish their importance as new habits to cultivate for those who choose to do so. It is during meditation that we get to practice the mechanism of mindfulness in a conscious way (Shapiro et al., 2006) and that if one is to sustain a practice that is rich and spiritually transformational, some meditation practice would be beneficial and probably necessary.

Participant reports indicated that the effects of the *Attentive Amelioration* programme's approach were beneficial and that they reported some similar shifts and experiences [such as increased self-awareness, increased self-regulation, increased self-compassion, more relational responsiveness and overall improvement in wellbeing], found in previous mindfulness studies as discussed in chapter II (Baer et al., 2012). This is unsurprising as other researchers have acknowledged that mindfulness as a psychological process can be engendered using various methods and techniques, such as curiosity and attention (Bishop, et al. 2004; Langer & Moldoveanu, 2000). In their review, Hayes & Shenk (2004) propose that any activities or techniques that foster non-judgmental present-moment awareness could be considered to be mindfulness practice.

It could also be argued that since a formal daily meditation practice was not urged as strongly as in other programmes, this could account for the positive feature that participants remained engaged for the whole programme and there were no 'drop-outs'. However, participants later reported, at the final interview (8 - 11 months after the intervention), that even though they were still being mindful, their practice of mindfulness was less purposeful than during the programme. It is possible that they may have been able to sustain their practice more purposefully, if they had cultivated a stronger more formal practice during the programme. A comparative study to investigate the differences between the effects of a more structured programme with formal meditation practices, and this more integrated approach would be an interesting addition to the literature.

The FFMQ (Baer et al., 2010) scores, which served as a triangulation point between the various narrative data sets, showed statistically significant increases between the before and after scores, but the last assessment scores, although still higher than the before scores, were not statistically significant. This could be attributed to several factors. It could mean that the programme did not have the expected sustainable effects. Alternatively, these results could indicate that the sample size was too small for the FFMQ (Baer et al., 2010) to effectively measure the changes. According to Prajapati et al. (2010), scores from smaller sample groups like the one in this study, are less likely to have less statistical power and yield conclusive results. In addition, studies have found that as people practice mindfulness and become more mindful, they become more aware of how 'un-mindful' they are, and scores then tend to reflect this meta-awareness with a possible downward trajectory (Draper-Clarke, 2014). The FFMQ (Baer et al., 2010) longitudinal findings do, however suggest that although participants saw definite shifts during the programme, which were corroborated by the FFMQ (Baer et al., 2010), further analysis is required to assess the sustainability of those changes or perhaps ways of improving sustainability need further development.

Barriers to practice featured in participant reports and included: tiredness, no time to practice and forgetting. These findings are consistent with findings from the literature. Hedrick, Brandon and Desai (2016) identify similar hindrances from their study: restlessness and boredom, sleepiness, doubt, sensory craving and aversion. While these hindrances are relevant more specifically to meditation, they do give an indication of the types of challenges that participants may have when it comes to implementing mindfulness practices and these correlate with the participant reports.

In their study of potential barriers and facilitators of mindfulness, Banerjee, et al. (2017) found that barriers to practice comprised attitude toward engagement, which included both the participants' prior knowledge, perception of and their intention to engage with practice, as well as their views

on whether the practice would be easy or difficult. They also identified barriers to practice related to the characteristics of the intervention.

More specifically, shorter exercises were more likely to be practiced than longer ones and participants were more likely to practice if they were presented with evidence that the practices would yield change. The length of the exercises, in particular, was relevant in this study as participants commented that they preferred the shorter meditations and asked for the length of the exercises to be published, so that they could better manage their time and fit exercises into their reportedly busy schedules.

Banerjee et al. (2017) also alluded to the perceived outcomes and change process as facilitators or barriers. They found that if participants could see change happening in themselves, they were more likely to continue practising. Participants in this study commented that they were seeing benefits and changes in various ways from early on in the process. They also noted that if participants expected to see an improvement in their wellbeing and levels of compassion and self-compassion, they would also be more likely to engage with the process. In this study, participants were primed to expect to see improvement in their wellbeing, because the programme input included the research and evidence of improved wellbeing during the introductory workshop. In addition, their attention was drawn to it through the on-line learning material which contained links to relevant research articles and video clip talks by researchers such as Shauna Shapiro, Dan Seigel and John Kabat-Zin. It may thus be that participants were positively expectant of assistance, in some ways.

Further, the participants in this study were motivated by an intention to improve their own wellbeing, but also to improve as therapists and they were presented with evidence in the form of prior studies as to the benefits of mindfulness. These, along with the fact that they engaged with the mindfulness activities and experienced results fairly quickly, meant that their attitude and expectations were positive. This aligns with Banerjee et al.'s

(2017) findings as well as the IAA model proposed by Shapiro et al. (2006). Shapiro et al.'s (2006) IAA model (see p. 34) of the mechanisms of mindfulness suggests that key elements to effecting change through mindfulness include: intention, attention and attitude. From the above, it would seem that participants would report that they had made progress in this trifecta.

The finding that barriers to practice were not emphasised by participants could potentially be attributed participants' choices: to practice in ways that integrated mindfulness into areas of their life where there were already mindful tendencies. They were thus building on their mindfulness strengths, as opposed to trying to force a formal meditation practice into their lives, which would be likely to require more time and effort.

Therapy Practice

Although the main objective of this study was to improve psychologist wellbeing, the findings about ways that the programme impacted the participants' therapy practice was of interest to me, and participants made a quick and fairly intuitive connection between the mindfulness principles and their work as psychologists. There were several facets to this connection, namely: how the principles of mindfulness aligned with their own therapeutic approaches; how practising mindfulness could improve their own therapeutic efficacy; and how they could offer mindfulness as a therapeutic training in psychoeducation approaches for the clients.

Firstly, participants highlighted similarities between several approaches that they were using in the therapy practice and the mindfulness principles. Narrative therapy, cognitive behavioural therapy and psychodynamic processing were all mentioned by participants, who felt that what they were learning in the *Attentive Amelioration* programme resonated with those approaches. These links could attribute to the participants' levels of engagement and interest in the programme and their own practise, especially if we consider Banerjee et al.'s (2017) findings about mindful practise

facilitators as discussed above. By seeing that the principles of mindfulness were aligned with therapeutic approaches that they believed in and knew to have positive effects, participants were more likely to have positive expectations of the programme and to, therefore engage and persist with the practices.

Secondly, reports from participants that mindfulness helped them to be more responsive has also been documented in previous studies, such as Baker's (2016) study with trainee psychologists, which found that mindfulness training complimented clinical training and enhanced interpersonal-attunement. Thirdly, participants were inclined to share what they were learning with their clients, seeing it as a therapeutic method with which to empower their clients with a more independent and self-directed healing process.

From the above discussion, one could deduce that if psychologists were to embrace and practice mindfulness within their therapy practice; the work being done for approximately eight hours a day could potentially become a suitable space to practice mindfulness. If this were to be utilised effectively in preparatory training and subsequent practice, it could mean that psychologists could essentially spend most of their day consciously practising mindfulness. It is disappointing therefore that even though participants reported, at their final interview, that they were still being mindful, their practice and level of mindfulness had not continued to grow as one might have hoped. I would have hoped to see a much stronger sense of mindfulness from participants and more supportive scores on the FFMQ (Baer et al., 2010). Perhaps if this aspect of integration into daily work were to be presented and encouraged more explicitly, including with some form of regular follow-up, these results would be different.

Wellbeing

The main objective of this study was to establish if mindfulness presented in the form of the *Attentive Amelioration* programme would improve participant wellbeing and support findings from previous studies. The findings in this study suggest that mindfulness training in the form provided by the programme, has a positive effect on wellbeing. In the next section I will discuss my findings in relation to existing research as outlined in chapter II. This section is structured so as to discuss participant wellbeing at baseline, followed by a discussion of the shifts and changes which were reported and measured.

At our first encounter, the introductory workshop, participants from group 1n in particular reported high levels of stress and tiredness, which they attributed mostly to the fact that it was the end of the year and there were a lot of pressures associated with that time of the year. On further discussions during the programme, I found that this was exacerbated by very stressful major life events like being attacked, moving house, multiple deaths, illness and serious work-related conflict. Worryingly, the group 2n participants who were just starting their potentially very busy and demanding internship year after their annual academic break, also reported high levels of stress and tiredness (perhaps related to their experiences of increased caseloads and the higher-level demands being experienced).

Based on these reports, I would have expected that the self-report measures would show high levels of stress and low levels of quality of life, but the scores were not nearly as extreme as I might have expected. Quality of life as measured by the QOLS (Flanagan, 1978) showed a base-line of 77.8 which is slightly lower than the healthy norm of 90 (Burckhardt & Anderson, 2003). Stress or distress levels as measured by the PSS (Cohen et al., 1994) and CORE (Barkham et al., 1998) showed group mean scores of 17.9 and 6.62 respectively. The PSS (Cohen et al., 1994) score falls between a recorded average stress score of 13 and high stress of 20 (Cohen et al., 1994), and the

CORE (Barkham et al., 1998) score did not meet clinical threshold of 10 (Evans, 2000). Even the MBI (Maslach et al., 1997) scores showed that the three constructs of emotional exhaustion, depersonalisation and personal achievement all registered within the low-level burnout bands (Maslach et al., 2001).

This could be due to the BRS (Smith et al., 2008) scores also being within normal ranges, meaning that although participants were experiencing stressful circumstances and feeling pressured and tired; their personal reserves and levels of resilience were intact and carrying them through. Alternatively, perhaps they were answering the questionnaires as healthcare professionals with prior knowledge and as such making more objective observations of where they were at, as opposed to personal experiential reports. This would, however, need further investigation.

The barriers to wellbeing presented noteworthy findings, which will now be discussed in more detail. Firstly, as previously explained, participants reported openly and at length about the stresses and challenges in their lives which have been described in detail in chapter VII. Below, I will highlight and discuss these in relation to the implications that these have for psychologists and their clients.

It was interesting for me to note that so many of the participants were dealing with really difficult issues in their lives in the form of major life events. This in itself could be an interesting topic for investigation perhaps in relation to the broader contexts of living in SA, during these times. For the purposes of this study however, it is sufficient to note the different major life events as reported, in so far as their potential contribution to the overall barriers to wellbeing.

Although financial stress was reported by only two participants, it was seen to be an important theme as it was specifically related to being in private practice, where income was directly associated with hours of work or number

of clients seen. This relates to the situation where many SA psychologists work in private practice and many of those alone in their practice. This finding could have implications for the wider population of psychologists in SA, because it has implications for the general population of psychologists who work in private practice. This is largely because, if psychologists feel that they have to continue working when they are unwell and exhausted, this will have impacts upon their efficacy and ultimately client outcomes (Beckman et al., 2012). This tendency to continue working and not seeking help, when feeling under pressure, could be exacerbated by the issue that if a psychologist is under financial strain, the costs of seeking psychological support for themselves may be unaffordable.

Tiredness and busyness also featured as strong themes in participants' reports, which were discussed in detail in chapter VIII. The perception of facing too many demands, and being tired and over-burdened has been identified as a common phenomenon in the literature (Monroe & McQuaid, 1994). This has serious implications for psychologist wellbeing and therapeutic outcomes, as psychologists who are tired and feel overly pressured are less able to be attentive to clients in a therapeutically effective way (Morse et al., 2012).

Intrinsic barriers to wellbeing such as self-judgement and criticism were identified and discussed in chapter VIII. A speculation is that these may be aspects that draw some people towards working as psychologists; and could be mediated by learning habits to ameliorate these tendencies. This is consistent with findings in the literature that suggest that mindfulness and self-compassion mediate the negative aspects of perfectionism and reduces negative affect and maladaptive processes associated with perfectionism (James & Rimes, 2018; Neff & Germer, 2013; Short & Mazmanian, 2013). Given that afterwards participants reported feeling more self-compassion and less self-critical in both their conversational narrative and in their evaluations, together with the changes seen in the self-assessment scale

scores; it could be concluded that self-compassion was positively influenced by the *Attentive Amelioration* programme.

What was also of interest and became more interesting as the work unfolded, was the participants' attitudes toward self-care, because these aligned with and spoke to the issue of self-compassion (Neff & Germer, 2013), which was a measurable variable of the study. The SCS (Neff, 2003) scores support this finding' in that the scores showed statistically significant changes across time as discussed in chapter VI.

There were two meaningful shifts that were made by participants in this study. The first was that they recognised that they could do self-care in the midst of stressful situations and did not have to go away, take time out or spend money. That practicing mindfulness provided such a means was encouraging to them.

The second shift was that they recognised and acknowledged that by taking care of themselves, they had more to give. This shift has further implications, because the attitude that self-care is selfish and self-indulgent and takes time away from their clients and families, is a potential barrier to self-care. This potentially keeps psychologists from seeking support and actively engaging in self-care activities.

In summary, the above paragraphs highlight the potential benefits of the *Attentive Amelioration* programme both in the qualitative, narrative findings and in the statistical findings. My sense was that participants saw a measurable and noteworthy increase in mindfulness and self-compassion, and in their resultant experiences of wellbeing.

Programme Evaluation

Evaluation of the *Attentive Amelioration* programme was a fundamental aspect of the study and, as described in chapter III; it was done in several ways throughout the intervention by way of evaluation forms, reflective writing activities, verbal reflections, group discussions and a final independent interview. This process was done in order to evaluate the programme from two perspectives. Firstly, evaluative feedback was gleaned to inform the design and ongoing development of the *Attentive Amelioration* programme through the AR cycles that evolved; and secondly to determine the efficacy or outcomes of the programme. The findings that informed the design and development of the programme were discussed in chapter IV, while the findings pertaining to efficacy are imbedded in the rest of the findings chapters. These will be discussed in detail in this next section under headings related to the different elements of the programme.

Participants evaluated the structure and the content of the programme. The structure of the programme relates to the number and spacing of the interactions, as well as the quantity and mix of the various types of learning material. Participants evaluated the content of the programme by evaluating the type and quality of the learning material; with which they were provided.

Structure of the Programme

The evaluation of the various elements of the structure of the programme will be discussed under headings related to each element.

Programme Interactions

The introductory workshop was reported to be experienced as a welcome break from their daily lives. Participants expressed an appreciation for the venue and the chance to relax in the quiet, soothing farm environment. This mirrored my sense of observing them, which was that they visibly relaxed as

the day progressed. I also found that even though they were perceptibly tired, they engaged enthusiastically with the process, the material, each other and me.

The subsequent individual coaching sessions, which started in the week following the workshop, were found to be supportive and therapeutic which aligns with the literature (Spence et al., 2008). On inquiry, participants reported that they liked the idea of weekly sessions, but felt that their already busy schedules would not allow for it and in the group discussions decided that the two weeks between the coaching sessions allowed them time to really engage with the e-learning material and practice in preparation for the coaching sessions. As the facilitator, I found these sessions to be rich and interesting opportunities to further develop the learning experiences that were initiated during the introductory workshop. These sessions afforded an opportunity to address individual challenges and to assist participants to tailor their practice to their own needs and lifestyles.

The coaching literature has mainly focused on individual coaching (Flückiger et al., 2017), so it was interesting to see how an added group element could augment the individual sessions. The group sessions which occurred later in the programme (at the end of the 8th week for group 1n and at the end of the 4th and 8th weeks for group 2n) were also found to be very beneficial - participants reported that it was really helpful to discuss their experiences and challenges with each other, thus cultivating a sense of connectedness and mitigating any feelings of isolated struggle. Group 1n stated that they felt that more group sessions would be better, but again felt that the logistics of scheduling would be problematic. In the group 2n roll out, I included a second group session, and this was well received by the group.

Both individual and group coaching sessions were beneficial and favourably evaluated by the participants. The combination of the two could have served to strengthen the efficacy of the *Attentive Amelioration* programme. The value

of group coaching has certainly been proposed as an effective means to cultivate lasting change (Kets de Vries, 2005).

The quantity and types of learning material

The participants assessed the quantity of the learning material to be appropriate. They reported that the volume of material was just enough without being overwhelming given the demands on their available time. Participants liked the mix of different learning materials, particularly the inclusion of YouTube clips. There was however, one YouTube clip that they felt was too long and a bit boring, and in general, participants preferred the shorter clips, as this meant that that they could watch these between clients, when they had a gap.

The Content of the Programme

Participants expressed general satisfaction with the content of the programme. Although Helen initially expressed a desire for "*more meat"* in her eagerness to learn more about mindfulness, she and the rest of the participants reported that the learner's manual, the workshop presentations and the e-learning material provided enough substance without being overwhelming. In my observations during interactions with them, I found that participants immersed themselves in the learning material by way of the learners' manual and the e-learning material and there was a definite preference for the more visual and practical elements of the material: the YouTube clips and the guided meditations.

Future Roll Out of the Programme

Although this study has focused on the development and utility of this programme within a very specialised participant group, it could easily be adapted for roll out within other healthcare and complimentary care settings. Since research completion, it has successfully been rolled out within an

interdisciplinary palliative care setting and an interdisciplinary management team working in a retirement and frail care facility.

Limitations of the Study

Even though the findings appear to be generally favourable, there are always opportunities for improvement; and on reflection during the implementation and write-up of the study, several limitations of the study have been identified. Firstly, as programme designer, researcher and facilitator my role in the study was multi-faceted and very complex. At the outset, I had no idea of the implications of such a scenario, which were both positive and negative. From a positive perspective, it meant that I was totally immersed in every aspect of the study, from design, to implementation, analysis and evaluation. It did however, mean that I was very much alone in the process, which had emotional implications and limited the degree to which I could apply the AR principles. From a positivistic perspective of course, there would have been concerns about the potential to bias the study; however, given the person-centred approach that I took, the immersion of myself as a part of building a version of a therapeutic alliance with the participants, would be seen as a positive contributor. The sense of academic isolation [which I felt keenly at various stages of the process] was exacerbated by the fact that doing a PhD is a lone process, and it would have been valuable to have had a much more collaborative team approach to reflections and data analysis; which would have deepened my insights and could have further improved the credibility of my findings.

I could potentially have used AR in a much more participatory way, but given my own knowledge deficit at the start of the study and the limitations of my resources, along with the time and life constraints of my participants, it was not really feasible. A more participatory use of AR (McNiff, 2013) could however have added an advocacy element to this study, which would be particularly beneficial given the findings related to psychologists' apparent reluctance to engage in self-care activities. Furthermore, although I used

collaborative and reflective approaches of action research in the *Attentive Amelioration* process, which allowed participants [and myself] to learn from uncertainties, I could have employed this to a far greater extent with regard to the research process itself. Given my relative inexperience with this type of research, a more active and rigorous reflective practice could have been very beneficial in that I believe I would have felt more confident, but my uncertainties could also have been used more effectively from a pedagogical perspective.

Another consideration was the choice of previously designed and validated scales. This attempt to follow the mainstream psychology tradition of pre- and post-programme measurements. However, given the limited number of participants and potentially the sub-optimal suitability of the scales, since they were validated in a very different context, time or milieu; and for different purposes, led to their being of limited value in illustrating the benefits of the programme. From an ethical point of view, the inclusion of so many scales that proved to be time-consuming to complete, was also questionable, given the findings that highlighted the participants' stresses around time, busyness and tiredness.

Another potential limitation is that I did not construct this study to be comparative of the two groups, even though they were somewhat different in composition (given their practice experiences). This was done because I was more interested in the similarities in responses across both trainees in their final year and practitioners already in practice. Also, the group of trainees were in general more mature people who had made career changes after having done other work, so they were not too different from the established practitioners in life stages. However, were there to be a more comparative study with slightly larger cohort sizes, differences between trainees embarking on their final year of training, compared to practitioners with five or more years of experience, might also yield differences in the nature and complexity of the material and processes required.

Lastly, although every effort was made to recruit a representative sample group, the findings highlighted that although several participants were sole-breadwinners reliant on their psychology practice income, only two of the participants were solely supporting their families with that income. This meant that the finding related to financial stress was only explicitly referred to by the two participants in question. However, given that there is likelihood of there being many more psychologists in same situation in the wider population, the implications of the findings are very serious for the sustaining of the profession in its current form (reliant on private practitioners) in the health system in SA.

Suggestions for future research

With regard to suggestions for further research, I would recommend the use of far fewer self-assessment scales. Then, I would choose scales that have been validated with populations that better share commonalities with the target group (if these exist) and that measure more closely the features I would have liked to measure. I do however acknowledge that it is not always evident what is to be measured at the outset, especially in narrative, AR studies. If such scales are not readily available, there is a gap in the literature, ripe for the development of better measures more suited to the SA population. Further, as noted in the above sub-section, more comparative studies, with bigger sample groups would provide further interesting data.

In my study there were several interesting ideas that surfaced that could potentially make for interesting and meaningful research in the future. Firstly, during the recruitment phase of my study, I found that collegial relationships among the target population were tenuous and that little peer-support interventions were available to them. I would suggest that further investigation would be fruitful regarding the extent of this trend and the potential implications for practitioners. There is a locally developed model of peer group support that could be trialled with this population (Akhurst & Kelly, 2006). This could be a suggested means to mitigate these effects, and

would add to the literature and serve to improve conditions for psychologists, especially in the area involved (Makhanda).

I would also like to see further, more longitudinal studies that investigate the sustainability of the benefits that are found in so many mindfulness-training studies that have been discussed in preceding chapters II, IV, VI, VII and VIII. From my study's findings, it would appear that ongoing top-ups in the form of group and/or individual coaching sessions would be beneficial. Group coaching sessions, similar to Akhurst and Kelly's (2006) model mentioned above, for example, could provide a more cost-effective way to facilitate peer-supported growth and development (Flückiger et al., 2017)

Finally, there is noteworthy gap in the burnout literature regarding lone-worker psychologists in private practice in South Africa. Further studies that investigate the impact of the particular nuances associated with this type work environment for psychologists would add value to literature corpus. Such studies could in turn be used to influence policy regarding work environments, self-care practice development and training requirements for practitioners and the inclusion of mindfulness training in training programmes for psychologists and healthcare practitioners in general.

Researcher's Personal Reflections

The process and experience of a PhD is one that I think cannot adequately be described or comprehended from anywhere but within it. The emotional rigours are, in my sense, so much more arduous, complex and nuanced than could be anticipated beforehand – one is simply doing an academic project after all. Do you not start at the beginning and complete the required steps until one is finished? The short answer is: no. Particularly in action research, the steps unfold before you, as you go along, and it can take what seems to be forever to determine what the next step will be, only to find that in order to take that step one must go back and complete another three steps, and so round and round the mulberry bush you go.

Personally, I have been very grateful for my own mindfulness practice during this process. Mindfulness has helped me to stay focused, to be compassionate with myself and to be less emotionally reactive when things got stressful. It also helped me to connect with my participants and to be truly present with them during our interactions and, I believe, to glean a richer and more comprehensive account of their experience.

Mindfulness was also helpful when it came to being present with the data. I had an immense amount of data to sift through and making sense of it was at times overwhelming. Being mindful allowed me to be more objective and intuitive with it. When facing the volumes of transcriptions and forms and writing samples, I was able to step back and remember that I was steeped in the process and the data from the beginning of the study. I could connect with my experience of the interactions with participants and use them to identify what was important and meaningful in the written data.

I learned a lot about myself through this process. I learned that like my participants I have very high standards for myself and don't feel comfortable revealing parts of myself or my work that I feel are not as good as they can be. This was really not helpful during this process as it meant that I held back submitting my work to my supervisor because I felt it wasn't good enough, which in turn meant that I missed out on valuable input that would have made my work process so much easier.

I learned that I have far more grit than I would have imagined. I had a tough few years, personally and professionally, while I was busy with this study and there were times that I could easily have put it down and walked away, but here I am – almost at the final full stop. This is due, in large part, to my supervisor, Jacqui Akhurst, who came on board later in the process and helped me find my voice and articulate it.

I also learned that I love to write. I found the part of the process that everyone else seems to hate, to be the best part. These last few weeks, where the process has been about trying to craft a meaningful, articulate and worthy piece of work have been the best for me. I will miss it when it is finally done.

Summary and Conclusion

The overall findings suggest that while the *Attentive Amelioration* programme was effective as a means to cultivate and develop mindfulness, self-compassion and overall wellbeing in the short-term, further investigation is required to determine the sustainability of the effects over the long-term.

This study has found that psychologists living and working in the Makhanda area are exposed to and experience varied and potentially serious stresses as a result of their work and personal life as well as the physical and political environment in which they live. It found that despite this, participants experience fairly high quality of life and experience a great deal of fulfilment from the work that they do. Further findings suggest that participants responded well to mindfulness-based training as a means to grow and develop themselves and their self-care strategies. Participants found the *Attentive Amelioration* programme to be supportive and uplifting, whilst being user friendly, accessible and manageable.

This study adds to the literature in that it adds to several nascent fields of research, including mindfulness, positive psychology coaching, group coaching and blended learning. It is distinctive in that the design of the intervention, the *Attentive Amelioration* programme was tailored specifically for psychologists, drawing from best, evidence-based approaches in the literature. Furthermore, the study has implemented an interdisciplinary combination of AR, coaching and adult learning as the basis of design which is also uncommon. This coupled with the mixed methods approach, means that this study hopes to add another layer of depth to each of these fields. Moreover, the use of an interpretivist narrative approach helped to highlight

the rich and nuanced participant experiences, which could potentially have been lost in the quantitative findings.

It is the first, and to my knowledge, the only SA study that investigates mindfulness as a means to improve psychologist wellbeing; and given the findings regarding the potential risks faced by lone practitioners, in terms of their own mental health and coping, it would appear that it is a very necessary contribution to the literature. By designing and implementing a mindful-wellness based coaching programme that has been found to be effective in improving participant wellbeing, I feel that my study could potentially provide a cost-effective, accessible and practical means to support and strengthen psychologist wellbeing.

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Appendix I: Ethics Clearance Letter

PSYCHOLOGY DEPARTI RHODES UNIVERSITY ● e-mail: psychology@ru.ac.za
Grahamstown ● 6140 ● South Africa

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

3 June 2015

Susan McGarvie
Department of Psychology
RHODES UNIVERSITY
6140

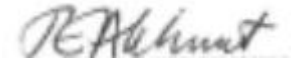
Dear Susan

ETHICAL CLEARANCE OF PROJECT PSY2015/14

This letter confirms your research proposal with tracking number PSY2015/14 and title, 'Applied mindfulness in practice: Developing and evaluating a mindfulness-based wellness programme set within a coaching psychology framework', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 3 June 2015. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely



Reviewer and committee member
pp. Dr Jacqui Marx
CHAIRPERSON OF THE RPERC

Appendix II: Study Information Sheet

Applied Mindfulness in Practice: Developing and evaluating a mindfulness-based wellness programme set within a coaching psychology framework

My name is Susan McGarvie. I work for the Hospice Palliative Care Association of South Africa. I am doing my PhD in psychology through Rhodes University. I am doing a research study which will see the development, implementation and evaluation of an applied mindfulness-based wellness programme for psychologists.

The results of the study will be reported back to all the organisations involved. They will also be published in a peer-review journal and presented at appropriate conferences. No names will be used in the final write up and participation will be kept confidential.

The research study will be done in two phases. Phase 1 will involve the development of an applied mindfulness-based wellness programme. Phase 2 will involve the implementation and evaluation of the developed programme. Please be aware that your participation is entirely voluntary and three will be no reprisals should you decide not to participate. If you decide to participate, you may pull out at any time. In the unlikely event that this process should upset you in any way; counselling will be provided.

<u>What will be required by participants?</u>

Participants will be asked to attend and participate in a one-day workshop and a series of follow up individual coaching sessions which will be augmented by e-learning exercises. All participants will be required to sign two consent forms: one to consent to participation and one to consent to the focus groups being videoed. Participants will also be asked to complete a series of self-report scales before commencement of the programme, during the programme and some weeks/months after the programme.

The study data will be stored on CD/DVD/flash drive and kept securely by the author for two years if the results are published and for six years if the results are not published. Only the members of the research team will have access to the information.

If you have any other queries about the study, you may contact Prof. Dave Edwards. His email address is: d.edwards.ru.ac.za

If you have any queries or complaints about any aspects of the research study, you may contact the Rhodes University Ethical Standards Committee c/o ethics-committee@ru.ac.za, phone 046-603 8055.

Appendix III: The Consent Form

Consent form for the following research project:

Applied Mindfulness in Practice: Developing and evaluating a mindfulness-based wellness programme set within a coaching psychology framework
I the undersigned, acknowledge that I have read and understood the attached information sheet regarding the aforementioned research project and willingly consent to participate.

I have had the opportunity to ask questions and have had these satisfactorily answered.

I understand that my participation is voluntary, that my personal information will be kept confidential beyond the research team and that I can withdraw at any time without fear of penalty.

Date: _____

Name of participant: _____

Signature of participant: _____

Witness 1:_____Witness 2:_____

Name of person taking informed consent:

_____

Signature of person taking informed consent:

_____

Date of informed consent:

_____

Appendix IV: The Pre-Programme Questionnaire

Pre-programme questionnaire

The questions below will help me to get to know you and your circumstances a little and provide a point of departure for our work together. This information and indeed all the information that we share together will held in the strictest confidentiality.

<table>
<tr><td colspan="2">Name:</td></tr>
<tr><td colspan="2">Relationship status:</td></tr>
<tr><td colspan="2">Do you have any children/step-children? How many?</td></tr>
<tr><td>Address:</td><td>Telephone Number:

Email address:</td></tr>
<tr><td colspan="2">Qualifications and specialties:</td></tr>
<tr><td colspan="2">Work history:</td></tr>
<tr><td colspan="2">Current work environment:
(Please describe the conditions of your work environment and the type of work you spend most time on.)</td></tr>
</table>

Describe your life circumstances as they are at the moment: (Include some detail about your family life, social life, exercise regime, spiritual llife, etc)
Have you had mindfulness training or experience with mindfulness? (If you have, please give some detail.)
Have you had any resilience training before? (If you have, please give some detail.)
Do you do anything specifically to support your resilience and wellbeing? (If you do, please give some detail.)
What, if anything, most interferes with your resilience or sense of well-being?

Have you ever had to take time off work for stress-related issues?
Have you ever identified your core values or draw up a personal mission statement? (If yes, please list them)
Have you worked with a mentor, coach, therapist, development facilitator before? Y N If yes, what sort of relationship/practitioner was it? What worked for you in that relationship? What didn't work for you in that relationship?
Do you have any health-related issues? Y N Are you in the care of a healthcare practitioner of any kind? Y N
What are your expectations of this programme?
What are your commitments to this programme?

Appendix V: The Learners Manual

Attentive Amelioration:

Mindfulness-based wellness for Healthcare professionals

Introduction

Healthcare professionals dedicate their lives to relieve suffering and psychologists specifically focus on relieving emotional suffering. They intentionally engage with the pain and anguish of others on a daily basis. It is poignant therefore, that so many studies have revealed that burnout levels among healthcare professionals and specifically therapists, are pervasive (Ackerley et al., 1988; Brotheridge & Grandey, 2002; Edwards et al., 2002; Glasberg, 2007; Leiter & Harvie, 1996). In fact, stress and burnout among healthcare providers has been described as endemic, which is worrying not only because of the impact on the healthcare workforce, but moreover the resilience and the wellbeing of healthcare professionals affects the quality of care they provide (Bogaert et al., 2013; McCann et al., 2013; Poghosyan et al., 2010).

What is this programme all about?

Attentive Amelioration is a mindfulness-based resilience coaching programme which also draws on positive psychology and adult learning principles.

Learning Objectives

Participants can expect to learn about:

- The principles of mindfulness
- Mindful practice exercises
- The potential mechanisms of

What are the anticipated outcomes of this programme?

Based on studies done by researchers like Shauna Shapiro, Christopher Germer, Mick Krasner, Al Kaszniak, Ronald Epstein, Kristin Neff, Paul Gilbert and many others, it is anticipated that those who participate in this kind of programme may develop…

- A Greater self-awareness and sense of personal capacity
- A re-connection with their lives and those around them
- An increased level of resilience and ability to manage stress and suffering
- A closer connection with their work and sense of purpose

This does not mean that they will have less stress or less emotion in their lives, in fact they will become more aware of their emotions and stresses and will potentially be able to engage and process them in a healthier more balanced and flexible way.

Burnout

Research suggests that burnout in healthcare providers, which is characterised by emotional or physical exhaustion, is caused by work conditions that do not allow healthcare providers to fulfil their values at work (Leiter & Harvie, 1996). This is most often associated with work conditions that are typified by poor resources and long hours leading to a sense of reduced agency and an inability to provide quality care (Brotheridge & Grandey, 2002).

There are a number of studies that have been done to investigate various methods to improve psychologist wellness (Cummins et al., 2007; Lawson, 2007; Venart et al., 2007; Yager & Tovar-Blank, 2007). Research has focused on therapy or supervision as mediating factors in the burnout struggle and it is generally accepted that all practicing psychologists should undergo some kind of therapy or supervision in order to better equip themselves to cope with emotional strain of psychotherapy practice (Daw & Joseph, 2007; R. P. Greenberg & Staller, 1981; Macran & Shapiro, 1998). This is however voluntary and therapists do not necessarily see the need for it, even when they begin to experience burnout symptoms.

Current evidence highlights that all burnout prevention and wellness strategies need to be self-directed if they are to be sustainable; improving wellness requires a lifestyle shift that incorporates self-care activities into daily living (Cummins et al., 2007; Venart et al., 2007). In light of this, recent studies have focused on mindfulness interventions which report a holistic lifestyle shift (Beckman et al., 2012; Berceli & Napoli, 2006; Boellinghaus, Jones, & Hutton, 2013; Campbell & Christopher, 2012; Cave, 2012; Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2005).

Resilience is the ability to meet adversity, challenges and change in a way that is adaptable and flexible so that one can learn and grow stronger. Research indicates that resilience is an attribute that one can grow and develop, but it needs constant maintenance if it is to be sustainable. Studies have also found that successful resilience interventions need to have a holistic approach which will create a life-style shift. This programme is intended to do that by integrating adult learning theories and coaching psychology principles alongside mindfulness principles and focusing on some of the mechanisms of mindfulness.

What is mindfulness?

Mindfulness is defined in terms of a state of mindfulness and mindful practice (Germer et al., 2013; Kabat-Zinn, 2011). Research indicates that mindfulness can be learned through training and a number of mindfulness-based training programmes have been developed and evaluated including Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT) and Mindful-Compassion Based Therapy (Baer, 2003; Gilbert & others, 2013; Kabat-Zinn, 2003b).

Mindfulness means paying attention in a particular way; on purpose, in the present moment, and

There is an abundance of literature that alludes to the success of mindfulness programmes to increase mindfulness, improve wellbeing and ameliorate suffering on various levels. Mindfulness interventions have been implemented in several different spheres including leadership, corporate and healthcare settings (Abenavoli et al., 2013; Hülsheger et al., 2014). In healthcare; mindfulness training has been done with clients/patients as well as practitioners (Baer, 2003; Beach et al., 2013; K. W. Brown &

Ryan, 2003). Much of the mindfulness work done with care-providers has included investigations into the effectiveness of mindfulness training to improve wellbeing and proficiency.

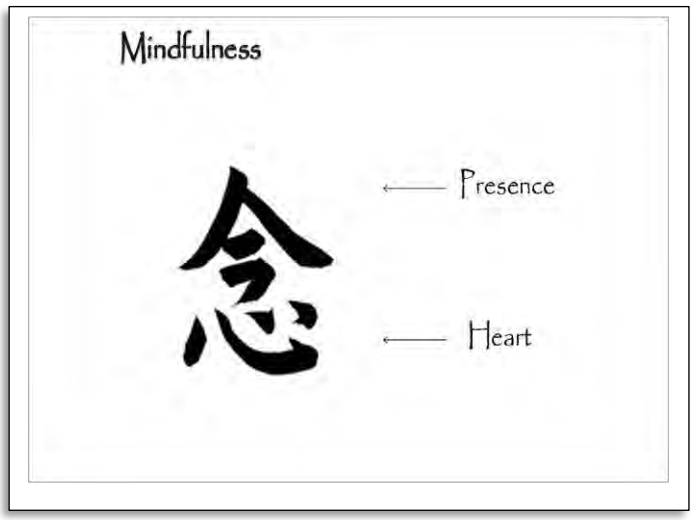
These studies have shown that mindfulness training improves health practitioner proficiency by increasing attentiveness and presence with patients. They also found that practitioners who practiced mindfulness were more fulfilled, better able to cope and more likely to remain in practice. Furthermore, mindfulness programmes conducted with psychologists show that because mindfulness increases empathy and presence; it is an effective mechanism to foster therapeutic alliance which is integral to therapeutic outcomes (J. C. Campbell & Christopher, 2012; Greason & Cashwell, 2009; McCollum & Gehart, 2010).

Although mindfulness has its roots in ancient meditative/contemplative practice, modern-day mindfulness has been adapted for a more westernised and secular audience.

Mindfulness is associated with and includes formal meditative practice, but it is more than that. Mindfulness is a way of being. It is a practice of moment to moment awareness; a turning off of *the autopilot* in favour of an active presence in the activities of our daily lives. It requires a shift in our perspective and an active practice of non-judgement.

Mindfulness is a practice which requires an ongoing conscious endeavour to remain present to the moment and to be non-judgmentally curios of the ongoing stream of internal and external stimuli.

In eastern languages, the symbol for heart and the symbol for mind are the same and mindfulness is represented as ***presence of heart***.



The qualities of mindfulness

- **Intention**

  Our intention is the answer to *why* we do anything. As Kabat-Zinn explains: "Your intentions set the stage for what is possible. They remind you from moment to moment why you are practicing." Rather than being fixed, intention is dynamic and shifts and evolves as we continue to practice.

- **Attention**

  Mindful attention is a focus on the experience of the moment without the distraction of the interpretations of the experience. It is about being aware of and accepting what is. (This does not mean that we do not or cannot change what is distressing or unpleasant, it just means that we accept it for what is in this moment before we set the intention to initiate change.)

- **Attitude**

  Attitude refers to *how* we attend. In mindfulness, we hold an attitude of open, patient, non-striving, non-judgmental curiosity.

Mindfulness in action

A mindfulness practice is made up of a series of different practices which are intended to create a shift in consciousness and generate the qualities of curious, non-judgmental intention, attention and presence.

- **Meditation/contemplative practice**

  Meditation is simply the practice of dedicating time to be still and observe the moment. Meditative practice can be done in many ways and does not need to be daunting. (In Buddhism alone, there are said to be 34000 different meditation techniques.)

  > "Meditation is a way for nourishing and blossoming the divinity within you."
  > — Amit Ray,

  Short regular periods of quiet contemplation approached with the qualities of intention, attention, presence and non-judgement can cause a shift in consciousness and an opening up to an expanded sense of awareness and presence.

- **Conscious awareness**

  Over and above a regular meditative practice, mindful practice is also about actively cultivating a greater awareness of the internal and external stimuli in each moment as we go about our daily lives. It is about stepping out of the *trans-like* interpretive narrative and engaging with the reality of our life as it is occurring in the moment.

- **Movement**

  Mindful movement involves consciously bringing mindfulness to the movement of our body when we do formal exercise and when we go about our daily routine-getting in and out of the car, walking to the office, sitting at our desk, picking up our children, etc. One can also

engage with exercises and movements that will encourage mindfulness. Yoga and Thai Chi are two examples of forms of exercises that can encourage and support mindfulness.

- **Communication**

  Good communication is described as a dialogue of speaking and listening in which a common understanding is achieved. This kind of communication requires a certain degree of openness and trust. Mindfulness allows us to be more present in the dialogue and to listen with a greater intention to hear and understand the other person. It also allows us to be more aware of our reactions to what is being said and to make more conscious decisions about how to respond to our reactions and to what the other person is saying.

- **Nourishment**

  We need nourishment to function. Our bodies need fuel in the form of food, our minds need balanced stimulation and our heart and soul need inspiration. Practicing mindfulness increases our awareness of what we're putting into our system by way of food, mental stimulation, social interaction, etc. It also heightens our awareness of the effects of stimuli. One may for example become acutely aware that extended periods in noisy, crowded places is tiring or stimulating depending on your preferences. We may become more attuned to our body's needs such as hunger and thirst.

Examples of mindfulness practice activities:

Practice	Description	Benefits
Meditation or quietening the mind	• Regularly taking time to sit and be quiet without distraction so that one can become aware of one's thoughts	• Clarity of mind • Greater self awareness • Greater resilience and increased ability to cope • Increased compassion • Greater sense of purpose
Awareness of breath	• Exactly as it sounds, taking time to become aware of the rhythm of your breath • Do not try to change the rhythm, just observe it	• Deep connection to the aliveness of being in the present moment • Increased levels of relaxation • Many of the same health benefits of meditation

Awareness of body	• Body scan
	• Mindful eating
	• Mindful exercise
	  o Yoga
	  o Walking meditation
	  o Any exercise done mindfully
		• Deeply relaxing
		• Allows one to identify, acknowledge and let go of tensions and emotions that may be *locked* into an area of the body

The six potential mechanisms of mindfulness

In my review of different therapeutic approaches, I have observed that many of the popular approaches such as cognitive behavioural therapy, cognitive-compassion based therapy, appreciative enquiry, logotherapy, strengths-based therapy, neuro-linguistic programming and narrative therapy have a number of common themes. One of which is that they all require the client to learn to observe their feelings, thoughts and behaviours in order to implement change. In essence, they all have mindfulness as an essential component of their process. They also all attempt to help clients to do all or some of the following:

- Make sense of or find meaning in their current circumstances
- Identify and effectively utilise their strengths and resources
- Reframe their circumstances using perspective and language
- Reclaim a sense of agency or internal locus of power
- Accept and be kind to themselves and others
- Accept that they are a part of and add value to a bigger picture

These commonalities have been incorporated into this programme which is based on five interactive and inter-dependent mechanisms of mindfulness:

- Re-perceiving
- Self-regulation
- Compassion
- Meaning, values and ethics
- Flexibility

The following diagram gives a visual representation of the potential mechanisms of the programme and how they merge and overlap, but it is

important to note that it is not intended to be applied as a model of resilience.

Reperceiving is a mechanism of mindfulness initially identified by Shauna Shapiro. It is the ability to shift perspective and de-centre ourselves from within the drama of our thought narrative. This means that we can view situations and stimuli from different perspectives which allows us to respond in a way that is more informed and more appropriate.

To the extent that we are able to observe our thoughts, we are no longer completely

This ability to shift perspective to make that which is subjective objective is a key developmental process of growth and "mindful practice continues and accelerates this process." (Shapiro et al., 2006)

During meditation we practice shifting perspective so as to observe our thoughts in a non-judgemental way. We identify that we as the observer of our thoughts are not the thoughts themselves. We therefore detach from the content of our consciousness and become more aware of our moment-to-moment experience.

This practiced shifting of perspective affects how we view the scenarios that play out in our life. We naturally begin to take a wider view and mindful practice gives us the space to make more informed choices.

Self-regulation is described in terms of behaviour and emotion:

- Emotional self-regulation refers to our ability to manage our emotions-to calm and soothe ourselves during times of stress or distress and to ourselves up, motivate ourselves, etc.
- Behavioral self-regulation is ability to direct and monitor our behavior and control impulses so that we can work towards goals and ideals.

Self-regulation is integral to optimal functioning and neuroscience studies have shown that mindful practice literally grows those parts of the brain that are involved in emotion regulation and higher functioning.

Compassion is generally considered to be a passive concept that historically, has rarely been associated with strength and resilience. It has also been regarded as an attribute that people have or they don't.

**"Can I see another's woe,
And not be in sorrow too?
Can I see another's grief,
And not seek for kind relief?"
-William Blake**

In the last two decades, however, the mechanisms and benefits of compassion have been studied by people like Kristin Neff, Paul Gilbert, Joan Halifax and their contemporaries around the world (Gilbert & others, 2013). The findings have demonstrated that; not only does compassion trigger neural pathways that are uplifting and empowering, but that the attributes and skills of compassion can be ***learned/taught***. Subsequently, compassion training programmes have been developed by institutions like Derby University, Bangor University in Wales, The Tibet/Emory partnership, Stanford University and more, all with good therapeutic results.

Compassion is often confused with empathy and/or altruism. Empathy is the visceral or emotional experience of another person's feelings. Clinical research has shown that people who have an empathic reaction share the same neural stimulation as the person experiencing the suffering, be it emotional, spiritual or physical pain. Altruism is defined as an act or behavior that benefits someone or something else. Altruistic behavior can be totally devoid of compassion or empathy.

"If you want others to be happy, practice compassion. If you want to be happy, practice compassion."
Dalai

Compassion is defined differently in different contexts, but at the bottom of all of the many definitions is the fundamental premise that it is ***being***

able to identify suffering in others with the desire to actively relieve that suffering. Compassion, therefore, is in a sense a combination of empathy and altruism.

For years now, we have talked of ***compassion fatigue***. The irony is that the neural pathways stimulated by compassion are in fact different to the empathic neural pathways which stimulate those areas of the brain that recognise and feel suffering and lead to exhaustion and burnout. Compassion reactions stimulate activity in a neural network in areas such as the medial orbitofrontal cortex, putamen, pallidum, and ventral tegmental area—brain regions associated with positive affect and affiliation. This would mean that the deliberate cultivation of compassion offers a new coping strategy that fosters positive affect even when confronted with the repeated, ongoing distress of others. Mindful practice has been linked to increased levels of self-compassion and compassion.

Meaning, Values and Ethics

Our values are those qualities which are most important to us. By identifying and living by our values we live a life that is true to our authentic self and this creates a state of harmony within us. When we function from a state of inner peace and harmony our interactions with others are more likely to be harmonious and productive.

We all have values, but few of us have taken the time to identify them and so we often, unknowingly violate our own values. This leads to disharmony and a sense of discomfort within us, because at our core, we feel the jarring of this violation. We know that we are being untrue and it grates at our conscience.

Mindful practice allows us to create and expanded degree of awareness which creates a space to identify and acknowledge what we value and what is meaningful and to notice whether our thoughts and behaviour are aligned with those values.

Victor Frankl proposed the idea that human beings have the ability to endure and survive an inordinate amount of suffering if they can find meaning in the suffering.

His theory is based on three principles:

- Life has meaning under all circumstances
- Our main motivation for living is our will to find meaning in life
- We have the freedom to find meaning in what we do, and what we experience-no matter the circumstance

Again; mindful practice allows us to shift our perspective so that we can identify the meaning in a given a situation and focus on that sense of meaning. Imagine for example; a man who is terrified of flying and wants to attend his daughter's graduation on the other side of the country. As he is sitting on the plane he may get caught up in all the sensations and emotions associated with his fear, if he begins to ruminate about his fear, all the things that can go wrong, how he is so pathetic, etc, etc He will most likely have an incredibly uncomfortable flight which could reinforce his fear of flying. But if the person sitting next to him asks him why he is making the trip and they start a conversation about his daughter and her achievement and how much it will mean to them both to have him attend the graduation, he will most likely allow some of the thoughts about his fear to drop away and he can hold onto the reason *why* he is enduring the discomfort that he is. He may walk off the flight thinking "that wasn't so bad!" which will afford him the confidence to do it again and slowly create and new experience of flying. Mindfulness becomes the passenger who asks

why and helps us to bring our attention back to the present moment and to the meaning of the suffering.

The ethics of mindfulness which highlight compassion and connectedness and an intention to act in a way that is beneficial to the greater good link to the Beauchamp and Childress principles of ethics in the following way:

Autonomy is described as an individual's right to make his or her own choice. Mindful practice not only creates a space for each of us to make more conscious choices so as to give us more agency and autonomy in our own lives, but it also allows us to be more present to our clients and practice in a way that is more patient centred.

Beneficence is described as the principle of acting with the best interest of the other in mind. Mindfulness allows us to slow down enough to become aware of the best interest of the other and the potential conflict between what is best for them and our own wants and needs.

Non-maleficence is described as the principle to *do no harm*. Again, the greater sense of awareness that comes with mindful practice, gives us the opportunity to see how our thoughts and behaviours could potentially be causing harm and act to rectify that.

Justice is a concept that emphasizes fairness and equality among individuals. Mindful practice increases our connectivity with others and emphasises the need to acknowledge that "we are beneath no one and above no one".

Flexibility is an important part of resilience. If we are to be resilient, we need to be able to engage with the changing flow of life in a healthy and productive way.

The old adage "If life throws you lemons, make lemonade." is descriptive of the kind of flexibility that we need in order to be resilient. Mindful practice, because it changes our perspective, makes us more compassionate and able to connect with our values and our sense of meaning in any given situation; lets us be more flexible.

A tree that can bend in the wind is far less likely to be uprooted. As we learn to view our thoughts and our reactions with more wisdom and clarity, we become more flexible and better able to respond to the crises in our life. But, perhaps, more importantly we can bring that same flexibility to the myriad of mini-crises that occur during any given day that could potentially cause distress and an inability to cope.

Conclusion

Mindful practice is a holistic approach to life which not only allows us to live with more clarity and compassion, but also allows us to stay in touch with our values and purpose in life. It is a simple and inexpensive practice which not only increases resilience, but also improves practitioner proficiency and patient outcomes.

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Additional Resources

1. The Art and Science of Mindfulness: Integrating Mindfulness into Psychology and the Helping Professions by Shauna Shapiro and Linda Carlson
2. Mindful Compassion: Using the Power of Mindfulness and Compassion to transform our lives by Paul Gilbert & Choden
3. Self Compassion: stop beating yourself up and leave insecurity behind by Krsitin Neff
4. Radical Acceptance by Tara Brach

http://brenebrown.com/
http://www.tarabrach.com/
http://www.mindfulselfcompassion.org/

Appendix VI: The Workshop Evaluation Form

This evaluation consists of a series of questions related to your experience of the workshop. Please be as detailed as possible so that I can improve the workshop in future.

Has the above workshop met your expectations?	Yes	No
How did the workshop meet/not meet your expectations?		
Were the learning objectives met?	Yes	No
How were the learning objectives met/not met?		
Was the learning environment conducive to learning?	Yes	No
How was the learning objective conducive/not conducive to learning?		
Was the learning material appropriate?	Yes	No
What would you like me to add or remove from the learning material?		
What are the key points/insights that you will take away with you today?		

Thank you for the additional information.

Appendix VII: Excerpt from The Velveteen Rabbit

“Real isn't how you are made,' said the Skin Horse. 'It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.' 'Does it hurt?' asked the Rabbit. 'Sometimes,' said the Skin Horse, for he was always truthful. 'When you are Real you don't mind being hurt.' 'Does it happen all at once, like being wound up,' he asked, 'or bit by bit?' 'It doesn't happen all at once,' said the Skin Horse. 'You become. It takes a long time. That's why it doesn't happen often to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand”. (Williams, 2019, p 1)

Appendix VIII: The Programme Evaluation Form

This evaluation consists of a series of questions related to your experience of the attentive amelioration programme. It also serves as a reflective exercise which I will analyse along with the rest of the data which I have gathered, so please be as detailed as possible.

Has the above programme met your expectations?	Yes	No
How did the programme meet/not meet your expectations?		
Were the learning objectives met?	Yes	No
How were the learning objectives met/not met?		
Was the learning material appropriate?	Yes	No
What would you like me to add or remove from the learning material?		

Do you have any suggestions regarding the presentation of the programme? EG: Would you change the number of sessions, the website, etc in any way?
What, if any, insights have you have made during the course of the programme?
Are there any changes in your thoughts and/behavior that you would attribute to the work that you have done as a result of participating in the programme?
What have you found to be helpful during the programme?

How do you intend to sustain or grow the practice that we have started together?

Thank you for the additional information. I hope that your mindfulness practice will continue to grow and be a source of comfort and enrichment in your life.

Appendix IX: The Final Interview Sheets

Final Assessment Interview Questions – This example was drawn up specifically for Bronwyn. The interview sheets were edited slightly for each participant where it was necessary to get further information specific to them.

Greetings and introductions…

1. Are you still practicing mindfulness?
    a. How? (Explanation of all elements of practice even if these are not formal practices)
    b. How much?

2. How have you sustained your practice?
    a. Have you joined any groups?
        i. Real/virtual
    b. Have you done further reading, retreats and/or training?
        i. Which authors, books, retreats or trainings have you found particularly helpful?

3. Have you noticed any shifts in your thought patterns or behaviour that you would attribute to participating in the programme?
    a. What have these looked/felt like? (Please try to get specific examples)
    b. How have they influenced the rest of your life - work, wellbeing, relationships, parenting, etc? (Again, specific examples if possible)
    c. Can you think of and describe any specific examples, since completion of the programme, where mindfulness has influenced or affected your thoughts and behaviour?
        i. How did thinking or behaving mindfully in that scenario affect the outcome?

4. During the individual sessions and evaluation exercises you reported that you could see an overlap between the mindfulness principles and your therapy practice principles.
    a. Could you describe these overlaps? (Please ask her to be as specific as possible and ask for client examples where possible)

5. Has the mindfulness influenced your therapy practice?
    a. How? (Again, please be as specific as possible with examples)
    b. Have you included specific mindfulness principles or practices into any of your group or individual sessions? How?
    c. Has this affected patient outcomes? How?
    d. Has this affected how you experience the therapy process? How?

6. Just before and during the programme, you went through some particularly stressful life events and at the time; you observed that *"mindfulness helps in dealing with emotionally difficult situations better."*
    a. How do you think the mindfulness training helped you to manage and adjust to those events? (Again, please see if you can elicit specific examples of shifts in thought patterns and behaviour attributed to mindfulness)
    b. Has this been sustainable? (Do you still find that you can be mindful during emotionally difficult situations? Examples?)

7. When we did the programme, the group reported that this time of the year (September to December) is very busy and quite stressful. Have you noticed a difference in the way that you are managing these pressures, that you would specifically attribute to mindfulness? (Specific examples)

8. Are there any other insights that you have had since completion of the programme?