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Psychoeducational learning: a qualitative study

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PSYCHOEDUCATIONAL LEARNING: A QUALITATIVE STUDY

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Doctorate in Education (EdD)

Bangor University

November 2019

Declaration

I hereby declare that this thesis is the results of my own investigations, except where otherwise stated. All other sources are acknowledged by bibliographic references. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree unless, as agreed by the University, for approved dual awards. I confirm that this work is submitted with my supervisors' agreement.

Acknowledgements

I am indebted to the participants in this study who generously gave their time and so openly shared their experiences and the intervention's designer and facilitator for allowing access to the programme's participants and content. I also owe a debt of gratitude to my supervisors Dr Nia Young and Prof Enlli Thomas whose excellent guidance, encouragement, support and compassion were invaluable. I also wish to thank my family for helping me to stay motivated and complete this work.

Dedication

To mam and dad for your unstinting love, support, encouragement and wise guidance.
Educators in its truest sense.

Abstract

Psychoeducational interventions are predominantly situated in healthcare settings. Their aim is to support the development of psychological skills and coping resources to mitigate the

adverse impact and stress of ill-health as well as provide information on conditions. This thesis is concerned with the experiences of participants living with long-term health conditions and disabilities who attended a workplace group personal development programme that is fundamentally psychoeducational. The pedagogy of psychoeducational interventions and the programme attended by this study's participants draws upon and synthesises various psychological therapeutic approaches and models with learning theory. The effectiveness of psychoeducation and the psychological therapies that underpin the programme attended by these participants have been extensively quantified. However, much less is understood about how participants have experienced such interventions. Data from individual interviews with fourteen participants who had attended a workplace psychoeducational programme was analysed using thematic analysis. Nine themes were identified which captured participants' experiences of psychoeducational learning and personal growth on a collective and experiential intervention. Participants reported enhanced capacities for awareness, accessing positive affect, restructuring self-limiting beliefs and making constructive life-changes following an experiential and highly supportive group learning intervention. The psychological, relational and reflective practice skills learned were considered fundamental for continued wellbeing and self-development. While its findings are not generalisable, this exploratory study offers insights into the constructive impact that a collective, integrative psychoeducational intervention in an occupational/educational and non-medical context can have. Provision of such programmes in contexts beyond healthcare would increase access and provide opportunities to develop skills and capabilities that can improve, enhance and maintain psychological wellbeing; and facilitate the capacity to flourish. Further research to quantify the impact of integrated psychoeducational interventions situated in non-medical context is recommended. Along with further qualitative data, this would provide further knowledge and understanding of psychoeducational learning interventions and their potential for wider application and implementation.

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Chapter 1: General Introduction

Overall Aim and Focus of the Study

The overall aim of this study was to explore the experiences of participants who attended a psychoeducational intervention in order to understand what the impact of such learning had been and what this had meant for them. Psychoeducational interventions aim to inform and educate as well as develop skills that can enhance resilience and coping capacities. This thesis focuses on how a specific psychoeducational intervention, positioned as a personal development programme within an occupational setting, was experienced. The programme has been designed to support employees who are living with a chronic, long-term physical and/or mental health condition to fulfil their potential by developing their personal effectiveness. Participants learn and develop a range of skills, capabilities and coping resources in order to facilitate their capacity to flourish. This essentially psychoeducational intervention draws upon and integrates a range of therapeutic approaches to form the pedagogy of a programme delivered to a group of approximately 12 participants over a six-month period. Its focus is on facilitating the fulfilment of potential through the development of skills and experiential learning. As the effectiveness of the core elements of the programme have been extensively demonstrated through quantitative research, the aim of this study was to understand, through qualitative descriptions, how such an intervention had been subjectively experienced by its participants.

The Context and Rationale for Psychoeducational Interventions

It is estimated that 1 in 4 people of all ages and backgrounds experience the symptoms of the most common mental health problems of anxiety and depression or a combination of both each year (McManus et al., 2016). In addition to depression and anxiety, the global incidence of stress amongst working age adults is also increasing. Stress accounts for 49% of all working days lost due to ill-health and is responsible for 40% of work-related illness in the UK (Health & Safety Executive, 2017). While a degree of periodic, short-term stress is inevitable and possibly even beneficially motivating (Selye, 1974) long-term chronic stress is a factor in common mental health conditions such as depression and anxiety (Van Praag, 2004; Wang et al, 2005). Furthermore, nearly 20% of working-age adults have reported suffering from symptoms of mental health problems such as sleeplessness and irritability, without necessarily having a diagnosed condition, thereby impairing their capacity to function effectively (Leliott, 2008). The prevalence of mental illness is often hidden as many people continue to function, with approximately 20% of women and 10% of men in full-time employment estimated to have some form of common mental health problem (Stansfield et al., 2014).

Despite the prevalence of mental health issues, however, only around 1 in 8 adults with a mental health problem are estimated to receive treatment in the UK (McManus et al, 2016). The most common form of treatment is prescribed medication, even though drug effectiveness can vary considerably across individuals (Preston et. al, 2008). Prescribed medication is not always effective for everyone especially in the treatment of conditions such as mild to moderate depression (Van der Lem et al, 2012). Increasingly, therefore, the treatment of mental illness frequently combines psychological therapies with medication (Toates, 2010). However, accessing psychotherapeutic treatment is fraught with barriers, not least the negative connotations and stigma of mental illness which can inhibit people from seeking help (Fuller et al., 2000; Corrigan et al, 2009). Large-scale public campaigns to reduce stigmatisation and reticence to seek help can have an impact and raise awareness but the degree to which such initiatives can educate and fundamentally change attitudes is limited (Henderson & Thornicroft, 2009). Most sufferers of severe depression report having experienced some form of discrimination due to their condition and therefore fear of the continued stigma of mental illness remains, discouraging many from seeking help (Lasalvia et al., 2012).

When access to therapeutic treatment is sought, psychotherapeutic interventions aimed at curing mental illnesses are usually delivered on an individual basis, often over long periods of time (Brown et al., 2010). As individually delivered therapies are well-established as the norm (Andrews et al., 2004) access is inevitably limited to such resource-intensive and costly treatments, which forms an additional barrier to accessing therapeutic treatment. This is further compounded by the extent to which demand for therapy severely exceeds the supply of mental health professionals and therapeutic practitioners who can deliver psychological therapies (Hoge et al., 2009; Kazdin & Blaise, 2011). However, psychoeducational programmes based on therapeutic interventions lend themselves well to group delivery and can thus meet a greater proportion of the demand (Van Daele et al., 2012). Nonetheless, despite high demand, long waiting lists and the lengthy treatment timescales, one-to-one delivery of therapeutic interventions remains the dominant model for delivering therapeutic interventions (Brown et al, 2010; Kazdin & Blase, 2011).

Individual psychotherapy interventions predominantly focus on treating and curing a specific condition or psychological problem (Muñoz et al., 2010). However, it is estimated that less

than a third of mental health difficulties can be addressed by any form of treatment and thus an approach which emphasises prevention as much as cure is called for (Andrews et al., 2004). The curative aspects of psychoeducational, preventative programmes has also been found in studies indicating their effectiveness in reducing common mental health conditions such as depression and anxiety (Sandler et al., 2014). However, the range of techniques and strategies taught on psychoeducational interventions have broad relevance and can be applied as preventative measures against several psychological disorders (Brown & Barlow, 2005). The benefits of psychoeducational prevention programmes are not limited to specific conditions as the evidence from interventions aimed at improving parental mental health have demonstrated (Regan et al., 2016).

A factor believed to be helpful the recognition, management and prevention of psychological disorders is knowledge and understanding of mental health or ‘mental health literacy’ (Jorm et al., 2000). Improving understanding of mental health issues, what can affect and maintain it, has been shown to be effective, even within high risk groups (Parkkonen et al., 2015) and often forms the bedrock of psychoeducational interventions. In addition to this curative, educational aspect, psychoeducational interventions also have an emphasis on developing skills to mitigate the reoccurrence and severity of mental illness (Van Daele et al., 2012). Psychoeducational interventions help participants to develop self-insight, self-efficacy and problem-solving skills which can reduce the symptoms of stress, depression and anxiety (Baüml et al., 2006). Being able to draw on such capacities in future can help maintain psychological health and effective functioning (Van Daele et al., 2012; Baüml et al., 2006; Walsh, 2010). In their aim to reduce participants’ vulnerability to stressors, enhance their resilience and coping strategies, stress management programmes are also essentially psychoeducational interventions, especially given the association between high levels of stress, depression and anxiety (Van Praag, 2004).

The lines between what is considered ‘normal’ emotional responses to stressful or traumatic events, such as low mood or anxiety and mental illness or psychopathology are becoming increasingly blurred (Stein et al., 2010). Mental health, however, is more than the absence of mental illness (Huppert & Whittington, 2003) and according to the World Health Organisation, “there is no health without mental health” (WHO, 2005). Yet only around 20% of the UK population are estimated to enjoy full mental health, defined as being free of any psychological disorder for over 12 months, functioning effectively and flourishing (Keyes,

2007). However, many such as Brown and Barlow (2005) purport that it is possible for most people to learn how to improve and maintain psychological health and thereby enhance long term mental health and wellbeing. Psychoeducational programmes have the potential to provide interventions that can help individuals to develop the requisite skills and capacities to improve and maintain psychological health and wellbeing (Van Daele et al, 2012). Their beneficial effects have been demonstrated in several studies (Dixon et al., 2000; Colom et al., 2009; Walsh, 2010; Shimazu et al., 2011; Nam, 2016). Nonetheless they remain typically underutilised, even in healthcare settings from where they originated; despite their effectiveness and efficient use of resources, group psychoeducational programmes are not particularly widespread (Mihalopoulos et al., 2012; Van Daele et al., 2012).

Psychoeducational interventions are typically grounded within the framework of cognitive and behavioural therapeutic approaches and draw upon the humanistic qualities which underpin therapeutic relationships to encourage respectful and supportive interactions between participants and facilitator (Baüml et al., 2006). While they draw on psychotherapeutic approaches, psychoeducational interventions nonetheless have a clear educational emphasis, wherein participants are students and the therapist takes on a teacher and facilitator role (Van Daele et al., 2012). Alongside didactic inputs, there is also an emphasis on reflective, experiential learning (Schön, 1983; Kolb, 1984). Participants are encouraged to take responsibility for applying and putting into practice the skills and knowledge they have learned to enhance their lives and improve their own particular situations and difficulties (Van Daele et al., 2012). Group psychoeducational interventions also provide an opportunity for participants to find mutual support, discover that they are not alone in their difficulties and learn coping strategies from each other (Burlingame et al, 2004). The ultimate goal is to empower participants to take greater control over their lives and while vulnerabilities and limitations are acknowledged and accepted, the emphasis is on enhancing individuals' strengths, potential and resources (Zimmerman & Rappaport, 1988; Baüml et al., 2006). For therapists or facilitators delivering psychoeducational interventions, this requires a positive attitude and belief that people have an inherent capacity for learning, growth and change; and the capacity to engage in non-hierarchical dialogue and work collaboratively with participants (Van Regenmortel, 2009).

Motivation and Rationale for the Study

The author's background as both an educator and therapist essentially converge in the phenomenon of psychoeducation. Her experience as an educator has highlighted how emotional distress and negative self-belief can impede learning and the achievement of potential. Conversely, positive affect can facilitate learning and fulfilment of potential, often beyond expectation. Moreover, she has found that wherever a humanistic context was created, learning was more effective and enduring. In her therapeutic work, the author has experienced many instances where individuals' distressing and debilitating symptoms of stress and common psychological disorders such as depression and anxiety have eased following psychotherapeutic interventions. Through the lens of an educator, when working therapeutically, the author has seen how clients can learn strategies and techniques to reduce negative states and maintain their psychological health and wellbeing. She has also seen how therapeutic change can empower individuals to develop, grow and flourish as they often subsequently find ways to realise unfulfilled potential. Typically, such individuals have developed strategies to maintain their wellbeing by essentially becoming autonomous, self-supporting counsellors who access and deploy techniques learned through psychological therapy. Furthermore, the author has found through her practice that an integrated approach, which draws on diverse psychological therapies, techniques and approaches, enables her to work with a broad range of issues and psychological problems.

While the author's therapeutic work has predominantly involved individual interventions, she also has experience of group therapy programmes as well as diverse learning contexts. She has therefore seen the value that collective learning interventions can bring. Awareness of this, alongside knowledge of how the demand for psychological support exceeds resources available, led to a growing interest and an exploration of group psychoeducational interventions across different contexts. She became increasingly aware of how psychoeducation can offer a constructive, efficient option that can reduce distressing symptoms, enhance wellbeing and maintain psychological health. Despite all the benefits they offer, however, in the author's experience, the use of group psychoeducation is limited, even though such interventions increase access to psychological interventions for individuals experiencing difficulties and distress.

The author's continued interest and exploration led to the discovery of an occupational development programme that was essentially a group psychoeducational intervention aimed at supporting employees living with chronic long-term health conditions and/or disability.

The author had no involvement in the design or pedagogy of the programme which was developed and facilitated by an educator who had experienced the life-changing impact of developing a chronic health condition in early adulthood. Frustrated with the focus on psychopathology of the psychological interventions he received as part of his treatment prompted the design of this programme. The aim was to create a learning intervention that would support people living with long-term illnesses and/or disability to develop skills that would enable them to live well with their conditions and achieve their potential. Its designer and facilitator wished to create an intervention which blended didactic input with interaction in an intervention focused on the practical application of learning to participants' personal contexts and goals.

Although situated outside a mental healthcare context, this programme and the phenomenon under investigation in this study draws on various psychological approaches and models typically the preserve of mental health therapeutic intervention. Its aim is to support participants who are functioning well enough to work but living with the stress of ongoing mental and physical health conditions to enhance and sustain their wellbeing and fulfil their potential. Evaluations of the programme have endorsed its effectiveness in supporting participants to achieve their goals and positive outcomes. Similarly, quantifiable measures have demonstrated the efficacy of its theoretical underpinnings and psychoeducational dimension. However, descriptions detailing how this intervention has helped its participants have not hitherto been captured, reflecting the similar dearth in qualitative knowledge of how group psychoeducational interventions and the therapeutic approaches they integrate have been experienced.

Introduction

The learning intervention attended by this study's participants and the phenomenon under investigation is a development programme that is inherently psychoeducational. Such interventions aim to develop psychological understanding and skills in order to ease the symptoms of distress associated with physical and mental illnesses, while also enhancing strengths and capacities for growth and wellbeing (Lukens & McFarlane, 2004). Often delivered as group development programmes, psychoeducational interventions typically integrate a range of therapeutic and psychoeducational approaches in their aim to support their participants through a process of learning and change (Bäumel et al., 2006). The following chapter will explore the literature on psychoeducation delivered in the form of integrated group learning programmes before focusing on research into the most prominent therapeutic approaches which underpin psychoeducational interventions (Bäumel et al., 2006). The four approaches discussed, namely person-centred therapy (PCT), cognitive-behavioural therapy (CBT), mindfulness and positive psychology are also the integrated approaches which form the pedagogy of the psychoeducational intervention experienced by participants in this study. The following diagram encapsulates how these four approaches were integrated to form the underpinning basis of the psychoeducational intervention attended by these participants, based on the author's analysis of its content:

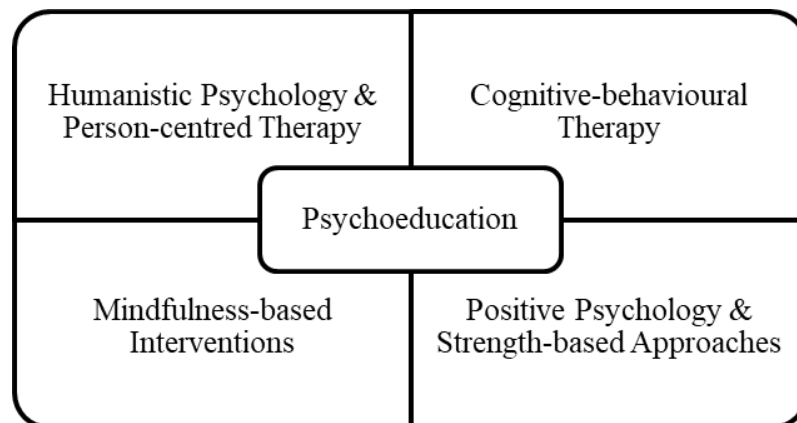


Figure 1: The intervention's integrated therapeutic and theoretical underpinnings

Psychoeducational Interventions

Coined by Donley (1911), the term psychoeducation was popularised by Anderson et al. (1980) to describe a treatment programme designed to support individuals suffering from schizophrenia that could also include patients' families and/or carers. Since then,

psychoeducational interventions have been developed as part of treatment programmes for a number of mental health disorders such as depression and anxiety amongst adults as well as adolescents (Lukens & McFarlane, 2004). Facilitated by health professionals, these programmes are essentially therapeutic interventions which also provide informational inputs on specific health conditions in order to facilitate the self-management capacities and agency of individuals (Bäumel et al., 2006). Their aim is to empower participants in the recovery and maintenance of mental health through the development of psychological and social skills, such as interpersonal communication and assertiveness, (Lukens & McFarlane, 2004), the deficits of which can impede mental health and wellbeing (Segrin, 2000). Psychoeducational interventions also aim to enhance coping resources and strengths such as resilience (Lukens et al., 1999). However, the term psychoeducation is also used to refer to specific therapies with a strong didactic input such as CBT (Corey, 2001). Increasingly it is also used to describe interventions as diverse as animal and music therapy (The British Psychological Society, 2014).

Although the original aim of psychoeducation was to address mental illness, as learning interventions, psychoeducational programmes are also strength-based with an emphasis on developing capabilities and proactively setting goals for enhanced wellbeing (Lukens & McFarlane, 2004). This represents a paradigmatic shift from a medical model focused solely on diagnosis and treatment towards a holistic and systemic perspective that supports individuals to develop their psychological skills, resilience and coping resources (Authier, 1977). The emphasis is much less on illness, pathology and dysfunction and much more on holistic, healthy psychological functioning and empowering individuals (Marsh, 2001). This is undertaken in a way that encourages adaptive, constructive behaviours when faced with the adverse impact of significant life challenges, which can often disrupt people's focus and capacity to function effectively (Mechanic, 2002). By developing skills such as problem-solving and interpersonal communication, participants learn to be proactive in managing their difficulties and to engage in collaborative dialogue with significant stakeholders in their lives to reduce stress and anxiety (Dixon et al, 2000).

In addition to a systemic focus on the wider impact of participants' experiences, psychoeducational interventions also synthesise a diverse range of approaches and theoretical models drawn from psychology and psychotherapy (Lukens et al., 1999). Models rooted in humanistic as well as cognitive-behavioural therapeutic approaches are often integrated

(Wood et al., 1999), even though these differ fundamentally in their philosophical underpinnings (Corey, 2001). Techniques from these various approaches are taught and learning is reinforced through a combination of educational, didactic inputs, reflective practice (Schön, 1983) and experiential learning (Kolb, 1984). The overarching aim is to develop the skills necessary for maintaining psychological health (Turton, 2014). This integrative approach is appropriate as no single therapeutic approach can be effective and/or suitable for all participants, issues and situations (Norcross & Goldfried, 2005). Moreover, research indicates that therapeutic approaches are generally equally effective, despite their varied theoretical underpinnings (Barth et al., 2013; Zarbo, 2015). Therapeutic integration and a blended learning approach (Turton, 2014) underpin psychoeducational interventions which aim to accommodate and meet the needs of participants, despite their diverse learning styles and presenting difficulties (Lukens & McFarlane, 2004).

Within an integrated framework, coping strategies and techniques drawn from therapeutic approaches such as CBT are taught to help facilitate emotional, behavioural and cognitive self-regulation (Corey, 2001). Skills and techniques such as reframing perspectives, problem-solving, goal-setting and emotional self-regulation are often taught alongside interpersonal communication capabilities and relaxation training on psychoeducational interventions (Lukens et al., 1999; McFarlane et al., 2003; Turton, 2015). These capacities are further enhanced by engaging in mindful-meditative practice, which also frequently forms a core dimension of psychoeducational interventions (Bäumel et al., 2006). Although psychoeducational interventions draw heavily from CBT and mindfulness-based approaches they are also grounded in the relational dimension of person-centred, humanistic approaches which create a safe learning environment for reflection, exploration and effective interpersonal interaction (Bäumel et al., 2006). A relational emphasis is critical to developing enhanced capacities for collaboration and constructive dialogue on psychoeducational programmes, enabling participants to develop, practice and reflect on skills that will enhance their effective functioning beyond the programme (Bäumel et al, 2006). Psychoeducational interventions also focus on developing strengths and individuals' capacity for growth as well as enhancing and maintaining wellbeing (Lukens & McFarlane, 2004). This dimension of psychoeducation involves drawing on positive psychology and its various techniques and theoretical models (Seligman, 2004).

Although psychoeducational programmes integrate therapeutic approaches mainly undertaken on an individual basis (Corey, 2001), they are typically delivered as group

interventions as the value of learning through interactions with others is often seen as a critical dimension (Bäumel et al., 2006). Regardless of therapeutic and theoretical underpinning, being part of a group that is collectively learning to change has many advantages that are precluded when delivery is through individual sessions (Yalom, 1995). Although some prefer one-to-one interventions especially if they lack confidence and/or feel inhibited in front of others, group interventions have been shown to be effective even in instances of high social anxiety (Barkowski et al., 2016). While the prospect maybe daunting, group-based learning and practice can be highly effective when groups become sufficiently cohesive as interacting with fellow participants and hearing their stories can help normalise experiences and reduce feelings of isolation (Seligman, 2004). Furthermore, being part of a supportive group can also foster a mutually beneficial sense of belonging and validation to its participants (Tefikow et al., 2012). Such benefits of collective psychoeducational learning underpin the reason why a group learning intervention was used for this study.

Moreover, it is widely held that individual therapy cannot offer the reported benefits of group interventions such as a shared social identity and a common purpose (Burlingame et al., 2011). The opportunities to learn from others, develop interpersonal skills and to establish a support network are all aspects of working within a group setting that can be invaluable for participants (Pennix et al., 1999). Groups also have the flexibility for role-playing and practising skills such as assertiveness and communication within smaller sub-groups of two or three peers. This can create a more balanced power dynamic than working with a perceived ‘expert’ facilitator or therapist (Anderson et al., 1986). Small groups have been shown to encourage participants to ask more questions and be less distracted than larger plenary or ‘classroom’ groups (Ehrenberg et al., 2001). Furthermore, the opportunity to share experiences within a supportive group context enables participants to benefit from hearing the perspectives of peers as well as learning from and reflecting on others’ experiences (White, 1989). Interactions facilitate the learning process (King, 1990) and in a psychoeducational context, sharing experiences can create a sense of ‘shared fate’ and support constructive change as positive aspects of participants’ coping strategies and resourcefulness are highlighted (Bäumel et al, 2006).

However, inherent to any group are patterns of how individuals relate to others, or group processes, which affect the whole group and how much individuals benefit from being in and working with the group (Burlingame et al., 2004). Nonetheless, forming constructive

interpersonal relationships through interactions with others and working collaboratively within a cohesive group have been found to be key mechanisms for change in group therapeutic interventions (Bieling et al., 2009; Tucker 2007). Group interventions can therefore provide what Yalom (1995) referred to as the vitally important ‘curative factors’ which apply to all collective psychotherapeutic interventions. Yalom (1995) defined therapeutic or curative factors as the mechanisms that effect change in therapy clients, identifying and empirically substantiating eleven such factors that all emanate from the impact of working with others. These factors range from the cathartic effect of sharing difficulties and the reassurance of discovering commonly shared experiences to instilling hope through encouragement that recovery is possible and collectively developing and enhancing skills (Yalom, 1995).

Research has indicated that psychoeducation can be an effective intervention and positive outcomes have been reported in numerous studies (Dixon et al., 2000). In the treatment of schizophrenia, psychoeducation has demonstrated outcome efficacy in several studies (McFarlane et al., 2003). In a review of more than 50 randomised control trials (RCTs) involving nearly 2000 participants, Pharoah et al. (2010) found that psychoeducation was effective in improving mental health across diverse cultures. In addition, improved familial relationships, capacity to function effectively at work and increased social engagement were also reported. Furthermore, severity and incidence of relapse rates were reduced by at least 20% and up to 50% in some cases. Similar findings were reported by Bäuml et al. (2006) following a randomised control trial (RCT) which also found a significant reduction in relapse rates and re-hospitalisation among clients with diagnosed schizophrenia. Similarly, for clients with bipolar disorder, an RCT demonstrated the efficacy of a psychoeducation programme with participants reporting reduced incidence, frequency and severity of symptom re-occurrence (Colom et al., 2009). The increasing use of psychoeducation for mood disorders such as depression has also been highlighted by Colom et al. (2009). Furthermore, in a systematic review of psychoeducation interventions, Tursi et al. (2013) found that learning about the mechanisms of low mood enhanced psychological understanding and the prognosis for recovery.

Psychoeducational Stress Management Programmes

Although psychoeducational interventions emanated from and are predominantly situated within healthcare, their aim is to prevent as much as treat psychological disorders with a

particular emphasis on the development of effective stress management strategies (Van Daele et al., 2012). As well as adversely affecting physical health (Cooper et al. 2001; Tennant 2001; Wang & Patten 2001), chronic long-term stress can impact on psychological health and wellbeing (Lazarus and Folkman, 1984; Folkman et al., 1986; Tomaka et al., 1997; Newnham et al., 2014). Furthermore, prolonged periods of intense stress can lead to anxiety and depression (Van Praag, 2004; Wang, 2004). It is therefore not surprising that a fundamental aspect of psychoeducational interventions, with their emphasis on both treatment and preventative measures, is the effective management of stress (Van Daele et al., 2012). Consequently, programmes designed to enhance coping resources and stress management capabilities are also undertaken as preventative psychoeducational interventions in contexts beyond healthcare such as occupational, sport and educational settings (Meichenbaum, 1985; 2002; Van Daele et al., 2012). While they may not be referred to as psychoeducation, such programmes similarly integrate a range of psychotherapeutic approaches and are also predominantly interactive group learning interventions (Bäumel et al., 2006).

A fundamental aim of psychoeducational stress management interventions is the development of resilience to stressors, analogous to the metaphor of strengthening resistance through immunisation which Meichenbaum (1972) draws upon in Stress Inoculation Training (SIT). Developed over several years by Meichenbaum (1975, 1976, 1977, 1985, 1993, 1996, 2001, 2017) and in collaboration with others (e.g. Meichenbaum & Jaremko, 1980; Meichenbaum & Deffenbacher, 1996), SIT is a prominent stress-management programme. At its core is the fundamental aim of empowerment as a buffer against stress (Meichenbaum, 2007). SIT is a psychoeducational intervention wherein participants learn how to manage stress as well as developing the necessary skills and resources to minimise its impact in future (Meichenbaum, 2007). It is thus positioned as both a treatment intervention to help cope with stressful events as well as a preventative measure to ‘inoculate’ individuals and thereby mitigate the impact of ongoing as well as future stressors (Meichenbaum, 1977). The focus on prevention, or inoculation (Meichenbaum, 2007), therefore makes SIT attractive and relevant to non-clinical populations in other contexts such as the workplace, education and sports and beyond its origins in healthcare.

SIT shares other similarities with psychoeducational interventions for mental health disorders (Anderson et al., 1986). It is also appropriate for individuals or groups (Meichenbaum, 2007); can be tailored to meet the needs of participants; and delivered on an individual or group basis (Foa et al., 1999). Given its emphasis on practising skills within a safe environment and

the value of opportunities to interact with others, SIT is frequently run as a group intervention (Meichenbaum, 1996). SIT also synthesises and integrates key therapeutic approaches although it is predominantly influenced by CBT with its focus on helping participants learn to restructure negative thinking patterns and to change destructive behaviours (Meichenbaum, 1977). However, SIT also integrates techniques from other approaches so that participants develop and enhance coping resources and thereby reduce emotional distress (Meichenbaum, 1977). Aligned with person-centred, humanistic approaches, SIT aims to facilitate greater awareness of existing coping skills and to empower participants to access, use and develop their existing capabilities (Meichenbaum, 1985). It is also a strength-based approach which aims to develop and enhance existing capabilities and coping strategies, thereby reducing vulnerability to stressors (Meichenbaum & Deffenbacher, 1996). SIT is also highly interactive and experiential in its emphasis on practising and reflecting on real-life application of skills and learning (Kolb, 1984; Schön, 1983; Meichenbaum, 2007), which in turn enhances self-efficacy (Bandura, 1997).

Critically, SIT acknowledges individuals' coping mechanisms and the cognitive processes involved when stressful events are perceived, appraised and transformed into subjective experiences (Arnold 1960; Lazarus, 1974; Lazarus & Lazarus, 1966). The transitional nature of stress is emphasised along with the importance of working to enhance and nurture flexible coping repertoires and learning to construct new narratives and perspectives (Meichenbaum, 2014). The emphasis is on clarifying stressors and focusing on situations that can be changed by reframing such stressors as problems that can be solved (Meichenbaum, 1996). Participants are given time and space to break down stressors so that they can be reappraised as more manageable, thereby reducing negative perceptions and emotions that engender overwhelming helplessness (Seligman, 1972). Self-management capabilities are enhanced as part of an educational intervention that blends didactic inputs with opportunities for interaction, practice and reflection (Meichenbaum, 1996, 2007). Participants engage with learning on an iterative basis, continually reflecting on their experiences and experimenting with new approaches (Schön, 1983; Kolb, 1984) as they progress gradually through the process of change (Prochaska & DiClemente, 1983). They are encouraged to shift attention away from ruminating on past events and to focus instead on enhancing self-awareness and learning to set effective goals in order to enhance coping resources (Lazarus & Folkman, 1984) and self-efficacy (Bandura, 1997).

SIT has been found to be effective in diverse contexts although its origins and early applications were predominantly within healthcare. Studies that extend over a few decades found that even brief SIT interventions targeted at preparing patients for stressful events such as surgery and other medical procedures were effective in reducing stress levels (Langer et al., 1975; Jay & Elliot, 1990; Ross & Berger, 1996). Longer programmes for psychological disorders were also found to be effective for both psychiatric patients and individuals with other chronic medical problems (Turk et al., 1983). SIT has been successfully applied to the treatment of psychiatric patients suffering from severe anxiety and chronic depression (Holcomb, 1986). Patients have also benefitted indirectly from SIT programmes attended by hospital staff with the aim of inoculating staff against the impact of stress, which in turn reduced stress for patients (Kendall, 1983). In addition to reducing psychological distress, SIT has also been used to relieve symptoms of physical conditions from recurring headaches (Holroyd & Andrasik, 1978) to managing the pain of severe burns (Wemick et al., 1981).

Beyond healthcare, SIT has also been found to be highly effective in contexts as diverse as occupational settings, armed forces and relationship counselling. Studies have found SIT to be effective for military personnel prior to combat (Meichenbaum, 1993; Novaco et al., 1983; Saunders et al., 1996). SIT programmes aimed at helping teachers manage stress have also been found to be effective in reducing the adverse impact of stress in teaching (Forman, 1982; Johnson et al. 2005). The efficacy of SIT has also been demonstrated in a number of studies with participants across age groups, as well as those suffering from various sources of stress across a broad range of situations. Attending SIT has been shown to help both adults and adolescents who have no diagnosed conditions but struggle to control destructive emotions in response to stress such as anger (Deffenbacher et al., 1988; Feindler & Ecton, 1986; Hains, 1992). SIT has also been effective in reducing performance anxiety in various situations ranging from public speaking (Jaremko, 1980; Altmaier et al., 1982) to sports events (Smith, 1980). Similarly, SIT has helped participants deal with stressful and traumatic life-changing events such as physical attacks (Foa et al., 1999) divorce and unemployment (Meichenbaum, 1993).

Psychoeducational programmes including SIT are underpinned by and integrate a range of therapeutic approaches and theoretical models which provide inputs and create a learning context that enables psychological skills to be developed, enhanced and applied. The remainder of this chapter will review the literature pertaining to the four predominant psychotherapeutic approaches that are typically drawn upon in the pedagogy of

psychoeducational interventions, including the intervention experienced by this study's participants.

Person-centred Therapy (PCT)

The learning context of psychoeducational interventions draw from PCT which is an inherently humanistic therapeutic approach (Bäumel et al., 2006). Humanistic approaches view individuals as autonomous, resourceful beings, capable of making decisions and taking action towards creating meaningful lives (Hough, 2010; Cooper, 2003). The belief that individuals inherently possess the inner resources and drive towards growth and fulfilment, referred to as self-actualisation (Maslow, 1954) is fundamental to humanistic approaches and PCT. Maslow (1943) framed self-actualisation as the pinnacle of a hierarchy of needs that underpin psychological wellbeing, progressing from basic biological and security needs to this higher level dimension. The capacity for autonomy, acceptance of self and others, engaging fully in rich emotional experiencing, developing fulfilling interpersonal relationships and creating meaningful lives all typify self-actualisation (Maslow, 1958). Such characteristics are considered critical to psychological wellbeing (Ryff & Singer, 1996) and underpin psychoeducational interventions which also view individuals as agentic beings with the capacity to learn, grow, adapt and change (Rogers 1961; Maslow 1954; Bäumel et al., 2006). While not always explicit, a humanistic approach and the relational focus of PCT especially are fundamental to psychoeducational interventions (Bäumel et al., 2006).

As a therapeutic approach PCT is highly relevant to psychoeducational interventions due to its undoubted influence on practitioner presence and the quality and depth of the relationship created between therapist/facilitator and client/learners (Mearns & Cooper, 2005). The focus of PCT is primarily on individuals' immediate and subjective experiencing within the therapeutic relationship as the impetus to facilitate change (Mearns et al., 2013). Carl Rogers developed the person-centred approach as a philosophy that could empower individuals and lead to personal transformation, rather than a method or therapeutic technique (Kirschenbaum & Henderson, 1990). For Rogers, therapeutic change involved working at a deep level in order to relieve the symptoms of distress as well as achieving enduring and constructive change (Rogers, 1957). The development of self-awareness is critical for such change from a PCT perspective as it can help individuals to address internal conflict and function more effectively as they shift towards more adaptive behaviours and responses (Rogers, 1957; Cooper et al., 2013).

Central to the person-centred approach is the humanistic belief in the actualising tendency and the innate resources of human beings to navigate their way through life and to flourish (Rogers, 1959). Unfortunately, this actualising tendency can become “temporarily stultified” (Hough, 2010, p.121) when a person struggles to function effectively. However, given the right or ‘core’ conditions, human beings can be empowered to access their own resources and move “toward autonomy” and “self-direction” (Rogers, 1961 p.171). Communicating the core conditions of authenticity (or congruence), respect (or unconditional positive regard) and empathy creates an environment within which individuals can grow and change (Rogers, 1957). The core conditions facilitate rapport and enhance the therapeutic relationship as genuine empathy, acceptance and respect as well as warmth and compassion are conveyed (Brodley & Schneider, 2001; Mearns & Cooper, 2005). Rogers believed that when the core conditions are communicated, the therapeutic relationship acts as a catalyst for positive change and there is no need for techniques or expert interventions (Rogers, 1961). Furthermore, empathic understanding can have a curative effect as distressing emotions and painful experiences, which may have been denied or distorted, can be explored, understood and resolved as the client develops greater self-awareness (Warner, 2001).

Experiencing the core conditions enables clients to learn not to deny the emotional responses they are experiencing but rather to explore such responses and express themselves within the safety of an empathic, genuine therapeutic relationship (Thorne, 2007). Within a psychoeducational learning context, empathy, respect and authenticity create a climate which enables individuals to access their “vast resources for self-understanding...[and] for altering his/her self-concept, attitudes and self-directed behaviour” (Kirschenbaum & Henderson, 1990, p.135). Combined, the core conditions enable the therapist or facilitator to be fully present; and experiencing this quality of presence in itself is considered to be healing (Shepherd et al., 1972). However, communicating presence requires being fully present on several levels, not only physically and cognitively by listening attentively but also emotionally so that a deep, almost spiritual connection brings depth to the client-therapist relationship (Geller & Greenberg, 2002, 2012; Mearns & Cooper, 2005). Therapist presence is therefore considered to be a critical and essential factor for effective therapy (Hycner, 1993; Schneider & May, 1995; Webster, 1998). Where therapist presence is experienced, clients typically report a constructive therapeutic relationship and positive change (Geller et al., 2010).

While clearly underpinning psychoeducational interventions and the relational dimension between facilitator and learner, PCT nonetheless takes a non-directive, non-intellectual stance (Rogers, 1957, 1979, 1980). The focus is on creating a collaborative working relationship which acknowledges the importance of emotion as aspects of human experiencing, as much as thoughts or intellect (Kirschenbaum & Henderson, 1990). Within this collaborative learning relationship, clients are encouraged to explore emotional states in order to enhance awareness and become empowered to “discover within him/herself the capacity...for growth...change...[and]...personal development” (Rogers 1961, pg33). While it has been argued that the therapeutic relationship is inherently unequal (Proctor, 2006), core to a person-centred approach is the belief that individuals are autonomous and the experts in their own experiencing (Combs, 1988). However, a non-directive stance can be less compelling and seen as too ‘general’ and slow when expectations are that psychological disorders can be ‘cured’ with an intervention delivered with expediency (Freeth, 2007). The deliberate absence of clearly defined techniques can make PCT less appealing, particularly where individual preference is for a more didactic and challenging style (Nye, 1981; Corey, 2001). Moreover, Khan (1999) argued that being totally and consistently non-directive essentially creates a one-person therapeutic intervention; and is virtually impossible in any case as personal and theoretical biases on the part of the therapist are unavoidable. Others consider such views as typical of how PCT is misunderstood and maintain that adherence to the non-directive approach often empowers clients towards growth (Bozarth, 2002) if clients are insightful and willing to be self-directed (Thomson & Rudolph, 1983).

The absence of clearly defined techniques may account for the relative paucity of research into the effectiveness of PCT as such research has not typically involved a scientific approach using large scale controlled experimental designs (Elliott & Freire, 2008). Consequently, far fewer studies have been undertaken into the outcome effectiveness of PCT compared with other approaches such as CBT. The evidence available, however, does indicate the effectiveness of PCT (Stiles et al., 2007). In a replication of an earlier study, Stiles et al. (2007) found virtually no difference in effectiveness between PCT and CBT delivered within healthcare settings. Similarly a study by Ward et al. (2000) which randomly assigned clients with depression to receive either person-centred, non-directive counselling or CBT, found both to be similarly effective with symptoms substantially improved. Furthermore, there have been large meta-analyses which have demonstrated that humanistic/person-centred therapies

are effective for depression and anxiety disorders (Elliott et al., 2004). A further meta-analysis by Elliott and Freire (2008) found large pre-post effect sizes amongst participants who received PCT with these improvements maintained, or even improved, in both short and longer-term follow-up studies. Such post-intervention findings reflect humanistic/person-centred philosophy: by empowering individuals to access their own resources and enhancing their self-determination and autonomy, they continue to grow and develop the capacity to function more effectively (Elliott & Freire, 2008).

While there may be a relative dearth of research into PCT, the importance of the therapeutic relationship and in particular the therapeutic alliance, which is largely determined by the therapeutic relationship, is widely acknowledged (Horvath & Luborsky, 1993; Horvath et al., 2011). In defining the core conditions Rogers (1951) articulated the factors that are core to the person-centred approach and essential ingredients for the therapeutic relationship. It is now generally acknowledged that empathy, positive regard and congruence are critical elements of an effective therapeutic relationship (Norcross, 2002). The core conditions are considered applicable to any therapeutic relationship that has a focus on facilitating clients to access their own resources in order to grow and change (Norcross, 2002; Cooper, 2004). The importance being supportive, accepting and non-judgemental was reinforced by Grencavage and Norcross's (1990) review which categorised such attributes as therapist qualities that are fundamental to the therapeutic relationship. These qualities are similar to benevolence, the term used by Ackerman and Hilsenroth (2003) to describe the vital importance of fostering a warm, accepting and supportive therapeutic relationship. A substantial body of research indicates that the therapeutic relationship is a key factor influencing therapy outcomes and essential in facilitating therapeutic change (Horvath & Greenberg, 1989; Horvath & Luborsky, 1993).

Furthermore, the view that various therapeutic approaches are largely equally effective (Luborsky, 1976, 1999; Lambert, 1983; Grencavage & Norcross, 1990) has arguably enhanced the importance of the therapeutic relationship as a critical factor in facilitating growth and constructive change. The importance of creating an effective therapeutic relationship now extends beyond person-centred approaches and has become integral to what is conceptualised as the therapeutic alliance (Bordin, 1979) within which the therapist qualities are critical dimensions. The therapeutic alliance is thus 'pan-theoretical' and represents a collaborative and goal-focused endeavour which aims to reduce the client's

suffering and distress through facilitating constructive change (Horvath & Luborsky, 1993). Along with the relational bond that is established through trust, empathic understanding, active listening, respect and genuineness (Laska et al., 2014) two other dimensions underpin the therapeutic alliance. These are a mutual agreement on goals and defining the tasks to be carried out in order to achieve the agreed goals (Martin et al., 2000). These latter two dimensions are, however, dependent on a strong relational bond as a foundation that communicates hope as well as genuine empathic respect (Bordin, 1979). Furthermore, once a strong therapeutic alliance is established it continues to be considered as strong and effective even if minor tensions and disagreements arise (Hilsenroth et al., 2004).

While the therapeutic alliance typically focuses on the relationship established and developed between two individuals working collaboratively to facilitate constructive change for the client, it has equal relevance to group contexts (Ardito & Rabellino, 2011). However, within group interventions, the therapeutic alliance is multi-layered with therapeutic relationships forming not only between participants and therapist/facilitator but also between individuals and with the group as a whole entity (Pinsof, 1988). Referred to as the systemic model of alliance, Pinsof and Catherall (1986) adapted Bordin's (1986) model of the therapeutic alliance to encompass these multiple interpersonal relationships within the complex system of a therapeutic group setting (Gillaspy et al., 2002). Moreover, Holmes and Kivlighan (2000) found that relational components are more evident and prominent within group therapeutic interventions, suggesting that participants in these contexts attach greater importance to relationship factors.

In contrast to the relatively under-researched therapeutic relationship at the core of PCT (Elliot & Freire, 2008), the therapeutic alliance has been extensively researched (Horvath et al., 2011). Validated scales and inventories have been developed to measure the effectiveness of the alliance from the perspectives of both clients and therapists and to assess its impact on outcomes of the psychotherapeutic process (Ardito & Rabellino, 2011). As a result, there is substantial evidence indicating that the therapeutic alliance is associated with positive psychotherapeutic outcomes for a range of issues across all age groups (Martin et al., 2000; Horvath & Bedi, 2002; Shirk & Karver, 2003; Castonguay et al., 2006; Karver et al., 2006; Muran & Barber, 2011). Since Horvath and Symonds' (1991) meta-analysis demonstrated that a strong therapeutic alliance was linked to positive outcomes for the client, further studies such as Horvath et al.'s (2011) large-scale meta-analysis have substantiated this

association. As well as confirming the link between the therapeutic alliance and positive outcomes, research has also demonstrated that the quality of the alliance is more predictive of a positive impact than the type of intervention used (Martin et al., 2000; Horvath & Bedi, 2002; Norcross, 2002). Furthermore, the impact of the alliance has been demonstrated across a range of client issues including depression (Raue et al., 1997) and anxiety (Piper et al., 1995) as well as other mental health disorders (Cloitre et al., 2004; Strauss et al., 2006).

The quality of the therapeutic alliance and in particular the strength of therapist-client attachment has been described as the essential ingredient of therapeutic interventions (Wolfe & Goldfried, 1988). This view has been reinforced by research demonstrating that a strong therapeutic alliance consistently and reliably predicts positive outcomes (Horvath & Bedi, 2002). In addition to a strong therapist-client attachment, a mutual desire to collaborate and invest in the therapeutic process (Horvath & Luborsky, 1993) emphasises a partnership of equal importance similar to humanistic and person-centred approaches. Despite the emphasis on equal collaboration, however, the therapist's influence on the alliance is considered to be greater. A number of studies have highlighted that therapists and facilitators who are more effective at forming strong alliances with clients and participants typically achieve better outcomes and their participants experience more constructive change following interventions (Baldwin et al., 2007; Dinger et al., 2008; Marcus et al., 2011; Zuroff et al., 2010).

Cognitive-Behavioural Therapy (CBT)

Perhaps mirroring its dominance as a psychological therapeutic intervention (Gaudiano, 2008), CBT is also a fundamental therapeutic approach underpinning most psychoeducational programmes (Bäumler et al., 2006). CBT essentially encompasses therapeutic approaches that have emerged over the past six decades, predominantly from the pioneering and seminal work of Albert Ellis' (1962) Rational Emotional Behavioural Therapy (REBT) and Aaron Beck's (1970) Cognitive Therapy (CT). While CT is distinct from REBT, CT became increasingly referred to as CBT and both CT and REBT are essentially the foundations of what is now known as CBT (Beck, 2005). These two origins of CBT share the premise that distress and a range of psychological disorders are rooted in and maintained by maladaptive behaviours and distorted cognitions (Spiegler & Guevremont, 2009). Although it is predominantly an individual therapeutic approach, CBT can also be effectively applied to and delivered as a group intervention (Vos et al., 2005; Tucker et al., 2007). CBT draws upon a variety of cognitive, behavioural and emotion-focused techniques and although the emphasis

is on cognitions, behavioural, emotional and physiological factors are also acknowledged (Hofmann, 2011; Hofmann et al., 2012).

The main focus of CBT, however, is on restructuring maladaptive cognitive processes and self-limiting beliefs that adversely affect psychological wellbeing through the development of “strategies for cognitive interventions” (McLeod, 2003, p.133). Therapeutic strategies taught within the model of CBT focus on changing maladaptive or ‘faulty’ cognitions in order to reduce emotional distress and/or problematic behaviours and to facilitate healthier and more effective psychological functioning (Beck, 1976). Essentially, CBT is a collaborative, problem-solving process that involves testing and challenging the validity of cognitions, wherein clients are active participants who commit to changing problematic behaviours (Hofmann et al., 2012). It involves the exploration, identification and modification of unhelpful cognitions and behaviours and “rests on the principle that cognitions are causally linked to emotional distress and behavioural problems” (Hofmann, 2011, p.17). At the core of CBT therefore is the interaction between the “thinking and reasoning aspects of a person’s experience” (Hough, 2009, p.217) and the cyclical, reciprocal impact of cognitive processes on emotional states and behaviour. The aim is to break self-perpetuating cycles of negative, self-limiting thoughts, emotions and behaviours that “interact significantly and have a reciprocal cause and effect relationship” (Corey, 2001, p.297).

Beck (1976) purported that maladaptive and distorted cognitions include general beliefs which can trigger specific and automatic negative thoughts in certain situations. Ensuing psychological difficulties and distress are seen as rooted in the way individuals ascribe meaning to such situations/events and how they subsequently interpret their own responses (Ellis, 1962; Beck, 1976). Negative reactions contribute to and sustain distress levels as self-limiting beliefs are reinforced and become embedded, thereby causing individuals to become “disturbed about [their] disturbances” (Ellis, 1995, p.6). Such cognitive distortions and irrational beliefs (Ellis, 1962) frequently and rapidly trigger what Beck described as negative automatic thoughts (NATs) about oneself, the world and the future (Beck, 1976). Along with negative self-beliefs and faulty logic, NATs often underpin distressed states such as anxiety and low mood (Beck, 1976). The underlying assumption within CBT therefore is that cognitions influence how individuals interact with the world and how they feel and/or behave as a consequence (Corey, 2001). By enhancing awareness of negative thoughts, inner dialogues (or self-talk) and irrational beliefs, clients learn to understand their pervasive

impact and to improve their capacity for noticing, disputing and reframing unhelpful thoughts (Ellis 1962; Beck, 1976; Meichenbaum, 1977; Hofmann et al., 2012).

Core to CBT is a focus on developing, enhancing and maintaining psychological skills through a process of psychoeducation (Corey, 2001). Furthermore, the psychoeducational qualities of CBT offer a means of maintaining psychological health through learning techniques for future self-help (Beck, 1995) which can benefit both clinical and non-clinical populations. CBT is a fundamentally didactic approach, providing a framework not only for learning how thoughts, behaviours and emotions interrelate but also how these can be modified (Corey, 2001). The focus is on supporting clients to identify and challenge negative thoughts and beliefs, reappraising them in order to apply new meaning and a different way of thinking about themselves and their situations (Beck, 2005). Although CBT predominantly focuses on restructuring cognitions, behavioural experiments to test the validity of assumptions and/or predictions based on distorted cognitions such as gradual exposure to sources of irrational fears are also encouraged (Gaudiano, 2008). As a result of its emphasis on cognitive and behavioural dimension, there have been criticisms that CBT places insufficient emphasis on the role and impact of emotions (Neenan & Dryden, 2014). Others argue that CBT is founded on the theoretical assumption that restructuring thought patterns and self-statements will lead to reduced emotional distress as well as constructive behavioural change (Corey, 2001).

As a structured, practical and relatively short-term intervention, CBT is highly amenable to research into its effectiveness which has consequently been extensive making it arguably the most widely researched therapeutic approach (Butler et al., 2006; Gaudiano, 2008; Hofmann et al., 2012). Research into CBT spans many decades from Morris's (1975) study which found significant improvement in depressed participants after six sessions to the new millennium. Layard's (2006) seminal report estimated that over half of those suffering from depression could be helped with time-limited CBT which arguably ensured its position as the most predominant and clinically recommended therapy for depression (National Institute for Health and Care Excellence [NICE], 2009). The evidence base for CBT's effectiveness along with its accessibility and practical appeal has ensured its popular application in clinical and non-clinical settings (Hofmann et al., 2012). Research has also validated the suitability of CBT through the medium of self-help books and computerised programmes (Redding et al., 2008). The increasing use of CBT through internet delivery, often as a partially guided self-

help intervention, underlines its versatility (Öst, 2008; Andersson, 2009; Kumar et al., 2017). A review by Coull and Morris (2011) indicated that CBT is also effective as a self-directed learning intervention for anxiety as well as depression, although its effectiveness in this delivery mode over the longer term is yet to be established.

Originally developed to treat depression, CBT has been found to be highly effective in reducing depressive symptoms for most clients (Hollon & Beck, 1994; Butler & Beck, 2000; Lynch et al., 2010). More recently, a number of rigorous studies have substantiated CBT's effectiveness as an intervention for low-mood and depression (Beltman et al., 2010; Van Straten et al., 2010). In a systematic review of several studies demonstrating the efficacy of CBT for depression, Churchill et al. (2001) found that participants who received CBT showed the greatest improvement in symptoms, compared with those who received Interpersonal and Psychodynamic therapy. Additionally, reviews by Parker et al. (2003) and Wampold et al. (2002) demonstrated that CBT was superior to alternative treatment options for depression. Furthermore, Tolin (2010) found that CBT was superior to psychodynamic therapy both immediately after treatment and at a follow-up study six months later. Similarly, a review by Jorm et al. (2008) found CBT to be more effective than relaxation therapy despite the well-established efficacy of relaxation techniques (Carrington et al. 1980; Esch et al., 2003).

Along with depression, anxiety is also a prevalent psychological disorder where research has demonstrated CBT's effectiveness in reducing symptoms (Beck, 1993). For generalised anxiety, CBT has consistently been found to be highly effective over numerous studies and reviews (Butler et al., 2006; Hunot et al., 2007). However, it has also been found to be equally reliable as an intervention for more specific anxiety disorders (Hofmann and Smits, 2008). In addition, a study by Ghahramanlou (2003) indicated that individuals with heightened sensitivity or who experience anxiety-related difficulties such as disrupted sleeping patterns and panic attacks could benefit from CBT. Furthermore, while evidence suggest the efficacy of applied relaxation exercises (Carrington et al. 1980; Esch et al., 2003) CBT has been shown to be more effective in easing panic attacks (Mitte, 2005; Haby et al., 2006; Furukawa et al., 2007). Similarly, the symptoms of post-traumatic stress were reduced in response to CBT which was found to be more effective than other options for treatment such as counselling (Bisson et al., 2007).

For specific anxiety disorders such as social anxiety, CBT had been found to be highly effective both immediately afterwards and after a period of time following the intervention (Fedoroff & Taylor, 2001; Gil et al., 2001). As well as focusing on restructuring cognitions, CBT's focus on gradual exposure to social environments and the development of social skills training, delivered both individually and within groups, was found to be highly effective (Powers et al., 2008). Such findings align with studies demonstrating the effectiveness of Interpersonal Therapy (IPT) which draws on CBT in its application of techniques to reframe interpersonal relationship and communication difficulties that are causing emotional distress (Cuijpers et al., 2011). Furthermore, positive outcomes of gradual exposure to social situations which can trigger anxiety chime with the effectiveness of CBT for other phobias where such techniques to reduce sensitivity have proved highly beneficial (Ruhmland & Margraf, 2001). In particular, rigorous clinical trials have demonstrated that the application of CBT techniques such as graduated exposure to individuals' specific anxiety triggers can be successful in reducing the symptoms of obsessive-compulsive disorders (Ruhmland & Margraf, 2001).

While there is a substantial body of research demonstrating the effectiveness of CBT for depression, anxiety and anxiety-related disorders, studies also indicate that it is effective for a wide range of other psychological conditions such as phobias and eating disorders across all age groups (Fairburn, 2008; Gaudiano, 2008). CBT has also been found to be effective in the prevention of future relapses in depression amongst children and young people (Kennard et al., 2010) as well as adults (Zhang et al., 2018). This is arguably attributable to CBT's focus on transferrable psychological skills, such as modifying thinking patterns, which can be applied to other life contexts, thereby making the learning sustainable as clients potentially become self-supporting (Beck 1995). Evidence of the long-term sustainability of CBT's effectiveness has been demonstrated in two RCTs by Durham et al. (2003) who found that participants suffering generalised anxiety disorders were still reporting benefits eight years (and in some cases as long as fourteen years) after treatment. This is further substantiated by studies measuring relapse rates for depression which have been found to be much lower after receiving CBT (Shea et al., 1992; Lam et al., 2003; Beynon et al., 2008).

Beyond its demonstrated effectiveness in easing the symptoms of a range of mental health conditions, CBT has also been found to be effective in the treatment of some physical health conditions and in non-clinical contexts (Hofmann et al., 2012). The applicability of CBT to

non-clinical populations is of particular relevance to this study. A meta-analysis demonstrated the effectiveness of CBT in reducing symptoms of chronic fatigue which, along with other chronic physical conditions, can also often lead to the onset of depression and anxiety (Malouff et al., 2008). In addition to the psychological impact, participants also reported continued lower fatigue levels several months following a programme of CBT in a follow-up study by Price et al. (2008). The application of CBT for conditions with symptoms of chronic pain such as fibromyalgia has similarly been found to be highly effective (Glombiewski et al., 2010). Work-related stress can also lead to the onset of depression and anxiety (Baum & Polsusny, 1999; Van Praag, 2004). A number of meta-analyses examining interventions designed to develop stress-management capabilities demonstrated that CBT is effective in reducing and mitigating work-related stress (Van der Klink et al., 2001; Kim, 2007; Richardson & Rothstein, 2008). Such findings resonate with studies indicating positive effects of CBT interventions in other stressful contexts such as caring for children with developmental disabilities (Singer et al., 2007). However, when CBT was combined with other supportive interventions such as behavioural management strategies for parents, the overall effectiveness was greater than when the intervention focused solely on delivery of CBT (Singer et al., 2007).

While Singer et al.'s (2007) study demonstrates the versatility of CBT in that it can be easily integrated with other interventions to enhance its effectiveness, it does also indicate that CBT is not a universal panacea that is always superior to other interventions. In a review of seven RCTs, Pfeiffer et al. (2011) found that interventions to enable peer support not only reduced symptoms of depression but were also statistically as effective as CBT. Cuijpers et al. (2010) have suggested that the effectiveness of CBT, particularly for depression, may have been overstated due to publication bias as a result of the extent to which CBT has been researched. Nonetheless, evidence of CBT's effectiveness in alleviating stress, depression and anxiety in particular, along with other psychological disorders is substantial (Hofmann et al., 2012). Its effectiveness and versatility are reflected in its continued evolution to form integrative therapies such as Acceptance and Commitment Therapy (ACT) (Hayes et al., 1999) and Mindfulness Based Cognitive Therapy (MBCT) (Segal et al., 2002), which also draw on mindfulness as a therapeutic approach. Although relapse rates for some conditions unfortunately persist, the integration of CBT with mindfulness has been effective in reducing relapse of depression and maintaining psychological health (Kuyken et al., 2016). Reducing the impact of negative automatic thoughts and maladaptive behaviours are key aims of both

CBT and MBCT (Williams et al, 2008) which integrates CBT techniques with mindfulness meditation. However, while substantial research has demonstrated the effectiveness of CBT and its modifications, this research has been predominantly quantitative in its measures of outcomes (Chambless & Hollon, 1998; Hofmann et al., 2012). Very few studies have examined the qualitative detail of the impact of CBT and how it has been experienced (Levi, 2010).

Mindfulness and Mindfulness-based Interventions (MBIs)

With its origins in Buddhist contemplative practices, mindfulness has become a highly popular secular practice and therapeutic, psychoeducational intervention (Shapiro et al., 2006) following the development of mindfulness-based stress reduction programme (MBSR) by Kabat-Zinn (1992; 1994; 2003). Originally designed to help ease symptoms for patients with chronic illnesses, with an emphasis on managing stress, MBSR has also become a therapeutic approach for mild/moderate anxiety and depression (Kabat-Zinn, 2003). Consequently, over the past two decades mindfulness has become well-established in a myriad of contexts from mental health to occupational wellbeing and learning/development programmes (Meiklejohn et al., 2012). Defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p.4) mindfulness involves developing the capacity for enhanced awareness and consciously paying attention to moment-by-moment experiencing. Mindful-meditative practice thus facilitates the ability to be present, attentive and aware in order to calm the mind, manage unhelpful thought patterns and facilitate self-regulation (Kabat-Zinn, 2003). However, practising mindfulness belies how challenging it can be to bring “complete attention to the present experience on a moment-to-moment basis” (Marlatt & Kristeller, 1999, p.68). Nonetheless, persistence in engaging in mindful-meditative practices can facilitate the often challenging ability to focus on the present and even improve attention (Brefczynski-Lewis et al., 2007; Jha et al., 2007).

The underlying assumption of mindfulness is that it is possible to develop the ability to direct attentional focus, become aware of and observe non-judgmentally the continuous flow of cognitions and emotions as they occur (Kabat-Zinn, 1990; Shapiro et al., 2008). Such capacities are developed through learning practices and techniques that enable participants to focus on their experiencing in the present-moment and bring their focus back to the present when attention drifts (Kabat-Zinn, 1990). The next stage of mindful practice involves learning how to sit with or ‘hold’ that experience with an open mind and an attitude that is

one of curiosity rather than forming judgements (Kabat-Zinn, 1994). Thoughts, emotional and physical states are simply noticed without evaluation or elaborate examination (Brown & Ryan, 2003). The emphasis is on learning to notice current experiencing and develop an understanding that thoughts, emotions and physiological sensations are transient states rather than permanent and stable representations of a person or the self (Coffman et al., 2006). Developing the capacity to focus non-judgemental attention on the present through mindfulness practice can reduce rumination, which has been found to exacerbate negative mood-states (Farb et al., 2007).

With practice, it is hoped that present-moment, non-judgemental awareness of experiencing (Kabat-Zinn, 1990; Bishop et al., 2004) can facilitate self-reflection and a capacity for noticing and observing rather than judging emotional, cognitive and physiological responses. Often referred to as ‘decentering’, this process reduces the likelihood that such experiences, particularly if negative, will be avoided (Teasdale et al., 1995). The aim is to develop an enhanced attitude of acceptance which can help diminish rumination and negative, self-destructive cycles of cognitions that can exacerbate conditions such as anxiety or depression (Teasdale et al., 1995; Coffman et al., 2006). Furthermore, as participants learn to notice their emotions without reacting automatically, their capacity for emotional self-regulation is also enhanced (Bishop et al., 2004). Mindfulness can therefore help individuals learn to respond in more deliberate and constructive ways, choosing how to respond rather than impulsively reacting and thereby moderating overwhelming states by facilitating emotional self-regulation (Coffey et al., 2010). Along with the core dimensions of attention, awareness and acceptance which facilitate emotional regulation, compassion towards oneself is also a key aspect of mindfulness and is integral to its practice (Keng et al., 2012; Carmody, 2009).

The predominant intervention for teaching mindfulness is Kabat-Zinn’s (1982; 1990) MBSR programme which often combines meditative-practice with gentle physical movement such as stretching and breathing (Kabat-Zinn, 2003). As an educational intervention, MBSR aims to help individuals cultivate emotional balance and decrease the hold of habitual patterns that obscure perception and impair judgment (Kabat-Zinn, 1990). Participants learn and practise a range of mindful-meditation exercises while also being encouraged to engage in daily informal mindful-practice in real-life contexts between sessions (Kabat-Zinn, 1994). The original aim of MBSR was to provide a therapeutic intervention for patients suffering from chronic pain and long-term physical health conditions (Kabat-Zinn, 1982). However, early

research into MBSR demonstrated its psychological as well as physiological beneficial effects, finding improvements in participants' pain-tolerance and emotional distress (Kabat-Zinn, 1982), which frequently accompanies chronic pain (Holmes et al., 2013). Kabat-Zinn et al. (1985) rigorously compared participants pre- and post-MBSR as well as comparing them with a group who only received treatment as usual at pain clinics. Follow-up studies approximately six months later demonstrated that, although participants' pain ratings were back at pre-treatment levels, their improved psychological and mood states were maintained (Kabat-Zinn et al., 1987).

Such positive findings fuelled further research into both the physical and mental health benefits of mindfulness, focusing predominantly on the outcomes of MBSR programmes. The effect of mindfulness on conditions such as fibromyalgia, which involves widespread chronic pain and fatigue as well as depression and anxiety, was examined using a pre-post design by Kaplan et al. (1993). This study found that over half of MBSR programme participants reported at least moderate improvements in symptoms, although this ratio evidently demonstrates that almost half did not and that MBIs are not effective for everyone. Sustained benefits of MBSR were, however, demonstrated by Grossman et al. (2007) who found the MBSR group of fibromyalgia patients had maintained improved levels of pain-tolerance, coping capacities and mood states as long as three years later. Similar beneficial effects have also been found amongst participants suffering chronic pain as a result of other conditions such as rheumatoid arthritis (Zautra et al., 2008). Moreover, the use of MBSR for physical ill-health has not been limited to conditions involving pain: participants with chronic heart-failure experienced improvements in heart-disease symptoms, as well as reduced levels of anxiety and depression (Sullivan et al., 2009). Research has therefore demonstrated that, in addition to providing physical symptom-relief for certain chronic conditions, mindfulness can also reduce the distress that is frequently a consequence of physical ill-health, thereby enhancing patients' quality of life and improving their wellbeing (Ludwig & Kabat-Zinn, 2008).

In addition to relieving pain for a number of physical health conditions, learning mindfulness practice has also been found to reduce symptoms of stress, anxiety and depression (Greeson, 2009; Khoury et al., 2013). As well as being integral to stress-management programmes, mindfulness-based interventions (MBIs) have become increasingly used as psychotherapeutic interventions (Hofmann et al., 2010). Programmes such as MBSR, along with various other

MBIs have consequently proliferated across several contexts from physical and mental healthcare to occupational and educational settings (Keng et al., 2011). Reflecting the exponential surge in the use and application of mindfulness across a variety of contexts, the breadth of research into its effectiveness has been equally extensive, especially over the past decade (Black, 2014). Despite concerns regarding the methodological robustness of early studies (Bishop, 2002; Baer, 2003; Grossman et al., 2004), subsequent research has demonstrated the beneficial effects of mindfulness (Keng et al., 2011; Khoury et al., 2013). Meta-analyses have found mindfulness to be highly effective, especially with regard to psychological health and wellbeing (Baer, 2003; Grossman et al., 2004; Hofmann et al., 2010; de Vibe et al., 2012; Khoury et al., 2013). Developing the capacity to pay more attention, be more aware and accepting as a result of practising mindfulness is associated with reduced levels of emotional distress, including anxiety, depression and anger (Baer, 2003; Grossman et al., 2004; Brown et al., 2007).

Of particular interest to this present study, research involving non-clinical as well as clinical samples have shown that mindfulness can be effective in a myriad of contexts and therefore beneficial for participants with or without clinically diagnosed conditions (Baer, 2003). In addition to alleviating stress, anxiety and depression, among the many other cited benefits of mindfulness are enhanced positive affect and mood-states, emotional self-regulation and stress-tolerance (Chiesa & Serretti, 2009; Brown et al., 2007). Studies such as that by Jha et al. (2007) have also demonstrated the beneficial effects of mindfulness on cognitive processes such as attention, awareness and the ability to control attentional focus. Moreover, in a study with non-clinical participants, Brown and Ryan (2003) found that mindfulness is a predictor of positive affect and autonomy, underlining how MBIs can also benefit healthy individuals. Similarly, Chiesa and Serretti (2009) found that MBSR reduced stress levels amongst otherwise healthy participants, enhancing positive mood-states as well as their capacity for empathy and self-compassion. The effectiveness of mindfulness found in non-clinical settings has arguably spurred the recent proliferation of workplace MBIs where the beneficial outcomes reflect clinical studies. An RCT by Manocha et al. (2011) found that low mood and stress levels of employees who practised mindfulness reduced significantly. Similar findings were demonstrated in an RCT which combined mindfulness with yoga in a workplace intervention (Wolever et al., 2012) which support a more recent clinical study indicating the benefits of integrating yoga with mindfulness (Schuver & Lewis, 2016).

Such findings also reflect Carmody and Baer's (2008) conclusions that there is some flexibility in the form of mindfulness practice undertaken as long as the core principle of bringing attention back to present moment awareness is maintained. Further illustrating the flexibility of mindfulness as an intervention is its integration with aspects of CBT to form other therapeutic approaches such as Mindfulness-based cognitive therapy (MBCT) (Segal et al., 2002). MBCT is an integrative therapeutic approach which optimises the benefits of CBT and mindfulness (Chiesa & Serretti, 2011). However, the influence of mindfulness means that, unlike CBT, MBCT does not involve changing or modifying negative thoughts and beliefs; it focuses instead on how individuals can choose how they relate to their thoughts, feelings and physical sensations (Segal et al., 2002). Developed to address the recurring problem of relapse amongst people who suffer from depression, MBCT aims to enhance awareness of emotions and cognitions through meditative practice and to develop a non-judgemental attitude towards them (Segal et al., 2002). MBCT is based on Kabat-Zinn's (1992) MBSR and combines learning mindfulness with techniques derived from cognitive therapy to create an integrated therapy (Williams, et al., 2014). Core to MBCT is learning how thoughts and feelings are connected and transient; and developing awareness of changes in emotional states so that individuals can take steps to mitigate the severity and duration of recurrent depression (Segal et al., 2002).

In a study examining the effectiveness of MBCT in preventing relapse amongst individuals in remission from persistent depression, the number who later experienced a relapse was nearly 50% lower amongst the group who had received MBCT (Teasdale et al., 2000). Numerous studies and a robust meta-analysis have subsequently found MBCT to be effective in reducing symptoms of depression and generalised anxiety, both conditions that are highly susceptible to relapse (Hofmann et al., 2010). Crane et al. (2014) found that even where individuals had suffered three or more episodes of depression, the rate of recurrence over a twelve month period was reduced by 40% to 50% amongst those who attended an MBCT programme. However, they also found that the amount of independent or 'home' practice had significantly affected positive outcomes, underlying the importance of maintaining the motivation to practice which often eludes individuals suffering from low mood (Moore & Garland, 2003). Nonetheless, Williams et al. (2014) found MBCT to be as effective as antidepressant medication, which is the usual course of treatment for recurring depression. As an intervention aimed at preventing recurrent depression, MBCT has consistently been found to be highly effective, as substantiated in large meta-analysis by Kuyken et al. (2016).

Mindfulness is also fundamental to other therapeutic approaches which have CBT as a core dimension such as Acceptance and Commitment Therapy (ACT) (Hayes et al., 1999). ACT incorporates mindfulness with strategies to facilitate compassionate acceptance (Fuchs et al., 2013) along with commitment to making constructive behavioural changes (Ruiz, 2010). A review by Öst (2014) substantiated Ruiz's (2010) earlier findings which demonstrated the effectiveness of ACT in helping participants with numerous difficulties, ranging from physical pain, depression and anxiety to substance abuse. While the methodological robustness of earlier studies into the effectiveness of ACT have been questioned (Powers et al., 2009), more rigorous subsequent research has demonstrated that ACT is highly effective in reducing symptoms of anxiety (Arch et al., 2012). The effectiveness of ACT in easing the symptoms of a range of anxiety related disorders such as OCD has also been demonstrated in a large RCT by Twohig et al. (2010). Similarly to CBT however, the focus of research into MBIs and their integration with other approaches has been on quantifying measurable outcomes rather than the qualitative experience of such therapeutic interventions.

Positive psychology and strength-based approaches

While psychoeducational interventions are underpinned by therapeutic approaches aimed at addressing psychological and emotional distress (Bäumel et al., 2006) many, including the intervention that is the focus of this study, also draw upon interventions from positive psychology (Seligman et al., 2005). Defined as the scientific study of factors that facilitate optimal human functioning, positive psychology focuses on developing positive emotions, adaptive behaviours and individual strengths (Seligman & Csikszentmihalyi, 2000). The emergence of positive psychology, with its emphasis on developing positive affect, engaging in constructive behaviours and enhancing capacities contrasted with the prevailing psychological focus on the psychopathology of negative affect and maladaptive behaviours (Seligman & Csikszentmihalyi, 2000). Furthermore, positive psychology's focus on optimal human functioning is also aligned with the WHO's (2005) view that psychological health is more than the absence of distress or psychological disorders.

Integral to positive psychology is the development of strengths and the ability to access positive emotions, cognitions and constructive behaviours which are viewed as critical to psychological wellbeing and good mental health (Sin & Lyubomirsky, 2009). While the emphasis is clearly on enhanced positive affect, positive psychology nonetheless

encompasses and draws upon a range of theoretical models, including therapeutic approaches designed to address psychological disorders (Seligman et al., 2005). In particular, its focus on disputing negative thoughts and reframing perspectives clearly resonates with CBT (Beck, 1995). Learning to dispute and reframe cognitions, along with distracting/refocusing thoughts and awareness of responses to adversity, core to CBT, are also fundamental to positive psychology's aim of developing resilience and optimism (Seligman, 1991). Positive psychology's focus on developing strengths (Seligman et al., 2005) draws upon PCT and the humanistic emphasis on empowering individuals' capacity for growth and autonomy (Rogers, 1951; Maslow 1954, 1962). Bandura's (1997) self-efficacy theory and solution-focused brief therapy (de Shazer and Berg, 1997) are also integral to the core aims of positive psychology. It is thus an acknowledged integrative approach which has yielded techniques that can be learned (Seligman, 2002) and as such aligns well with psychoeducational interventions.

Positive emotions, cognitions and behaviours, especially resilience and optimism, are fundamental to positive psychology and viewed as critical to psychological health and wellbeing (Ryff & Singer, 1996, 2003; Seligman & Csikszentmihalyi, 2000). Experiencing positive emotions can enhance awareness (Wadlinger & Isaacowitz, 2006), resourcefulness (Khan & Isen, 1993; Isen, 2001) and attentional focus (Fredrickson, 2001). Essentially, positive emotions facilitate a broader perspective on situations and extend individuals' repertoire of possible responses (Fredrickson, 2001). This reflects findings that positive emotional states correlate with constructive coping skills, especially the ability to reframe and solve problems (Park & Folkman, 1997; Burns, 2008). Moreover, setting and achieving goals as part of problem-solving fosters a sense of progress, thereby enhancing optimism and strengthening resilience, both critical buffers against psychological distress (Tugade & Fredrickson, 2007). When individuals experience positive emotions over a period of time their resilience, defined as the capacity to recover from adversity or negative experiences, is strengthened (Fredrickson & Levinson, 1998). Resilience and optimism also engender greater openness to receiving feedback, insights and information from others, which help to build constructive interpersonal relationships (Waugh & Fredrickson, 2006).

The propensity to react automatically to stressors is also lowered when experiencing positive emotions and research indicates that these can, in turn, alleviate anxiety (Fredrickson & Branigan, 2005; Basso et al., 1996). As well as reducing anxiety, positive emotions have been found to inhibit low mood over the longer-term (Seligman et al., 2006) and to have both

preventative and curative effects (Salovey et al., 2000). Consequently, positive psychology is increasingly applied in the therapeutic treatment of common psychological disorders such as anxiety and depression (Seligman et al., 1999). Positive psychology interventions (PPIs) originally developed to enhance positive affect and build strengths, are now also used as interventions to relieve symptoms of psychological distress (Seligman & Csikszentmihalyi, 2000). The therapeutic use of PPIs became particularly compelling when developing optimism was shown to reduce the likelihood of depression (Seligman et al., 1999). As well as helping individuals with anxiety and/or depression learn to access positive emotions, PPIs also encourage individuals to participate more actively and find meaning in life, widely held as fundamental to wellbeing (Ryff & Singer, 1998; Fava et al., 2005; Forbes & Dahl, 2005; Seligman et al., 2006; Steger et al., 2008; Seligman, 2011; Steger 2012; Henricksen & Stephens, 2013). Thus, PPIs are also applicable and increasingly accessed by populations seeking to optimise their potential and enhance their wellbeing (Magyar-Moe et al., 2009).

Drawing on methods typically used to build knowledge and understanding of psychological disorders, a growing body of research has demonstrated the effectiveness of PPIs (Seligman et al., 2005). Such interventions encompass a range of diverse strategies that can help facilitate positive thinking patterns, feelings and behaviours such as practising optimistic thinking and replaying positive experiences (Lyubomirsky et al., 2011). PPIs can also involve focusing on and practising what are often referred to as virtues, such as gratitude (Emmons and McCullough, 2003) and forgiveness (McCullough et al., 2000). In a study which involved writing and delivering a letter expressing gratitude, Seligman et al. (2005) found that participants experiencing gratitude not only enjoyed positive feelings but were less depressed. Reversing negative behaviours such as a propensity for self-criticism which exacerbates low mood and learning self-compassion instead can reduce depression levels (Sergeant & Mongrain, 2011; Hofmann et al., 2012). Furthermore, demonstrating compassion towards oneself and others can enhance resilience, optimism, interpersonal relationship skills, overall life satisfaction and wellbeing (Fredrickson et al., 2008; Barnard & Curry, 2011; Neff et al., 2007; Zessin et al., 2015).

PPIs can also involve learning to reframe events and situations more positively by focusing attention on being appreciative of more fortunate aspects of life, which studies have shown can enhance positive affect and wellbeing (Seligman, 1991; King, 2001; Emmons and McCullough, 2003). Research examining the effects of identifying positive aspects of each

day found that engaging in such reflections enhanced optimism (Seligman et al., 2005). Findings by King (2001) and Sheldon & Lyubomirsky (2004) have also demonstrated that engaging in thoughtful and balanced self-reflection can enhance wellbeing. It has also been shown that positive affect can be augmented by savouring positive experiences as much as possible whether done immediately or retrospectively (Bryant, 2003; Quoidbach et al., 2010). Similarly, visualising and describing how it would feel if life-domains such as education/career unfolded as favourably as possible can also result in increased positive affect (Lyubomirsky et al., 2011). Moreover, visualising and reflecting on best possible outcomes, including the thoughts, feelings and behaviours that would be involved, has also been found to increase belief in the probable likelihood of positive events (Peters et al., 2010).

However, in addition to visualising and articulating desired outcomes, Peters et al. (2010) also found that it was necessary to engage fully in the goal-setting process in order to optimise and sustain confidence and motivation. Facilitating the ability to formulate and execute goals is the capacity for hope, which enables individuals to remain committed and enthusiastic to their goals and to adapt when faced with setbacks (Snyder et al., 1991). These facets of hope have been found to be associated with the successful completion of tasks and increased motivation for developing the requisite skills (Peterson et al., 2006). Hope instils faith which increases openness to advice and support from others (Bernardo, 2010). The positive affect of hope also reduces rumination which can trigger negative emotional and cognitive states (Geiger & Kwon, 2010). Interventions that combine learning how hope facilitates goal-fulfilment, alongside developing action-plans and visualising goal-achievement, were found to be effective in elevating hope, indicating that it can be enhanced (Feldman & Dreher, 2011). These findings reflect an earlier study by Cheavens et al. (2006) who found that interventions designed to elicit hope, such as working towards meaningful goals, elevated hope and reduced anxiety as well as enhancing participants' self-efficacy.

According to Bandura (1977, 1982, 1997) self-efficacy is the extent to which individuals believe they have the necessary capabilities to achieve a goal and cope effectively with challenging and/or stressful situations. It involves both cognitive and behavioural dimension as it encompasses self-belief and the motivation to take necessary and appropriate actions, enhancing individual resources as a result and acting as a buffer against stress (Bandura, 1993; Bisschop et al., 2004). Low self-efficacy beliefs have been linked to stress, anxiety and

depression (Comunian, 1989; Ehrenberg et al., 1991; Kashdan & Roberts, 2004; Kwasky & Groh, 2014). However, individuals who demonstrate strong general self-efficacy beliefs typically feel they can cope with difficulties and react with some degree of stability when faced with stressful situations (Schwarzer, 1994; Schwarzer & Jerusalem, 1995). Enhanced self-efficacy has been found to mitigate the adverse impact of stressful life-events and reduce the distress and negative emotional states that these can trigger (Maciejewski et al., 2000). Moreover, higher levels of self-efficacy are associated with wellbeing, resilience and optimism (Bandura, 1992; Ryff & Singer, 1996; Azizli et al., 2015). Individuals who have strong self-efficacy beliefs have also been shown to function more effectively and have greater emotional and cognitive self-regulation (Bandura et al., 2003; Costello & Stone, 2012).

Although self-efficacy can therefore have a critical impact on emotions, cognitions and behaviours, levels of self-efficacy are fluid and self-efficacy beliefs can be influenced by four key factors (Bandura, 1977). Two factors have a social dimension and involve observing others modelling desired behaviours as vicarious learning experiences and receiving encouragement from others (Bandura, 1982). The successful execution of a task or accomplishment of goals and persisting when encountering failures or setbacks can foster a sense of mastery and is the critical third factor in enhancing self-efficacy (Bandura, 1982). The fourth factor that can foster and enhance self-efficacy is similarly personal in focus and involves developing psychological skills which enable individuals to reframe negative thoughts positively and to access positive emotional states (Bandura, 1997). Strong self-efficacy beliefs can impact upon and generalise to other domains of an individual's life (Bandura, 1977). This can enhance confidence, reinforcing and further strengthening self-efficacy beliefs as well as fostering positive affect and creating the 'virtuous circle' effect of positive emotions (Fredrickson, 2001).

A therapeutic approach that can be highly effective in enhancing positive emotions, cognitive processes and behaviours, including self-efficacy beliefs and resilience, is solution-focused brief therapy (SFBT) (de Shazer & Berg, 1997). By encouraging a focus on solutions rather than extensive analysis of problems, SFBT is a strength-based approach and an intervention that is frequently used beyond the realms of psychotherapy with both individuals and groups (Corcoran & Pillai, 2007; Kelly, et al., 2008). SFBT has a humanistic as well as a positive psychological perspective that individuals possess the necessary resources and strengths to

discover and take action to find solutions (Berg & De Jong, 1996). In a therapeutic context, the client-therapist relationship is collaborative where solutions are co-constructed in order to facilitate constructive change (de Shazer & Berg, 1997). Clients are encouraged to look at situations from different perspectives and to focus on strengths and resources that they may already be successfully applying in other contexts and which can contribute to the solution (Franklin & Jordan, 1999). The process of identifying solutions facilitates collaborative goal-setting which subsequently enables problems to be solved (Berg & De Jong, 1996).

By asking essentially Socratic questions, clients are encouraged to find their own answers through a process of exploration and identification of strengths and resources (Bishop & Fish, 1999; Braun et al., 2015). Socratic dialogue is a questioning technique used in both therapy and coaching to encourage clients to explore their own thought processes and to evaluate the ideas and beliefs that are having an impact on their lives (Beal, et al., 1996). The focus is on what the client would like to be different by asking the ‘miracle question’ (de Shazer, 1988) which lies at the core of SFBT. Clients are asked to imagine, explore and describe what would be different if a miracle occurred overnight and their situation was suddenly better. Exploratory dialogue is therefore fundamental within SFBT and this is aligned with research which has identified how language can be used to change an individual’s perception of reality (Tomori & Bavelas, 2007). Due to its collaborative emphasis, strength-based and flexible approach, SFBT has been adopted as a framework across domains beyond the clinical and therapeutic settings, such as social care and performance contexts (Kim, 2008). Effectively, SFBT as an approach is applicable to any situation where practitioners and facilitators work collaboratively; coaching clients/learners to identify what they would like to change and discover solutions that will help them achieve their goals (Kim, 2008).

Although it is occasionally viewed as too brief and simplistic, SFBT appeals to practitioners who believe that extensively investigating the history and root cause of difficulties is not essential in order to solve problems (Kingsbury, 1997; Gingerich & Eisengart, 2000). Research suggests that SFBT is a highly effective therapeutic approach in the treatment of psychological disorders (Stams et al., 2006; Kim, 2008; Gingerich et al., 2012). The short-term nature of SFBT not only enables greater numbers to access support, it has also been found to be very appealing to many clients who found it beneficial despite the fewer number of sessions (Lipchik et al., 2012). Studies have also found the approach used within SFBT to be more benign due to its more collaborative emphasis (Kim, 2008; Trepper & Franklin, 2012). It is also highly flexible in that it can be applied to a range of contexts ranging from

relationship difficulties to behavioural problems and mild to moderate depression and anxiety (Gingerich et al, 2012; Trepper & Franklin, 2012).

Concluding comments

Considerable research therefore exists which substantiates the effectiveness of psychoeducational interventions and the predominant psychotherapeutic approaches that form critical components of such programmes across diverse contexts. Research into psychotherapeutic and psychoeducational interventions typically reflects a natural science, epistemological and ontological approach to quantifying outcome-effectiveness of therapeutic treatments, often involving large-scale RCTs, considered the ‘gold-standard’ of treatment efficacy (Shean, 2014). Quantitative research has, therefore, prevailed and the sphere of therapeutic research has, unsurprisingly, been “dominated by quantitative measures and quasi-experimental research designs” (McLeod 2011 p.14). However, the positivist stance of outcome research is perceived as reductionist and incapable of fully reflecting the richness and diversity of the processes that occur within psychotherapy (Spinelli, 2005; Cooper, 2008). Increasingly, the desirability of adopting a pluralistic, pragmatic position which encompasses both paradigms of research and knowledge acquisition is being emphasised (Breen & Darlston-Jones, 2010; McLeod, 2011). Within this pluralistic approach, many such as McLeod (2011) maintain that qualitative research adds a valuable dimension to the wealth of quantitative research that has been driven by evidence-based practice.

Qualitative studies can offer insights into the richness of individual experiences and a deeper understanding of what has worked well and how, which can potentially be of value to therapeutic practitioners, facilitators and participants (Elliott, 2012). While quantitative research enables findings to be generalised, qualitative research facilitates enhanced understanding of factors that have specifically led to satisfactory outcomes for some individuals (McLeod & Elliott, 2011). Moreover, although qualitative methods militate against researching effectiveness across large samples and/or group comparison, they are “excellent at allowing the detailed views and lived experience of clients to be documented and expressed” (McLeod & Elliott. 2011, p.3). Consequently, even within clinical settings where evidence based practice has dominated, there is an increasing demand for qualitative research in order to enhance understanding of what is experienced and how (Rawlins, 2011). Qualitative studies such as Nilsson et al. (2007) can reveal much more regarding the intricacies of growth and learning following therapeutic interventions, putting flesh on the

bones of quantifiable measures of outcome success. Nonetheless, there is still a paucity of rich and detailed studies into the processes involved, how the progress through the therapeutic endeavour has been experienced and what this has meant for clients and participants (Marchel & Owens, 2007; Cooper, 2008; McLeod & Elliott, 2011).

Although research has therefore quantified the effectiveness of psychoeducational learning and the core therapeutic elements of the intervention this study sought to explore, detailed understanding of how such an intervention has been experienced is lacking. In view of this gap in the literature, the aim of this study was to explore and gain a qualitative understanding of participants' experiences of a psychoeducational learning intervention and what this has meant for them. By gathering rich, detailed descriptions the author hoped to answer the overarching research question of 'what has been these participants' experience of attending a psychoeducational programme?'. "Exploring experience in its own terms" (Smith et al., 2009) using a qualitative, phenomenologically-informed approach enabled the author to enter into participants' lived-experienced of psychoeducation. This provided the opportunity to capture the rich detail of their experiences, gaining insights into how those who attended the intervention had grown and changed. As data of this nature cannot be conveyed by quantitative outcome measures (Marchel & Owens, 2007) this study aimed to provide perspectives that might be useful in enhancing understanding and informing the practice of those involved in facilitating psychoeducational interventions. Findings might also yield useful insights regarding the transferability of psychoeducational techniques to other learning domains and possibly why such interventions may not work for some.

Chapter 3: Methodology

Introduction

In seeking to answer the overarching question of: 'what has been participants' experience of a psychoeducational learning intervention?' this study sought to gain a deeper understanding of what and how one such programme had been experienced. Acquiring the rich detail and insights into participants' experiences to answer this research question required a qualitative research design methodology informed by phenomenology (Langdrige, 2007). A phenomenologically-informed qualitative study aims to discover what it is like and what it means to experience a particular phenomenon by examining a number of perspectives of how that phenomenon has been experienced (Langdrige, 2007). It is an approach which focuses

on the lived experiences of a phenomenon (Hycner, 1985; Moustakas, 1994), gaining insights and discovering the meaning and essence of those experiences for the individuals concerned (Hatch, 2002; Giorgi, 2009). It is an inherently experiential approach in which the subsequent reflective and structural analysis conveys the essence of those individual experiences (Moustakas, 1994), drawing out underlying patterns and structures of meaning (Van Manen, 1990). The focus is on building a rich, contextualised understanding of subjective experiencing (Langdridge, 2007) by gathering data that crystalizes the meaning people attach to experiences and situations (Smith & Osborn, 2008; Smith et al., 2009).

The most appropriate methodology for this study was therefore one that is grounded in the qualitative, phenomenological tradition in order to gather detailed, descriptive insights into the meaning and experience of a phenomenon (Cresswell, 2012). Within such a methodological framework, qualitative empirical research methods are used to explore and gather descriptive evidence of participants' subjective experiences, their perceptions and interpretations (Van Manen, 1990). Qualitative research methods naturally lend themselves to phenomenologically-informed research (Dawson, 2002; Cohen et al. 2007; Cresswell 2012) as they facilitate in-depth understanding of how meanings are constructed by exploring how participants draw on their experiences to construct reality (Jootun et al., 2009). This interpretivist stance sees knowledge as socially constructed (Vygotsky, 1962) and co-created by researchers and participants as the researcher engages in social interactions with participants and is instrumental in the research process (Patton, 2002). Such research studies represent a departure from viewing "human subjects as simply manipulable and data as somehow external to individuals" towards a stance that views knowledge as something that is "generated...through conversation" (Cohen et al. 2007 p.349).

While the validity and reliability of qualitative research is often questioned, LeCompte and Preissle (1993) have attributed these concerns to attempts to apply measures relevant to quantitative research which are often impractical and inappropriate for qualitative studies. Lincoln and Guba (1985) therefore advocate a focus on the dependability, transferability, trustworthiness and credibility of qualitative research. These terms and characteristics are considered more appropriate than generalisability, reliability and validity which are frequently seen as shortcomings of phenomenological, qualitative studies (LeCompte & Preissle, 1993). The author's aim throughout was to apply integrity, rigour, consistency and as much objectivity as possible to collecting and analysing the data gathered in order to produce an insightful (Smith, 2008) credible, trustworthy and transferable study (Lincoln &

Guba, 1985). The practice of ‘bracketing’ throughout the entire research process but in particular during data gathering and analysis can help qualitative studies to meet such criteria (Langdrige, 2007). Bracketing involves suspending or setting aside distractions, prejudgements and preconceptions as much as possible in order to focus fully on the details of participants’ experiences (Moustakas, 1994). Nonetheless, qualitative research does not typically enable findings to be generalised to wider populations, although there is the potential for theoretical generalisability within the research paradigm in which this study is situated (Smith et al., 2009). Theoretical generalisability enables others to “assess the evidence in relation to their existing professional and experiential knowledge” (Smith et al., 2009). It is therefore hoped that practitioners and others may well be able to relate to this study’s findings in the context of their own knowledge and experience.

The Intervention

By having an emphasis on its participants’ actual-lived (Polit & Hungler, 1991) experiences, the aim was to gain a clear understanding of what it meant to participate in a psychoeducational intervention. This necessitated gathering data in the form of first-hand reports from individuals who had shared experiences of similar contexts (Merriam, 1998); namely psychoeducational learning and developing the requisite skills for effective functioning, enhanced wellbeing and psychological growth. For this study, the phenomenon under investigation was the experience of having attended a group psychoeducational intervention in a non-clinical, workplace setting. The intervention attended by participants in this study is positioned as a personal development programme that is fundamentally psychoeducational in its core aims to enhance personal effectiveness and facilitate the achievement of potential. It is a structured six-month programme which has psychological skills training and experiential learning at the core of its design and pedagogy. A review of its content by the researcher concluded that the programme combines elements of humanistic, cognitive-behavioural, mindfulness and positive psychological approaches to support participants in their personal development goals for constructive change and growth. Techniques drawn from these therapeutic approaches, self-development models and learning theory are synthesised and taught through a blend of didactic input and experiential learning. Between each workshop, participants put into practice, in real-life contexts, the theoretical knowledge they have acquired and the psychological skills they are learning. The programme begins with a structured three-day workshop during which the facilitator, who also designed the intervention, teaches participants a range of models and frameworks grounded in

psychology, learning and human development theory. Following this initial input, a series of smaller learning groups subsequently meet four times, approximately once a month. The initial workshop element, while didactic in nature, is highly interactive and makes use of small group, triads and pairs to practise skills and reflect on learning. The subsequent small group learning days enable participants to reflect on their progress in achieving their goals and their experiences of applying their skills and learning in real-world contexts.

Participants

Given their depth of focus, sample sizes in phenomenological research are typically small but to ensure representativeness it was critical that participants had all experienced the phenomenon being explored (Giorgi, 1997). To ensure all participants had attended the same psychoeducational intervention, purposive sampling was therefore the most appropriate sampling method for this phenomenologically-informed qualitative study (Patton, 1990). Participants were drawn from a population of former delegates from three different cohorts who had voluntarily attended the same group psychoeducational intervention run annually in a private sector company where all participants were employed. The time between attendance and data-gathering was thus potentially 1 to 3 years. An invitation to participate in the study was sent to 36 delegates from three cohorts and 15 expressed an interest in participating, of which only 1 subsequently became unavailable due to relocating overseas. A total of 14 participants, ranging in age from early twenties to late forties, were interviewed individually over a period of three months. Of the 14 participants, nine were female (62%) and three (21%) were from ethnic minority backgrounds (Table 1). Most participants had experienced stress, depression/low-moods and/or anxiety at some point and some were managing diagnosed mental and physical health conditions but all were well and at work when participating in this study.

Table 1: Summary of participants' background and pseudonyms

| Name | Age (approx) | Gender | Time since attendance | Background information |
|-------------|---------------------|---------------|------------------------------|--|
| Pavan | Late 30s | M | 1 year | - on overseas secondment to UK - experiencing some stress and anxiety - self-doubt limiting career potential |
| Cassie | Mid-30s | F | 2 years | - partial sensory disability - suffered from depression in past - wanted to learn coping strategies |
| Millie | Late 40s | F | 3 years | - long-term physical health condition - stress due to work and health concerns |

| | | | | |
|--------|-----------|---|---------|---|
| | | | | - loss of confidence |
| Peter | Mid-30s | M | 1 year | - lacking confidence - experiencing low level stress and anxiety - uncertain of career direction |
| Betty | Mid-30s | F | 1 year | - uncertain about current career - struggling with decision making - keen to improve communication skills |
| Elaine | Early 40s | F | 1 year | - recent relationship break-up - adjusting to cultural changes - stressful work environment |
| Sandra | Late 30s | F | 2 years | - nervous in social situations - prone to anxiety and compulsive checking - keen to improve confidence |
| Alan | Late 20s | M | 1 year | - has a physical disability - keen to improve social confidence - experiencing occasional low-mood |
| Salma | Early 30s | F | 1 year | - managing physical health condition - demotivated at work - feeling low following infertility diagnosis |
| Aaron | Mid-30s | M | 2 years | - managing a mental health condition - keen to improve empathy - difficulties building relationships |
| John | Late 20s | M | 1 year | - unsure of career choice/direction - suffered depression in the past - learning disability |
| Kelly | Early 30s | F | 1 year | - managing a mental health condition well - anxiety over disclosing condition at work - keen to maintain good mental health |
| Bev | Mid-40s | F | 3 years | - experiencing stress due to additional job - low moods and anxiety - low self-regard and confidence |
| Trina | Early 30s | F | 2 years | - uncertainty over career direction - general anxiety and prone to negativity - difficult parental relationships |

Data-gathering

In order to gain in-depth understanding of participants' experiences, individual interviews using an unstructured, fundamentally phenomenological approach was considered the most appropriate method of data collection for this qualitative study (Cohen et al., 2007; Creswell, 2012). The rich data that was gleaned from such interviews enabled the author to acquire in-depth understanding of how participants experienced the phenomenon of a psychoeducational intervention and gain insights into the meaning of such experiencing (Kvale, 1996; Morgan, 1997; Dawson, 2002; Mason, 2002; Cohen et al., 2007; Creswell, 2012). Interviewing, a well-established qualitative research method, provided the opportunity to gather information first-hand from participants, generating knowledge through conversations (Morgan, 1997; Cohen et al., 2007) that were essentially organised dialogues with a purpose (Dyer, 1995). In

addition to gathering rich data and insights into individual experiences, by conducting individual interviews it was possible to clarify uncertainties, probe further and observe non-verbal communications without distraction (Kvale, 1996; Mason, 2002). This would not have been as easily achieved if data collection had been undertaken through focus groups, even though these would have reflected the group-based intervention under investigation and were initially considered. The collective discussions emanating from focus groups can generate useful data and insights (Morgan, 1997; Hollander, 2004). However, they can also inhibit some participants from contributing and be full of interjections, potentially leading to responses being omitted or misinterpreted (Perecman & Curran, 2006).

Data was gathered during 14 recorded, unstructured, individual interviews conducted over a period of 3 months in a private room, each lasting between 40 and 60 minutes. Each interview was recorded and transcribed as soon as possible with observed non-verbal communications noted and added to the transcript, as recommended by Mishler (1986). This was a critical part of the data gathering process as communication involves behaviours and emotional responses as much as words (Miles & Huberman, 1984). Although unstructured interviews were the chosen method of data collection, a brief interview schedule comprising a small number of questions was designed to ensure key areas were consistently covered with each participant (Appendix A). Despite being referred to as unstructured, research interviews cannot be entirely devoid of structure (Mason, 2002). Interviewers need to remain focused on the overall aim (Patton, 1990) while simultaneously allowing a sufficient degree of freedom for participants to explore experiences openly (May, 2001). Nonetheless, as is typical of phenomenologically-informed exploratory interviews, one overarching and key question was used to initiate each interview (Smith et al., 2009): “can you tell me about your experience of attending the programme?”.

Unstructured interviews were particularly appropriate for this phenomenologically-informed qualitative study as they provide sufficient flexibility (Larkin et al., 2006) and ample opportunity for participants to respond in their own words, without constraint (Silverman, 1993; May, 2001). Participants were able to share their experiences of attending a psychoeducational intervention and what this meant for them freely and openly, relating detailed accounts of their story from their perspective (Wengraf, 2001; Flick, 2002). In the “exploration of meaning and sense-making” (Smith & Osborn, 2008 p.54) which unstructured interviewing facilitates, the author was able to gather detailed accounts from

participants. These accounts provided rich insights and enhanced understanding of the learning process that had occurred and how that was experienced, enabling potentially valuable knowledge to be acquired (McLeod, 2011). However, gathering such data meant that the author had to step into participants' frame of reference as fully as possible (Rogers, 1959) so that their experiences of psychoeducation could be explored in-depth.

To ensure such exploratory interviews yielded the rich detailed data required, it was therefore critical that the author as sole researcher created an effective interpersonal relationship with each interviewee that encouraged openness and sustained engagement (Patton, 1990; Kvale, 1996; May, 2001). The researcher sought to build rapport and establish trust from the outset so that interviewees could participate and engage in a dialogue in which they felt they could safely and confidently describe their experiences (Lincoln & Guba, 1985; May, 2001). Building and maintaining trust was critical to ensuring accurate, candid data was collected (Mercer, 2007) and that rich 'thick' descriptions (Geertz, 1973) could be given openly and with ease, thereby strengthening the validity of participants' accounts (Creswell & Miller, 2000). In her therapeutic work, the author is experienced in building relationships with clients and creating an environment where they feel they can safely, openly and freely explore and relate their experiences. However, such relationships are usually developed over time and as each participant was only interviewed once, it was essential to establish rapport as quickly as possible with each one. The author was also mindful of the need for sensitivity and to convey respect and empathic understanding (Rogers, 1957; Mallozzi, 2009; Matteson & Lincoln, 2009) when encouraging participants to reflect on their learning from a psychoeducational intervention. This approach also facilitated encouraging slightly more reticent interviewees to elaborate (Silverman, 1993, Kvale, 1996).

In order to pay close attention to all the data that emerged during the interviews, the author listened as attentively as possible and demonstrated this by showing understanding and genuine interest, using appropriate gestures and expressions (Kvale, 1996). Although being attentive was conducive to establishing rapport with participants and helped to reduce barriers to participants openly responding, the author was conscious of the potential for bias and misinterpretation from cues intended to encourage response (Kvale, 1996). The author was aware that interviews are reciprocal processes (Denzin, 2001) wherein influencing or being influenced by research participants during in-depth discussions is inevitable (Jootun et al., 2009). The author sought to balance the tension between demonstrating sufficient

attentiveness to create a comfortable interviewing environment with awareness of non-verbal communications that could be misconstrued, so that the potential for bias was minimised (Tuckman, 1972). The practice of bracketing before and during interviews and reflective practice afterwards helped the author to be aware of the impact her communication could have on participants and their responses, even though her input was minimal (Cohen et al., 2007). Nonetheless, as dialogue and questions are fundamental to interviewing (Hitchcock & Hughes, 1989), the author was conscious of the potential impact of interpersonal interactions on data (Cohen et al., 2007).

Thus, while every effort was made to practise bracketing throughout each interview, the author was also mindful of the inevitable power dynamic between interviewer and interviewee which can have an impact on the relationship (Baker & Hinton, 1999; Cohen et al., 2007). Similarly, internalised responses and unconscious bias around sociocultural issues, such as gender, age and race, can also influence behaviours and have an impact on participants' responses (Harrington, 2003). Although the author made every effort to engage with participants as equals, the participant-research dynamic can result in some participants providing 'desirable' responses (Taylor, 2005; Richards & Emslie, 2000). Interpersonal interactions and power dynamics are one of the key challenges of using relational methods such as interviews to gather research data (Cohen et al., 2007). The high-level of researcher involvement in qualitative interviews meant that the author was, in effect, the research instrument in this study (Guba & Lincoln, 1981; Merriam, 2002; Cassell, 2005; Rubin & Rubin, 2005; Turato, 2005). Engaging in reflective practice and bracketing did however facilitate the author's awareness of her own preconceptions and other sources of potential bias that could impact on the credibility and trustworthiness of this study (Cohen et al., 2007).

Analysis

The overarching approach to gathering and analysing the data for this study essentially followed three-stages of data-collection, coding and analysis, as advocated by Glaser and Strauss (1967). Phenomenologically-informed, qualitative research is an inherently experiential approach in which the subsequent reflective and structural analysis aims to portray the essence of those individual experiences (Moustakas, 1994). The unstructured interviews used to gather data for this study typically generated a vast amount of rich data, the analysis of which, in contrast, required a highly structured and organised approach (Hycner, 1985). It was therefore essential to adopt a rigorous, systematic approach to

analysing the amount of data gathered during this study (Cohen et al., 2007). However, it was also essential to approach the analysis with some degree of flexibility as phenomenologically-informed qualitative studies can be unpredictable as well as emergent (Morse, 2003). As the process of analysis progresses it can bring new insights and deeper understanding of what is relevant in the data (Morse, 2003). Adopting a flexible approach and maintaining an open mind during initial immersion in the data allowed the detail of participants' experiences and their meaning to emerge and be better understood (Cresswell, 2012).

Furthermore, in analysing data grounded in rich descriptions of how a particular phenomenon has been experienced and building in-depth understanding of what this has meant, it was also critical to engage in the process of 'bracketing' (Langdrige, 2007). Essentially, this involved the author suspending and setting aside assumptions, prior experiences and theoretical knowledge of the phenomenon to ensure analysis of findings focused on participants' experiences and personal interpretations were minimised (Keen, 1975; Langdrige, 2007, 2008). At times this demanded almost superhuman effort to set aside personal beliefs and values, suspend judgement and refrain from premature interpretations of the data (Hycner, 1985; Moustakas, 1994; Kvale, 1996; Englander, 2012). The author was aware of the challenging nature of bracketing and tried to set aside, as much as possible, her knowledge relating to psychoeducational learning in order to be as free as possible from preconceptions (Moustakas, 1994). The practice of bracketing, a fundamental aspect of phenomenologically-informed studies, enabled the author to enter into participants' frame of reference (Rogers, 1959) and focus almost entirely on their insights and descriptions of their experiences.

In line with the methodology for this type of research, prior to embarking on analysis, it was essential that time was taken to immerse in the data as a whole as this can uncover patterns of commonalities and differences in participants' contexts (Cohen et al., 2007). This essentially began with the lengthy but worthwhile process of transcription which the author chose to do herself in order to optimise opportunities to become familiar with the data. The author followed the recommended process of immersion by listening to recordings and re-reading transcripts in their entirety for a sense of their whole prior to differentiating the descriptions into units of meaning (Giorgi, 1997). This enabled an in-depth reflection on the significance of each unit of meaning and the integral aspects of the phenomenon to be clarified (Giorgi, 2009). Written transcripts of the recorded interviews were re-read and re-listened to several times in order to gain an overall sense of the data and to allow meanings to emerge (Giorgi, 1997). This initial immersion in the data had to be undertaken before the author could begin

to identify individual units of meaning relevant to the research question, which could then be clustered into themes (Miles & Huberman, 1984; Hycner, 1985).

The data was analysed using thematic analysis, a well-established approach to analysing qualitative data (Miles & Huberman, 1994; Cresswell, 2012). Thematic analysis enables researchers to categorise and compare data derived from participants in order to develop themes. This requires engaging in a systematic process of revisiting the data, identifying, critically evaluating and exploring themes to gain an understanding of participants' lived experiences (Rossman & Rallis, 2003; Finlay, 2009; Maxwell, 2012). Essentially thematic analysis is a process for identifying themes and patterns in qualitative data which can be followed systematically and rigorously in order to produce trustworthy and insightful findings (Braun & Clarke, 2006). Thematic analysis was an ideal approach for the analysis of experiential data generated by this study as it provided a systematic yet flexible framework for analysing data gathered from rich and detailed accounts (King, 2004; Braun & Clarke, 2006). Braun and Clarke's (2006) six-stage approach to thematic analysis provided a structured, systematic approach while simultaneously allowing sufficient flexibility to cycle back and forth through the stages if necessary. This approach complemented and enabled the author to adhere to the guiding principles of analysing phenomenologically-informed data such as bracketing, immersion in the data and maintaining an open mind throughout the process of analysis (Van Manen, 1990; Finlay, 2002; Langdridge, 2007). Thematic analysis is not without its challenges however, in particular the dilemma of whether a theme should be based on how common an experience is for several participants or whether it comes across as a significant insight or 'pearl' (Smith, 2011) that is confined to just one or a small number of participants.

From typing up the transcripts, the author began the process of initial immersion in the data and the first of the six stages of thematic analysis recommended by Braun and Clarke (2006), namely *familiarisation* with the data. She initially sought to become familiar with the data as an entity by listening to the recorded interviews and reading the transcripts several times, following which brief notes of initial impressions only were noted (Tucket, 2005). In effect, this started the process of analysis as the author progressed to the second stage of *generating initial codes* which involved careful consideration of every utterance made by each participant (Braun & Clarke, 2006). As this study was focused on participants' subjective experiences of psychoeducation, individual units of meaning identified as relevant to the

research question were all captured and coded without being categorised or clustered at this stage (Hycner, 1985). Initial codes were revisited and revised a number of times as the author reflected and re-engaged with the data (Savage, 2000) and began to develop an understanding of what the data was conveying (Morse & Richards, 2002). Coding the data in this way enabled the author to identify and label key sections of the transcripts (King, 2004) as they related to and captured the richness of participants' experiences of the phenomenon (Boyatzis, 1998).

Once all the data had been coded, a list of identified codes was developed and clustered so that the author could begin to determine themes (Hycner 1985; Denzin & Lincoln, 2008). This third stage of *searching for themes* (Braun & Clark, 2006) involved carefully clustering or categorising each code that was relevant to the research question according to initial themes. This process helped to identify themes or patterns of meaning that were recurrent, interesting and/or significant and which would enhance understanding of participants' experiences of the phenomenon under investigation (King, 2004; DeSantis & Ugarriza, 2000). This stage merged fairly seamlessly with the next, fourth stage of *reviewing the themes* which involved ensuring emerging themes captured the meaning within the data; and that the coded extracts in turn accurately represented the emerging themes (King, 2004; Braun & Clarke, 2006). This iterative, cyclical process required careful consideration and in-depth reflection as the author moved back and forth between the themes and codes (Van Manen, 1990). The author used colour-coding to highlight excerpts of the transcripts which illustrated each theme and although this took time, it was worthwhile as it allowed her to 'dwell' with the data (Finaly, 2014). Staying close to the data in this way facilitated several iterations of revisiting, reviewing and reflecting on themes in the context of supporting coded extracts (Van Manen, 1990).

In reviewing and refining themes and continuing the iterative process of revisiting the data as a whole, the author re-evaluated each identified theme to ensure it captured and summarised the meaning of the texts (Attride-Stirling, 2001). The initial list of themes was reviewed several times in an effort to ensure they related a coherent 'story' about the data as the analysis entered the fifth stage of *defining themes* (Braun & Clarke, 2006). Extracts of the data that conveyed the various aspects of each theme were also reviewed and refined so that a written analysis could provide a substantiated interpretation of the data as captured within each theme (Braun & Clarke, 2006). The naming of each theme also required careful

consideration as these ‘labels’ needed to capture and communicate succinctly an immediate sense of what each theme is about (Braun & Clarke, 2006). During a lengthy process, several modifications were made before the themes were finally defined and developed; final ‘titles’ for the themes were decided upon and all the themes were categorised into two superordinate themes (King, 2004). The author hoped that spending sufficient time on developing the themes would enhance the credibility of the study’s findings (Lincoln & Guba, 1985).

Investing time in this stage also enabled the author to describe each theme as the study moved into the final phase of *writing up a report* of the analysis to provide an account of the data across all the themes (Braun & Clarke, 2006). The aim was to describe the themes of participants’ experiences as well as interpret their meanings and significance as patterns that emerged from the data (Braun & Clarke, 2006). In writing up the analysis, the author sought to articulate what each theme meant in order to relate an overall narrative of what all the themes taken together revealed about these participants’ experiences of psychoeducation (Braun & Clarke, 2006). Selected quotes from the transcripts were carefully chosen and embedded within the written analysis to illustrate the themes and to support the author’s interpretations of participants’ experiences (King, 2004). It also enabled her to demonstrate how themes were grounded in the data (Lincoln & Guba, 1985). The author hoped that using extracts of the data as direct quotes would provide convincing support and explain each theme vividly (Starks & Trinidad, 2007). The author also shared the list of themes with participants and the course facilitator for their feedback as a form of member-checking. Although this risked potential disagreement which may have led to revisiting the data, they fortunately concurred and the author felt it was a useful validity check to ensure rigour and integrity of the research (Côté & Turgeon, 2005). In particular, sharing the written analysis with participants provided reassurance that their descriptions, views and insights were appropriately represented by the author (Lincoln & Guba, 1985; Tobin & Begley, 2004).

Reflexivity

Given that the researcher is the instrument in qualitative studies (Patton, 2002), subjectivity and bias can creep in subtly into the most rigorous of studies and these are often criticisms levelled at qualitative research (Denzin & Lincoln, 1994; Silverman, 2000; Bell & Opie, 2002; Bell, 2005). To a large extent, subjectivity is inevitable in qualitative studies, particularly those which involve interpersonally-focused interactions (Bell & Opie, 2002), as they rely on researcher interpretation of the data (Jootun et al., 2009). However, reflexivity

can make the research process more transparent as researchers engage in an ongoing process of introspection on how subjectivity and bias, stemming from beliefs, values and knowledge, may have affected their study (Parahoo, 2006; Jootun et al., 2009). Engaging in the process of reflexivity involves critical self-reflection on how the background, assumptions and behaviours of researchers can influence the process and outcomes of research, especially in the collection and analysis of the data (Lipson, 1991; Finlay & Gough, 2003; Hesse-Biber, 2007). Reflexivity also enhances awareness of the reciprocal impact of the researcher-participant dynamic on the research and how the study in turn has affected the researcher (Alvesson & Skoldberg, 2000; Dowling, 2006).

Reflexivity is therefore a critical, metacognitive activity (Salzman, 2002) in the endeavour to minimise bias and subjectivity in order to enhance the trustworthiness and credibility of qualitative studies as much as possible (Finlay, 2002; Lincoln & Guba, 1985). According to Rice and Ezzy (1999), reflexivity should be undertaken as rigorously as the rest of research process. It is considered to be an essential aspect of qualitative research and should be embedded in the research process throughout (Morse et al., 2002; van den Riet, 2012). Ultimately, the goal of reflexivity should be to facilitate “as full and honest an account of the research process as possible...explicating the position of the researcher in relation to the research” (Reay, 2007, p.611). This entails being transparent and explicit about how reflections are interpreted as well as the influence of the researcher and the participant-researcher dynamic on the study (Jootun et al, 2009). However, while reflexivity can appear simple, in practice it can be a complex, nebulous and challenging process which nonetheless requires researchers to be open about how it was undertaken and the reflections that emerged (Bolam et al., 2003).

Critical and integral to the process of reflexivity therefore is a high level of self-awareness (Patton, 2002; Ackerly & True, 2010; Lambert et al., 2010) which Mann (2016) describes as the hallmark of reflexivity. Self-awareness involves paying careful attention and critically examining how perspectives, experiences and values may have influenced each stage of the research and eventual findings (Dowling, 2006; Parahoo, 2006). By becoming self-aware and engaging in reflexivity, researchers can explore and understand the part they played in the construction of meanings of participants’ lived experiences throughout their research (Pillow, 2003; Delgado-Gaitan, 2003; Reay, 2007; Denzin & Lincoln, 2011). This is of paramount importance given the human tendency to attribute greater significance and weight to facts that

substantiate personal beliefs; to filter disconfirming data; and/or to focus on parts rather than the full picture of the data (Nisbet & Ross, 1980; Miles & Huberman, 1994). Developing self-awareness through reflective practice (Schön, 1983) enables researchers to understand the filters through which they are working in their study (Lather, 2004) and how personal interests and beliefs may be shaping the research process (Hesse-Biber, 2007).

Engaging in reflexivity throughout the research process and in particular during the interviews and subsequent analysis of the data was a key dimension of undertaking this study. The process was also integral to maintaining some degree of objectivity given the qualitative, phenomenological nature of its design. The author sought to develop her self-awareness and practise reflexivity throughout this phenomenologically-informed qualitative study, from formulating the research question and engaging with its participants through to her analysis of the data and its collection. This was done predominantly through reflective practice (Schön, 1983) and by keeping a reflective journal throughout as a reflexive account of the research process (Jootun et al., 2009). The author is familiar with the process of bracketing (Hycner, 1985) to suspend judgement as much as possible and found this helped her to engage in ongoing reflective practice. The author also found that noting her reflections at each stage of the research process helped to capture insights into how she may have been influencing and influenced by the study she was undertaking. Journaling and revisiting these notes enhanced her reflexive capacity, helping to clarify her understanding of her own responses as well as make sense of participants' descriptions of their experiences and what these had meant for them (Finlay, 2005).

Reflective practice involved two dimensions: reflecting-in-action and in the moment; and retrospectively reflecting-on-action (Schön, 1983). The latter was facilitated by the process of reflective writing, usually immediately after engaging with an aspect of the research; while the former required mindful, in the moment awareness of immediate, often embodied responses (Finlay, 2005). While reflecting in the moment often provided powerful data in the form of reflective insights, simultaneously balancing awareness of internalised responses with focused attention on participants proved to be challenging and distracting at times. However, using a reflective cycle such as Gibbs' (1988) model facilitated reflective practice and reflecting on action especially as it focused on feelings and embodied responses as much as thoughts, perceptions and interpretations (Finlay, 2005). Developing self-awareness through reflective practice enabled the author to engage in reflexivity and gain an enhanced capacity for undertaking an ongoing examination of her own knowledge, perspectives and

beliefs and how these had evolved during the research journey (Patton, 2002). Reflective excerpts from the author's journal (Appendix B) captured as the study progressed provide some illustration of how she engaged in the process of reflexivity. These include reflections she became aware of 'in the moment' while interviewing and those that emerged as she immersed in the data and began the process of analysis.

Ethical Considerations

This study was approved by Bangor University's School of Education ethics committee (Appendix C). In conducting this study, the author complied throughout with the BPS's guidance on informed, ethical considerations regarding research involving human subjects. Avoidance of harm, safety and respect for participants were paramount, especially as phenomenological studies involve exploring and capturing personal experiences. All participants in this study were fully briefed before providing their signed informed consent. This briefing provided a brief overview of the study's purpose, its potential readers, participants' involvement, confidentiality and how the data gathered would be treated (Appendix D). Interviews took place in neutral, private workplace settings at participants' convenience. Each participant gave permission for the interviews to be recorded for transcriptions using a small digital recorder. Participants were all debriefed after their interview and given further information about the study which the author felt may have introduced some bias to their responses if disclosed beforehand. The debriefing also provided an opportunity for participants to raise any queries or concerns that may have arisen.

The right to withdraw at any point during the research and the confidentiality of their voluntary participation was made clear, explicit and reiterated. Identities were anonymised throughout with the use of pseudonyms and no personal details were recorded beyond participants' names on consent forms and the list of corresponding pseudonyms known only to the author. Where references were made to proper names by participants, these were left blank in the transcriptions. All recordings and data gathered were stored securely in locked cabinets and password protected files held only by the author. All files will be confidentially destroyed within six months following successful submission of the thesis. The author sought to ensure to the best of her ability that no detail included in the submitted thesis enabled any participant to be identified.

The author is familiar with reflective practice and bracketing which are both integral to phenomenologically-informed qualitative studies and applied these practices throughout as they facilitate suspending judgement and minimise bias. Nonetheless, while undertaking this study, the author was conscious of possible power imbalances and the potentially harmful consequences of participation in research interviews. This is particularly salient when such interviews involve a degree of self-exploration which can result in changes in participants' perceptions and emotional states (Cohen et al., 2007). However, in seeking to create an environment wherein individuals can safely and confidently share their experiences, she sought to minimise this. It was essential to establish trust and rapport with participants in order to build a relationship conducive to openly discussing experiences of a psychoeducational learning intervention. Phenomenologically-informed unstructured interviews are rooted in therapeutic traditions (Langdrige, 2013) during which discussing and exploring potentially sensitive topics such as personal change can stir distressing emotions. The author is a qualified counsellor and experienced in conducting in-depth sessions around sensitive matters and dealing with the expression of strong emotions. Nonetheless, the author was also conscious that her background and the trust she established with participants might encourage greater disclosure than intended. She therefore ensured participants were clear that the aim of interviews was to gather data for research and was prepared to signpost to sources of support had that been necessary. The author's respect for participants equated with that shown in her professional context where integrity and the avoidance of harm is paramount at all times.

Chapter 4: Analysis/Findings

Introduction

The following chapter will provide a thematic analysis of qualitative data gathered from participants in response to the overarching research question: '*what was their experience of attending a group psychoeducational intervention and what had this meant?*' Nine themes were identified, each of which will be analysed in detail below and are captured in the following diagram:

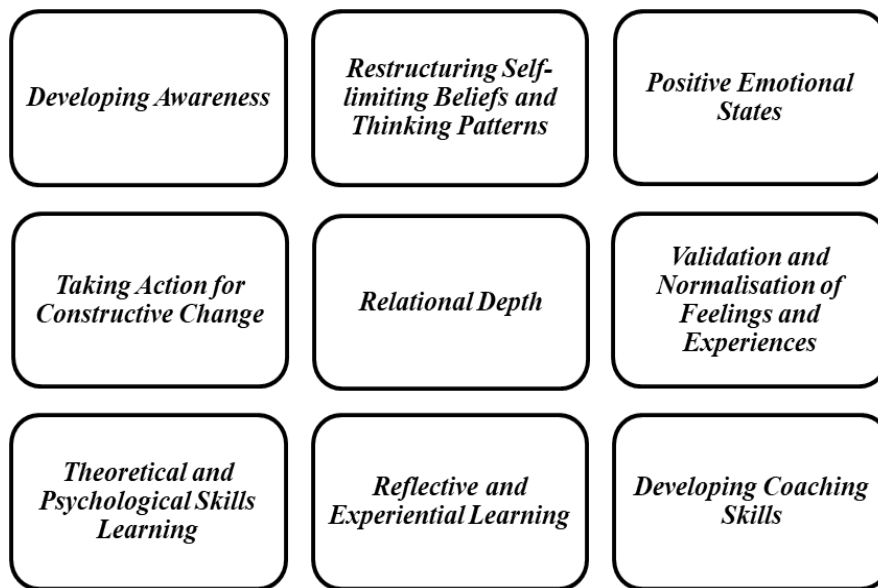


Figure 2: Summary of themes

Theme 1: Developing Awareness

A key theme in this study’s findings is the development of enhanced awareness as a consequence of attending the programme. The capacity to be more aware of their internal and external responses was experienced by most participants as having facilitated greater understanding of their thoughts, moods and behaviours as well as those of others. Many participants attributed gaining insight into their own beliefs, thoughts, emotions and externalised behaviours to developing enhanced self-awareness, which was described by almost all participants as a fundamental dimension of their experience of the programme. Furthermore, several participants felt that developing enhanced self-awareness during the programme had helped maintain their wellbeing and facilitated their personal development and growth. Consequently enhanced awareness was seen as critical to effective psychological functioning as well as fundamental to self-actualisation and the fulfilment of potential.

Most participants felt their enhanced self-awareness gave them much greater understanding of their internal processes and their external behaviours. Peter, for example, described how learning to become more self-aware had given him greater insight into his behaviours and how he responds internally: *“how I do things, like think, those were things I hadn’t really thought about before”* (Peter). Other participants felt enhanced self-awareness gave them greater insight into their beliefs and the perceptions that underpin how they make sense of the world. This is illustrated by Salma’s experience of how the programme *“really helped with my self-awareness”* and how she has subsequently become *“so much more aware, more*

aware of my perceptions” (Salma). Others such as Betty also described how gaining enhanced self-awareness had facilitated greater self-understanding “if you can identify what those beliefs are and bring them...be more conscious of them” (Betty). She felt the experience of becoming more aware had been critical in gaining insight into her beliefs and values because “we need to be aware of them before we can understand them” (Betty).

For some participants, such as Bev, Millie, Pavan and Peter, who had not previously engaged in an intervention to develop awareness, this experience was novel and profound. They described developing enhanced self-awareness as having had an almost physical impact, using language that drew on powerful metaphors. These descriptions captured the capacity for awareness participants had gained following the programme and emphasised how enhanced awareness was experienced as seeing things afresh with new or different insights and understanding. The novel and enlightening experience of becoming “*much more self-aware*” was described by Millie as an “*awakening*”, the impact of which “*made a huge difference in how I was seeing myself*” (Millie). Developing enhanced awareness was similarly novel and profound for Bev who described it as acquiring the capacity of “*looking at myself, my own behaviour*” (Bev). Her experience of gaining enlightened insights as a result of enhanced awareness was vividly described as being “*like somebody flicked a switch on in my head*” (Bev).

The experience of seeing things anew and/or differently by drawing on visual analogies was also described by Pavan, Aaron and Peter who all used visual metaphors to describe their experiences. Pavan felt that developing enhanced awareness had been critical in enabling him to discover his “*blind spots*” (Pavan). Echoing Pavan’s visual analogy and experience of seeing anew, Peter also found the experience of gaining enhanced awareness as “*very eye-opening*” (Peter). This is strikingly similar to how Aaron described his experience, even though he had previously engaged in interventions to develop self-awareness. Nonetheless, his experience of enhanced awareness during the programme “*really opened my eyes*” (Aaron). He felt he had gained greater self-awareness on the programme, which enabled him to understand his internal responses and the behaviours that were at the root of his difficulties. He felt the programme had enhanced his awareness because “*it really made you look deeper, reflect on underlying issues and reflect on your own issues*” (Aaron).

Enhanced self-awareness of internal processes and behaviours meant that some participants became aware of internal tensions and negative emotional and cognitive responses. Keely acknowledged that she had become aware of how the opinion of others mattered to her as, *“since the course I’ve discovered that I struggle with what people think of me”* (Keely). Similarly, Betty became aware of how her negative responses and internal tensions were experienced as cyclical and intricate. She described how her decision-making impacted on her external behaviour which, in turn, affected her thinking and subsequent ability to make decisions easily or without deferring to others. Having developed enhanced awareness on the programme, she *“realised I have a lot of self-doubt, I always question my own decisions and look for a lot of advice and then question what I’m thinking”* (Betty). Experiencing enhanced awareness of internal tensions gave Cassie insight into how her external behaviours did not always reflect her internal responses or emotions. She acknowledged that, externally, she can *“come across confident, very sure of myself, however that’s not how I feel inside”* (Cassie). Her insight that the outward confidence she projected was often a façade was attributed to developing self-awareness on the programme. As a consequence of her enhanced self-awareness Cassie felt she now understood that self-confidence, rather than her disability, was at the root of her distress: *“I don’t think necessarily that it’s my hearing that is my issue, it’s my confidence **because** of my hearing that is my issue”* (Cassie).

While developing enhanced self-awareness highlighted some potentially negative thoughts and emotions for Betty, Cassie and Keely, none of them reported experiencing discomfort with gaining such insights. This reflects how none of the participants described gaining enhanced awareness as a negative or adverse experience. In fact, conversely, the self-insight gained from enhanced self-awareness was considered integral to effective functioning, growth and development. As Betty experienced, awareness is a critical precursor to development as there is a *“need to be aware before we can move forward”* (Betty). Similarly, Cassie valued the enhanced awareness she had developed on the programme. She felt that becoming more self-aware had been of more value to her psychological health than interventions to remedy deficiencies as *“we don’t need to be fixed, we need to be aware and awareness is a completely different kettle of fish”* (Cassie). Other participants who had also previously struggled with distressing emotions described similar experiences of how developing self-awareness had impacted positively on their psychological health. Having suffered stress and anxiety in the past, Trina for example, experienced enhanced self-awareness as facilitating a much broader perspective on her life-stressors. She felt enhanced

awareness had enabled her to function more effectively as it meant she could see other options and possible ways in which she could respond to stressful situations. She described her enhanced self-awareness as something that “*sort of opens you up to new ideas and different ways of doing things and different ways of thinking*” (Trina).

Many participants also experienced enhanced awareness beyond their own internal processes to an increased social awareness of the emotional, cognitive and behavioural responses of others. Bev felt she had become much more aware of other people’s behaviours and emotional states by being “*aware of people, what they’re doing and how they’re doing it and what makes them happy or not*” (Bev). For Betty, awareness of others included a better understanding of other people’s beliefs and drivers, as well as her own. She felt she had become much more aware of the beliefs that often underpin the responses of others, having developed the capability to “*really pick up on other people’s beliefs now, ‘cos of this course*” (Betty). For Alan, John and Trina, enhanced self-awareness and awareness of others gave them greater insight into their interpersonal relationships and interactions. Becoming more aware of how she interacted with her mother enabled Trina to understand how being overly supportive had created an unhealthy dependency: “*the way I was interacting with my mum was actually not good for me*” (Trina). Alan similarly described having become more aware of his interpersonal relationships and the impact his interactions with others had on his wellbeing. He felt that enhanced awareness not only gave him “*great insight into how I work*” it also gave him an awareness of “*how I interact with people*” (Alan). Becoming more aware of how he interacted with others was also a fundamental aspect of John’s experience. He described becoming increasingly aware that he needed to modify his inclination to advise and provide others with multiple solutions if he was to develop effective interpersonal relationships. Such self-awareness enabled John to conclude that “*I need to be more open-minded sometimes, to try to understand where people are coming from*” (John).

Theme 2: Restructuring Self-limiting Beliefs and Negative Thinking Patterns

Discovering their self-limiting beliefs and how these both triggered and were reinforced by negative self-talk, distorted thinking patterns and mood states was a key theme for the majority of participants. For some, this also facilitated a deeper understanding of how their beliefs had developed and could be influenced through interactions with others. However, learning that self-limiting beliefs and negative cognitive-behavioural patterns could be restructured and reframed was a fundamental and highly meaningful experience for most

participants. Furthermore, while most participants gained insights into how self-limiting beliefs impacted upon their self-talk and thoughts, some also acknowledged that restructuring beliefs and negative cognitive-behavioural patterns was a complex and ongoing process.

Several participants described gaining greater understanding of self-limiting beliefs and how these shaped their inner dialogues and thoughts. Bev described how she “*suddenly started to notice*” the self-limiting beliefs she held about her capabilities; and how these triggered her negative self-talk and compounded self-doubt. Believing she was not good enough, she would “*doubt my ability, whether I was up to job or not, those doubts kind of crept in a bit more and more*” (Bev). Peter similarly discovered believing that he was “*not good enough*” to progress at work, which created “*doubts*” and a reluctance to seek new opportunities. He described how he had gained an understanding of the self-limiting beliefs which were at the root of negative self-talk, such as “*I haven’t got that kind of experience or those skills, it’s a big jump up*” (Peter). Similarly to Bev and Peter, Sandra also described “*doubting whether I was any good at my role and that everyone thought I was rubbish*”, continually telling herself “*I wasn’t good enough*” (Sandra). She described how her self-limiting beliefs triggered and were compounded by negative self-talk such as “*‘oh God, how am I going to do this? It’s just going to be me managing the team, which is a huge responsibility’*” (Sandra). However, a key aspect of her experience was realising that “*I was holding myself back, ‘cos it was something that really scared me I suppose, to be a manager on my own*” (Sandra).

A fundamental aspect of both Cassie and Bev’s experiences was gaining an understanding of how their responses to other people could influence self-limiting beliefs and the negative internal responses these triggered. Bev’s critical line manager “*said some quite damaging things*”, when he commented, after she succeeded him, that she was “*going to be out of her depth*” (Bev). She felt she now understood how she had automatically assimilated such views without examination and in turn reinforced her negative self-belief. Similarly, Cassie’s response to critical feedback at work was to see it as “*the constant black mark again*” (Cassie). This reinforced her low self-worth and triggered a negative inner dialogue: “*‘omg I must be really bad at it! Oh, I need to be better’*” (Cassie).

Others also described how they experienced a realisation that they automatically made assumptions based on beliefs and patterns of negative thinking without any form of rational or empirical examination. Pavan described how he would automatically assume how others

perceived him, consequently acquiring a *“preconceived notion without really challenging if it's true”* (Pavan). His inaccurate personalisation highlights a type of negative thinking pattern or cognitive distortion that a number of participants described experiencing. Along with Salma and Alan, discovering how his beliefs triggered such irrational thoughts was a fundamental aspect of Pavan's experience. However, by examining his self-limiting beliefs and understanding how they influenced his thought processes, Pavan described how he learned that his negative self-talk was actually distorted personalised thinking, rooted in self-limiting beliefs. When he took the disinterest of others personally, his typical inner dialogue would be: *“oh, they are not interested in me, maybe it's because I have come from [X] on secondment, so he doesn't want to bother, doesn't want to spend time on me, I'm not relevant”* (Pavan).

Salma and Alan also described experiencing other examples of distorted thinking patterns such as catastrophizing and absolute/global generalising respectively. Salma discovered that her negative thoughts and self-talk triggered catastrophe-thinking when faced with disappointments when she would typically *“be thinking ‘oh this is terrible, end of the world’”* (Salma). While for Alan, feeling low or being *“in a bad mood”*, would initiate a *“negative thought cycle”* of global generalisations and absolute conclusions as he would *“then think ‘well, I'm bad’”* (Alan). Furthermore, Alan described how he realised his negative feelings were a consequence of his self-limiting beliefs and negative thinking patterns, highlighting the complex interrelationship between cognitive and emotional states. A key aspect of his experience was *“understanding that the thoughts I am currently having and how they intertwine was affecting how I was feeling”* (Alan). This is echoed in Cassie's description of the negative emotional impact she experienced when automatically assimilating criticism as she ended up *“putting all the stress and anxiety of it on me”* (Cassie).

Although discovering their self-limiting beliefs and negative thinking patterns was a key aspect of the programme for most participants, the experience of discovering how their negative responses could be challenged and restructured was equally fundamental. Bev felt that learning how to examine the validity of negative responses and external feedback on the programme was *“what really stood out”* (Bev). By gaining *“the ability to understand that I could question this stuff”* of her self-limiting beliefs and negative self-talk, Bev felt the programme had *“changed [her] attitude”* (Bev). With a new mantra to *“be careful what you*

take on as the truth”, she learned to question and challenge her irrational, negative automatic responses, describing herself as becoming increasingly capable of *“working out what is assumption from truth”* (Bev).

Thus, in addition to discovering how automatically assimilating the views of others influenced beliefs and thoughts as described above, both Bev and Cassie also felt they had learned to evaluate external data more rationally. Cassie felt she had acquired a more rational response to critical feedback of her work with a perspective that *“people write in different ways, want things laid out in different ways, always that different slant...it’s just the way it is...everyone is different”* (Cassie). She attributed her ability to reframe and capacity to take a more balanced perspective to learning how to think more rationally and objectively on the programme: *“I don’t think I’d have been able to look at things like that before the course”* (Cassie). Learning to evaluate external feedback more rationally helped Bev to conclude that while *“it’s fine to pick things from other people but I need to be true to myself”* (Bev). Furthermore, restructuring her limiting self-beliefs had enabled Bev to become more receptive to constructive feedback that previously she would have negated. Consequently, her response to positive feedback such as *“you’ve done really well”*, became more balanced and rational: *“that’s fine, I’ll take that because that, actually, I know they wouldn’t say unless they meant it”* (Bev).

Learning to think more rationally and challenging automatic and unhelpful thoughts through strategies learned on the programme is an experience shared by other participants. Thus Pavan, Salma and Alan, whose negative thinking displayed a range of distorted cognitive patterns, also learned to challenge and restructure their unhelpful cognitive distortions. Pavan learned to restructure his distorted personalised thinking and negative reactions so that he no longer automatically perceived a lack of response from others as a personal slight. He described his reframed responses as *“now, before I make that assumption I think through other possibilities about why he is not responding”*, admitting he *“would have reacted very differently before doing this course”* (Pavan). He felt that discovering his *“preconceived notions”* and learning to challenge his *“assumptions about a particular situation...and make it a lot more neutral”* had enabled him to restructure his self-limiting beliefs and given him greater *“self-control over my thoughts”* (Pavan).

Discovering and learning to restructure his over-generalised thinking that “*being in a bad mood*” meant Alan was a ‘bad’ person “*has allowed me to manage my emotions and my thoughts and feelings in a very positive way*” (Alan). Consequently, he feels he “*can now step back and think ‘well I’m in a bad mood cos of x, y and whatever, I’m tired, I’m hungry, I’m stressed’*” (Alan). By challenging his irrational belief that his emotional and physiological responses defined him as a person, Alan discovered that “*changing some of my thoughts and giving myself a break, as it were, has helped me a lot*” (Alan). Salma also described learning “*how to find a different way of thinking*” by challenging her irrational assumptions and reframing her catastrophe-thinking, such that she can now “*catch myself sometimes, check ‘is that really there?’*” (Salma). Whereas “*previously I wouldn’t have looked at it like that*”, she had learned on the programme to restructure her negative responses with much more constructive self-talk such as “*‘ok, let’s look at this differently’*” (Salma).

Salma’s experience of learning to replace negative inner dialogue with more positive, almost motivational self-talk in order to challenge and restructure irrational beliefs and negative thinking is similar to others. Bev described shifting her self-talk from “*I don’t think I’m up to this, I don’t think I’ve got the skills for this*” to “*I’m doing a good job*” (Bev). By similarly using self-talk as active encouragement and questioning negative beliefs, Betty feels she has “*stopped doubting myself like I used to*” (Betty). She described how she has learnt to use self-talk to challenge negative responses as “*I actively talk to myself now, ‘why are you doing that again?’; ‘why are you doubting yourself? You know it’s the right thing to do’*” (Betty). Questioning negative internal responses in this way was also experienced by Trina who described how she also learned to use her self-talk to challenge and rationalise, rather than reinforce, self-limiting beliefs. She described using self-talk to halt negative thinking by “*saying to myself ‘stop it!’ and then thinking, ‘hang on a second, question this, what actually is going on? what do you need to do?’*” (Trina).

Nevertheless, some participants such as Trina and Sandra did also express how difficult it can be to eradicate rigid, self-limiting beliefs and negative thinking completely. Although the techniques they were taught on the programme had helped them to reframe negative thinking patterns, the process of restructuring maladaptive thoughts and beliefs had been experienced as an ongoing endeavour. Trina openly admitted that she was “*always struggling with needing to prove myself, needing to be the best*” (Trina). Still driven by her perfectionist beliefs, Trina acknowledged she could still occasionally “*slip back into old ways of thinking,*

old bad habits” with internalised responses such as “*well nobody's telling me I'm doing a good job, so I mustn't be doing a good job*” (Trina). She described how she still experiences “*negative thoughts*” as her negative self-talk can still resurface, despite the coping strategies she has learned: “*it's just how I manage them that is different*” (Trina). As Sandra's experience also highlighted, negative beliefs, thoughts and fears can still permeate certain dimensions of her life. Echoing Trina's experience, Sandra's anxiety is still prevalent when it comes to public speaking as she too admits “*I still feel the same about the presenting*” (Sandra).

These two participants along with Millie highlight what Alan experienced: that the process of challenging and restructuring self-limiting beliefs and negative thoughts within the intricate cognitive-behavioural and emotional cycle can seem “*all so complex*” (Alan). While working to acquire new, constructive beliefs and thinking patterns is not insurmountable, as Millie discovered, it does require genuinely “*believing them as well*” and not just paying “*lip service*” (Millie). Millie's case in particular highlights how difficult it can be to reframe negative thoughts and behaviours, particularly when dealing simultaneously with challenging stressors such as physical ill-health. The effort and energy involved in reframing cognitive processes can feel particularly overwhelming if physical resources are low because of a physical illness or chronic health condition. As poignantly captured in Millie's experience of feeling that her resources are depleted: “*when you're ill [it] diminishes you and you're low so your expectations...are low, even what you expect of yourself*” (Millie).

Theme 3: Positive Emotional States

Experiencing more positive emotional states during and after the programme was reported by most participants. Furthermore, this was the case for some participants who had previously suffered from stress and its associated negative emotions, such as low mood and anxiety. Along with reduced levels of distress and negative emotional states, they felt their ability to manage stress had improved and described enjoying more positive emotions. Among the positive states participants described feeling were optimism, resilience, acceptance, confidence and self-efficacy; and most participants experienced at least one and in many cases more of these positive affective states. Furthermore, the capacity for self-efficacy participants had developed was also described as having permeated other aspects of their lives.

Despite having previously suffered from stress, Millie, Cassie, Sandra and Aaron felt there had been a substantial improvement in the related negative emotions of anxiety and low mood they had suffered prior to the programme. Millie felt that she would still be struggling had she not *“learned how to cope with the stress a bit better...I think I’d still be very scared, in my shell, trying to hide”* (Millie). Similarly, Cassie’s felt she no longer struggled with her low mood states or *“feeling tired of walking this path...[where everything]...just feels black”* (Cassie). Along with reduced levels of distress, Cassie, Bev and Aaron also felt more positive, describing their shift in emotional states as analogous to having moved to a different place. With striking similarity to Bev and Cassie, Aaron described *“being in a good place now”* (Aaron). Cassie felt that since her low moods subsided, her emotional state had subsequently *“been good...really good”* and she is now *“in a completely different place”* (Cassie). For Bev, being in *“a good place”* had provided *“a completely different perspective”*, where she no longer suffered depressive moods and is now *“happy...a lot more fulfilled”* (Bev). Even where distressing symptoms had not been totally eradicated, as a result of applying strategies learned on the programme, Sandra felt her anxiety had been reduced to a level that was much more tolerable. She described how, previously, she *“would spend an hour doing all of the checks before leaving the house”* her anxiety and compulsive behaviours had *“definitely really improved now actually, I mean I’ve still got it, don’t think it will ever go away completely but it’s a lot more manageable”* (Sandra).

Among the positive feelings experienced by participants such as Cassie and Millie, optimism and resilience were described as key emotions underpinning their enhanced affective states. Cassie’s described feeling increasingly optimistic that any challenging times she might face *“will get better”* and that she will *“get through it”* (Cassie). The contrast between her previous negative states and the capacity for optimism she has developed through the programme is captured in her metaphor that even when *“it’s really, really cloudy...the sun is still shining above”* (Cassie). This is similar to Millie’s experience that her feelings of hopelessness would have prevailed had she not attended the programme as otherwise *“I don’t think I’d have faith in the future”* (Millie). However, the optimism and resilience she has subsequently developed, despite her continued physical health issues mean that *“even when I am in a trough I just think a peak will come that helps me be resilient”* (Millie). Despite acknowledging that, when faced with continuous difficulties, her resilience *“sometimes can get thin”*, Millie expressed optimism that she is *“able to build it back up again”* (Millie). She described how, when faced with challenges, she can now *“keep going”* because she can

access her optimism and resilience, having *“just found a way, I’ve learned to regroup, I go away lick my wounds then come back again, sort of fighting”*(Millie). Cassie similarly described how feeling resilient means she *“can pick myself up now, whereas before I’d end up carrying on down that black path”* (Cassie). Sandra also described how she had become more optimistic and resilient when faced with difficulties since the programme: *“quite a few things have happened actually since then, since the course, some of them good some of them bad but I think the things that have happened, I think I’ve probably been able to deal with in a bit more of a positive way”* (Sandra).

Along with developing a capacity for optimism and resilience, Sandra, Millie and Cassie also experienced an enhanced attitude of pragmatic acceptance, which contrasted with the hopelessness and helplessness of their previously distressed emotional states. While Millie acknowledged that she still faces difficulties at work as *“there are still going to be huge changes”*, she also accepts that *“it’s life’s natural cycle to have ups and downs; from my personal point of view there’s always been ups and downs”* (Millie). In response to the challenges of developing a chronic health condition and securing the necessary adaptations so that she can continue working, Millie’s attitude now is that *“you have to pick your battles and move on and maybe come back to things”* (Millie). Her focus has shifted to the things she can change, having adopted a more accepting attitude alongside her optimism and resilience. Consequently, she described how she now feels that *“sometimes you’ve just got to wait something out and do what you can while you’re waiting, then you’ll get there quicker”* (Millie). Cassie also described becoming more accepting of critical feedback as people will always differ in style and approach because *“everyone is different...that’s just the way it is and that’s fine”* (Cassie).

For Keely, learning to accept her condition was a profound experience which meant she now felt *“that it’s ok to be me, that’s been the key thing for me and I still hang on to that, it’s ok to be me and all that that encompasses”* (Keely). Furthermore, experiencing an attitude of acceptance towards her condition meant that Keely felt able to be more open and consequently felt accepted by others. Despite how challenging this experience had been, acceptance meant Keely felt positive about its outcome as she *“can be the real me at work now and be accepted for who I am”* (Keely). Sandra similarly experienced an *“acceptance”* of how she can still feel anxious at times, describing how she has *“still got it”* and accepting that it is unlikely to *“ever go away completely”* (Sandra). She described how she will

probably continue to have a tendency towards anxiety but that with acceptance her perspective has shifted: *"I'm always going to have it to an extent and so it's about trying to learn to live with it rather than constantly worrying about it"* (Sandra). By accepting that she will continue to experience a degree of anxiety Sandra described how this has helped her understand that anticipation often exacerbated her anxious state: *"it's often worse than the actual thing, a lot worse so what I've realised is that I was spending so much time building up to these things and getting myself into such a state"* (Sandra). By learning to embrace acceptance, Sandra felt the programme had helped her to deal with her anxiety and *"to worry less about the future"* (Sandra).

Some participants attributed feeling generally more positive to experiencing increased confidence and a sense of ease that came in its wake. Pavan felt he now has *"so much more confidence"* (Pavan). Similarly, Millie felt that she would not *"have the confidence...if the programme hadn't come along"* (Millie). In contrast to his emotional states prior to the programme, Peter also described feeling *"a lot more confident, less stressed...[and]...really comfortable, which I haven't in the past at all"* (Peter). This experience is also described by several others such as Sandra, who now sees herself as *"bubbling with confidence"* and how her *"confidence has just rocketed, I just feel so much better now"* (Sandra). Furthermore feeling more confident, alongside experiencing other positive affective states such as acceptance, optimism and resilience, appears to have enhanced the self-efficacy of several participants. Enhanced self-efficacy was especially described in the areas of professional competency and effective psychological functioning, with some participants describing how self-efficacy and feeling positive had also permeated other aspects of their lives.

To convey the experience of increasing self-efficacy in managing emotional responses, Cassie used a metaphor of an encouraging *"little elf sitting on your shoulder that goes 'ah now do you remember when, and you could try this or you could do this and it's ok to do this'"* (Cassie). While she acknowledged that she will continue to *"need the help"* and guidance of others as she develops professionally, Cassie's self-efficacy now means that seeking support *"doesn't mean that I can't do the job"* (Cassie). Her enhanced self-efficacy at work resonates with Bev's experience in that, although with *"some things I'm out of my depth"*, she nonetheless felt that the increased responsibilities *"with my work, I actually felt I could, I could do this"* (Bev). Similarly Peter's self-efficacy has meant he no longer holds back from career opportunities as he feels he *"can do this job, it's my speciality"* (Peter).

Their experiences are similar to Millie's self-efficacy belief that she can overcome obstacles in order to continue working. She described how she now feels she can continue to perform well as *"there are ways and means you know, not only of keeping your job but making it really, really work"* (Millie).

Some participants further enhanced their self-efficacy by actively focusing on positive reinforcement from others and using affirmations, which also maintained their positive emotional states. Betty described how her self-efficacy was enhanced through affirmations of things she did well and how she felt positive feedback *"gives you that feeling of 'yes! – I've been doing it right!'"* (Betty). She described feeling more motivated and how experiencing self-efficacy *"helps to get rid of that self-doubt you've been having, makes you more confident to realise you've been doing things well and want to continue doing them"* (Betty). Similarly, Bev's enhanced self-efficacy was reinforced by acknowledging the positive affirmation of *"really good feedback"* from colleagues that her leadership style *"lifted morale"* (Bev). She described feeling very appreciative as *"that's quite a thing, that someone took the time, took the trouble to write me an email to say that"* (Bev). The positive affect she experienced as a result reinforced and further enhanced her growing sense of self-efficacy as she described how she now feels about her capabilities: *"you know, I'm more than capable"* (Bev). Sandra similarly experienced feeling *"overall really positive"* as a result of the programme. Her self-efficacy had subsequently been further enhanced by accepting and assimilating *"really good feedback from managers, like one said I'd been hiding my light under a bushel, so that has been a really positive thing for me"* (Sandra).

Furthermore, several participants described how self-efficacy had had a cumulative effect and far-reaching impact on other aspects of their lives. Experiencing enhanced self-efficacy at work facilitated Bev's self-efficacy in relation to her coping resources and capacity to manage her mood states. She described how, following her experience of the programme, she now feels *"capable"* when confronted with difficulties: *"if I'm faced with something, it's like it's switched something on in my head, opened a little door that went 'oh my goodness, I didn't realise I could do all this!'"* (Bev). Her powerful metaphor captured how self-efficacy has meant that Bev believes she is *"able to actually feel that I can deal with stuff"* (Bev). She felt her self-efficacy and positive affect had had such an impact on her life that she now had *"a more positive attitude and that more positive attitude just came out in every single thing that I did"* (Bev). Her experience is similar to Sandra whose enhanced self-efficacy following

“the programme made me realise I can do these things, can make improvements to my life” (Sandra). Similarly, Keely described how she now felt that if she has to face *“any challenging situation, I can manage differently” (Keely).* Millie also described feeling that whatever challenges lie ahead with managing her condition and adapting to work, her enhanced self-efficacy and more positive affect now mean she is confident that *“whatever those changes will be, that I will be able to find a way of working with the company to get there” (Millie).*

Theme 4: Taking Action for Constructive Change

To varying degrees all participants described having experienced constructive changes and personal growth following the programme. For many, their clearly articulated readiness for change had facilitated their capacities to make such changes. This invariably involved feeling empowered to access personal resources which, for several participants, facilitated an enhanced capacity to focus on goals and a willingness to embrace change. Moreover, some participants felt that taking action served to enhance their motivation and belief that change and growth were possible. However, a small number acknowledged that significant change and achieving personal growth required taking action that sometimes took them beyond their comfort zones. Nonetheless, while all participants described experiencing some degree of development, growth and constructive change, for some the change they had experienced had been transformational.

Both Millie and Bev described how their discovery of the programme had coincided with a period of difficulties and distress but also a time when they felt ready and motivated to make changes to their lives. They felt that this timing had been a critical and key dimension of the changes they subsequently experienced. Bev described how she felt overwhelmed before the programme yet she knew she *“wanted something to change, I knew I would always work hard but I needed to change and I didn’t know how” (Bev).* She felt she came across the programme at the right time for her, echoing Millie’s feelings that for her too *“it came along at exactly right time” (Millie.)* She described how, when *“I saw the ad for the programme and it kinda just jumped out at me, I don’t know why, it just came at the right time, I looked at it and kind of thought I don’t know why but this is the answer, this is what I may need” (Bev).* Her decision *“to go on a discovery”* and embark on the metaphorical journey of attending the programme *“had such a profound effect”* on Bev as she described learning *“that change had to come from me” (Bev).* Discovering her own capacity for change was an empowering

experience as it also meant that Bev learnt that she possessed the necessary resources and *“the ability to change things and I have it, it’s there, now I know that”* (Bev).

Cassie similarly felt *“tired”* of feeling low and described how she also became empowered to draw on personal resources in order to change and grow. Using a striking metaphor of obtaining a key to a locked case, Cassie’s experience was that the programme had facilitated the discovery of her own resourcefulness which had empowered her to change. She felt she had been given *“the key to unlock the suitcase”*, thereby accessing the resources she needed and though *“maybe these tools were in my suitcase all the time...those tools are useable now”* (Cassie). Although she acknowledges that she may have already had the resources and capacity – the ‘tools’ she needed to change, she had not felt sufficiently empowered to use them: *“before, they might have been there but I couldn’t figure out how to use them”* (Cassie). She described how she had learned the onus was on her to work towards change because although *“somebody else might see all those skills in you, unless you know how to unlock it, it’s no use to you at all”* (Cassie). She felt that the programme had helped her to access her personal resources which in turn had facilitated her development: *“the course gave me that key to really start developing, to start being able to use and to explore the use of those tools”* (Cassie).

Other participants also described how they had discovered and been empowered to access their personal resources in order to change and grow. Sandra ascribed the *“positive changes”* she has subsequently experienced to how she had learned on the programme that she had the capacity and resources to change. She attributed the constructive changes she has been able to make in her life to the empowering effect of the programme: *“there’s been a lot of improvements in my life since the programme, it really was the catalyst”* (Sandra). Betty similarly described feeling empowered to access her own resources and make the changes she wanted in her life after discovering that she *“can change, you can actively change [and] do things differently”* (Betty). Her energised motivation to change is similar to Pavan’s experience of empowerment and how this fostered his motivation for change as *“on the training days I would come away feeling very empowered, wanting to change my life”* (Pavan).

The similarly empowering realisation that he possessed the resourcefulness and capacity to change enabled Peter to take action and pursue his goal as he subsequently decided *“actually*

I want that job, I need this for myself, to move forward to keep growing” (Peter). By maintaining a focus on his goals, Peter took action “immediately after the programme” in order to “really work on my action plan and my goals” (Peter). Taking ownership for change and personal development resonates with Bev who also became more focused on her goals and working towards self-actualisation. Furthermore, she also described how taking action and making progress towards achieving her goals, even if not always successfully, had been critical in helping to sustain motivation. As she described, “when you realise that you're the owner of it, your goal and though you might not get it all right, the thing is, it's about moving towards it and what you're doing to move towards it and that much makes you feel better” (Bev).

The impact of being goal-focused and taking action was also fundamental to the constructive changes Sandra had experienced as this process had necessitated proactively doing *“things that are going to help...not just sitting back and waiting” (Sandra)*. By taking action on constructive goals in other domains of her life, Sandra felt she was *“doing more, putting a lot more effort into different aspects of my life, I feel like I'm really reaping the benefits now” (Sandra)*. The beneficial effect she felt as a result is in stark contrast with how she would previously have been reluctant to take on increased responsibility. By taking a role with greater responsibility Sandra experienced how empowering and motivating it felt to take action despite her fears and *“to just do it and actually do it quite well I think” (Sandra)*. The extent to which she had changed is underlined in her description of how fear is no longer *“holding me back”* to any great extent or preventing her from engaging more fully with life. As she described, *“now I just think ‘sod this...I'm either just going to decide to do this and do it or say that I can't and that's it. I'm not going to waste my life stressing any more, spend all that time worrying myself silly really’” (Sandra)*.

The changes Sandra experienced as a result of pushing beyond her fears resonate with Pavan and Peter who both attributed the constructive change they had also enjoyed to going beyond their *“comfort zone” (Peter)*. Pavan felt that he would not have experienced personal growth and change to the extent he had by *“sitting it out, waiting for things to happen, it will not happen, you have to take action” (Pavan)*. In experiencing personal change during and after the programme, Pavan too felt that in order to grow it was essential to *“put yourself out of your comfort zone to become better, competent” (Pavan)*. This is similar to Peter's experience who, following the programme, pushed himself beyond his ‘comfort zone’

towards greater self-actualisation by taking *“a step up and a bigger job”* that is *“so very varied, it’s really interesting”* (Peter). Whereas *“in the past I would have held back”* he decided *“to go for it”*, determined to push beyond his comfort zone and *“not to let that fear hold me back”* (Peter). Although this involved putting himself *“in a situation where I would fear”* and taking risks, it also meant that he was able *“to look for opportunities and not be so scared to take them”* (Peter).

Consequently, Peter described how he had experienced substantial change, no longer deliberately self-sabotaging his prospects for successful job applications as he admitted *“in the past I’d not really prepared well”* (Peter). Held back by fear of failure, Peter acknowledged his defensive strategy since he *“always thought if I prepare and don’t get it that shows I’m not good enough”* (Peter). He described how his previous thinking was *“if I don’t prepare and then don’t get [the job], I could just use that as an excuse ‘well I didn’t get that cos I didn’t prepare properly’”* (Peter). However, after the programme, Peter *“wasn’t so full of doubt as I usually am”*, feeling empowered by his decision that he was *“not going to hold myself back anymore”* (Peter). In his next application for a new role, Peter described how he *“sat down and really researched...worked hard at preparation for the application, the interviews, was so much more prepared than before”* (Peter). He felt that by taking action and working hard to change his attitude and behaviour had led to a very different outcome: *“and I wouldn’t have done that, achieved this without that change”* (Peter).

For many participants, how their lives had changed was described as profound and extensive. Cassie felt the change she had experienced was almost indescribable: *“there’s no words really, sometimes there aren’t any words”* (Cassie). When describing how far she had progressed, she acknowledged that *“if I hadn’t have been on the course I wouldn’t be in this position, in my work, my professional life, I don’t think I would be where I am”* (Cassie). She had previously felt *“there’s no light at the end of the tunnel”*, exacerbating her low mood through rumination and *“a lot of sitting and thinking and thinking then you end up going in that downward spiral and feeling very low”* (Cassie). While Cassie expressed some disappointment that she *“didn’t quite figure things out until it was quite late into the course”* the extent of the change she had experienced was viewed as substantial. She described how she now proactively engages in strategies to enhance her wellbeing, such as *“just being in the moment”* through what she described as *“active meditation”* as she walks *“to work 2-3 times a week”* (Cassie). Her low mood has been replaced with optimism and empowerment as she

looks forward to a *“future of being able to better myself, being able to challenge myself and to feel ok about it”* (Cassie).

Sandra had similarly experienced some fundamental changes in her life since the programme. Her *“really stressful”* compulsion to *“spend an hour doing all of the checks before leaving the house”* had reduced to *“about 15 to 20 minutes, it’s still a bit of a pain but it’s a lot better than what it was”* (Sandra). She felt that taking constructive actions to change and engaging with more positive activities have helped her to reduce the cycle of destructive behaviours and negative emotions. She described how *“I go out a lot more now, get involved in a lot of things and I think the fact that I’m actually doing more stuff has, indirectly, made me lessen the checks”* (Sandra). This is substantially different to how her *“life before was just eating crap, never going out, just sitting on the sofa, smoking, drinking, taking those tablets, feeling depressed, really anxious”* (Sandra). The change Sandra has experienced has been transformational. She described how she is now *“eating really healthily...going to the gym [and] when I go to work I get off the bus two stops early so I can walk along the river and really enjoy it”* (Sandra).

Although functioning well and successful at work, Keely had similarly suffered from distressing emotions and a condition which she decided not to disclose to colleagues. However, Keely felt the programme *“gave me the confidence, not just to go back to my department but also to go and stand up in front of the whole organisation and be on a poster for mental health which is in all the offices!”* (Keely). She described how extensively she had changed, becoming more confident and openly sharing her story and journey to improved mental health in numerous public events. Since the programme, *“I’ve done speeches in front of 500 plus people, I’ve done numerous campaigns, been filmed for a video about it...I’m actively part of the [employer’s name] agenda, pushing awareness not just for mental health but for all disability...and that has all stemmed from...the programme”* (Keely). The change she experienced has also been transformational, moving from *“very much hiding my illness and pretty scared about opening up”* to feeling that *“I can be the real [Keely] at work now”* (Keely). While the process of change she experienced had undoubtedly been challenging, she felt it had also been a significant and constructive learning experience. She described how even *“though it was a really difficult time, it also became the best time, when I learned the most...a pivotal turning point in terms of moving forward and getting to where I am now”* (Keely).

Theme 5: Relational Depth

Almost without exception, participants experienced the establishment of working relationships with fellow learners and facilitator which had a particularly profound quality. These deep relationships were consistently described as trusting, accepting, authentic, respectful and empathetic. Furthermore, such relationships were experienced as qualitatively different to other close relationships in the nature of the interaction between participants and the extent to which they felt they could disclose. Consequently, participants felt these relationships created a safe learning environment wherein trust was quickly established and within which they felt they could be open, explore and reflect on their individual progress.

To some degree, every participant described experiencing the creation of deeply profound and supportive relationships with fellow participants. Peter felt he *“couldn’t have wished for a better group of people”*, describing the experience of forging deep relationships as *“probably my biggest takeaway from the programme”* (Peter). Similarly Sandra felt that *“working in the group, that support we had from each other, that was so good”* (Sandra). Trina also valued the *“mutual support and the bonds the whole group had”* (Trina). Furthermore, she felt the depth of the bonds she formed had an enduring quality. She described feeling a strong *“connection to each other, you might not see each other for a while but you still feel you can understand, know that person”* (Trina). This is strikingly similar to Keely’s experience of forming deep relationships with fellow participants and *“connecting with them on a different level”* (Keely).

Many participants felt that coming together in a shared learning experience which had continuity had facilitated the process of achieving relational depth. Betty felt the learning groups *“really helped to develop those relationships quite quickly really and that was important”* (Betty). Peter similarly felt that it had been *“helpful also to be able to slowly get to know the other people in the room and get that background information”* (Peter). Pavan described the extent to which participants came to know each other and formed deep connections as a *“very powerful experience”* (Pavan). He felt that *“getting to know other people”* on the programme had such depth that *“if I had to write about them after day one and then again at the end it would be very different”* (Pavan). Having developed such close working relationships, Pavan felt that *“you really don’t know enough about that person until you have had a chance to have real discussions with them, get to know them”* (Pavan).

The deep relationships formed on the programme were described as highly supportive and often attributed qualities or ‘conditions’ that underpin an effective therapeutic relationship. Qualities such as respect, support, trust, empathy, authenticity and acceptance which facilitate relational depth were highlighted by a number of participants such as Keely, John and Peter as being integral to their experience of forming relationships on the programme. Keely felt that the “*connection*” she experienced in the relationships she formed was enhanced by working with fellow participants who were “*very empathetic and accepting*” (Keely). She also felt the authenticity of the group came across in the genuine interest participants had in each other’s progress over the course of the programme. She described how the group communicated a mutual desire for each participant to “*come back and update us, we want to know how your life is*” (Keely). Peter also described experiencing authenticity from fellow learners: “*the group was very genuine...and everyone gave you the same respect you gave them, all helped each other*” (Peter). He felt their interactions were “*honest and real*” and that “*there was a lot of mutual respect*” which in turn helped “*build up the trust*” (Peter). Aaron similarly described experiencing a “*strong bond of trust*” in the deep relationships the group formed, which he felt was evident in “*the kinds of things people were raising and revealing*” (Aaron). Similarly John “*felt respected*” as a consequence of working with people he could “*trust and respect*” (John). The level of respect and trust John experienced was so profound, he described feeling “*loved, held, safe and when you have that, you know, you gain trust, gain that kind of solidarity in the group*” (John).

Experiencing the qualities of relational depth and trust in particular meant that a number of participants felt sufficiently safe in their learning groups to disclose to an extent they had not expected or previously experienced. For Keely in particular, experiencing a “*place*” where she “*felt safe to tell people*” openly about her experiences was profound and “*an overarching thing*” (Keely). Describing the difficulty she had in disclosing her condition to her colleagues as “*a block in that I didn’t feel safe*”, Keely’s experience of finding “*a forum where I can go and voice this to other people was fundamental*” (Keely). She felt the depth of the relationships in “*this group, gave me that place where I felt safe*” such that she could be “*open and honest about everything...the sorts of things I struggle with...I went into quite a lot of detail sometimes*” (Keely). Consequently, the “*level of trust, of safety and security*” Keely experienced meant she could openly disclose to group, which in turn, enabled her to use the learning environment as “*a sounding board*” (Keely). Furthermore, Keely felt that the

deep “*level of trust*” she experienced was mutual across the group and was “*emphasised in the way everyone was opening up...felt safe in the group*” (Keely). Consequently, Keely was not alone in openly disclosing: “*it wasn’t just me, everyone was talking about things that were difficult for them*”, describing the experience as “*very powerful...for people to be able to share that sort of thing*” (Keely).

The safety that relational depth can engender was also a fundamental aspect of Peter’s experience of working with others on the programme. In a similar way to Keely, “*the key thing*” for Peter was also feeling able to “*really open up*” and “*realising here were people I could share things with, things I hadn’t really thought about or realised that were difficult for me, before the course* (Peter). He attributed being “*comfortable*” about disclosing to “*the safety...feeling safe to discuss topics that you would ordinarily find a bit harder...not really know who to talk to about those sorts of things and that was one of the most important and interesting things for me*” (Peter). His experience resonated with Keely’s observation that “*people I’ve worked with for five years they don’t know 5% of what I told the group*” (Keely). Similarly, Alan and Elaine described experiencing a deep level of trust in the group which enabled them to feel safe to disclose. For Elaine, “*having that safe space*” meant that the group created an environment where she could reveal her vulnerabilities in a place “*where you were able to be human*” (Elaine). Despite finding the prospect of sharing his feelings “*very scary*” and the process “*so tiring*”, Alan felt “*safe...within that group...[and]...the trust allowed me to be willing to share more with other people*” (Alan). He described how the relational depth he experienced helped “*build up the trust within the group, allowed me to become more open with the group*” (Alan). He felt this experience enabled him to optimise the benefits of attending the programme as being able to share openly and trust the group “*allowed me to fully participate and gain the most from it*” (Alan).

Although nearly all participants described forming strong bonds of trust and deep relationships, many also highlighted that this experience was qualitatively different to other close relationships they had. Peter felt that the relational depth he experienced on the programme as “*everyone got to know each other*” was of a depth and level of trust such that it “*wasn’t like family and friends so you could be a bit more open about the people and the things affecting your life*” (Peter). While acknowledging his “*friends are great, they want to help, give advice*”, Peter felt he could reveal more about his feelings to the group. Unlike his experience of the relationships forged in the learning group, in his close personal

relationships Peter would typically “*always hold something back from them ‘cos you’re worried about maybe what they think or if it’s being too personal*” (Peter). Pavan similarly described the novel and different experience of forming deep relationships with fellow participants as something he “*had never really experienced before...it wasn’t like it is with friends, in the learning groups, you discover, what comes out is very different, I don’t know why*” (Pavan). He therefore felt this experience was not only very different to other close relationships, he also found it profound and slightly mystifying. He pondered on whether it was down to “*the facilitation or just the quality of the folk*” in the group or even the transpersonal influence of “*something even higher, a higher power*” (Pavan). While there was some humour underpinning his comment, Pavan evidently felt that his experience of relational depth and working with his group “*was so powerful*” (Pavan). Salma also felt there was a different quality to her relationship with the group, finding it similarly “*helpful having a trusted group of people to talk through...issues...and decisions I was trying to make*” (Salma). However, she also attributed her ability to disclose to the objectivity of working “*with people who were neutral, who weren’t going to be affected...who didn’t have any personal stake to cloud their opinion*” (Salma).

Furthermore, experience of relational depth was not confined to fellow learners as several participants reported establishing an equally strong relationship with the facilitator who was described as empathetic, supportive, inclusive and genuinely respectful. These qualities were considered vital by Keely as the deep learning on the programme was “*very powerful*” and required highly skilled facilitation, otherwise she felt it “*could make or break someone*” (Keely). Her experience, however, was that trust and safety within the group was enhanced because the facilitator’s “*interaction with us, how he managed and approached the course increased the safety for me...I wouldn’t have felt comfortable otherwise*” (Keely). She felt that “*the needs of everyone were accommodated*” and that “*the facilitator really cared about us, you could really see that, so empathetic, really genuinely trying to help us*” (Keely). Consequently, the relational depth Keely experienced with fellow participants was mirrored in how the facilitator “*set the tone, made us feel safe*” and demonstrated the requisite behaviours underpinning relational depth in the way they “*modelled good interaction*” (Keely). She felt her willingness to engage would not have been as extensive “*if we hadn’t had a facilitator with that approach, I don’t think that any of us would have felt safe enough to open up*” (Keely).

Cassie and Peter shared a similar experience to Keely in their response to the facilitation. Peter described how his initial apprehension at the start of the programme soon dissipated, which he attributed largely to how the programme was facilitated from the outset. He felt the facilitator “*made everyone feel so comfortable, really made it so that everyone was able to be themselves...it became so easy after that*” (Peter). He also shared Keely’s view that “*with a different facilitator, who didn’t do the same, get us to gel so well, it would be a completely different course*” (Peter). Cassie similarly felt that the facilitator created “*an environment*” and “*managed to make everyone feel safe and secure, to be able to openly speak which without that I think it wouldn’t have the same impact or the same after-course impact as well*” (Cassie). This resonates with Millie’s experience of how the facilitator communicated qualities such as empathy, which facilitated relational depth, describing her experience of the facilitation as “*really engaging, really empathetic to everyone in the room*” (Millie).

Theme 6: Validation and Normalisation of Feelings and Experiences

Experiencing the validation and normalisation of their feelings and struggles as a result of sharing often common experiences with others in the group was a profound experience for many participants. Many described the experience of being listened to in a supportive environment where they could openly share their stories as highly validating. Furthermore, hearing about the struggles of others also meant that many participants discovered that they were not alone or unique in their experiences. For many participants, learning how others also suffered difficult and distressing emotional states, therefore, normalised their own experiences. Moreover, discovering how others within their work context could be suffering despite appearances to the contrary challenged the assumptions of a couple of participants that they were largely alone in their struggles.

For many participants, being able to share how they were feeling and discuss their struggles with others was a profound and critical aspect of the programme as it helped to validate and make sense of their experiences. Pavan described how sharing his struggle to speak publicly had validated his feelings and also clarified its priority for him. He described how he had “*found it very influential, that experience of talking about my problem about speaking, it just all made me realise how important it was for me*” (Pavan). Keely similarly valued having the opportunity of being in an environment where she felt she could “*go and voice to other people*” and found she revealed “*quite a lot of details about my condition*” (Keely). She described how sharing experiences of her condition not only helped her verbalise her feelings

and “*articulate...what it was like*”, she also felt she benefitted from receiving the group’s “*perception and response*” (Keely). Her experience of feeling heard and understood meant that she felt validated as a result of “*knowing that actually people can understand what I’m going through, that I can articulate in the correct way*” (Keely).

Feeling understood resonates with John’s experience of feeling validated and how for him, feeling listened to and “*being understood was what was important*” (John). Trina similarly felt that “*one of the biggest things*” she took away was how “*good*” it had been to feel understood and validated by others who understood her struggle and “*get that confirmation that it’s not good*” (Trina). Elaine also described how she valued the group’s acknowledgement that “*yes, it is a difficult time for you, you have the right to be upset about what’s going on*” and how meaningful it was “*to have that validation*” (Elaine). She similarly attributed this experience to “*having that space where you could say how things were for you...and...to have that validated by other people, not shut down, swept aside*” (Elaine). Feeling validated was described as a key aspect of Elaine’s experience of the programme as she felt “*the validation*” had facilitated positive emotions and “*the confidence boost*” she subsequently enjoyed. This was particularly meaningful for Elaine as her experience of the stress she had suffered was that “*confidence disappears*” affecting her “*ability to make decisions, to think clearly, despite my skills and expertise*” (Elaine).

Furthermore, many participants found the experience of being in a group that was mutually open meant discovering that their experiences were not unique or unusual, which helped to normalise their feelings and responses. Elaine described how she came to realise how her “*doubts and worries*” were not unique as a result of being in “*a place where people were experiencing very deep, very personal...difficult circumstances*” (Elaine). She felt this experience served to normalise her own feelings as a result of hearing “*about everything that was troubling others*” and realising that others too felt “*doubts and fears and anger and anxiety*” (Elaine). Her experience resonates with Keely who felt that hearing how others had suffered and struggled with similarly negative emotions and cognitions helped to normalise her own thoughts and feelings. Keely felt that her experiences of distressing emotions became normalised as a consequence of being with others “*with very similar circumstances in that we were all struggling*” and by “*having a group there saying ‘we have a situation too’*” (Keely). Learning and knowing how others also struggled meant she felt that “*I wasn’t alone which is*

so important” because in her experience “*problems can be all consuming and feel very isolating*” (Keely).

Sandra similarly felt that discovering how others felt had normalised her own experiences, finding it reassuring that she “*wasn't alone, the only one going through a difficult time*” (Sandra). She also described how isolated she had felt when suffering emotional distress, “*cos when you're going through things like that you do feel like you're the only one*” (Sandra). Trina also shared the experience of learning that others were similarly enduring challenges through the process of “*talking to other people and realising you're not the only one*” (Trina). She described this experience as an almost surprising discovery as she “*suddenly*” realised that there are also “*lots of other people with either similar issues or different issues but also just really struggling...facing difficult times*” (Trina). This process of discovery was shared by Peter who also felt “*really surprised*” as his fellow participants began to open up to “*realise that all these people around me here are all suffering too*” (Peter). Consequently, he also experienced a normalisation of the feelings he was struggling with after “*listening to the others and realising I was trying to deal with something similar*” (Peter).

Experiencing a validation and normalisation of their feelings and responses also fostered a sense of mutual support amongst some participants. Keely felt “*the interaction*” within the group, “*hearing them, what's going on in their life*” fostered a feeling that they were “*all struggling, all there for a common purpose which is to work out how to move forward and support each other*” (Keely). Sandra similarly described how “*there was quite a lot of comfort*” in supporting and working with fellow participants who had experienced similar struggles as it “*helped to be able to talk to other people*” (Sandra). Peter also drew comfort from such openness and felt that supporting and listening in turn to his fellow participants also helped make sense of his own struggles as it made him “*realise that I hadn't really accepted what I needed help with*” (Peter). This experience of a reciprocal benefit resonates with Trina who also valued being “*part of a mutual support*” in the group. She described how, despite each participants' differing contexts, their experiences of distressing emotions shared many commonalities, which Trina found helpful in learning to cope with her own stressors. She described how “*everyone had their things going on, all very different, but you can draw on the kind of similarities in how that affects you, how you think about things and your perception of it and everything*” (Trina).

Some participants described how surprising it had been to discover that others were experiencing difficulties and distressing emotions. Peter, Pavan Elaine and Trina to varying degrees felt that their assumptions that everyone else was functioning effectively had been challenged as a result of learning that others in their organisation were also struggling. Trina described how she had previously *“felt that I was some kind of weirdo who couldn't cope with this job and everyone else could cope with it”* (Trina). She described how such struggles can be invisible and how material success does not always mean feeling happy or content. She learned that *“no matter how high performing they really are”* her fellow participants *“weren't overly happy about things”*, acknowledging that feelings can be hidden and *“if no-one sees it they don't always get it”* (Trina). Elaine was similarly surprised to learn about the struggles her fellow participants were experiencing and felt this helped her to have a different perspective on her own problems. She felt *“the programme was such an eye opener”* as outward appearances can belie how people feel and *“we have no real idea of what is really going on in people's minds and hearts, not a clue”* (Elaine). Furthermore, she felt that this experience had also served to *“bring out the empathy in others, in us”*, helping her to develop her understanding of others as it *“took the focus off ourselves, which was important too”* (Elaine).

Realising how easy it was to assume, based on initial impressions, that others coped better and were not suffering from stress and negative emotions was a particularly profound experience for Peter and Pavan. Peter described how he thought his colleagues *“all have great lives, doing well for themselves and everyone else is happy, that's the impression you get”* (Peter). He described, at the start of the programme, *“looking around thinking ‘why are you here? you look ok!’, wondering ‘what has made them come on the course?’”* (Peter). However, working with fellow learners challenged his preconceptions as he discovered that, despite outward appearances, *“actually that person could be really suffering with something, that you have no idea what might be going on”* (Peter). Consequently, it was a profound experience to learn that *“not everyone has it all worked out, so many have the same doubts, fears that you are going through but it's so easy to think that you are the only one”* (Peter). Pavan similarly described how his initial impression of the group was also *“how perfect life seemed for all of them”* and how *“interacting with them in those sessions changed my understanding of each of them, it became very different”* (Pavan). He felt that this had been *“very powerful experience”* and how he had come to realise that despite having *“positive*

skills and all were very powerful in their own right, all of them were missing something or other” (Pavan). He described how learning that despite outward appearances, others can also have their struggles had helped to normalise his personal challenges and was *“a normative thing to happen” (Pavan).*

Theme 7: Developing Coaching Skills

Learning and experiencing the essential skills of coaching, namely listening and the ability to ask questions of a particular quality as well as communicating insights was viewed as highly impactful by most participants. Developing their coaching capability and having the opportunity to hone and practise coaching skills over time was described by almost all participants as a fundamental aspect of their experience. Furthermore, the mutual experience of being coached alongside learning to coach others and in particular learning to ask powerful questions was considered to be critical in facilitating development and change. Several participants also felt that learning and applying coaching skills had had a positive impact on how they interacted with others, especially in helping or supporting contexts.

Bev described how experiencing and learning how to coach on the programme had enabled her to support others to access their own resources in a constructive, solution-focused way. As she captured it, she had learned that coaching was *“about talking to someone”* as opposed to *“forcing a solution on somebody” (Bev).* She described how, if others approach her *“when something's gone wrong”*, coaching can be more effective than giving advice or providing the solution as *“it's not about me saying ‘you need to do this’, ‘cos it doesn't always work” (Bev).* In her experience, since the programme Bev had found that engaging others in a coaching dialogue and encouraging them to focus on what constitutes a good outcome facilitated effective problem-solving. As she had discovered, *“rather than me saying ‘you did this and you need to do that’ actually, the solution they need to come to then comes from them” (Bev).* Similarly Betty has learned that coaching can be more effective than being directive when helping others, describing how she no longer *“go[es] straight in with the advice which I always used to do, now I try to coach them” (Betty).*

As Salma experienced *“from doing the course”*, rather than being told what to do and given *“advice”*, she had found it much more helpful to *“come to conclusions”* by herself, through a process of *“being able to think things through and being able to have an understanding of things” (Salma).* Discovering how much more effective it can be to help others discover

solutions for themselves rather than give advice was also experienced by John. He described how he *“learned that I can’t just force what outcome I want”* when supporting others and how coaching has *“taught me I don’t have to give ten suggestions!”* (John). He acknowledged that coaching *“might take more time”* and that *“advice can help, giving people ideas is great then they can have a choice”*; however, he now feels *“it’s better they get to the solution themselves”* (John). He described how he now coaches others to help them *“get to the answer rather than giving the answer, ‘cos you don’t know as much about their situation as they do”* (John). Millie’s experience of coaching reflects this as she described how *“I just found it opened up ideas for me that I wouldn’t have got to on my own or maybe taken years to find out”* (Millie).

Several participants described their experiences of coaching as facilitating change, growth and development. As Millie captured, her experience of coaching: *it was really a sort of growing process”* (Millie). Bev described how she now considers coaching as essential for *“managing relationships”* effectively as well as being a powerful development tool. She described how *“it’s taught me a lot about how to get the best out of people especially if you need to put something right...it helps their learning”* (Bev). Similarly, Betty felt that developing her capacity to coach was a powerful and meaningful aspect of her experience of the programme. She found coaching to be highly empowering, enabling her to *“help people in a better way”* and consequently coaching has *“changed the way I help them”* (Betty). She described the positive impact of how coaching others empowers them to resolve issues in a more effective way through a process that also facilitates their development. Following the programme she proactively uses a coaching approach to help people who seek her help with problems or *“dilemmas...‘cos I can see them really thinking and it helps them to help themselves...I then actively use that [coaching] to help them, ‘cos it helps them work it out for themselves and that’s better”* (Betty).

For most participants, learning to ask skilful questions as they developed their coaching capabilities within the group was a highly valuable and profound experience. Millie described how *“learning how to ask the right question, that was a real skill I came away with”* (Millie). During and since the programme she experienced the value of learning how *“to ask a question in a different way, it often gets different answers, gets to a deeper level”* (Millie). She described the impact of this process within group coaching sessions where *“you could see people really thinking and every question, before you asked and they asked, had that knock-on effect of ‘wow, that was a really powerful question’, it was amazing to see”*

(Millie). She felt that by learning the skill of coaching and asking questions of such a quality, participants learned to explore their own thinking in much more depth rather than giving immediate responses. In Millie's experience, *"the questions made people really stop and think...really delve into what you said and what you really believed...people had to really think about what they were saying...makes such a difference"* (Millie).

Betty similarly valued the *"really good"* experience of learning how asking *"questions to make sure you understood the issues"* could lead to greater insights as part of *"the whole process of coaching in the group"* (Betty). This was similar to Trina's experience of how impactful she found learning to coach others, in particular asking questions that then helped *"them to make their own decisions"* (Trina). As she described her experience: *"one of the most powerful things, to realise just by asking those questions and getting used to that technique, it opens your eyes to how you really can influence somebody just by asking a question"* (Trina). The difference that *"something so simple"* as asking an *"open question, a different question"* could make when helping fellow learners meant that Trina also became more confident in her interactions with others. She described *"the power"* of skilled questioning as *"very beneficial"* since *"it gave me quite a lot of confidence in my abilities to help other people and the way that I now talk to other people is slightly different"* (Trina). However, she also acknowledged that *"asking the right sort of questions"* is a skill and how it is *"so easy to ask rubbish questions...stock questions"* but once learned, *"using the questioning is just so valuable"* (Trina). She felt that skilful coaching questions can *"lead to the positive"* solutions as they facilitate individuals' ability to be more open to alternative options, enabling them to *"explore the alternatives, in an ideal world what would it look like and opening it out, cos if that's what it looks like, how do I get there?"* (Trina).

Similarly, Pavan also described how one of the most significant aspects of his experience was discovering the profound impact of coaching and in particular developing the skill of *"asking better, more open questions"* (Pavan). He described how his experience of asking such questions had helped to surface a more considered response from others, rather than an *"immediate answer, which might be the obvious answer but not always the 'true' answer"* (Pavan). As he described: *"by asking the type of questions we learned, by asking open questions, then you ask questions that mean people have to give more thought...[and]...will then come out with what is more likely to be the real issue"* (Pavan). Learning to ask such questions on the programme meant that he could support others to reflect more deeply as in

his experience “*when you drill down you make it to the actual, original problem rather than the obvious answer*” (Pavan). In his experience, meaningful dialogue can become lost in the distractions of thoughts and words: “*maybe when we talk, there’s too much ‘talk’ and we have so many thoughts*” (Pavan). However, as he described, asking skilled questions can help others to clarify their thoughts, access and address the core issue; to ‘drill’ and cut through to the core issue.

In parallel to learning how to ask skilled questions, Pavan also experienced the value of active listening as the equally important and fundamental skill of coaching. As he described: “*if you ask questions and listen then the information comes out much more clearly and so she or he understands better and you understand better*” (Pavan). His experience thus highlights how listening at a deeper, more attentive level is inextricably linked to skilful questioning and integral to effective coaching. Developing the capacity to listen more effectively was also a key experience described by other participants. Trina described how “*another thing I found useful*” on the programme was having the opportunity for “*working on my own listening skills and developing those and then being able then to use those*” (Trina). Millie similarly felt that “*learning to listen*” was also “*really key*”, discovering how critical and powerful an experience it could be “*just to really stop and listen to what someone is really saying*” (Millie). For John, developing listening skills meant that he had learned to refrain from interjecting and to allow others to talk, which he described as a powerful learning experience in that now “*I can let go of that, let them talk*” (John).

Being able to hear the reflections and insights of others as well as receiving feedback on their issues were further key dimensions of coaching that many participants experienced. Betty described how she found fellow participants’ reflections and “*the feedback from everyone...so helpful*” (Betty). Similarly, Peter “*really appreciated...[the]...honest feedback...[and]...insights from other people*” during the group coaching, following which he was “*able to take a step back and really digest*” (Peter). He felt it was “*so good to learn from other people on the programme...and to hear what people have done, have tried, what has worked and hasn’t worked*” (Peter). Gaining insights from others was a novel experience for Pavan who found learning how his self-image differed from how others perceived him to be particularly profound. He described how it felt “*just hearing what other people saw and realising what I thought was different to what other people were seeing and telling me and I had never experienced that before*” (Pavan). Millie also valued the profound experience of

receiving feedback and insights when the group were coaching and supportively “*challenging each other*” (Millie). For Trina, “*the magic*” of being coached by the group was its diversity, which meant receiving differing perspectives as “*everyone had a different background and types of characters*” (Trina). She valued “*different questions, from having different people in the room...and that was so powerful to have everyone’s experiences... ‘cos if you had six of me in there they’d all ask the same questions*” (Trina).

Several participants described how they have continued to use their coaching capabilities after the programme. Millie uses her questioning skills “*in what I’m doing now*” (Millie); and Betty uses a coaching approach to help others “*all the time, with my friends, family, the job I do*” (Betty). Bev has also continued to use coaching to help others both at work and “*in my personal life, I use it with my friends, people whenever they come to me and say ‘oh this is terrible or this is not working’*” (Bev). Experiences of applying and developing coaching skills acquired on the programme have meant that Cassie now feels that her communication skills have been enhanced, in particular her ability to “*lend a listening ear and show empathy*” (Cassie). She described how “*since the programme I’ve been complimented on my questioning and especially my open questions, rather than asking closed questions*” (Cassie). Pavan also described how he continues to use coaching and open questions “*a lot, especially when I go out to meetings...if I’m meeting somebody new or I want more information or something...rather than me doing a lot of the talking*” (Pavan). In particular, he felt he had learned that coaching can be highly supportive and beneficial: *where the person might not be able to articulate everything clearly or immediately*” (Pavan).

Furthermore, some participants described how they have also continued to draw on their coaching capabilities by applying coaching skills to themselves where necessary, thereby discovering the effectiveness of self-coaching. As well as valuing the experience of learning to coach others, Bev described how she has also found it personally empowering and rewarding to coach herself, describing this as “*probably the key thing that I took away*” (Bev). She found that coaching has helped her in “*taking control*” when things are “*going wrong*” (Bev). Rather than become distressed and ruminating on the negativity, Bev now ‘self-coaches’, asking herself “*why is it going wrong and what do I need to do to change it*” (Bev). As Millie similarly described, the core skills of coaching can be equally powerful when applied to her own situation and internal responses because “*learning to listen and to ask the right questions, that was really key ‘cos it’s not just an external skill, that’s something*

you can use inwardly as well” (Millie). As Trina also described, when faced with a dilemma or challenging situations, she draws on the coaching skills she learned on the programme to self-coach effectively by using “all the questioning skills to help me, help myself” (Trina).

Theme 8: Theoretical & Psychological Skills Learning

Most participants felt that gaining a greater general understanding of theoretical models and learning specific psychological skills, techniques and strategies was a fundamentally important aspect of their experience. The positioning of the theoretical input at the outset was also seen by many as crucial in paving the way and enhancing their learning from the subsequent small group learning sessions. As the programme focused on the application of theoretical models to real-life contexts and personal goals, most participants felt this educational input was relevant and fundamental to their development. Furthermore, several felt the psychological skills and strategies they had learned continued to be applicable and relevant to their wellbeing on an ongoing basis, with some describing how they have shared their learning when helping others.

Several participants felt that having the theoretical, educative input at the start of the programme facilitated their ability to engage in experiential, reflective learning during the subsequent group learning sessions. Millie in particular felt it had been vital and had enhanced her learning experience as *“that grounding was really important and...right at the beginning before we started anything else, makes the whole programme work so well” (Millie)*. Elaine also felt the *“way it was structured worked really well with all the psychological input up front” (Elaine)*. Trina’s experience was similar: *“what I found was really beneficial was obviously a lot of the learning that took place at the front, was really, really useful” (Trina)*. These experiences resonate with Peter who felt the programme was *“so well set up”* with the effectiveness of subsequent learning being enhanced by a theoretical input at the start *“to give the background” (Peter)*.

As a result of experiencing this initial, theoretical input, most participants felt they had benefitted from gaining a general psychological understanding of how the human mind works and processes information. They also felt they had a better understanding of how personality and behaviour can be shaped by environmental factors. Aaron described how he had enjoyed experiencing a broad *“mix of theory”* and how he *“did like the theoretical side, really appealed” (Aaron)*. Elaine similarly valued learning *“about human nature and my own*

nature” (Elaine). Pavan and Millie both felt they gained from “understanding how people’s minds work” (Pavan); “understanding how the brain works, how the mind works and how we think” (Millie). Betty similarly described how engaging it had been to learn “the psychology” of what drives human behaviour and “why we do things the way we do” (Betty). A “key thing” for her was learning how beliefs are acquired over time and “realising...that I have built these things, me and everybody, we build these beliefs without realising it, through life” (Betty). She also valued understanding the connection between how her beliefs influence her thoughts and behaviours and how “they make you act on information in a certain way, like subconsciously” (Betty).

Betty’s experience of learning and understanding what can drive human responses was shared by Cassie whose experience also was that it was “a really good thing” to learn “why people react in certain ways” (Cassie). Peter similarly valued being able to “understand why we react in different ways, around that whole mindset piece...how I do things, like to think” (Peter). Millie also valued insight into the thought processes that drive behaviour and “understanding how and why we think in a certain way, how that has an effect on what you do” (Millie). Salma also felt it was useful to “understand where people are coming from” and how life experiences shape individuals’ perspectives. She described learning that “what we bring from our own experiences, growing up, our environment” shapes “our own world view and how it’s coloured, how we understand things through that worldview” (Salma). Consequently, Salma felt she had a greater appreciation of how human beings “bring their own stuff to the table” and felt the programme “taught me you have to dig a bit deeper, know that we can interpret things differently (Salma). This echoes how Bev similarly valued understanding how automatically the human mind makes assumptions and the challenge of “working out what is assumption from truth” (Bev).

Most participants felt they had benefitted from learning specific psychological skills, strategies and techniques as well as gaining an enhanced general understanding of theoretical models. Thus, in addition to understanding how automatically the human mind makes assumptions, Salma also particularly valued techniques where “learning to drill down...really helped me to understand assumptions...so I now catch myself sometimes, check ‘is that really there?’” (Salma). She also felt she had benefitted from learning new ways to resolve issues and the opportunity “to learn and think about some different and interesting approaches to problem solving” (Salma). For Pavan, expanding his awareness so that he could gain a more realistic perception of his own worth and capabilities through “learning about blind spots has

definitely been my biggest learning” (Pavan). Learning techniques to reflect on her life was what Bev *“took away the most”* as this had *“made me sit down and actually evaluate different areas of my life, work, home...where I stood with those things”* (Bev). She felt this process had enabled her to take a holistic view of her life which helped her to address the stressors that were having an adverse impact. Bev described how her stress had eased considerably after she *“picked out one or two of what I felt were the real priorities to try and tackle”* (Bev). However, without the opportunity she had on the programme to learn the necessary techniques and the experience of undertaking this process, she felt that this was something *“I’d never thought of doing”* (Bev).

Aaron also felt several of the psychological skills and techniques taught *“really helped”*, from *“building headspace”* through meditative practices; to learning *“how you can behave differently in different situations”*; and *“how to deal with stress”* (Aaron). He particularly valued learning strategies to control his impulse to react automatically when feeling stressed as he had been *“trying to develop that capacity not to react, 'cos that was what I was having difficulty with”* (Aaron). He felt his learning was *“so relevant”* as discovering ways *“to give yourself space between a trigger and reacting...was so relevant to me”* (Aaron). Like many others, Aaron felt that being given *“lots of new techniques to try”* helped his development and wellbeing, from *“building confidence”* to clarifying *“goals and aspirations”* and *“working out what I needed to do”* (Aaron). He categorised techniques he learned as *“emotional intelligence”* as he felt that *“you can develop these skills, even if it’s not something you’re naturally good at, you can get better”* (Aaron).

Furthermore, in describing the broad range of techniques and psychological skills he learnt as a *“toolkit”*, Aaron draws on the same metaphor as other participants. Millie, Cassie and Alan all used the term *“tools”* or *“toolkit”* to describe their experience of developing psychological skills and understanding. Learning *“how to cope with the stress a bit better”* through *“self-care”* and learning *“to think outside the box”* meant that Millie felt she had been given a *“box of tools”* (Millie). The metaphor of acquiring ‘tools’ was also used by Cassie to describe her experience of feeling that she had been given access to *“tools”* through learning meditation and strategies to reframe her *“self-talk”*, the latter also being particularly valued by Sandra and Trina. Given the varied range of techniques and skills taught, Cassie felt she was able to draw upon what *“was given to us, offered to us, we were able to pick what was relevant to us - and there was lots”* (Cassie). The adaptability and transferability of

the skills and techniques she acquired are emphasised in her description of how they are “interchangeable, depending on the situation and what’s needed” (Cassie). This clearly resonates with Millie’s experience that what she has learned had broad application as “these skills are transferable” (Millie).

Even in instances where participants such as Trina, John, Pavan and Alan had previously learned techniques typically taught in CBT, they felt the impact of learning psychological skills on the programme was much greater. Trina and Alan both attributed this largely to having had the opportunity to embed their learning reflexively within a group. Alan felt “a key aspect” of the programme for him was “CBT and the psychology sessions” and “although I had previously done CBT before, I hadn’t got really engaged, mainly I think cos the CBT was one-on-one sessions...[and]...quite short” (Alan). As well as finding it more engaging to learn CBT in a group session, he also felt that how the techniques were explained and taught enhanced his learning. His previous experience of CBT had felt relatively superficial and brief “whereas in the sessions on the programme, we got a really good intellectual understanding of how CBT works” (Alan). He also found it highly valuable and insightful to learn about and make the connection between “what goes on in our minds” with “how subconscious values and beliefs affect how we perceive situations” (Alan). Trina had also previously learned CBT techniques on an individual basis but described “not really finding that it had all that much value”; however, through collectively learning such psychological skills and techniques, she “really saw the benefit of it” (Trina).

Pavan also felt that “the psychology” taught on the programme was framed with such “clarity...[and the]...insights” were of a quality that he “never had, from any other coach or psychologist before” (Pavan). As a result, he described the experience as “incredible” and felt the learning was much more effective as it “was so clear but also practical, how it applied to us...all the issues we brought up” (Pavan). Furthermore, he felt that “the insights and the understanding” he experienced helped participants to “move forward” (Pavan). John was also familiar with some of the techniques taught on the programme from previous individual interventions but felt “it never really gelled” because “it was too slow...not action or outcome orientated” (John). In contrast to the lack of focus and pace of his previous experiences, he felt the psychological learning on the programme “really was educational and it really helped me” (John).

The relevance of the programme and how its learning content continues to be applied by many participants underpins how several also felt it had a universal applicability that should be extended so that others could benefit. Elaine felt that *“for me there was a lot of wisdom”* in what she had learned which would be of value to others and therefore *“should be open to many people, folk could really benefit”* (Elaine). This resonated with Keely’s view that the learning from the programme had universal relevance and her *“wish that it could be used by more, so many people could benefit”* (Keely). Similarly, Trina’s view was that the working environment would be much improved *“if everyone had a training course”* in the skills they were taught *“the whole workplace would be so much better”* (Trina). While Betty acknowledged that such learning *“might not appeal to everyone”* and some *“might not think they need it”* she also felt that *“the majority would find it helpful”* and that *“everyone...should learn these things”* (Betty).

A few participants felt that the skills and strategies they learned should be taught early on in life and on a much wider basis than occupational settings. Given how *“educational”* and beneficial learning psychological skills had been, John felt it was regrettable that *“we don’t get to learn this sort of stuff at school or anywhere, it’s not in the mainstream”* (John). He felt strongly that learning *“how to manage emotions, how to communicate differently set goals to get to where you want in life...should be open to folk before they get ill”* (John). He felt particularly strongly that such learning should happen early in life, for example, in *“schools”* rather than learning things *“that are no good to me now”* (John). He described how, in his experience *“the programme brings all of that knowledge, materials to folk who haven’t had the chance to learn or understand that kind of stuff before, into the mainstream”* (John). Using the same term, ‘mainstream’, Aaron clearly shared John’s view that the programme was an opportunity to learn valuable psychological skills and *“should be much more mainstream”* (Aaron). As Millie similarly reflected, everyone could benefit from the learning she experienced as she also felt *“we should all know these things but we don’t in reality, how our psychology works, don’t think many of us do anyway”* (Millie).

Nonetheless, Cassie felt that it is *“never too late”* for such learning which she described as relevant for anyone at *“any time of life...applicable across all age groups”* (Cassie). Keely also felt that the learning she had experienced had relevance and *“value”* even when someone was *“not struggling”* (Keely). She felt that everyone can benefit from learning how to *“approach...any challenging situation...in a different way”* (Keely). Furthermore, she felt

that the impact of the programme had “*a ripple effect*” as “*it doesn't just help the people on it*” (Keely). She described how her experience of the learning on the programme had helped her “*develop as a person*” and meant that she is now in a position to pass her learning on as she “*can help other people*” (Keely). Bev also described how she felt compelled to share some of the helpful yet “*simple*” strategies she had learned because of the positive impact they had had on her wellbeing. She described how “*I feel I want to pass that knowledge on, it's not rocket science, it's simple things you can look at and do and that actually might make a massive, massive difference*” (Bev). The desire to share the psychological skills and techniques they had learned with others beyond the programme was also experienced by Cassie who felt that “*with the tools that I've got, I'm trying to pass them on and to help them*” (Cassie). In particular, she described how she tries helping others to take a different perspective on their struggles and “*to see from different angles not just the one angle of 'I can't do it'*” (Cassie). Moreover, Cassie feels that discussing techniques and strategies that have helped her also serves to reinforce her learning as “*my way of mastering the skills I've been offered is to pass them on to others*” (Cassie).

Theme 9: Reflective and Experiential Learning

For most participants, experiential learning was a critical aspect of the programme as it gave them the opportunity to apply their learning to real-life goals and engage in reflective practice in a cyclical, iterative process. Having a structured framework within the smaller groups to engage in reflexivity and experiential learning was seen as fundamental to their growth and development. Many felt the opportunity to apply their learning to real-life contexts and then reflect on their experiences meant their learning became more fully embedded. However, most participants felt that the novel experience of developing their capacity for experiential and reflective learning could have been challenging without the input, structure and duration of the programme. Furthermore, several participants felt they had developed a capacity for reflexivity which they continued to practise and this was evident in how some reflected in the moment during the research interviews.

A key aspect of learning the process of experiential learning for many participants was the emphasis on practising the skills acquired, predominantly through practical application of their learning to real-life and meaningful contexts. This was particularly contrary to Peter's expectations that knowledge would simply be imparted and passively received with instructions to “*pick this up or do this in a different way...or read a bit more and you'll be*

ok” (Peter). Instead, he found “*it wasn’t like that*” and described his experience of the programme as a learning intervention that was “*interactive from the first moment*” (Peter). Furthermore, he valued how learning experientially meant focusing on real-life issues that were personally relevant and meaningful to participants. He described how they were “*actually discussing real things, made it more real, you could actually see the impact of it*” (Peter).

The emphasis on practically applying and practising skills and techniques they had learned, which is integral to experiential learning, was a key dimension of many participants’ experience of the programme. Elaine described this aspect of her learning as the point at which she felt she “*got into the meat and flesh of all that work...the practice*” (Elaine). Millie used a metaphor of an “*onion*” to describe her experience of progressing through layers of “*repeated practice*” (Millie). She felt the ample opportunity to put into practice their newly acquired skills and strategies meant participants could reflect on their learning and become “*really comfortable with what they were doing...[as]...all that practice really taught us*” (Millie). Furthermore, she attributed the “*fundamental results*” of the growth and development she subsequently experienced to experiential learning and the opportunity for “*practice on the programme*” (Millie). However, as Millie reflected, it can feel “*rusty...when I go back to using*” and applying the skills she has she developed unless she engages in ongoing practice. Aaron also felt that he was “*not sure how successful*” his learning from the programme would be “*if you don’t practise it*” (Aaron). He described how he seeks opportunities and “*situations*” to use his coping strategies and put his skills into practice. In Aaron’s experience, it “*is obviously a useful thing to do*” to practise and keep his skills honed in preparation for “*when you are going through stressful situations, be that work or outside*” (Aaron).

Keely felt that practising and returning regularly to the small group learning sessions had played a “*key part*” in her development and capacity to learn experientially as it involved having “*to go away and then come back to the group*” (Keely). She felt the cyclical process of practising what she had learned and returning to reflect on her experiences with the group had been critical for her development. A fundamental aspect of Keely’s experience was being able to “*set a goal, talk about what you were struggling with, then you’d go away and try a different approach, approach it based on the discussions in the group and then you’d come back again*” (Keely). She felt that engaging in experiential learning had reinforced her learning because “*you don’t just learn*” theoretical concepts and psychological skills; as

participants they also had *“to go and try implementing them practically (Keely)*. She acknowledged the challenging aspect of applying skills and strategies in real life situations as *“putting them into practice is a lot more difficult” (Keely)*. However, in Keely’s experience *“having these touch points, catch-ups”* in the small learning groups had been helpful and supportive, enabling them as learners *“to look at what you’re doing, re-evaluating, talking about it, come back and try to use the things you’ve learnt from the beginning, to use the group to move forward” (Keely)*.

Having sufficient time to become reflective practitioners and experiential learners was also described as critical. Many participants felt that having the small group learning sessions over a period of six months meant that they had ample time and opportunity to practise and firmly embed the skills and strategies they had acquired. Betty felt that *“to have those days spread over six months, that was really important, if it hadn’t been like that, structured like that, I’m not sure it would’ve been as good if it had just been the first workshop days (Betty)*. She also described valuing how this also meant the group had time to build rapport, become more comfortable and better acquainted with each other, which had enhanced their experience of the learning groups. In her experience, structuring their learning in this way was particularly valuable because it facilitated collaborative learning as *“coming together six times really helped to develop those relationships quite quickly” (Betty)*. Having a period of time to become acquainted with fellow participants was also valued and felt to be critical by Peter who would otherwise have felt inhibited and reluctant to engage in group discussions. Had that not been the case, he felt *“it wouldn’t work in the same kind of way, a lot of folk, I, would probably hold back a lot more” (Peter)*.

Having time to embed his learning was also valued by Aaron who found that *“the time we had”* enhanced the learning experience far more than he had typically experienced previously *“cos you don’t normally get that sort of time” (Aaron)*. He felt that having the time for reflection and to learn experientially was invaluable as *“it gave me the chance to take stock, look at different dimensions of my life” (Aaron)*. Bev also valued having ample time to learn and develop as she felt *“if you don’t invest the time you’re not going to get the result you want, it was so important to the course” (Bev)*. For her, it was *“a big thing”* to have *“the time to work things out”* as this enabled her to undertake *“some proper soul-searching thinking about things, it was so important” (Bev)*. Alan similarly valued how the programme allowed time and space for experiential learning and reflective practice as it meant he could

witness first-hand the development and growth he and other participants were experiencing. He felt *“the length and the structure of the programme really helped as it allowed me to see it in action...experience, cos of the length of time, not just my progress but also the progress of others and that was really good”* (Alan).

Developing the skills and capacity to be *“more reflexive”* was another key dimension of Alan’s experience which was shared by a number of other participants. He felt the *“level of reflexiveness”* he had developed gave him greater insight and *“understanding”* of his *“mood...[and]...the thoughts I’m having and how they intertwine”* as well as *“how I interact with people”* (Alan). Elaine also found that learning *“to go through that reflective process”* with the group meant she felt she had developed the capacity for reflexivity that enabled her to *“check my emotional responses”* (Elaine). Trina similarly valued developing the capacity to be more reflexive as she felt she could now *“question...what actually is going on, what do you need to do...that is just such a useful thing to be able to do”* (Trina). Salma also found that developing reflexivity through the process of *“thinking through issues by talking through issues with others that was really valuable”* (Salma). Sandra’s experience of learning and engaging in reflective practice was that it helped her to make sense of her emotional responses and the challenges she faced. She felt that her reflexivity meant that she had *“pieced everything together really, as I kinda dissected all those various different aspects of my life and what had led me to that point, made me realise that’s why I’m feeling like this”* (Sandra).

However, developing reflexivity through the process of experiential learning can be challenging as some participants found, even though they valued the beneficial impact it had on their growth and development. Engaging in reflective practice was initially experienced as intrusive by Bev and as she had not previously engaged in any form of reflexivity, she felt it *“was a lot more invasive than I expected”* (Bev). Pavan similarly described how reflective practice during the small group sessions and learning experientially was experienced as both challenging yet powerful in its impact on his motivation to develop. On his own initiative, he wrote a reflective journal after the learning sessions, finding that helped him to process his emotions and develop his capacity for reflexivity. He described how he *“started writing a journal...when we had the sessions, I would often feel overwhelmed with all the issues so I would come away and write”* (Pavan). In addition to facilitating his reflective practice and his ability to engage in experiential learning on the programme, Pavan described how

revisiting his learning journal in preparation for the research interviews had reminded him of his learning as *“re-reading these things refreshes my mind” (Pavan)*.

In a similar vein, reflecting on their learning during the research process had also served as a reminder to some other participants of how valuable their learning had been and how far they had progressed. For some it was also an indication of their capacity to engage in reflexivity and ability to reflect in the moment. Sandra realised the extent of her progress and development while preparing for the research interview, describing how *“just thinking about this interview and looking back over my notes has made me realise what I’ve accomplished” (Sandra)*. Reflecting on her learning on the programme and sharing her experiences during the interview had highlighted how much progress she had made and what had helped her development. She described how *“talking things through today, thinking about all these positive things I suppose I hadn’t really put it all together but this has been good, really helped me to see how much has happened” (Sandra)*. Similarly, Elaine reflected on her learning and progress as she felt *“the programme did bring a lot of wisdom and it is good to talk about it again to you to remind myself of what I learned” (Elaine)*.

Developing their capacity for reflexivity and experiential learning was considered by several participants to underpin their engagement with ongoing development as they described how they continue to draw upon and apply their learning from the programme. Pavan described how his learning remains relevant and applicable as *“I don’t think there’s a single day goes by where I don’t apply that learning” (Pavan)*. This resonates with how Peter described that he *“often refer[s] back”* to what he learnt and how he is now *“really interested and would like to learn even more” (Peter)*. Similarly Cassie has continued to apply the wealth of learning she took from the programme to other areas of her life, describing how *“I’ve taken a lot that I keep going back to” (Cassie)*. She described how she has been able to *“use”* her learning and skills *“in so many different areas, work, home-life, professional, social, so many places you’re able to apply them” (Cassie)*. This resonates with Bev’s description of how she continues to draw on and apply her learning as it still has relevance and therefore *“I always refer back to this course and there was so much I took away with me” (Bev)*. She felt that the profound impact of her learning experience had been so meaningful; and by becoming a reflective and experiential learner, the programme is *“still with me I’m always thinking about it...it had such a profound effect on me...it’s never far away” (Bev)*.

Chapter 5: Discussion

Introduction

As previously stated, this study aimed to explore and gain a qualitative understanding of participants' experiences of a psychoeducational learning intervention and what this has meant for them. By gathering rich, detailed descriptions the author hoped to answer the overarching research question of '*what has been these participants' experiences of attending a psychoeducational programme?*' A qualitative, phenomenologically-informed approach enabled the author to enter into the lived-experiences of participants, exploring these experiences and their meaning in their own terms (Smith et al., 2009). This provided the opportunity to capture the rich detail of their experiences and gain insight into how those who

attended the psychoeducational learning intervention had grown and changed. As data of this nature cannot be conveyed by quantitative outcome measures (Marchel & Owens, 2007) this study aimed to provide perspectives that may be useful in enhancing understanding. This could be useful for potential participants as well as informing the practice of those involved in facilitating psychoeducational interventions. It was also hoped that findings might yield useful insights regarding the transferability of psychoeducational techniques to other learning domains.

Findings from a qualitative analysis of 14 participants' experiences of a psychoeducational intervention reflect theoretical knowledge and quantitative research substantiating the beneficial effects of such learning interventions on psychological health and wellbeing (Lukens & McFarlane, 2004; Turton, 2014). Reducing the symptoms of psychological distress and disorders underpins PCT, CBT, MBIs and PPIs, which are the therapeutic approaches integral to the psychoeducational interventions attended by this study's participants. As these therapeutic approaches and interventions have been shown to be effective in easing the symptoms of stress, depression, anxiety and anxiety-related disorders (Seligman, 2002; Elliott & Freire, 2008; Hofmann, 2011; Khoury et al., 2013), it is not surprising that participants reported a reduction in their negative emotional states. To varying degrees, all participants experienced improved psychological states, constructive change and growth, which were facilitated by enhanced awareness, taking action and interacting with others within a supportive learning environment. However, experiences of the challenging aspects of making and sustaining therapeutic change and engaging with psychological interventions appear not to have been highlighted in research that has quantified their successful outcomes.

Nonetheless, all participants reported experiencing some form of change and personal development following this group psychoeducational intervention and for some this had been transformational. Participants felt they had learned and grown psychologically and that this growth had facilitated their capacity and commitment to making constructive changes in their lives. Moreover, several felt they had flourished as a result of attending the programme and by continuing to reflect upon and apply their learning. This study yielded some rich, metaphorical insights into how psychoeducational learning has been subjectively experienced by its participants. Their experiences provide detailed accounts of the challenging but mainly constructive and evolving personal development that psychoeducation can facilitate. The themes that emerged provided some contextual understanding of the complex and multi-

faceted experiences of the growth, change and learning these participants experienced from a psychoeducational programme and what this meant for them. Each theme from this study's findings, summarised in the diagram below, will be discussed in the context of existing literature and relevant theoretical models.

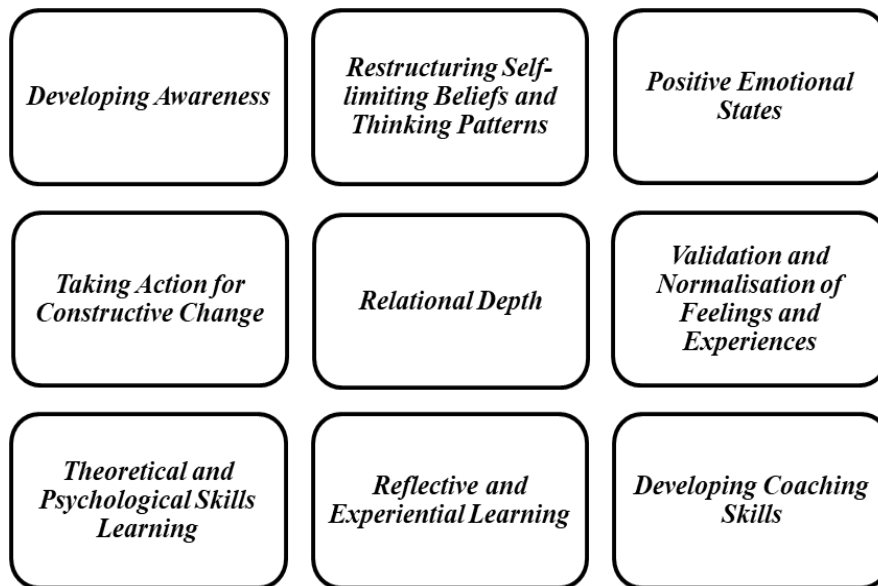


Figure 2: Summary of themes

Theme 1: Developing Awareness

In facilitating constructive change and easing distress, a fundamental aim of psychoeducational and therapeutic interventions is to support individuals to develop their capacity for awareness (Baüml et al., 2006). Participants' descriptions of the enhanced awareness and self-awareness they experienced reflect this fundamental aim of psychoeducational and therapeutic approaches such as PCT and MBIs where these capabilities are considered essential to self-development and personal growth (Rogers, 1980; Kabat-Zinn, 2003). How participants experienced gaining enhanced awareness of their resourcefulness and capacity for growth reflects the emphasis PCT in particular places on enhancing self-awareness through self-exploration (Rogers, 1961). By becoming more self-aware, many participants described experiencing a realisation that they had unfulfilled potential as they discovered a capacity to access and develop personal resources and thereby move towards self-actualisation. Such experiences are at the core of humanistic psychology and PCT, which view human beings as possessing the necessary resources for effective functioning and growth (Maslow, 1954; Rogers, 1961; Thorne, 2007). Some also felt that awareness of others and the impact of their behaviours on their interpersonal relationships

was also enhanced, which underpins the core conditions of PCT of genuine empathy and respect (Rogers, 1957).

Experiencing enhanced awareness also resonates with mindfulness-based approaches wherein developing awareness through mindful-meditations is a core principle (Kabat-Zinn, 1994; 2003). Participants' descriptions of developing awareness by paying attention to their internal and external responses are fundamental to mindfulness practice, which encourages developing the capacity to focus on embodied and psychological experiencing in the present moment (Bishop et al., 2004). Awareness of moment-by-moment experiencing as a result of mindfulness-meditative practice has been found to be beneficial for psychological health and wellbeing (Brown et al., 2007). Participants described having developed enhanced capacities for present-moment awareness of embodied and internal responses in contrast to overly focusing attention and thoughts on the past or future. Research suggests that developing enhanced awareness, facilitated by becoming more mindful, enhances the ability to be aware of thoughts, feelings and physiological responses on a moment-by-moment basis (Khoury et al., 2013). Interestingly, enhanced awareness of negative responses were not experienced as having compounded negative states, which is in line with findings that mindfulness practice diminishes the grip of negative thoughts, rumination and emotional reactivity (Keng et al., 2011; Hofmann et al., 2010). In addition, the greater awareness of others and interpersonal interactions described by some participants is also reflected in findings that practising mindfulness can bring enhanced and expanded situational awareness (Jha et al., 2007).

Developing enhanced awareness of internal responses such as thoughts and feelings, as well as externalised behaviours, was also viewed by participants as a necessary pre-cursor to making constructive changes to maladaptive behaviours and negative responses. These experiences are fundamental to CBT, the effectiveness of which is predicated on developing awareness of the self-limiting beliefs, negative thinking patterns and behaviours that are at the root of distress (Ellis, 1962; Beck, 1976, 1995; Burns, 2008). Participants described how only by becoming aware of beliefs, values, automatic thoughts and default behaviours were they able to gain insight and understanding of the impact these could have on their emotional states and psychological wellbeing. Experiencing the beneficial effects of enhanced awareness on internal and external responses also reflects the fundamental principle of MBCT which integrates CBT with mindfulness. Participants' experiences of how developing awareness enhanced their capacity to choose how to respond, rather than automatically react

to triggers, underline this core principle of MBCT (Segal et al., 2002). The benefits of enhanced awareness of behaviours and internal responses also reflect aspects of positive psychology and in particular broaden and build theory which purports that fostering positive emotions enhances awareness and attention (Williams, et al., 2014; Kuyken et al., 2016). A number of participants described how experiencing expanded awareness had broadened their capacity to discover and execute alternative ways of responding to distress and stressful situations. Research findings suggest that expanded awareness can extend the repertoire of possible responses and actions available to a person in any given moment (Fredrickson, 2001, 2004; Fredrickson & Branigan, 2005).

For this study's participants, the experience of developing enhanced awareness reflects theoretical understanding of the value of awareness for personal development and growth. By becoming aware of their internal responses and external behaviours, most participants reported gaining a deeper level of self-insight and understanding. This in turn enabled them to access personal resources and to choose alternative, more constructive ways to respond to distress. In line with theoretical understanding and evidence, developing enhanced, mindful awareness facilitated resourcefulness and capacity to cope, rather than exacerbating distress by triggering negative rumination. Consequently, enhanced awareness for many participants was a precursor to the change and growth they subsequently experienced and the foundational bedrock on which their transformational learning was based. Developing enhanced awareness is a core aim of psychoeducational interventions and the psychotherapeutic approaches that underpin this particular programme. The extent to which participants experienced and appreciated developing enhanced awareness indicates that this was also fundamental to their experience of the programme and a critical foundational element of psychoeducational learning.

Theme 2: Restructuring Self-limiting Beliefs and Negative Thinking Patterns

Most participants in this study described experiencing the benefits of learning to restructure their negative thoughts and self-limiting beliefs, which is the focus and aim of CBT (Beck, 1995). Substantial research evidence has demonstrated the beneficial effects of this therapeutic approach which involves actively focusing on restructuring negative cognitions and self-limiting beliefs to reduce distress (Hofmann et al., 2012). Participants' experiences of the automaticity of negative thoughts are at the core of CBT's theoretical framework and the cyclical impact of negative automatic thinking patterns on feelings and behaviours (Beck,

1967). Several participants described experiencing the beneficial effects of understanding how their negative thinking patterns affected their emotional states, decisions, behaviours - and the cyclical interactions between their thoughts, feelings and behaviours. Furthermore, the negative thinking patterns described by a number of participants are typical of Beck's negative automatic cognitions (Beck, 1976) such as catastrophizing when perceptions of setbacks are extreme. How participants' gained insights into and learned to challenge and restructure their negative thinking patterns and assumptions drew upon the application of well-established and effective CBT techniques such as disputation, reframing and empirically examining assumptions (Beck, 1976; Burns, 1999).

Several participants also described developing the capacity to understand, challenge and restructure beliefs at the root of their negative thinking patterns, feelings and behaviours, reflecting the emphasis CBT places on restructuring self-limiting beliefs (Ellis, 1962). Their experiences of discovering deep and firmly held negative self-beliefs and their impact are aligned with the theoretical framework of CBT on how rigid self-limiting beliefs can trigger irrational responses (Ellis, 1995). A few participants also described experiencing the realisation that they needed to work on their core beliefs before they could progress to reframing negative thinking patterns. This theoretical underpinning of CBT literature purports that self-limiting beliefs are at the root of irrational thoughts and that understanding beliefs and how they have formed is a critical precursor to acquiring more adaptive self-beliefs (Ellis, 1962; Beck, 1976). Moreover, the self-limiting beliefs described by a number of participants exemplify the typical rigid, unhelpful beliefs outlined by Ellis (1962) which can be internalised and reinforced so that they become deeply embedded. Some participants described how exploring and examining their beliefs had helped them to understand how these had become reinforced over time and often introjected from feedback and interactions with others (Ellis, 1962).

A key dimension of some participants' experiences of restructuring negative responses was the discovery that CBT frames self-talk as the internal expression of cognitions, which can trigger negative affect and compound negative beliefs (Beck, 1976). Their subsequent use of internal dialogue to challenge, dispute and reframe negative cognitions was experienced as constructive and effective, reflecting the efficacy of CBT techniques in breaking negative affective and cognitive-behavioural cycles (Beck, 1995; Spiegler & Guevremont, 2009). Most participants described how they continued to draw upon the techniques they had

learned, which are grounded in CBT, to challenge and restructure their negative thinking patterns on an ongoing basis. These experiences are in line with the underlying philosophy of CBT and how Beck (1976) in particular positioned CBT as an approach where, essentially, techniques are taught to enable individuals to become self-supporting. Nonetheless, a few participants felt that changing habitual negative thinking patterns could be challenging, describing how easily such thoughts could resurface. While there is some question of the superior status of CBT as a therapeutic intervention (Cuijpers et al., 2010) the challenging aspect of applying its techniques that some participants experienced is not as explicit in the literature. However, the effectiveness of combining CBT with mindfulness within MBCT has been shown to reduce relapse in depression and help sustain reduced distress (Kuyken et al., 2016). Participants' descriptions of combining CBT techniques with other strategies to maintain their wellbeing may well be reflecting findings that integrating CBT with techniques from other approaches can enhance its benefits for some (Williams et al, 2008).

Despite finding that changing habitual thinking patterns and entrenched beliefs can be challenging and requires commitment, overall participants found developing the capacity to reframe negative thoughts and beliefs to be highly beneficial. The experience of learning such techniques that are fundamental to CBT and approaches such as positive psychology reinforces the value of integrating these approaches into a psychoeducational intervention. Learning such techniques enabled participants to surface and examine beliefs that were at the core of their unhelpful thinking patterns and inner dialogue. This in turn enabled them to challenge and restructure more adaptive beliefs and cognitions as a result. Developing such capacities was seen by participants as integral to psychological health and the maintenance of wellbeing. Their experiences underline the educative value of psychoeducational interventions which seek to teach and equip participants with the necessary skills to examine, challenge and restructure negative thoughts and self-limiting beliefs.

Theme 3: Positive emotional states

As well as experiencing reduced negative emotional states such as anxiety, low mood and stress, most participants also described enjoying positive states; with some feeling they had developed an enhanced capacity to access such states. Experiencing positive emotions as well as reduced negativity reflects the theoretical basis and research into the efficacy of positive psychology and the benefits of accessing positive emotions on mental health and wellbeing (Seligman & Csikszentmihalyi, 2000). Participants' experiences also highlight the WHO's

(2005) view that wellbeing and human flourishing involves more than the absence of mental illness. The experience of many participants in this study is at the core of positive psychology which purports that psychological wellbeing, effective functioning and fulfilment can be enhanced by accessing positive emotional states and focusing on strengths (Sin & Lyubomirsky, 2009). Most participants described experiencing increased positive affect with some reporting that they increasingly focused on developing their resources and strengths, which had further enhanced their positive affect. Some participants also described how experiencing and accessing positive emotions had had a cumulative effect, facilitating their growth and permeating other dimensions of their lives which research into PPIs has demonstrated (Seligman et al., 2005).

Beyond generally feeling more positive, several participants in this study also described experiencing specific positive emotional states such as optimism, resilience, acceptance and self-efficacy, all of which are key factors in psychological health (Ryff & Singer, 1996, 2003). Learning how to access these and other positive states, which have been found to enhance wellbeing and growth, is the focus of positive psychology interventions (Lyubomirsky et al., 2011). Furthermore, some participants described achieving a state of acceptance, a positive emotional state that is a key dimension and outcome of practising mindfulness which has been shown to reduce negative emotional reactivity (Keng et al., 2011). Acceptance is also associated with self-compassion, another positive emotion associated with wellbeing and effective functioning (Hayes et al., 1999; Brown et al., 2007). Optimism and resilience were experienced by several participants who described having acquired a stronger sense of optimism and an enhanced capacity for resilience when faced with setbacks. Both optimism and resilience have been found to mitigate negative states such as stress, anxiety and depression (Seligman & Csikszentmihalyi, 2000; Schwarzer, 1994). Resilience in particular has been linked to wellbeing with evidence demonstrating its buffering effects against distress and mental illness-health (Ryff & Singer, 1996, 2003; Tugade & Fredrickson, 2007).

Closely aligned to the positive states of optimism and resilience is the construct of self-efficacy, which is an innate belief in one's ability to succeed or accomplish in a given situation (Bandura, 1997). Self-efficacy underpinned the renewed and/or enhanced belief and confidence in their capacity to succeed that was described by several participants who felt they could now approach new challenges with a growing sense of self-belief. Their

experiences reflect the theoretical underpinnings of self-efficacy and how it can enhance and maintain wellbeing (Comunian, 1989). Acquiring self-efficacy beliefs that they had the ability to achieve successful outcomes also engendered a focus on finding positive solutions to problematic situations or difficulties. In their shift towards experiencing more positive affective states, acquiring an optimistic and resilient focus on solutions described by some participants is the essence of adopting a solution-focused approach (de Shazer & Berg, 1997). Moreover, the positive affect and attitudes experienced by participants have been demonstrated as key factors in helping individuals to flourish (Seligman, 2011). The importance of flourishing as a dimension of psychological health is emphasised in particular by positive psychology and humanistic approaches, with their focus on developing effective psychological functioning, growth and the fulfilment of potential.

The ability to access and experience more positive emotional states and the consequential impact on their confidence and self-efficacy beliefs described by the study's participants is seen as key to flourishing and the fulfilment of goals. Their descriptions reflect growing evidence and literature on the value of positive affect in enhancing wellbeing and self-actualisation. Developing the capacity to experience positive emotions also demonstrates the potential for states such as optimism and self-efficacy to be learned; and how these in turn facilitate the capacity to achieve goals and live more meaningful lives. As well as having relevance for psychological health and wellbeing, the impact of applying the learning these participants describe has implications for any context seeking to facilitate others to develop, learn and grow.

Theme 4: Taking Action for Constructive Change

Participants in this study had all experienced constructive changes in their lives, which for some had been transformational. The change processes participants experienced resonate with the therapeutic approaches underpinning the programme they attended, despite their varying theoretical frameworks. Many participants described a growing realisation that they had the capacity to shift away from the negative states they were experiencing and make constructive changes in order to function more effectively and live more fulfilling lives. The belief that they possessed the necessary resources to change and grow described by many participants underpins humanistic and person-centred approaches (Thorne, 2007). PCT in particular emphasises that human beings have the capacity to function effectively and flourish if the necessary core conditions are present to empower them towards growth and change

(Rogers, 1957). The acknowledgement by some participants that the onus had been on them to access their resources and take steps towards making constructive change illustrates how they became empowered to change, which is fundamental to PCT (Mearns et al., 2013). Most participants described experiencing a sense of empowerment, which they felt had enabled them to make constructive changes; and how these changes, in turn, had reinforced how empowered and agentic they felt.

A sense of agency is also aligned with self-efficacy beliefs and other positive emotional states associated with positive psychology (Bandura, 1982; Costello & Stone, 2012). The growing sense of self-efficacy described by many participants as a result of the constructive changes they had experienced is fundamental to self-efficacy theory (Bandura, 1992). In particular, the self-efficacy dimension of developing mastery (Bandura, 1997) resonates with participants' descriptions of how belief and confidence in their capacity for change increased as they experienced making constructive changes. In addition to confidence and self-efficacy, several participants also experienced other positive emotions such as hope and optimism as a result of making constructive changes to their lives, all of which are aspects of positive psychology. For some participants, these positive states motivated them to make further constructive changes to other life domains and to take steps to fulfil their potential. Positive psychology literature suggests that focusing on developing strengths and accessing positive affect enhances motivation and agency as well as the capacity to solve problems (Bandura, 1982). Findings from positive psychology also indicates the cumulative and pervasive effect of taking action and continuously developing strengths can have on accessing and maintaining positive states (Seligman et al., 2005).

A focus on seeking positive outcomes described by participants is the aim of SFBT (de Shazer & Berg, 1997), which is closely aligned to positive psychology. A number of participants describe how they had learned to focus on potential solutions rather than problems, drawing on existing skills and resources to help them resolve issues. Many felt their experiences of engaging in the exploration and discovery of novel potential solutions and options during the programme, which is fundamental to SFBT (de Shazer, 1988) had enhanced their resources and coping strategies. Moreover, the process of setting and working towards goals was also described by a number of participants as having been critical to the changes they had experienced. Participants felt that taking ownership and focusing on achieving their goals had been critical to the constructive changes they had achieved. For some this process had often involved taking steps to do things differently and experimenting

with new approaches. Proactively taking ownership of goals also resonates with positive psychology where visualising best possible outcomes and accessing positive affect such as hope have been shown to facilitate goal achievement (Peterson et al., 2006; Lyubomirsky et al., 2011). Helping clients to formulate goals and work towards achieving constructive change is also fundamental to CBT where clients are encouraged to be proactive, learn how to problem-solve and experiment with new perspectives and behaviours (Beck, 1995).

Undoubtedly participants engaging in this voluntary programme were seeking to make constructive changes to their lives which indicated their readiness for change (Prochaska & DiClemente, 1983). Nonetheless, the change many felt they had achieved was experienced as beyond their expectations and often transformational. Their experiences highlight the impact of an intervention that focused on facilitating the articulation, formulation and fulfilment of goals by empowering and developing agency; which was further reinforced by taking constructive actions. The humanistic perspective of this intervention that individuals' have the capacity to self-actualize and lead fulfilling lives was experienced and valued by participants as having empowered them to take action to change and fulfil goals.

Theme 5: Relational Depth

An aspect of their experience of the programme which all participants described was the deeply profound relationships they formed, both with fellow participants and the facilitator. Although the same facilitator delivered each programme, the positive impact on their learning of the relationships established on the programme was described by participants across three different cohorts. Most participants felt that the relationships they developed with the facilitator and fellow learners were highly significant aspects of their growth and development. The relational depth they experienced is critical to the therapeutic relationship in PCT (Mearns & Cooper, 2005). In describing the depth of the relationships participants established and maintained with others on the programme, feeling safe and able to trust the others in the group were key dimensions. Most participants described feeling they could trust the others in the group and their facilitator unequivocally and that this enabled them to explore and disclose their feelings, thoughts and experiences openly. For several, the extent to which they felt safe and able to disclose so openly on the programme was far greater than they experienced even in close personal relationships. Within PCT, establishing a relationship based on trust and where distressing feelings and experiences can be safely explored is seen as essential and often sufficient (Rogers, 1957; Thorne, 2007). Many felt the experience of a

safe environment, created and influenced by fellow learners as much as the facilitator, enabled them to develop and grow. Although these were multifaceted interpersonal relationships, an effective, person-centred therapeutic relationship is viewed as the vehicle for facilitating change and self-actualisation (Norcross, 2002; Karver et al., 2006; Ardito & Rabellino, 2011).

Other specific aspects of the relational depth that participants described experiencing are essentially the core conditions of PCT, namely empathy, respect and genuineness, the communication of which are considered necessary for a relationship that aims to facilitate growth (Rogers, 1957). Several participants experienced mutual respect within the group which some felt enabled them to disclose innermost feelings and thoughts without fear of being judged. Rogers (1959) advocated experiencing non-judgemental respect as the core condition of unconditional positive regard. However, holding a non-judgemental stance towards the self and others is also fundamental to mindfulness (Kabat-Zinn, 1994). Along with experiencing mutual respect within the group, a number of participants also felt the facilitator and their fellow participants were genuine in the positive regard, interest and support they showed each other. This second core condition of authenticity is also critical to the therapeutic relationship and in facilitating change and growth (Rogers, 1959). Participants viewed the relationships they formed as authentic and felt that experiencing this quality enabled them to value the feedback and insights they received from others in the group.

Empathy, the third core condition (Rogers, 1957), was experienced by several participants and this key dimension of developing relational depth was seen as having facilitated participants' working relationships with each other. Empathic understanding from others in their group and the facilitator was experienced as having deepened their relationships and empathy is also critical to the therapeutic relationship (Warner, 2001). Furthermore, empathy, often seen as integral to 'warmth' within PCT (Thorne, 2007) is closely aligned to compassion towards the self and others, which is also a cornerstone of mindfulness (Baer, 2003). A number of participants felt that the compassionate support as well as empathic understanding of their experiences had deepened their relationships with fellow participants and the facilitator. Moreover, the core conditions combined create what Rogers (1957) referred to as 'presence' which is considered integral to an effective therapeutic relationship and the fundamental dimension of therapeutic alliance as a construct (Horvath & Luborsky, 1993). Participants' descriptions of the profound experience of working with others at

relational depth reflect findings demonstrating the critical importance and beneficial effects of the therapeutic alliance (Mearns & Cooper, 2005). Their experiences suggest these relational factors are as relevant for groups as they are for individual learning contexts.

How participants experienced profound interpersonal bonds on this psychoeducational intervention underlines the impact that creating relational depth can have within such learning contexts. When this also applies to others within a collective learning intervention the impact can be even greater, as experienced by these participants. The value of working with others and the opportunity to interact in order to optimise learning is well-documented. However the extent to which these participants experienced the value of forming deep and supportive relationships with fellow learners reinforces the value of groups in interventions aimed at supporting personal development and change. While some will inevitably prefer individual interventions, the positive experiences of the benefits of group-working described by diverse participants underlines the value of group psychoeducational interventions. However, the skills and qualities of those facilitating inevitably have an impact, as indicated by the relational depth many felt they experienced in working with their facilitator as well as the other participants. While facilitator presence and capability are inevitably key factors in the extent to which such interventions can have a positive impact, where a facilitator has the requisite capabilities, this can model and influence the relational depth across the group. In these participants' experience, by developing and demonstrating genuine empathy and respect, the capacity to develop profound and empowering relationships was enhanced, which in turn created an environment for transformational learning.

Theme 6: Validation and normalisation of feelings and experiences

Many participants described how attending the programme had helped to normalise their experiences and how they had felt validated by others in their groups. Experiencing these emotional states was shared by many participants and such responses are core to humanistic and person-centred approaches (Rogers, 1951). The process of articulating their difficult experiences and distress within the supportive context of the group who acknowledged and understood their suffering was described by several participants as highly validating. Communicating such affirming feelings is at the core of PCT where the therapeutic relationship provides a vehicle for supportive exploration and the validation of suffering and difficult experiences (Rogers, 1979; Mearns et al., 2013). Acknowledging the distress of others within a safe and supportive environment that is conducive to growth and change is

fundamental in enabling individuals to resolve internalised conflict and move towards self-actualisation within PCT (Rogers, 1951; Maslow, 1954). For a number of participants, the validation they received from others in the group was inextricably linked to communicating warmth that is also advocated in PCT (Thorne, 2007). Their experience of validation is also closely aligned to compassion, which is a tenet of mindfulness (Kabat-Zinn, 1994) and the dimension of self-compassion within positive psychology. The process of hearing and seeing the responses of others in the group meant that several participants felt understood and that their difficult experiences were acknowledged. Furthermore, validation through interactions with others is also a key curative factor of group processes, the beneficial effects of which have been highlighted in the literature (Neff et al., 2007; Zessin et al., 2015) as well as in the descriptions of this study's participants.

As well as relating their own experiences, many participants also valued the opportunity to hear others' stories and discover that they often shared mutual experiences, thoughts and feelings. The discovery that others often had similar experiences served to normalise participants' situations and responses. The normalisation of their distress as a consequence was described by many as reassuring and a relief that they were not alone or somehow 'abnormal'. For a couple of participants, such insights and the realisation that their assumption that everyone else was 'ok' was flawed had been profound. The normalisation of responses and experiences as a result of interacting with others reflects another curative factor that can occur as a result of sharing similar experiences with others and the impact of group processes (Yalom, 1995). Moreover, the normalisation of difficult experiences and distressing responses also resonates with PCT where the therapeutic relationship facilitates enhanced self-worth and an understanding that difficult experiences are part of being human (Rogers, 1951). This also underpins mindfulness where challenging emotions are gently examined and normalised, which in turn facilitates acceptance, a cornerstone of mindfulness and MBIs, such as Acceptance and Commitment Therapy (Hayes et al., 1999). For some participants, the normalisation of their experiences facilitated an acceptance that distress and suffering were part of the human condition. The liberating effect that several participants described is seen as a consequence of acceptance and a fundamental principle of mindfulness and MBIs (Powers et al., 2009).

Experiencing both validation and normalisation of distressing experiences is well-documented in literature positing these as having curative, empowering effects when

individuals are struggling. Within the interactive context of their psychoeducational learning, participants' experiences reflect the facilitative and supportive impact of having their experiences validated and normalised. Ensuring that the challenges and difficulties participants experience were validated and normalised was viewed as having been critical and optimised this psychoeducational intervention. Experiencing validation and a normalisation of their struggles was seen as having reduced distress, facilitated acceptance and enhanced the psychological capacity for learning and growth.

Theme 7: Developing Coaching Skills

For most participants, acquiring and practising skills that underpin counselling and coaching as well as the experience of being coached by others on the programme was a key aspect of their development and learning experience. The relational aspects of coaching, such as being present, underpin therapeutic approaches especially MBIs and PCT and these were described by participants as having been invaluable to their experiences of the programme. Many felt that developing and being at the receiving end of these skills had been fundamental to the constructive changes they had experienced. Moreover, several participants described how they continue to apply these capabilities to other contexts, both professional and personal, when establishing collaborative working relationships or facilitating the development of others. The key skills of listening and asking questions are integral to coaching and the therapeutic approaches underpinning this psychoeducational programme, where establishing a collaborative therapeutic and working alliance is critical (Lukens & McFarlane, 2004). The capacity to listen in depth described by some participants reflects the emphasis on deep and empathetic listening that is essential to the therapeutic relationship in PCT (Rogers, 1957; Geller & Greenberg, 2002; Freeth, 2007). Several participants felt they had learned to listen more actively and in greater depth, allowing others to reflect and express themselves fully without interjecting with advice and solutions. Their descriptions of the impact this had had on their capacity to support others is essentially Rogers' (1966) quality of presence which emphasises being as attentive as possible to everything that is being communicated. Being fully present by paying attention in the moment and listening actively are also qualities inherent in the practice of mindfulness (Geller & Greenberg, 2012).

In addition to skilful listening, the ability to ask powerful questions and guide self-discovery is a key coaching skill, which also underpins therapeutic approaches in particular PCT, CBT and SFBT (Rogers & Freiberg, 1994; Beck, 1995; de Shazer & Berg, 1997). Most

participants felt they had developed the skill of asking empowering questions, which facilitated the capacity of others to access their own resourcefulness, take action and resolve problems. For many it had been profound and enlightening to experience how asking questions enabled others to make decisions and commit to actions in a way that was far more empowering and appropriate than being advised or instructed. This resonates with the non-directive stance of PCT (Rogers, 1951) where asking open, exploratory questions can empower others to discover their own resources and move towards more effective functioning and self-actualisation (Maslow, 1962). Participants also highlighted how the types of questions they learned to ask were of a different quality in that they encouraged a focus on possible options and potential solutions. Such empowering questions are often described as Socratic and underpin both CBT (Braun et al., 2015) and SFBT (Bishop & Fish, 1999). Encouraging participants to find solutions by questioning and focusing on aspects of their lives where their problem-solving capabilities are already being positively applied is fundamental to SFBT (de Shazer, 1988). Similarly applying the skill of solution-focused, Socratic questioning to facilitate problem-solving capacities is also the aim of problem-solving skill development within CBT (Braun et al., 2015). Several participants felt that these experiences had enabled them to become adept at self-coaching which is an essential dimension of CBT, which seeks to enhance clients' self-supporting capacities (Beck, 1995).

The opportunity to gain the reflections, insights and perspectives of others in the group by being coached and while observing others being coached was also a significant aspect of most participants' experience. In addition to active listening and skilled questioning, reflecting back what has been heard and/or observed, offering feedback and sharing insights and perspectives are key coaching skills that are also aspects of the therapeutic alliance (Ardito & Rabellino, 2011). However, reflecting back what has been heard is particularly linked to PCT where the focus is on stepping into the client's frame of reference and using reflections to facilitate exploration and enhance self-understanding (Rogers, 1957). Although in many ways a contrasting therapeutic approach, being able to hear the reframed perspectives and insights of others also underpins the psychoeducational aspect of CBT (Corey, 2001). Many participants felt the opportunity to hear the insights and feedback of others and gain multiple perspectives had been a profound learning experience. These are core aspects of psychoeducational interventions and group processes (Yalom, 1995; Bäuml et al., 2006; Van Daele, 2012).

Learning the skills and practice of coaching was experienced as highly beneficial, relevant and widely applicable by many participants. The experience of learning to ask questions that encourage self-discovery and to pay close attention to how they and others were responding was described as having facilitated learning and growth. The value of the relational skills inherent to coaching as an educative approach is widely accepted in several contexts; however its relevance to psychoeducational interventions is not well documented. Learning to develop a coaching style as well as the beneficial impact of being coached by peers was experienced by these participants as profoundly positive. The impact on their development and growth and the continued application of the coaching skills participants acquired on this psychoeducational intervention suggests such skills were integral to their learning.

Theme 8: Theoretical & Psychological Skills Learning

Learning various theoretical models and developing a range of psychological skills that enabled them to function more effectively during the programme's initial didactic input was described by most participants as a critical aspect of their experience. Developing psychological skills is integral to psychoeducation and interventions such as SIT as well as therapeutic approaches, especially CBT, which is fundamentally psychoeducational in its own right (Corey, 2001; Meichenbaum, 1985). Participants' experiences of the beneficial effects of learning to challenge and reframe negative thoughts and limiting beliefs reflect the theoretical models and extensive literature on CBT (Hofmann et al., 2012). Furthermore, how some participants described developing the capacity to continue applying the CBT techniques they learned on an ongoing basis is a core aim of CBT (Beck, 1995). Alongside developing their capacities to dispute and restructure negative perspectives, a few participants described the positive impact on their lives of learning how to reduce the automaticity of their responses. Several also felt that the opportunity to learn techniques grounded in positive psychology had also been highly valuable, facilitating their capacity for more positive affect and enhancing their wellbeing. This resonates with the type of interventions taught as part of PPIs such as evaluating life domains, visualising best possible outcomes and engaging in appreciative exercises (Emmons & McCullough, 2003; Peters et al., 2010). Learning to focus on strengths and positive solutions, resonant of SFBT (de Shazer & Berg, 1997) as well as positive psychology (Seligman, 2002) was also described as having facilitated change and enhanced wellbeing.

The benefit of learning mindfulness was specifically highlighted by some participants, in particular developing an understanding of the transience of thoughts and mood-states, which are fundamental to MBIs (Kabat-Zinn, 2003). Moreover, enhanced awareness described by most participants and the capacity for non-judgemental acceptance experienced by some highlight how learning mindfulness also facilitated these core MBI dimensions, which have been shown to alleviate distressing emotions and stress (Keng et al., 2011). These experiences are also indicative of the benefits of learning to demonstrate the core conditions of empathy, respect and warmth towards the self and others which underpin PCT (Rogers, 1957). However, PCT does not explicitly aim to teach techniques (Rogers, 1951), emphasising instead a non-directive stance within a collaborative therapeutic relationship as the mechanism for change (Rogers, 1959). Nonetheless, the process of change in PCT does involve learning from a therapist/facilitator who models the core conditions and the opportunity to experience these within the therapeutic relationship (Rogers, 1980). Experiencing genuine respect and empathy from their fellow participants and facilitator, who also modelled presence (Rogers, 1957) was a critical dimension of most participants' learning experience on the programme. Several describe how learning skills that are inherently person-centred, especially the capacity to be present, had been a profound aspect of their experience and which had also enhanced their relationship-building capabilities.

Participants also felt that developing psychological skills, in particular relational and Socratic questioning skills to facilitate solutions that underpin the therapeutic approaches integral to this programme were enhanced through collective learning. The impact of the group context for learning and developing psychological skills is substantiated by the demonstrated benefits of collective psychoeducational interventions where curative factors inherent within group processes facilitate effective learning (Yalom, 1995; Burlingame et al., 2004). Indeed some participants' descriptions of how they continue to reinforce their learning by teaching others the psychological skills and techniques they have found helpful is a fundamental aspect of group psychoeducational learning interventions (Van Daele, 2012) Moreover, their experiences underline the value, universal applicability and transferability of learning skills to 'inoculate' against stress and the distress of conditions such as anxiety and depression that psychoeducational interventions, in particular SIT, can offer (Meichenbaum, 1993). While such interventions have extended beyond healthcare, several participants felt their experience of developing psychological skills was so profoundly beneficial they believed such learning should be more widely available as personal development programmes. Some also felt they

would have benefited from learning psychological skills earlier in life as part of their compulsory education.

Most participants clearly felt they had benefitted from learning a range of psychological skills and techniques which included the core conditions of PCT, mindful awareness as well as the techniques of CBT and positive psychology. Despite the contrasting theoretical underpinning, the synthesis of diverse psychotherapeutic approaches to teach a range of psychological skills appears to have been a highly effective and constructive experience for these participants. The psychological skills participants learned were considered to have enhanced their own development and growth as well as their interpersonal and relational capabilities. The application of psychotherapeutic techniques and psychological skills, in particular techniques for reframing unhelpful responses, was also seen by many as highly transferable to other contexts. These findings reflect the psychoeducational emphasis of many approaches and underline the inherent 'learnability' and generalisability of techniques and ways of being that can not only enhance wellbeing but also support the achievement of potential and self-actualisation.

Theme 9: Reflective & Experiential Learning

Engaging in and developing their capacity for experiential learning (Kolb, 1984) and reflective practice (Schön, 1983) was also described as fundamental to participants' experience of the programme. How they learned to engage in the cyclical process of reflecting on their responses and experiences resonates with the core principles of these models of learning as well as the therapeutic approaches this programme has integrated. Most participants felt that being able to put their learning into practice by applying theoretical knowledge and skills to realistic situations and subsequently reflecting on these experiences had embedded their learning and facilitated their development. Furthermore, they felt that the iterative, cyclical process of trying out new ways of being and doing and then returning to reflect, evaluate and set new goals had facilitated the changes and growth they experienced.

Several participants also described how they continue to apply this learning to various other practical contexts and regularly practise reflexivity which they felt had reinforced and enhanced their growth and development. Participants' ongoing engagement in reflective practice and experiential learning underpins the critical dimension of continuous application inherent in these models, psychoeducational interventions as well as the therapeutic

approaches of PCT, MBIs, CBT and PPIs. Furthermore, a few participants were able to illustrate how they had developed their capacity for reflexivity in ‘real-time’ by reflecting on their experiences in the moment (Schön, 1983) as well as retrospectively during their research interviews. Such present moment awareness is a fundamental principle of mindfulness and PCT.

Many participants felt that having time between sessions to apply their learning to practical situations before returning to their groups to reflect on experiences, review progress and plan the way forward had been invaluable. Structuring their learning in this way had enhanced their reflective practice and experiential learning capacities, which in turn had facilitated their development and growth. Their experiences reflect the structure and philosophy of SIT (Meichenbaum, 2017) and other psychoeducational interventions where the application of skills, experiential learning and reflective practice following a didactic input are integral (Van Daele et al., 2012). Their experiences also resonate with the fundamental dimension of CBT, which emphasises experimentation with differing behaviours, challenging unhelpful cognitions and subsequently reflecting on these experiences and setting goals for further learning (Beck, 1995). However, participants’ positive experiences of engaging in these learning processes as a group reinforces the benefits of collective psychoeducational interventions where curative factors and group processes can provide additional sources of insights and a supportive context (Burlingame et al., 2004). This is underlined in the descriptions of participants for whom the novel experience of learning experientially and reflecting on practice was a powerful aspect of their overall learning and development. In line with group psychoeducational interventions, the collective nature of the programme and the supportive environment it fostered was felt by many to have facilitated and enhanced their capacities for reflective practice and experiential learning.

Nonetheless, some participants initially found engaging in reflective practice and experiential learning fairly challenging, especially those for whom deep reflection and exploration of emotional experiencing was new, slightly intrusive at first and potentially overwhelming at times. One participant found writing a reflective journal helpful in developing these learning capacities and for processing strong and difficult emotions and responses. For most, however, it was the supportive relationships of the group in providing a safe container which proved invaluable. Most participants described the powerful experience of working in an environment where they felt supported and encouraged to reflect on experiences and

responses before considering new and different approaches as deeply profound. This reflects PCT and the value placed on the therapeutic relationship, the quality and depth of which is influenced by genuine respect and empathy (Rogers, 1957). Many attributed the self-understanding they had gained to having become reflective practitioners and experiential learners in a group who shared valuable insights into their own and each other's experiences and responses. Such experiences thus also reinforce the benefits of group processes as well as a humanistic, person-centred approach in facilitating and reinforcing individuals' resourcefulness to become reflective practitioners and experiential learners (Schön, 1983; Kolb, 1984). Moreover, the positive impact of developing the capabilities of experiential learning and reflective practice described by most participants is fundamental to psychoeducational interventions (Meichenbaum, 1985; 2017; Van Daele et al., 2012).

Participants' experiences of becoming reflective and experiential learners highlight how effective this approach to learning can be for adults, especially in relation to interventions focused on personal change and development. While it can be challenging to learn, within a supportive context it is nonetheless possible. Given how positive most of these participants' experience of reflective and experiential learning had been, its impact on their growth and learning underlines how relevant these learning processes are for adult learners and psychoeducational interventions in particular. Ensuring the structure of the programme enabled time and space for participants to engage in experiential learning and reflexivity enhanced psychoeducational learning for these participants and was a critical aspect of their experience and development.

Chapter 6: Conclusion

This study set out to discover how a group psychoeducational intervention had been experienced by participants and what it had meant for them. The intervention was an occupational personal development programme, which integrated therapeutic approaches and psychological models. Themes that resulted from analysing participants' experiences reflect the literature detailing the theoretical constructs and evidence of the effectiveness of psychoeducational interventions and the therapeutic approaches that often underpin them. How participants experienced enhanced awareness, reduced negative states, reframed negative cognitions and accessing positive emotions all reflect dimensions and quantified benefits of CBT, PCT, PPIs and MBIs, namely the therapeutic approaches underpinning this intervention. This programme's integration of approaches typically used to reduce symptoms

of mental illnesses was experienced by participants as having enhanced their wellbeing. Almost all participants described becoming more focused and empowered to set goals and take action, which enabled them to make constructive, meaningful changes to their lives. Participants' descriptions of how they had developed capacities which enabled them to actualise their potential and to flourish provide detailed insights into the growing view that psychological health and wellbeing involve more than merely an absence of mental illness.

The constructive changes participants had experienced also provide insight into the transformational learning context this psychoeducational intervention created. In particular, the profound impact of the relational depth participants experienced on the programme was viewed as crucial in facilitating their learning and growth. For many, the deep, trusting relationships they formed served to validate their cognitive, emotional and behavioural responses as well as normalise the suffering and challenges of their lives. The beneficial effects of the therapeutic relationship/alliance and group learning processes on individuals' capacities to grow and change are well documented. However, detailed descriptions of how these participants experienced the relationships they forged with each other and their facilitator provide insight into just how critical these relational dimensions were to their learning and development. Descriptions of the genuine respect and empathic understanding participants' received from others in the group provide rich detailed insight into how these deep, trusting and supportive relationships were experienced. Developing such relationships and interacting with others enabled a powerful learning environment to be created which felt safe and contained while simultaneously being highly conducive to change, growth and self-actualisation. Participants' descriptions of this fundamentally humanistic construct and learning context illustrate how powerful the impact of psychoeducational interventions as group processes can be in facilitating learning, change and growth.

Experiencing a humanistic learning environment was also felt to have facilitated the acquisition of psychological knowledge and capabilities, referred to as coaching capabilities but which are inherently therapeutic, relational skills. The capacity for reflective and experiential learning, which were considered to be further key aspects of participants' experiences, also underpin the process of therapeutic change and the approaches integral to this programme. The positive impact of these participants' learning experiences reflects theoretical constructs and literature supporting the benefits of developing these psychological skills and capacities. Gaining an understanding of psychological processes, particularly the

cyclical impact of cognitive processes on emotions and behaviours and developing the capacity to self-regulate is typically confined to psychoeducational interventions aimed at reducing psychopathology. Similarly highly valued were learning strategies to access and maintain positive states and the development of skills that are fundamental to interpersonal relationships and communication. Acquiring tools and techniques that can help improve, maintain and enhance psychological health and wellbeing within an educational context where participants were not currently suffering from mental ill-health was considered invaluable. Their experiences support the use of psychological and therapeutic approaches within a learning context to enhance wellbeing and the capacity flourish as much as to facilitate therapeutic change and growth.

Participants' positive experiences of developing psychological skills and being taught a range of theoretical frameworks and learning models also emphasise the benefits of integrating diverse psychotherapeutic approaches in order to facilitate optimal constructive change and growth. However, the richness of participants' learning experiences, the extent to which they experienced constructive, often transformational change and the depth of the relationships forged on the programme were far more profound than expected. The synthesis of learning content within a supportive group context reflects more than the sum of this psychoeducational programme's parts and goes beyond simply integrating therapeutic approaches and teaching psychological skills within a collective intervention. For these participants, integrating therapeutic approaches, typically the preserve of mental health treatments, with interventions focused on development and fulfilment of potential within a humanistic learning environment was a profound experience. The programme facilitated learning, growth and change for its participants; and for many their experiences also enabled them to self-actualise and flourish. While positive outcomes of the models and therapeutic approaches underpinning this and other integrative group psychoeducational interventions have been demonstrated, the extent to which some of these participants' experiences were so profound and transformational is striking.

The constructive, transformational changes this study's participants experienced are indicative of self-actualisation and flourishing that are fundamental to psychological health and wellbeing. Their positive experiences of an integrative group psychoeducational intervention and the growth and development that ensued highlights how psychotherapeutic interventions have a broader, preventative application beyond curing psychological disorders.

How participants acquired and developed psychological skills inherent in the therapeutic approaches underpinning this psychoeducational intervention and effectively became reflexive, experiential learners and ‘self-therapists’ illustrates how these capacities can be learned and sustained. Such experiences also highlight how diverse psychological therapies can be complementary and their respective techniques effectively synthesised when the focus is on empowering individuals to learn, grow and develop. The integration of learning skills drawn from psychological therapies aimed at easing symptoms of mental illness with interventions to facilitate self-actualisation and growth combined to create a powerful learning experience for these participants. Working with others and the quality of the interactions and relationships participants described created a highly effective learning community, which further enhanced their experience of this psychoeducational intervention. Such transformational learning experiences not only facilitated constructive change and growth for participants; it also enhanced their wellbeing and enabled them to flourish.

Implications and Relevance of the Study

Findings from this qualitative, phenomenologically-informed study yielded rich detailed descriptions of how participants experienced a group psychoeducational intervention and what this has meant for them. Their descriptions provided qualitative detail to quantitative findings substantiating the effectiveness of psychoeducational interventions and the individual therapeutic approaches that often underpin them. Insights gained from participants’ experiences of attending a group psychoeducational programme which drew upon and integrated well-established therapeutic approaches have relevance and implications for practitioners and individuals considering or receiving such interventions. For individuals engaging with therapeutic interventions or programmes to enhance their wellbeing and/or personal effectiveness, the experiences of those whose stories may have resonance with their situations could provide some hope, encouragement and reassurance. The ‘what’ and ‘how’ of the change and growth these participants experienced can also yield useful insights and inform the practice of those involved in the delivery of therapeutic interventions. This study’s findings may therefore be of interest to practitioners from mental health and wellbeing contexts as well as professionals involved in supporting and facilitating the learning and development of others. In occupational or educational settings, practitioners could find the detail of how this study’s participants developed and grew both insightful and useful.

These participants' experiences highlighted the impact that learning with others can have on psychoeducational learning and how, when strong working alliances are formed, constructive change can occur. The importance of establishing an effective, trusting and supportive relationship in facilitating change, growth and learning is clear from these participants' descriptions of their experiences. They also highlight the positive impact that genuinely empathic respect and being present can have on creating supportive relationships and how these can enhance learning. Such experiences indicate how working with others in a group where trust and relational depth enabled participants to challenge supportively and encourage each other can empower constructive change, enhance wellbeing and facilitate self-actualisation. This has implications for practitioners who could provide therapeutic interventions on a collective basis, thereby enabling participants to experience the enhanced learning and curative effects of group processes. Moreover, collective interventions enable greater access to therapeutic interventions where demand is not meeting supply. However, skilled facilitation is essential in ensuring interactions are constructive and some practitioners may feel inhibited and/or lacking in the necessary group facilitation skills. Furthermore, some participants will remain averse to group interventions, regardless of their beneficial effects.

Insights into the impact that communicating empathy, authenticity and respect can have in supporting and facilitating constructive change are equally applicable to practitioners working with individuals or groups. Participants' descriptions of how the relational depth they experienced with the facilitator and fellow participants had enabled them to achieve constructive changes underline the value of relational skills within any therapeutic and learning context. This study provides insight into how creating a humanistic learning environment can empower participants towards growth and self-actualisation as well as forming a strong basis on which psychoeducational interventions and psychological skills can be taught. Participants' experiences were that this programme's humanistic 'foundation' provided an effective container for learning diverse psychotherapeutic approaches and psychological models through an integrated, experiential approach. Learning techniques grounded in approaches such as CBT, positive psychology and mindfulness within a highly experiential and person-centred context was an empowering and effective psychoeducational experience for these participants. Their experiences of learning psychological skills alongside the opportunity to develop their relational and experiential learning skills illustrate how highly diverse therapeutic approaches and models can be synthesised to create a powerful learning experience. Descriptions of how the programme not only helped to improve

wellbeing but also facilitated change and self-actualisation illustrates how this synthesis is greater than the sum of this psychoeducational programme's individual parts. Dissemination of these experiences may be of relevance to therapeutic practitioners across diverse contexts.

How participants not only experienced reduced distress but also moved towards growth and self-actualisation not only validates drawing on diverse approaches, it also underlines how individuals can work on reducing distress as well as learning to flourish. The overwhelmingly positive experiences these participants described could be useful knowledge for those in a position to implement integrative psychoeducational interventions, whether as preventative wellbeing programmes or as mental health treatment options. Their experiences could also offer some hope to individuals yet to embark on a therapeutic intervention or those for whom previous interventions did not prove successful. The subjective experiences detailed in this study highlights how wellbeing involves more than the absence of distressing symptoms; it also requires finding fulfilment and a sense of meaningful purpose. The transformational changes and capacity for self-actualisation or flourishing experienced by these participants reinforce the broader application of psychoeducational interventions which synthesise psychotherapeutic approaches beyond clinical settings. Their experiences also highlight how developing psychological skills can be preventative as well as curative. For therapeutic practitioners, facilitating the learning of psychological skills can bring a self-helping focus to their work with clients as they learn preventative measures for future maintenance of psychological health. For learning and development facilitators, the preventative and teachable qualities of psychological skills and therapeutic techniques inherent in psychoeducational interventions could also have relevance. This may be of particular interest to educators and facilitators in educational or occupational settings seeking to prevent the adverse impact of distress on learning and optimal functioning or performance. Equally, therapeutic practitioners could reflect on how integrating interventions aimed at enhancing wellbeing and individuals' capacity to flourish into their practice could facilitate enduring therapeutic change for distressed clients.

Strengths and Limitations

A phenomenologically-informed approach was the most appropriate design methodology for this qualitative study which sought to discover how a psychoeducational learning intervention had been subjectively experienced. The rich descriptions gathered provided useful and detailed insights into these participants' experiences of an intervention that had facilitated

equally rich learning and change. However, a qualitative study meant that quantitative measures of participants' experiences were not obtained and in view of the extent of change and learning they experienced, a mixed methods approach would have had some merits. Purposive sampling would still have been appropriate, however, as it was necessary to ensure that all participants had had similar experiences of the same phenomenon under investigation, namely the psychoeducational intervention that was the focus of this study. While fourteen participants from three cohorts were successfully recruited to form this study's sample, which enabled some longer-term perspectives of how the programme was experienced to be obtained, there are limitations to this approach. It was not possible to gather data about the experiences of those who were not motivated to become participants for whatever reason, even if, as most participants did, they had completed the programme. Retention rates on this programme are high but the experiences of the handful of participants who have not adhered over the years could also have provided useful insights. Such qualitative data could have been particularly useful as group psychoeducational programmes and the psychological therapies underpinning them are not always effective or universally appealing, despite the evidently positive experiences of these participants.

Although focus groups were considered, especially given the collective nature of the intervention, individual interviews were chosen as the most suitable method for gathering the rich detail required. Individual interviews enabled each participant to describe his or her experiences in detail, confidentially and without the potentially inhibiting presence of others. Nonetheless, the likelihood of co-creating meaning when conducting interviews will prevail; and power imbalances inevitably exist, regardless of the skill and experience of the interviewer or the strength of the rapport. Furthermore, as this study's design involved only one in-depth interview, a few missed opportunities for further exploration during the interviews were identified during transcription, which is an unfortunate feature of one-off interviews with no further follow-up. Undertaking the transcription, however, did enable immediate immersion in the data, which initiated the process of analysis. Thematic analysis as outlined by Braun and Clarke (2006) provided a flexible and iterative yet systematic and focused framework for analysing the data. Final themes were shared with the facilitator and some participants although verifying interpretations in detail with all participants could have strengthened their representativeness further. Ultimately, however, researcher-subjectivity inherent in interpreting the meaning of others' qualitative responses cannot be totally eradicated. Despite efforts to be as objective as possible, a degree of subjectivity is inevitable

as qualitative research findings are the product of researchers' interpretations, which are shaped by their world-view (Jootun et al., 2009).

Nonetheless, the author sought to minimise subjectivity and her impact on the research by engaging from the outset and throughout the study in the phenomenological and qualitative research practices of bracketing and reflexivity. Bracketing preconceptions and perceptions helped the author to suspend judgement and ensure the focus of capturing, interpreting and analysing findings was solely on participants' experiences. However, from her reflective practice the author is aware that her world-view has been shaped by her interests, knowledge, experience, beliefs and values. She acknowledges these will inevitably have had some impact on the entire research process. The author was also conscious of her prior theoretical understanding of psychological therapies and her passion for learning and development. Through reflexivity she became aware of the extent of her positive attitude towards psychoeducational interventions and the use of psychological therapies in reducing as well as preventing the distressing symptoms of mental health conditions and stress. Her work has enabled her to witness not only how psychotherapy can improve psychological functioning and enhance wellbeing but also how psychoeducational interventions with both individuals and groups can facilitate growth and change. The author is aware that her beliefs, experience and understanding of the phenomenon she investigated were sources of potential bias, despite her efforts to minimise its impact on her research. In particular she sought to ensure her views were not communicated, even through subtle cues, to participants. She also closely interrogated her analysis and selection of themes in an effort to minimise confirmation bias. Bracketing and reflexivity facilitated such processes and helped the author to navigate the challenges of maintaining objectivity and reduce any impact she may have had on the study. The author's work as a therapeutic practitioner, where awareness of communicating biases and conveying a non-judgemental attitude are essential, also helped in ensuring the impact of subjective views and any subconscious cues were minimised. Furthermore, her professional experience facilitated establishing rapport, trust and a strong interpersonal connection with participants who felt comfortable enough to share their experiences in detail, thereby enabling rich data to be gathered. Communicating genuine, empathic respect, which are core to the author's practice and essential in establishing rapport and trust also helped to reduce researcher-participant power imbalances. Although individual preferences inevitably mean some people are more introverted than others, the author is humbled by how all participants in this study openly and generously shared their experiences, insights and reflections during

the interviews. Moreover, a few participants said they had found it useful to reflect on their experiences and refresh their learning during the interviews, which is seen as a positive consequence of qualitative research into therapeutic interventions (McCoyd & Shdaimah, 2007). These reflections and participants' in-depth descriptions of their experiences reflect the potentially therapeutic quality of phenomenologically-informed qualitative research interviews and reinforce the importance of reflexivity in ensuring ethical research conduct (Langdridge, 2016). Although participants were encouraged to share their experiences with ease, reflexivity did help to ensure this study was conducted ethically and that any influence the author may have had on participants' responses and the research as a whole was minimal.

A further limitation of this study is the scope of its focus and the extent to which the self-selecting sample is homogenous. A purposive sample was necessary to ensure all participants had experienced the phenomenon under investigation, namely having attended a specific group psychoeducational intervention. However, as this occupationally situated programme is self-selecting and open to all employees living with the stress of various health conditions to support their wellbeing and develop their potential, participants' contexts inevitably varied. Although participants shared similar sociocultural backgrounds and having experienced distress was a common thread, greater homogeneity in participants' contexts and motivations for attending this psychoeducational programme may have enhanced findings. This could have been achieved by limiting the focus of the study to participants whose aims and challenges were more homogenous. While this may have consequently involved a smaller number of participants, phenomenologically-informed qualitative studies typically have very small sample sizes, often much smaller than the number of participants in this study. An option would therefore have been to have a narrower focus on a shared context with a smaller sample of participants. Finally, while having the same facilitator delivering the intervention brought consistency to participants' experiences across three discrete cohorts, it does raise the question of whether another facilitator would have had the same impact. Variation in facilitator effects however is a common dilemma of any learning intervention, regardless of fidelity to the content and pedagogy.

This phenomenologically informed qualitative study can only offer theoretical generalisations as its findings cannot be generalised as representative of a wider population and their subjectivity needs to be interpreted with some degree of caution. However, its findings do reflect the quantifiable outcomes of larger-scale, controlled research demonstrating the

beneficial effects of psychoeducation and the therapeutic approaches which underpin it. As quantifiable evidence for psychoeducational interventions and the elements that form the pedagogy of the programme attended by this study's participants already exists, hopefully this exploratory study adds some qualitative understanding to existing knowledge. The constructive experiences of collective psychoeducational learning and what this meant for these participants might hopefully encourage greater use of group psychoeducational interventions amongst psychological health professionals and educational practitioners.

The rich detailed insights into participants' experiences of a collective psychoeducational intervention which synthesised therapeutic approaches within a highly experiential learning context do, nevertheless, warrant further research. The impact of this group psychoeducational learning interventions on its participants' wellbeing and their capacity to flourish in particular should be investigated further using a mixed method design. This would enable its effects to be quantified pre- and post-intervention as well as providing rich qualitative details of participants' experiences. Although this study's sample included participants from earlier cohorts, a follow-up study to understand their longer-term experiences would also be worthwhile and provide insight into the impact of the programme over time. Extending the knowledge of participants' experiences of a psychoeducational intervention would be particularly relevant in current contexts of increasing demands on limited mental healthcare resources and the high prevalence of psychological ill-health. Such knowledge might also enhance understanding of the sustainable and preventative qualities of group psychoeducational programmes and their potential relevance to contexts beyond healthcare as interventions to support wellbeing and the capacity to flourish.

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Appendix A: Interview Schedule & Prompts

Main Question: What was your experience of attending the programme?

Areas to cover and prompts to be used if needed:

- Intro: check concerns etc. reiterate purpose, confidentiality, right to withdraw
- Tell me a bit about yourself.
- What led you to participate in the programme?
- How did you find the experience of participating/learning?
- What was your prior understanding of such programmes/exercises and techniques?
- What was your most significant learning?
- Are you still practising what you learned? If so, how often? Where?
- What was it about the programme that helped/made a difference?

- What aspects of the experience stand out for you?
- How has the experience affected you?
- What changes have you made in your life since the experience?
- Anything further to add?
- Thanks and debrief

Appendix B: Reflective Excerpts

Using a journal and setting aside time to reflect on each critical stage of the research process, in particular data gathering and analysis, facilitated the process of reflexivity which can be challenging and requires discipline. The following are extracts from the author's reflective journal:

1. Early on in the data gathering stage, the author became conscious of her beliefs, attitudes and values, in particular with regard to therapeutic change, learning and development. She became increasingly aware of her positive attitude towards psychoeducational interventions to facilitate psychological growth and enhance functioning; and the use of psychological therapies as preventative measures - and how this could lead to confirmation bias:

Hearing Cassie describe her experiences of how she had become happier, more confident and far less prone to negative thinking I had such a positive, almost visceral response. Felt so

pleased for her, excited almost at hearing how much she had changed and evidently benefited from the learning she had gained from the programme. I hope my emotional reaction was not too obvious! These interviews are making me realise just how much I believe in this type of intervention, how it can help relieve distress and help people function better, find fulfilment even. Need make sure this doesn't come across when I interview the others. The bracketing helps. Taking those few moments before the interviews to bring my attention and focus to the here and now and going in with a 'blank mental sheet'. Did find taking the attitude of a curious child helpful last time...

2. Although the author felt that there were no overt researcher-participant power-imbalances, she has reflected on whether being interviewed by a physically-able researcher may have impacted on the dynamic between her and Alan:

I felt very conscious during the interview with Alan of how it might feel for him to be interviewed by me, an older female who had no physical disability. I tried to bracket this as much as possible but was aware of how intrusive these thoughts were...

Accommodating to his needs by slowing down the pace of the questioning felt appropriate especially as A is a self-confessed introvert and wanted time to reflect and consider his responses but I did notice an internal 'niggle' and can't help wonder how much of that was also because I was aware that he does find it hard to articulate. Can't help wondering if this came across as patronising or at best an indication that I was making adjustments for him?

3. During the process of analysing the data there were occasions when it was challenging to decide on whether a particular code or theme warranted inclusion especially if only one or two participants had described such an experience. The use of reflexivity in the context of guidance in the literature helped to inform the author's judgement and decision-making regarding the inclusion of salient and powerful participant experiences, regardless of incidence (Smith, 2009). Two examples of this were eventually included. Firstly, the experiences of Peter and Pavan in having their assumptions that the outer façade of others that they were 'ok' essentially destroyed:

I am intrigued that both Peter and Pavan have described in very similar terms the profound impact it had on them to have their assumptions (illusions almost?) shattered – both had assumed that because everyone else on the course seemed successful and materially ok they must therefore be ok. Peter was very open about how he had looked around the room on day 1 and thought to himself – you look ok, you're doing well, successful, why are you here? Pavan

said very similar things which is really intriguing. Both said this had a profound impact so it feels like their experiences should be included in the analysis but none of the others have articulated this experience so explicitly...

Secondly, John was very explicit in his views that the content of the course, the psychological theory and skills in particular, should be taught earlier and as part of mainstream education. A few other participants also felt that the kind of learning they had experienced should be more accessible and mainstream, though nobody else specifically mentioned education:

John had very strong views and was quite passionate when he was talking about how much he had benefited and enjoyed the kinds of things taught on the course, the psychology mainly but also skills such as how to coach and goal-setting. Said he felt these elements should be taught at school and far more use than some of the things he was taught at school. Some of the others have mentioned that the kinds of things they learned should be more mainstream and useful to learn even if people aren't struggling. But only John has been so clear about education specifically. I'm very conscious of my own strong views about developing emotional literacy and resilience early on and as part of education, so I was excited to hear this from John. Am I keen to include this because of my own views? Need to reflect on this and discuss in supervision...

Appendix C: Bangor University School Ethics Approval

**COLEG BUSNES, Y GYFRAITH, ADDYSG A GWYDDORAU CYMDEITHAS
COLLEGE OF BUSINESS, LAW, EDUCATION AND SOCIAL SCIENCES**



PRIFYSGOL
BANGOR
UNIVERSITY

23rd August 2016

Dear Eleri Griffith

Re: Psychoeducational learning on a structured group intervention

Thank you for amending your recent ethics application. I am writing to confirm approval for your research project, subject to the following:

1. Please use your university email address and delete personal contact details from study documentation.
2. Please ensure that letters, information sheets and consent forms are on letter headed paper.

I wish you well with your research.

Yours sincerely,

Diane Seddon

Chair, CBLESS Research Ethics Committee

Appendix D: Participant Briefing and Consent Form

School of Education
Bangor University
Holyhead Road, Bangor
Gwynedd LL57 2DG
e-mail: pep01@bangor.ac.uk
Phone: 01248 388484



November 2016

Dear

As part of my postgraduate programme at Bangor University, I am conducting research into the experiences of delegates who have attended a development programme that is

psychoeducational in nature, such as the Personal Development Programme you attended at work.

For this study, I will be interviewing a small number of former delegates to find out more about what the experience of attending this programme has meant for them. As a former delegate, I would like to invite you to participate in this study and the enclosed Information Sheet provides further detail regarding what being a participant will involve. Please feel free to discuss this with friends or family before making a decision if that would help.

If you decide to participate but change your mind at a later stage, you are free to withdraw at any time from all or part of the study and your decision will be respected without question. Your participation in the project will be confidential and your identity would be anonymised and known only to me. Interviews will take place at a time to suit you, up until 7pm weekdays in a private office at or near your place of work to minimise any inconvenience to you.

If you are interested in participating in the study or would like to discuss this further before deciding, please do not hesitate to contact me.

Yours sincerely,

Eleri Griffith
Email: pep01a@bangor.ac.uk

Information for Prospective Study Participants

- The aim of the proposed study is to explore the experiences of participants who attended the Personal Development Programme.
- The study will involve interviewing a small number of former delegates on an individual basis on one occasion to find out more about what the experience of attending the programme has meant for them.
- Interviews will be audio recorded and transcribed immediately afterwards. The use of audio recording is to help me to capture everything that is said without being distracted by extensive note taking. The audio recordings will only be heard and accessed by me as the sole researcher and stored in password protected audio files.
- These audio files and all electronic copies of transcribed data will be stored on a hard drive that will be kept in a locked cabinet. All hard copies of documents containing data from the study and handwritten notes from the sessions will also be stored in the same lockable filing cabinet. At the end of the study, all recordings and transcripts will be archived securely and destroyed one year after the qualification has been completed.

- Interviews will take place at time to suit you up until 7pm weekdays; and will take place in a private office at or near your place of work to minimise any inconvenience to you.
- Interviews will last no longer than 90 minutes but you are free to end the interview sooner if you so choose. During the interview you will be asked to share your experiences; to tell your story and to share your thoughts as openly as possible. I will only be asking a few questions and there are no 'right' answers. When the interviews have been completed, I can tell you a bit more about the rationale behind this study if you so wish.
- The information you share and your identity will be anonymised throughout this study by the use of pseudonyms. This means that there will be no reference to your name or any other personal details that would enable anyone to identify you, either in the transcription or the project report I eventually present to the university.
- Participants' real names and identities will be known only to me and the list of first names only and ascribed pseudonyms will be stored electronically in a password protected document on my home computer which is not shared and has password protected access.
- Protecting research participants from harm is paramount and ensuring your participation is confidential is a critical aspect of this. However, while your participation in the study will be kept confidential, should you disclose any serious risk of harm to yourself or anyone else, then the confidentiality agreement would have to be broken and what that would involve would be explained as appropriate.
- Please note that your participation in this study is voluntary and you will be free to withdraw at any time from all or part of the study and there would be no need to offer an explanation. You would also be able to withdraw your consent after the interviews and focus group have been conducted; and any data collected from you will be removed from the study and confidentially destroyed immediately.
- Before the first interview, you will be asked to read and sign what is known as an informed consent form, which is enclosed just for information at this stage. This is to confirm that you have understood the information provided and that you have the right to withdraw from the study at any point.
- If you have any queries or concerns about the way in which the research is conducted, in addition to raising these with me, you can also contact either one of the academic supervisors for this study. Their contact details are provided below.
- If you have any questions or would like to discuss anything in the meantime, please feel free to contact me.

Thank you,
Eleri Griffith

pep01a@bangor.ac.uk
07463 976 215

Academic supervisors:

Dr Nia Young
Email: nia.young@bangor.ac.uk
Phone: 01248 383070

and

Professor Enlli Thomas
Email: enlli.thomas@bangor.ac.uk
Phone: 01248 383053

Postal address for both:

Bangor University School of Education
Normal Site
Holyhead Road
Bangor
Gwynedd
LL57 2PZ

Informed Consent Form

I, the undersigned, confirm that (please tick box as appropriate):

| | | |
|----|---|--|
| 1. | I have read and understood the information about the project, as provided within the letter and information document from the researcher dated _____. | |
| 2. | I have been given the opportunity to ask questions about the study and what my participation would involve. | |
| 3. | I voluntarily agree to participate in the project and understand that there is no financial incentive or material reward for participation. | |
| 4. | I understand that I can withdraw at any time without any need to provide reasons and that I will not be questioned on why I have withdrawn or be persuaded not to withdraw. | |
| 5. | The procedures regarding confidentiality have been clearly explained to me (e.g. use of names, pseudonyms, anonymised data, etc.). | |
| 6. | The use of audio recording for data collection has been explained to me. | |
| 7. | The use of the data gathered in the research, its storage and archiving has been explained to me. | |
| 8. | I understand that this study will be undertaken by a sole researcher and that no other researcher will have access to this data. | |
| 9. | I, along with the Researcher, agree to sign and date this informed consent form. | |

Participant:

Name:

Date:

Signature:.....

Researcher:

Name:

Date:

Signature:.....