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BARE EXPERIENTIAL AWARENESS: TEMPERING THE STORM OF ANXIETY THROUGH SELF-DISCOVERY

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TABLE OF CONTENTS

4

Tables and diagrams

THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED FOR DATA PROTECTION REASONS:

Participant introductions ……….pg.59-61

Case study ……….pg.200-230

ACKNOWLEDGEMENTS

This portfolio is dedicated to Syria and my Syrian Family the source of my inspiration and ongoing drive to strive for more.

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PREFACE

The following portfolio presents three pieces of work that are representative of the potential fields of work within the counselling psychology profession. Additionally, this culmination of work portrays the journey of my development as a counselling psychologist in training and the dance that often takes place within the profession between the roles of the scientist and the practitioner. In the first part of this preface, I will outline the various sections of this portfolio and the personal and professional journey that has brought about these pieces of work. In the second part, I will address and discuss some of the themes that run throughout these three pieces of work.

Sections of Portfolio

Section 1: Research Study

In the first section of this portfolio, I will present the research study which examined the experience of anxiety after completing a mindfulness based stress reduction course (MBSR).

Section 2: Publishable Piece

Secondly, I will present a written publishable piece that was written for publication in a mindfulness based journal titled *Mindfulness,* published by *Springer*. This article followed and adhered to the journal's guidelines for submission (See Appendix 11). The journal was chosen as it publishes papers that examine research findings and best practices relating to mindfulness. Furthermore, the journal covers a wide range of research papers that address various issues, for example, the use of mindfulness in clinical and non-clinical settings. It also features diverse viewpoints including that of psychology, in addition to reaching a wide readership.

The piece is based on the conceptual themes that were present throughout the research study. It is a summary of the study that focuses on particularly one overarching theme from the analysis. The second theme that emerged in this study was deemed more relevant to the readership of this journal, because it encapsulates descriptions relating to the transformation of participants' experiences. Furthermore, the themes are closely related to mindfulness theory and   practices.

Section 3: Case Study

Thirdly I will present a clinical case study. The study focuses on features of professional practice from a counselling psychology perspective utilising a 'third wave' behavioural approach to therapy. Aspects in this piece of work display potential ways of working with a client while addressing similar themes that emerged in the analysis.

The journey into the profession – The Wounded Healer

The pieces of work presented within this portfolio have come together through some of my own personal and professional experiences, which I feel have become intertwined in both my practice as a psychologist and in my interests within the field. Furthermore, they are a representation of the dual role that a counselling psychologist adheres to – a scientist that emphasises the value of an empirical basis for theory and practice, and a reflective-practitioner that stresses the importance of reflection and the use of the self in clinical practice.

The inspiration behind my research interests began before I started training on the doctorate of counselling psychology. In 2010, I had embarked on a journey to become a therapist, knowing very little about the profession I was about to join a few years down the line. Within a few months of my first training, things for me, began to change rather drastically. In March 2011, political chaos had befallen my hometown (Syria) and my world, as I once knew it, began to change. To say it took me by surprise would be an understatement. So much of what happened since then has not only shaped who I am but also contributed to my practice as a counselling psychologist.

Due to the events that took place in Syria I began experiencing feelings of loss, depression, dissociation, fear, anxiety and much more. For the first time in the present moment and with an acquired awareness of therapy I began to encounter these experiences intensely. Through the help of personal therapy and my growing knowledge of counselling and psychology, I have come to learn to enjoy dancing in the rain as life continued to be challenging and at times very difficult.

It is because of these experiences I became absorbed in understanding the experience of emotions, particularly fear and anxiety. Furthermore, as I learnt to navigate these difficulties I developed an interest in how others overcame them as well. These interests turned into the drive behind a life long journey of research and on-going clinical practice revolving around these issues.

Themes permeating throughout the Portfolio

When considering the three pieces together, three themes organically emerge throughout the portfolio and these are; bare experiential awareness, being with feelings and embodiment.

Throughout the research piece it becomes clear that participants have gone through certain processes of change that helped them gain a newfound sense of awareness. This awareness held certain qualities of openness to and acceptance towards these experiences. It appeared that, as they practiced non-judgemental and purposeful observation of the present moment, their awareness grew and their ability to be-in-the-moment grew also. As a result of this participants seemed to be better able to sit with difficult emotions - such as anxiety in this case - which they found valuable. Moreover, participants appeared to utilise different methods to bring their awareness to the present moment, these techniques fell under the umbrella of embodiment; they ranged from paying attention to and altering the breath, focusing on their bodies, bringing attention to their environment and or sounds. These methods seemed to be the channel through which present momentary experiential awareness was brought about.

The aforementioned themes are further highlighted in the publishable piece which was inspired by the very themes found in the research element of this portfolio. These processes (focusing attention and growing awareness) appeared to change participants' relationship to the experience of anxiety, in turn allowing them to embrace this, at times, unbearable emotion. This piece particularly focuses on the noticeable change present in participants' accounts from a sense of helplessness to a sense of agency over their experiences of anxiety.

My incentive to present the case study stems from the links that transpired between the work taking place with Alex[1] and the research participants' experiences. This piece of work in particular, employs a 'third wave' cognitive behavioural approach to therapy – a treatment that is underpinned by the very themes present in the research study. These treatments are characterised by a focus on second order change, an emphasis of function over form and the construction of an open engagement with both pleasant and difficult experiences. Furthermore, this particular case study displays a potential way of addressing and staying with the emotional content of client's experiences and its impact on their ability to process a difficult incident that had occurred in the past through the lens of the 'Here-and-Now'.

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[1] All names and certain biographical/ personal identifying details have been changed in order to ensure confidentiality.

I've engaged with the themes described throughout these pieces of work, on a personal level both as a counselling psychologist in training and as a client in my own right. My own struggles of anxiety and constant worry – particularly around the safety of my own family in Syria for example – have left me feeling quite unsafe, out of control, out of touch with the present and helpless, at times. Living a situation that I couldn't personally affect change on meant that I had to change my own relationship to these very experiences. This meant embracing difficulty and bringing about an open non-judgemental awareness to these experiences which has been a rather transformative process for me - a seemingly simple yet arduous practice. This portfolio is one example of how I endeavour to embrace these difficulties on a daily basis and transform them into something meaningful, much like the participants in the study who have appeared to live a life of defiant joy in the face of adversity, through awareness and a return to the present moment.

These very themes and processes have had a profound impact on my life and the participants' life, I hope that the voices of these participants are heard and honoured as they brought to life the very experiences that I couldn't find the words to describe.

> *"Trust in the process of life, trust in the…in the universe that like as the breath…the breath goes like without us controlling it and it just works by itself and so in the same way if we trust that life takes care of us um then um we…that helps us to have a positive outlook on what's…whatever happens to us..." (Kate, 260-273)*

SECTION 1

RESEARCH COMPONENT:

EXPLORING THE EXPERIENCE OF ANXIETY AFTER
COMPLETING A MINDFULNESS BASED STRESS
REDUCTION COURSE

ABSTRACT

Difficulties with the experience of anxiety often embody one of the primary reasons behind clients seeking care and utilising the service of health care professionals. Anxiety is a complex emotion that involves an interplay of biological, cognitive, behavioural and affective factors in the acquisition and maintenance of difficulties related to this experience. Despite the attempt to classify anxiety related difficulties, the current diagnostic system does not offer an accurate categorical system of anxiety related disorders with distinct differences in aetiology, course of the disorder, prognosis, and choice of treatment. Additionally, there is growing evidence suggesting that anxiety disorders share important psychological processes. Therefore, practitioners have deemed it would be beneficial to move beyond diagnosis and begin to examine every day experiences of anxiety to provide a better picture of emotional distress.

This research explored how seven participants experienced anxiety after completing a mindfulness based stress reduction course. The study utilised a form of qualitative methodology, in order to maintain a close look at participants' experiences. Participants were recruited with the help of teachers who facilitate this programme. Participants' interviews were transcribed and analysed using Interpretative phenomenological analysis.

Through the analysis two major themes emerged: 'The ravaging tornado of anxiety' and 'tempering the storm through self-discovery'. Each of these themes entails several sub-themes.

The findings are considered in relation to the wider literature and links are made with theoretical models regarding reflexive awareness, being with emotions and embodiment. Clinical implications of the findings are also discussed.

1.0 INTRODUCTION AND LITERATURE REVIEW

1.1 INTRODUCTION

Anxiety, derived from Latin *angere*, meaning to press tightly, is a widely used concept that could reflect a variety of meanings and refer to a wide range of experiences (Barlow, 2002). Despite its current popularity, Alberti (2004, p. 1407) states that there was a time when the English language did not have the word "anxiety". She continues to suggest that, "only in the 17th century did anxiety become a descriptive category for feelings of fearfulness accompanied by precordial tightness or discomfort". Over the centuries, descriptions of anxiety have varied in relation to the context in which the description was made – medical, psychological, religious, anthropological, or philosophical (Cromby, Harper, & Reavey, 2013). The variety of these descriptions makes it difficult to define anxiety precisely. According to Barlow (2002, p. 7), "the profusion of meanings and flavours surrounding the key words angst, anxiety and dread; the somewhat different usages in different languages; the imprecision resulting from translations of seminal works have all resulted in an understandable vagueness surrounding the term anxiety".

One particularly common term, closely linked to anxiety, even at times used interchangeably, is fear (e.g. Barlow, 2002; Rachman, 2013). We are no strangers to experiencing fear, we have all, potentially, at one point in our lives, experienced this vital evolutionary yet overwhelming response to present or impending danger (Marks, 1987). According to Marks (1987, p. 3), "fear girds our lions for rapid action in the face of danger". Ultimately both these responses engage our mind, body and spirit (e.g. Marks, 1987). While at times, we may seek these responses to danger (e.g. bungee jumping) in their less extreme forms, individuals could end up spending billions of dollars to ride themselves of these experiences when they become too much. At their peak, both fear and anxiety may be associated with an "urge to run and hide, to cry, a pounding heart, tense muscles, trembling, liability to startle, dryness of the mouth…" and so much more (Marks, 1987, p. 4). Difficulties with these responses to danger, often exemplify one of the main reason behind clients seeking primary care physicians and the utilisation of health care services (e.g. Marks, 1987, Barlow, 2002; Eifert & Forsyth, 2005; Rachman, 2013). Therefore, ushering copious forms of therapeutic treatments in the endeavour to rid us of these emotions. It is when these emotional responses to danger become difficult that this research aims to explore and address.

This chapter will consider the existing literature and ways of understanding the lived experience of people experiencing difficulties with anxiety and who have completed a mindfulness-based stress reduction course (MBSR). Firstly, I will consider literature that draws on the nature of anxiety, its potential impact on cognition, behaviour and experience. Afterwards, I shall move on to explore the current literature and studies on the treatment of anxiety. Because of the diverse relevant literature that is available, I will focus on those studies that are pertinent to this research, explicitly fleshing out the impact of treatment on people's understanding of anxiety. Furthermore, the review will also consider the literature available on qualitative research within the field, particularly those that examined the lived experience of anxiety and the experience of attending a mindfulness based intervention (MBI).

1.2 A NOTE ON LANGUAGE

1.2.1 WHAT IS WORRY?

Worry is considered to be a cognitive process that most people experience (Szabo, 2011). According to avoidance theory (Borkovec, Alcaine, & Behar, 2004), worry is perceived as a verbal thinking process that acts to repress threat related imagery and autonomic arousal symptoms. While worry is a central characteristic of generalised anxiety disorder (Szabo, 2011), practitioners have argued over whether worry is a general state shared by all affective disorders (e.g. Brown, Chorpita, & Barlow, 1998) or whether it is specific to a particular syndrome (e.g. Szabo, 2011). In a study examining the phenomenology of worrying and its relationship to certain emotional experiences, Szabo (2011) found that worrying had a stronger significant positive association with stress, than anxiety and depression. The study proposes that worrying is a feature of a distinct emotional syndrome. These results have been replicated with children and adolescents as well (Fowler & Szabo, 2012). Despite these results, the research has been inconsistent; other studies have observed that worry significantly correlates with symptoms of depression, anxiety and distress (Olatunji, Broman-Fulks, Bergman, Green, & Zlomke, 2010).

In a study examining the difference between appraisals associated with worry and anxiety states, Stober and Muijs (2001) found that in comparison to anxiety, experiences of worry were likely to be accompanied "with positive self-evaluation, positive social relationship evaluation, feelings of closeness, and sentiments of importance". Additionally the data

proposed that worry is often associated with a focus on others rather than on the self. Moreover, Stober and Muijs (2001) observed that worry states were less likely to be accompanied with an impression of abruptness or unexpectedness in the same way that states of anxiety would be. Despite this potential positive outlook on worry, when linked to generalised anxiety disorder – a chronic form of anxiety - worry is seen as an uncontrollable set of cognitive "intrusions" often interfering with normal functioning (e.g. Barlow, 2002).

For the purpose of this study, worry is identified as a cognitive process, which at times can be an uncontrollable and intrusive experience and may form part of difficult anxiety experiences (e.g. Barlow, 2002).

1.2.2 DEFINING STRESS

Akin to anxiety, Stress is a term that is diversely employed, particularly within the psychological research literature, to refer to external demands, responses to these demands, ad/ or to a potential mental state (e.g. Burton & Hinton, 2004). In the late 1940s, stress was defined as the "action of external force; especially to overstrain" (Becker, 2013). At present, the definition of stress has become more elaborate to include "a physical, chemical, or emotional factor that causes bodily or mental tension [that also] maybe a factor in disease causation." (Merriam-Webster.com, 2017). Psychologists and physiologists have also struggled to find a precise way of defining stress, as empirical evidence suggests there are many varying and valid ways of conceptualising stress (Persson & Zakrisson, 2016; Hobfoll, Schwarzer, & Chon, 1998). For the purpose of this review, the current Merriam-Webster definition will be employed.

1.2.3 FEAR VERSUS ANXIETY

As mentioned earlier fear and anxiety are closely linked and even used interchangeably at times (Rachman, 2013). It is widely acknowledged that the main function of fear is to act as a signal to danger (e.g. Marks, 1987; Steimer, 2002). Authors, however, have argued over whether fear and anxiety, are two similar or distinct affective responses (e.g. Barlow, 2002; Rachman, 2013; Robertson, 2015). Some practitioners have even argued that "anxiety is an everyday human fear manifested in extremes" (e.g. Atcheson, 2012, p. 35).

Various philosophers and practitioners have distinguished these responses in terms of the lack of or the presence of cues (e.g. Barlow, 2002). Most commonly, "fear was seen as a reaction to a specific, observable danger, while anxiety was seen as a diffuse, objectless apprehension" (Barlow, 2002, p. 6-7). For example, in a recent study, Sylvers, Lilienfeld and LaPrairie (2011), explored the distinction between trait fear and trait anxiety. Their study revealed that trait fear and anxiety were different emotions with separable neurological, biological and psychological characteristics. Avoidance behaviours were associated with fear, whereas hyper-vigilance and pro-longed hyper-arousal marked anxiety. Sylvers, Lilienfeld and LaPrairie (2011) concluded, that fear was "an aversive emotional state during which an organism is motivated to escape a specific and imminent threat" whereas, anxiety was "an aversive emotional state that occurred while an organism approached an ambiguous and uncertain threat". Due to the ambiguity of the impeding risk the anxiety process persists despite the absence or the removal of it. Consequently, leading individuals with anxiety to be persistently hyper-vigilant for potential threat for long periods of time. Despite the presence of such studies, the distinctions made are easier in theory than in practice as focusing on the presence of threat maybe unclear for clients experiencing and practitioners working with difficult anxiety states – for example, a state of panic (intense fear) can result in a combined state of fear and prolonged anxiety (Rachman, 2013).

Robertson (2015, p. 1) believed that philosophers and practitioners who took up the study of anxiety often "insisted upon adopting fear as a handy point of contrast". He considered this to be a result of the "extraordinary difficulty encountered" by individuals trying to engage with the experience of anxiety. He suggested that, "turning directly to the brute givens of experience, it is always much too close for comfort and, in a sense, gets lodged in one's throat like a choked wad of affect" (Robertson, 2015, p. 1). Robertson (2015) deemed, the distinction between having a cue or not, simplistic. Nonetheless, he believed that anxiety was an altogether different experience to fear.

The participants in this study have used both terms (anxiety and fear) within their transcripts. At time they appeared to use the terms interchangeable, whereas at others they seemed to make a distinction between them. While acknowledging the potential overlap between these affective states, the research also recognises that these responses have potentially distinct characteristics (e.g. Barlow, 2002; Rachman, 2013; Robertson, 2015) and will therefore focus on literature and research outlining the distinct features of the experience of anxiety. As of note, however, these terms may appear interchangeably throughout the analytic chapter when participants refer to fear.

The term anxiety, when used, could indicate either a physiological, psychological, or behavioural response to a perceived threat (e.g. Hallam, 1992; Barlow, 2002). Additionally, it could refer to a range of emotional experiences, varying from the adaptive to disabling (e.g. McNeil & Randall, 2014). Barlow (2002, p. 64) suggested that at the heart of anxiety "is a sense of uncontrollability focused largely on possible future, threat, danger, or other potentially negative events". Wolman and Stricker (1994, p. xi) describe anxiety as "an endogenous feeling of helplessness and inadequacy", they continue to suggest that, "anxiety-ridden people expect horrible things to happen and doubt their ability to cope with them".

When referred to as 'unpleasant' the literature suggests that the experience of anxiety can be accompanied with a variability of "non-adaptive" behaviours specific to the situation that matches the emotional concerns of the individual (e.g. Mathews & McLeod, 2005; Miller, 2009; McNeil, 2010; Rachman, 2013). For example, studies suggest that participants struggling with 'high levels' of social anxiety exhibit a lack of "pro-social" behaviours, such as low social skills, lack of assertiveness, anger and aggression (Creed & Funder, 1998; Alden & Taylor, 2004). Furthermore, another set of distinctive characteristic associated with highly anxious individuals is their disposition to worry in certain settings, which was linked to changes in three cognitive processes – attention, interpretation, and rumination or repetitive negative thinking (e.g. Miller, 2009).

Findings, although inconsistent, indicate that those who experience high levels of anxiety appear to be more "edgily" alert to threatening stimuli and are more likely to avoid threatening situations (i.e. exhibit attentional bias) (e.g. Bradley, Mogg, Falla, & Hamilton, 1998; Bradley, Mogg, & Miller, 2002; Ledley & Heimberg, 2006; Miller, 2009; Staugaard, 2010). In addition to a higher tendency for vigilance towards and avoidance of threatening situations, socially anxious individuals have also been found to be more observant of their physiological changes in social settings (e.g. Pineles & Mineka, 2005). Furthermore, an increasing body of literature has linked anxiety with an interpretation bias, where individuals with 'high levels' of anxiety report construing ambiguous situations negatively as long as the situation matches the individual's emotional concerns (e.g. Constans, Penn, Ihen, & Hope, 1999; Mathews & McLeod, 2005; Miller, 2009). For example, studies examining people with high social anxiety suggest that they are more likely to assume the worst possible outcome in social settings (e.g. Hirsch & Clark, 2004)

and often sense others displeasure with them even when it is not present (e.g. Huppert, Foa, Furr, Filip, & Mathew, 2003). Moreover, there is evidence that individuals struggling with anxiety difficulties exhibit "excessive and repetitive thinking about their current concerns, problems, past experiences or worries about the future" (Ehring & Watkins, 2008, p. 192). The aforementioned cognitive processes are said to vary in form and context depending on the type of anxiety the participant is struggling with (e.g. Mathews & McLeod, 2005); i.e. socially anxious individuals will experience biases in attention in social contexts whereas those experiencing test related anxiety will exhibit similar biases however during an exam time.

It is now established that anxiety is experienced on three levels; the mental or psychological, the physiological and the behavioural (e.g. Steimer, 2002). Barlow (2002) proposes that anxiety is a "unique, coherent cognitive-affective structure" that is often accompanied by a somatic component, where an activation of certain brain circuits and physiological states of "readiness" occurs. Biologically, anxiety is seen as a "warning system that prepares the body to react mentally and physically to potentially dangerous situations" (Hoehen-Saric & McLeod, 2000, p. 217). Several neural structures have been linked to the experience of anxiety: amygdala, hypothalamus and prefrontal cortex (e.g. Buss & Larson, 2000). When these structures are activated individuals can experience a range of somatic responses that may involve, "heart palpitations, hyperventilation and heightened muscular tension, dryness in the mouth, tight chest and difficulty in breathing, a frequent need to urinate, hot flushes, sweating, tremors, and numbness and tingling around the mouth and in the fingers and toes" (Cromby, Harper, & Reavey, 2013, p. 199). Furthermore, according to Wittchen, Lecrubier, Beesdo and Nocon (2003, p. 25), the occurrence of an anxiety reaction "may vary in terms of intensity, frequency, persistence, trigger situations, severity and consequences and other qualifying features".

In light of the fact that anxiety is regarded as an emotional state, potentially a trait for some individuals and an experience that can present itself in clinical contexts, research into the field of anxiety, primarily focused on three main areas – emotion, personality and clinical or abnormal psychology (Eysenck, 1997). As this research study is interested in the experience of difficulties associated with anxiety the rest of this section will focus on addressing literature related to the clinical aspect of this emotion.

1.3.1 NORMAL AND ABNORMAL ANXIETY

Many psychologists acknowledge that anxiety could potentially be a protective response that exists because of its "evolutionary advantage" and that our performance, to an extent, can even be strengthened by our experience of anxiety (e.g. Stein & Nesse, 2015; Barlow, 2002). For example, Barlow (2002, p. 9) explained that our ability to experience anxiety and capacity to plan are "two sides of the same coin" and therefore it could be proposed that, "anxiety accompanies intellectual activity as its shadow" (Barlow, 2002, p. 9). Despite this, Barlow (2002, p. 9) continued to suggest that for many anxiety remains "a dramatic life and death struggle with the ever-present possibility that death may win out" and it is for this reason that individuals try to free themselves of anxiety (Barlow, 2002; Wolfe, 2005; Rachman, 2013).

There remains an on going debate around the adaptability of feeling anxious; various practitioners – i.e. neurobiologists, psychiatrists and psychologists – vary in their opinion concerning the point at which feeling anxious becomes abnormal or difficult, the categories under which anxiety experiences are to be grouped, and/ or which features of anxiety difficulties to focus on (e.g. Barlow, 2002; Kesseler et al., 2003; Eifert & Forsyth, 2005; Stein & Nesse, 2015).

It is widely acknowledged that observations relating to various features of experiencing anxiety, span back to the earliest recordings of human behaviour however, only recently has psychiatry put together a nosological system to outline and categorise problems relating to anxiety and other psychological related difficulties (Barlow, 2002; Stein & Nesse, 2015). The Diagnostic Statistical Manual (DSM) was one of the earliest attempts to make identifying psychological difficulties objective (Stein & Nesse, 2015). In its third edition the Diagnostic Statistical Manual (American Psychiatric Association, 1980), fundamentally departed from its predecessors, by allocating an entire chapter for anxiety disorders and identifying symptoms in sufficient enough detail to allow further studies in reliability and validity. This change lent itself to a rise in research in the field of anxiety that focused on examining the various anxiety disorders, their aetiology and effective treatments (Barlow, 2002; Rachman, 1998; Rachman, 2013).

In its current edition the DSM 5 (American Psychiatric Association, 2013) includes ten categories of anxiety disorders; separation anxiety disorder, selective or elective mutism, specific phobic, social anxiety disorder, panic disorder, agoraphobia, generalised anxiety disorder, anxiety disorders associated with another medical condition, substance induced or

medication induced anxiety disorder and hypochondriasis. These disorders involve a variety of symptoms, however they are marked by a general set of criteria involving; a marked fear or anxiety about a particular event, a persistent fear or anxiety relating to this event for a long period of time, and a list of associated somatic changes such as panic attacks.

Despite the attempt to classify human experience, the DSM is still not able to offer an accurate categorical system of psychological disorders with distinct differences in aetiology, course of the disorder, prognosis, and choice of treatment (Barlow, 2002; Stein & Nesse, 2015). Currently, there is growing evidence suggesting that anxiety disorders share important psychological processes such as, attentional biases to threat (e.g. Mathews & MacLeod, 2005), avoidance behaviour (e.g. Shear, Bjelland, Beesdo, Gloster, & Wittchen, 2007), repetitive negative thinking (e.g. Ehring & Watkins, 2009), and others (e.g. Roemer, Erisman, & Orsillo, 2008). This evidence proposes that anxiety disorders maybe potentially different manifestations of the same disorder. For instance, a fear of germs and snakes could be seen as the same pathology however with different behavioural manifestations (e.g. Vollestad, Sivertsen, & Nielson, 2011; Norton, 2012).

Furthermore, regardless of our theoretical and conceptual progress into the field of anxiety-related disorders, Eifert and Forsyth (2005) suggest that there remains "a lack of agreement on the critical variables that may be involved" in the treatment of these disorders. They continue to state that this lack of consensus has resulted in "a growing literature of conflicting and unrelated findings, numerous disagreements and controversies, and a proliferation of disorder-specific mini theories and models that implicate so many different variables and processes [making it] difficult to make any meaningful sense out of them" (Eifert & Forsyth, 2005, p. 4). On the one hand, various practitioners have gone to argue against the use of this classification, suggesting that it does not necessarily provide the best way to deal with and understand psychological problems (e.g. Eifert & Forsyth, 2005; Woolfe, 2005; Cromby, Harper, & Reavey, 2013; Stein & Nesse, 2015). For example, Wolfe (2005) argues against the categorisation of anxiety disorders and proposes that they are quite "limited". He states, "the current edition of the DSM requires practitioners to pay too high a price in understanding of an ability to treat the psychopathology associated with – and underlying – anxiety disorders, because insufficient attention has been focused on patients construal's of his/her experience" (Wolfe, 2005, p.24). On the other hand, other practitioners have suggested that it is best to conceptualise both normal emotions and emotional disorders as complex phenomena with blurry borders (e.g. Stein & Nesse, 2015).

With this in mind practitioners proposed that it is important, both within research and clinical practice, to move beyond diagnosis and begin to examine everyday experiences of anxiety as this will provide a better picture of emotional distress and potentially offer an alternative system to diagnosis (e.g. Woolfe, 2005; Fletcher, 2010; Leone, Ray, & Evans, 2013). Additionally, they recommend paying closer attention to the subjective experiences of patients who are struggling with anxiety. Woolfe (2005) maintained that understanding these experiences can yield a better grasp of the necessary constituents of treatments as well as the complex "interplay of biological, cognitive, behavioural and affective factors in the acquisition and maintenance of these disorders" (Woolfe, 2005, p. 24). Cromby, Harper and Reavey (2013), agree with Wolfe's sentiment, and propose that a more sophisticated account of mental health problems, involving service users' views and experiences of mental health difficulties, is necessary.

1.3.2 THE STORY SO FAR

Taking into account the literature on anxiety it can be observed that the experience of anxiety encapsulates a complex interplay of biological, cognitive, behavioural and affective factors. It appears that the experience of anxiety difficulties can involve various cognitive, behavioural and physiological changes. However, the studies thus far have primarily taken a positivist view when considering the experience of anxiety and therefore have mainly taken the form of a quantitative nature. Whilst these findings deliver valuable information and insight into the experience of anxiety, they miss out on offering an understanding of participants' subjective experience. Moreover, the nature of quantitative studies often necessitates a focus on specific quantifiable variables (i.e. diagnostic criteria), furthering a narrow view of the experience examined.

Additionally, in view of the fact that there is growing concern around the validity and reliability of the DSM diagnostic criteria and the lack of literature on shared processes of broad challenging anxiety experiences, the current research study will aim to address these issues by means of examining the experiences associated with everyday anxiety which is identified as 'difficult' by the participants in the study. The study will do this by particularly paying attention to the subjective experience of participants while also considering the impact of treatment on their understanding and experience of anxiety.

In the following sections, I will examine literature on the experience of anxiety and the methods used to treat difficult anxiety experiences. Although this research study is interested in everyday difficult experiences of anxiety, research examining the effectiveness of treatment for anxiety disorders will be considered, as this has been the primary focus of previous studies of anxiety. I will only review studies concerned with two of the most common anxiety disorders: social anxiety disorder (SAD) and generalised anxiety disorder (GAD) (e.g. O'Toole et al., 2015; Goldin et al., 2012; Donegan & Dugas, 2012; Otte, 2011).

1.4 EXAMINING THE LIVED EXPERIENCE OF ANXIETY

To my knowledge there is a paucity of qualitative research exploring the lived experience of everyday anxiety, which may be seen by the individual as difficult or problematic, in general context. However there are several studies concerning the lived experience of anxiety from a qualitative perspective focusing on this experience in specific contexts. In the following section I will consider these studies.

The earliest of these research studies was carried by Melincavage (2011), who examined student nurses' perception of anxiety in the clinical setting through the use of a thematic analysis. The analysis generated themes relating to the power structure present between members of the faculty and qualified peers in the clinical context. This power structure appeared to be the cause of student nurses' anxious experiences. Furthermore, the research highlighted one major theme relating to participants' internal experiences of anxiety "Being uncertain of ability". This theme suggested that participants' experience of anxiety was related to their doubt in their abilities to perform clinical tasks.

Two studies examined first-hand experiences of anxiety in patients struggling with chronic obstructive pulmonary disease (COPD); a lung disease marked by symptoms such as shortness of breath, fatigue, depression, malnutrition, and limitations in daily living (Willgoss, Yohannes, Goldbart, & Fatoye, 2012; Strang, Ekberg-Jansson, & Henoch, 2014). Both studies interviewed patients and analysed the data through the use of a thematic analysis to develop themes across participants. Willgoss and colleagues (2012) found that the experience of anxiety was accompanied with severe thoughts of fear, hopelessness and confusion. Additionally, they found that a vicious cycle existed between breathlessness and experiencing anxiety. Moreover, they believed that the participants experienced two forms of anxiety – one where breathlessness caused anxiety and one where anxiety caused breathlessness. Their study

emphasised the substantial impact that anxiety could have on patients with COPD, if it goes unmanaged. In the second study, Strang, Ekberg-Jansson and Henoch (2014) focused on examining patients' perceptions of anxiety and the potential strategies that the patients adopted for managing these experiences. Unlike the previous study, Strang, Ekberg-Jansoon and Henoch (2014) utilised an interpretative coding style to identify themes present throughout participants' transcripts. The analysis revealed four themes – death anxiety, life anxiety, counterweights to anxiety, the defiant joy. 'Death' and 'life' anxiety were related to experiencing fear of death, living and the future, whereas 'counterweights to anxiety' was concerned with participants' coping strategies. The findings highlighted participants' desire and ability to find factors that gave their life joy and meaning despite their difficulties, in addition to an ability to manage them.

Leone, Ray, and Evans (2013), examined the experience of everyday anxiety for late adolescents during high school, while using an interpretive phenomenological approach. The analysis brought to light three major themes: the embodied experience of anxiety, feeling uncomfortable in the lived space of school and life at home. The study particularly highlighted the physical, mental and emotional affects of anxiety for adolescents. Predominantly participants discussed their embodied experiences of anxiety, suggesting that they experienced an increased heart rate, nausea, upset stomach, sweating, skin rashes, heavy breathing, and shortness of breath. The analysis emphasizes the value of considering a more holistic view of the experience of anxiety as previously quantitative studies have focused on one aspect of the anxiety experience.

Kierski (2014) examined the subjective experience of anxiety for eight male psychotherapists. He analysed the participants' transcripts by means of a hermeneutic phenomenological method. The analysis revealed six themes: anxiety is manifold, anxiety about the possibility of failing to be effective, anxiety about threats emerging in the session, anxiety reflects lifelong anxiety patterns, anxiety as an impetus for successful therapeutic work, and anxiety can facilitate self-knowledge. In similar light to previous studies the themes reveal both the intensity and the complex nature of the experience, while highlighting the interplay of cognitive, physiological and behavioural elements of anxiety. Additionally, two of the aforementioned themes draw attention to aspects of anxiety that do not fit easily with existing anxiety models. The findings indicate that participants' current experiences are linked to previous anxiety experienced since childhood, therefore instilling their present experiences with personal meaning. Kierski (2014) suggests that this makes it more possible to appreciate why anxiety maybe overwhelming for the participants. Moreover, the research highlighted that experiences of anxiety can also facilitate self-knowledge; indicating that despite its

overwhelming nature anxiety can also motivate a desire for "deeper understanding" of experiences thus leading the participants to examine their circumstances and episodes of anxiety. This theme challenges beliefs around masculine experiences of anxiety that propose, men are more likely to avoid or repress their experience.

The preceding studies are not without limitation. As with any qualitative research the sample sizes are small, purposive and often targeting a specific sample of participants, therefore reflecting only on the experiences of those involved in the studies. Moreover, studies that were carried out using a thematic analysis often lacked an interpretative lens that situates the data within a "wider social, cultural and perhaps even theoretic context" (Willig, 2012, p. 10). Furthermore, none of the studies examine the lived experience of anxiety after receiving treatment or undergoing a psychological intervention. However, it is important to note that despite these limitations, the studies draw attention to several aspects of the anxiety experience that may have been missed in quantitative studies that often examined cognitive models of specific anxiety disorders (e.g. Woolfe, 2005; Fletcher, 2010; Leone, Ray, & Evans, 2013).

1.5 THEORETICAL PERSPECTIVES ON ANXIETY TREATMENT

The earliest theories around fear and anxiety within the discourse of therapeutic treatment were based on the psychoanalytic understanding of fear (Rachman, 1998; Freud, 1905); where anxiety was interpreted as the manifestation of the individual's Oedipal complex and repressed desire for the parent of the opposite sex. These ideas were put together based on observation and evidence written in the form of case histories. The lack of reliability and validity of these ideas have made it difficult for scientists to accept Freud's assertions; some of which remain unproven today (Rachman, 1998).

Alongside these approaches, there was a growing interest relating to behavioural and cognitive notions of the experience of anxiety. The growing evidence to support these ideas (e.g. Rachman, 1998; Simos & Hofmann, 2013), have meant that cognitive and behavioural concepts have dominated the treatment of anxiety and its disorders (Twohig, Waidneck & Crosby, 2013).

As advancements took place in coming to understand the nature of several anxiety disorders, there was a growing interest in integrating behavioural and cognitive concepts giving way to a cognitive-behavioural model of emotions that informed treatment (Rachman, 1998).

While acknowledging that there is a vast array of literature on different treatments of anxiety and their effect on the experience I will only review those that pertain to the umbrella of cognitive behavioural therapy, particularly literature relating to Becknian Cognitive Behavioural therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness based stress reduction (MBSR). The reason for this is that this particular study is interested in understanding the impact of third wave cognitive behavioural therapy on the experience of anxiety particularly the MBSR course.

1.5.1 COGNITIVE BEHAVIOURAL THEORY AND TREATMENT

Cognitive Behavioural Therapy (CBT) is an approach to psychological treatment that is based on the integration of cognitive and behavioural theories of emotions. At the core of CBT is an emphasis on the impact of people's thoughts on behaviour, particularly their interpretation of events (Rachman, 1998; Beck A., 1976; Beck & Weishaar, 2000; Beck J. S., 2005; Leahy, 2003; Westrbook, Kennerley, & Kirk, 2007; Beck J. S., 1995). CBT acknowledges that the particular appraisal of the event is contingent on "the context in which the event occurs, the mood the person is in the time it occurs, and the person's past experiences" (Salkovskis, 1996, p.48; as cited in Rachman, 1998).

Cognitive theory conceptualises anxiety around the notion of vulnerability. The model suggests that, anxiety is rooted in the person's view of his ability to control internal and external dangers. The model proposes that if the individual believes her ability to control a dangerous situation is lacking or insufficient this can lead to an exaggerated appraisal of events and therefore causing him/her to feel anxious (Clark & Beck, 2010). The intensity of the anxious state is established as a result of the balance between the individual's initial appraisal of threat and the appraisal of her ability to maintain her own safety (Clark & Beck, 2010). Whereas, the behavioural model proposes that anxiety is acquired as a by-product of learning and conditioning. Consequently, suggesting that it is possible to ameliorate anxiety through means of graded exposure to feared situations (e.g. Rachman, 1998; Woolfe, Strawbridge, Douglas, & Dryden, 2010).

The cognitive behavioural therapeutic model accepts behavioural theories while placing greater attention on the impact of appraisal and thus suggesting that anxiety persists due to maladaptive cognitions (Hofmann, Wu, & Boetlcher, 2014; Rachman, 1998). The model

advocates that by examining and challenging these cognitions one can change behaviour and therefore reduce the intensity of the anxious state (Westrbook, Kennerley, & Kirk, 2007).

In practice CBT, usually includes a brief, structured and educational therapeutic program that aims at reducing symptoms, recovering normal functioning and maintaining remission of the psychological disorder (Hofmann, Asnaani, Vonk, Sawyer, Fang, 2012). In order to accomplish this, the patient and therapist collaborate in a problem solving process, to examine and challenge the rationality of maladaptive cognitions to modify particular behavioural patterns (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). The cognitive behavioural therapist usually employs a variety of techniques, such as; Socratic questioning in order to develop a better understanding of the patient's concerns, cognitive re-structuring, behavioural experiments and imaginal and in vivo graded exposure to feared situations (e.g. Otte, 2011; Westrbook, Kennerley, & Kirk, 2007; Beck J. S., 1995).

Cognitive behavioural therapy is considered the "gold standard" treatment for anxiety disorders (Hans & Hiller, 2013). At present it is widely used in a number of different formats including – guided self-help, telephone based, computerized and standard one to one treatment (Twomley, O'Reilly, & Byrne, 2015). Within these different formats there are various protocols that emphasize different cognitive and behavioural techniques for the range of different anxiety disorders. However, it is important to note that despite these various protocols they all maintain a common premise. This premise proposes that maladaptive cognitions are at the root of anxiety and that dysfunctional believes and cognitive distortions are a part of what maintains it (Hofmann, Wu, & Boetlcher, 2014, p.375).

Many studies have come to examine the efficacy of CBT for adult anxiety disorders over the past and more recently many meta-analyses have come to review this evidence (Otte, 2011). Tolin (2010) proposed that cognitive behavioural therapy is superior to psychodynamic therapy. In a review of twenty-six studies, he found that CBT leads over alternative therapies particularly amongst patients with anxiety disorders. Hofmann and colleagues (2012) agreed with his review and proposed that the strongest support exists for cognitive behavioural therapy for anxiety disorders. Moreover, research found CBT to be superior to waiting list groups and applied relaxation for several anxiety disorders; such as Generalized Anxiety Disorders (e.g. Dugas, Brillon, Savard, Turcotte, Goudet, Ladouceur, Leblanc, & Gervais, 2010) and Social Anxiety Disorders (e.g. Mayo-Wilson, Dias, Mavranezouli, Kew, Clark, Ades, & Pilling, 2014).

In a recent meta-analysis Twomey, O' Reilly and Byrne (2015) looked at twenty-nine randomised control trial studies (RCTs) that have examined the effectiveness of multi-model cognitive behavioural therapy within primary care for treating anxiety and depression. They found that CBT was significantly more effective ($d = 0.59$) than receiving no primary care treatment and moderately more effective ($d = 0.48$) than receiving primary care as usual treatment. Through a sub-analysis they attained evidence, which suggests that CBT was more effective for treatment of anxiety symptoms than depression related symptoms. In a similar meta-analytic study that looked at the effectiveness of CBT versus treatment-as-usual (TAU) in the treatment of anxiety and depressive disorders, results showed medium effect sizes favouring CBT over TAU for both anxiety and depression (Watts, Turnell, Kladnitski, Newby & Andrews, 2015). However, when examining how treatment-as-usual was defined as a control group in these studies, Watts et al. (2015) found that there was a significant heterogeneity amongst TAU conditions and observed different effect sizes across the different control groups.

Many practitioners have raised several issues with RCTs; they suggested that employing strict inclusion criteria and manipulating various research variables could result in a highly controlled research study that maybe unrepresentative of clinical practice (Hans & Hiller, 2013). Hans and Hiller (2013) proposed that this could potentially impact effect sizes in studies resembling a laboratory setting rather than routine clinical practice. Therefore they carried out a study looking at adults with a primary anxiety disorder who have received treatment for group or individual CBT focusing on non-randomised effectiveness studies. Effect sizes were calculated for pre and post treatment, and post-treatment follow up for disorder specific symptoms, depression and general anxiety. They found that CBT was effective in reducing disorder-specific symptoms for those who have completed treatment ($d= 0.90-1.91$). Moreover, they observed small to large effect sizes ($d= 0.42-0.97$) for anxiety symptoms post-treatment and found that post-treatment gains were maintained 12 months after completing therapy.

Despite the over-mounting evidence that supports the efficacy of CBT for the treatment of anxiety disorders little is known about how CBT works for mental disorders (Kazdin, 2007; O'Toole, Mennin, Hougaard, Zachariae, & Rosenberg, 2015). Kazdin (2007) argues that developing an understanding of why and how treatments facilitate change can help develop treatment packages that focus on necessary and more effective constituents of therapy. Therefore, suggesting that studies of change processes in therapy are more critical for therapeutic practitioners (Kazdin, 2007). Several processes of change have been suggested to occur as a result of completing cognitive behavioural therapy (e.g. Goldin, Ziv, Jazaieri,

Werner, Kraemer, Heimberg, & Gross 2012; O'Toole et al., 2015). It is important to note that the processes targeted in treatment depend on the protocol employed and that that usually depends on the patients' diagnosis. For the purpose of this review studies focusing on generalised anxiety disorder and social anxiety disorder have been chosen to look at in depth.

1.5.2 COGNITIVE BEHAVIOURAL THERAPY PROCESSES OF CHANGE

Cognitive behavioural theories for anxiety disorders – as mentioned earlier - propose that distorted cognitions, dysfunctional safety behaviours and distorted emotion regulation strategies account for developing and maintaining anxiety disorders (e.g. O'Toole et al., 2015). Therefore, cognitive models attempt to target distorted beliefs and dysfunctional safety behaviours through a process identified as cognitive reappraisal, which entails changing the meaning given to events that give rise to anxiety (Goldin et al., 2012). In a study examining whether cognitive reappraisal self-efficacy (CR-SE) mediates the impact of CBT for SAD, Goldin and colleagues (2012) found that CBT brought about greater increases in CR-SE. Moreover, they found that this correlated with a greater decrease in social anxiety symptoms.

In another more recent study O'Toole et al. (2015) examined change in what they conceptualised as cognitive as well as emotion regulation variables for cognitive behavioural treatment for social anxiety disorders. They examined several possible processes of change – estimated probability, estimated cost, safety behaviours, acceptance of emotions, cognitive reappraisal and expressive suppression. They believed that these processes would show an indirect effect of CBT on SAD. They collected pre-therapy, mid-therapy and post therapy measures. Using Pearson correlations they investigated whether there is a correlation between pre-therapy measures, pre-therapy to post-therapy change scores and pre-therapy to mid-therapy change scores. They found a significant change over time for both estimated probability (t(99.7) =_6.4, p<0.001) and estimated cost (t(98.6) =_9.0, p<0.001) along with a significant indirect effect on levels of social anxiety symptoms. O'Toole et al. (2015) obtained similar results for acceptance of emotions (t(99.8) = 5.6, p<0.001) and expressive suppression (t(100.3) =_2.7, p = 0.007) however, they did not find an indirect effect of expressive suppression on social anxiety symptoms. Additionally, they retrieved similar results for cognitive reappraisal and safety behaviours. According to their study, only estimated cost probability and cost and acceptance of emotions showed significant indirect effects of CBT for SAD with estimated cost attaining the largest overall decrease and yielding the largest

effects in the mediation of clinical improvement. This suggests that these processes of change are an essential component of clinical improvement for SAD.

Donegan and Dugas (2012) examined the processes of change of cognitive behavioural therapy for those who were diagnosed with GAD, particularly focusing on the possible changes of worry during treatment. They assigned participants either to twelve sessions of CBT or applied relaxation. The CBT protocol used for treatment aimed to address negative beliefs about uncertainty as it is proposed that these beliefs play an important role in the development of excessive worry – a feature of GAD. According to their study, participants in both conditions experienced a significant reduction in the time spent worrying about somatic anxiety symptoms. They reported that by post treatment, participants spent just over three hours worrying, whereas previously they spent an average of five to six hours. In their next analysis, they found a significant partial meditation effect between worry and somatic anxiety in both directions for both treatments, suggesting that changes in worrying occur as changes in somatic anxiety take place and vice versa. The study proposes that a change in worry is a strong predictor of successive change in somatic anxiety. Moreover, it suggests that different treatments may yield similar results via different mechanisms.

The aforementioned studies are not without limitation. They consisted of small sample sizes and used self-report measures that may have produced introspective bias. Moreover, some of the studies have refrained from using a control condition, which renders it difficult to conclude whether other factors - that maybe beyond treatment - were involved (Goldin, Ziet al., 2012; O'Toole et al., 2015; Donegan & Dugas, 2012). Additionally, Baer (2010) suggested that to show a mediator variable is responsible for the effect on the independent variable there needs to be a series of studies involved in the process of establishing this link. These studies are in part of a growing literature to address this gap, however remain lacking at this time (e.g. Goldin et al., 2012; O'Toole et al. 2015; Donegan & Dugas, 2012). Despite these limitations evidence seems to suggest that different treatments work differently for each of the anxiety disorders and addresses essential constituents of the pathology, such as efficacy of cognitive re-appraisal and altering of negative beliefs relating to uncertainty. These studies demonstrate that CBT's aim to change cognitive believes is accomplished through treatment and that these beliefs are a part of what maintains anxiety.

Over the past decade new forms of therapies have appeared under the umbrella of CBT (Twohig, Waidneck, & Crosby, 2013), setting the stage for what Hayes (2004) called a 'third wave' movement in the field of cognitive behavioural therapy. Mindfulness and Acceptance Based therapies were marked by a focus on increasing the overall functioning of the client rather than emphasizing symptom reduction. Moreover, they targeted inner experiences indirectly through using strategies such as mindfulness, compassion or acceptance (e.g. Twohig, Waidneck, & Crosby, 2013).

Twohig, Waidneck, and Crosby (2013, p. 227) suggest that there "appears to be an understanding that [current third wave treatments] represent a greater, and in some cases, a new focus on certain psychological processes, treatment goals and scientific methods". They propose that the psychological processes associated with third wave treatment fall under four categories: acceptance versus experiential avoidance, cognitive defusion versus cognitive fusion, mindfulness versus not being present and values versus lack of direction. These treatments aim to assist the client to openly allow the presence of particular internal events (thoughts and emotions) rather than engaging with them and attempting to change them. Secondly, they direct their attention towards helping the client to experience internal events for what they are, meaning that the aim is to see thoughts as just thoughts that don't always hold true. Moreover, they emphasize presence through practices such as mindfulness. Lastly, they direct their attention towards values rather than achieving goals, which meant the focus was on how clients lived their life rather than achieving tasks.

'Third Wave' cognitive behavioural therapies have been gaining recognition and have been recommended by the national institute of clinical excellence for various mental health difficulties, including generalised anxiety disorder (NICE, 2011) and depression (NICE, 2009). In a recent study Arch and colleagues (2012) have carried out a randomised control trial in order to assess the effectiveness of Acceptance and Commitment Therapy (Third Wave therapy) in comparison to CBT. One hundred and twenty eight individuals with a diagnosis of anxiety disorders were randomised into a CBT or ACT treatment group. They found that improvements occurred similarly for both treatments across all measures, indicating that ACT was a highly viable treatment for anxiety disorders. Norton, Abbott, Norberg, and Hunt (2015) carried out a systemic review examining the effect of mindfulness and acceptance based interventions for the treatment of social anxiety disorder. The review obtained only nine studies from various resources. Norton and colleagues (2015) found significant improvements

in symptomatology following mindfulness-based interventions. However, these results were either equivalent or less than those associated with cognitive behavioural therapy scores.

While it seems that mindfulness and acceptance based treatments are effective in the treatment of anxiety disorders, there appears to be a lack of studies available that confirm these results. Moreover, Norton et al. (2015) state that the studies they have examined were largely with uncontrolled small sample sizes weakening the bearing of the findings. Due to this they recommend that outcomes should be treated with caution until appropriate further research is conducted into the area of third wave therapies.

Since the literature fails to develop an understanding of how mindfulness based interventions (MBIs) potentially reshape or alter participants experiences of anxiety, this research hopes to bring to light some of these changes through examining how participants make sense of their experiences of anxiety after attending a mindfulness based stress reduction program. The reason behind choosing MBSR was because it was a structured program that is arranged according to a plan and a specific pattern, which is expected to be the same across institutions. Furthermore, unlike Mindfulness behaviour cognitive therapy, MBSR's primary aim is to reduce stress and anxiety rather than address depression related symptoms.

1.6.1 EXISTENTIAL PERSPECTIVES ON THE EXPERIENCE OF ANXIETY – THE ROOTS

Felder, Aten, Neudeck, Shiomi-Checn and Robbins (2014) draw parallels between phenomenological-existential theories and current third wave cognitive behavioural models of therapy, more specifically their deliberations relating to "non-judgemental observation, validation, acceptance, intuition, doing and being, bodily mindfulness, letting be, and meaning making (p. 7)". They suggest that current third wave CBT literature does not engage with and acknowledge these similarities. They continue to propose that "by not doing so, third wave and medical discipline writers may be missing an opportunity to foster and cultivate mindful awareness of their phenomenological psychology forerunners" (p. 7). They propose that a lack of recognising this potential link to phenomenological and existential theories eclipses developing a more in-depth understanding of the historical evolution of third wave cognitive behavioural therapy. For this reason, the following section will identify existential theories that are deemed to be at the root of third wave CBT and their view of the experience of anxiety.

Existential theorists and philosophers indicate that the experience of anxiety is a core ontological characteristic that provides insight into the human condition (Keirkegaard, 1980; May, 1950; May, 1994; Soderquist, 2015). In this light, anxiety is seen as part and parcel of everyday living. This experience is believed to disturb our "dreamlike" state of being in order to notify us of our freedom to choose (Keirkegaard, 1980; May, 1950; May, 1994; Soderquist, 2015). According to Kierkegaard (1980), anxiety drives us to take charge of our lives, to connect with a higher calling, and to take responsibility for everything we do along the way. Keirkegaard (1980) saw anxiety as our drive to make change in our day to day life. He proposed that it informs a higher calling to seize power of becoming the person we would and should become.

In similar light, May (1994, p. 109-110) described anxiety as "the experience of the threat of imminent nonbeing" and "the subjective state of the individual's becoming aware that his existence can become destroyed, that he can lose himself and his world, that he can become 'nothing'". Although May (1994) considers anxiety to be an indication of our sense of freedom, here he focuses on the experience as a sign of our awareness of an approaching metaphorical and literal death. He suggested that the experience of anxiety is often an overwhelming one, as it "strikes at the central core of" our "self-esteem" and our "sense of value". He argued that the English language and current clinical setting make light of the meaning of anxiety, whereas existential understanding gives the term back its original power. He continued to propose that this experience, from an existential perspective, conveys feelings of anguish and dread, that materialise when someone recognises their potential. Moreover, he suggests that in order for this potential to be fulfilled one must "destroy" their present security and current comfortable existence (May, 1994). In his book, titled *The meaning of anxiety*, May (1950) places an encouraging spin on experiencing anxiety. He indicated that our normal day to day anxiety can be bound for unearthing new breakthroughs and creative possibilities in one's life.

Taking these views into consideration, existential theorists encourage the acceptance of and working with the experience of anxiety in order to shine a light on the essence of being (Keirkegaard, 1980; May, 1950; May, 1994; Soderquist, 2015). These concepts highlight the importance of a "bare attentive" awareness to this experience in order to inform us of our freedom to choose, our responsibility and potential (Felder, Aten, Neudeck, Shiomi-Checn & Robbins, 2014). These views are in parallel with several therapeutic approaches, such as acceptance commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999), that are obtaining substantial backing from research (Norton, Abbott, Norberg, & Hunt, 2015), indicating a

return to the theories' focus on the value of attending to our phenomenal field of experience (Felder, Aten, Neudeck, Shiomi-Checn & Robbins, 2014).

1.6.2 INTRODUCTION TO MINDFULNESS BASED STRESS REDUCTION (DEFINITION AND ROOTS)

Mindfulness based stress reduction (MBSR) is an educational and therapeutic program that was put together and introduced to western culture by Jon Kabat-Zinn in the early 1980s (Kabat-Zinn, 1994). The program is based on Theravada Buddhism, Zen practices and yogi traditions and is divided from any religious, philosophical and cultural teachings (Evans, Ferrando, Carr, & Haglin, 2011). MBSR utilises a Buddhist technique called mindfulness, a form of meditation, which means to pay attention "in a particular way: on purpose, in the present moment, and non-judgementally" (Kabat-Zinn, 1994b). In line with this, the program encourages its attendees to pay attention to, acknowledge and observe their thoughts and feelings with a non-judgemental attitude as they surface (Edenfield & Saeed, 2012).

MBSR consists of eight consecutive weeks of meetings that are approximately two and a half hours. The meetings focus on practicing mindfulness both formally and informally where the formal practice includes several mindfulness meditations and some gentle hatha yoga postures. The informal practice, on the other hand, asks participants to increase awareness of everyday experiences such as eating and walking (e.g. Kabat-Zinn, 1994b; Evans, Ferrando, Carr, & Haglin, 2011; Towhig, Waidneck, & Crosby, 2013). Additionally, the program entails an educational element focusing on the nature of stress and a discussion of how to apply mindfulness to the struggles of daily life (Baer, 2010). The aim of the program is for participants to develop their own mindfulness practice through adapting and incorporating the learned material and exercises in a way that is best suited to their own personal preferences and needs (Towhig, Waidneck, & Crosby, 2013).

Since establishing the Mindfulness-based stress reduction program there has been an upsurge of interest in mindfulness practices which lead to an increase in adapting and changing this program for the treatment of both mental and physical illnesses (Edenfield & Saeed, 2012). Mindfulness based interventions (MBIs) have been linked to various improvements in both physical and psychological health. Initially MBSR was set up to assist those struggling with chronic pain, it was found to help elevate pain and reduce stress and anxiety symptoms that accompany daily life and chronic illness (e.g. Kabat-Zinn, 1994b; Praissman, 2008). Additionally, it's been associated with the reduction of fibromyalgia, rheumatoid arthritis,

psoriasis and Type II diabetes symptoms (e.g. Edenfield & Saeed, 2012). Moreover, it is been associated with depression relapse (e.g. Piet & Hougaard, 2011), improvements in drug addiction (e.g. Bowen, Chawla, & Marlatt, 2011), and reduction in stress, anxiety and affective mood disorder symptoms (e.g. Hofmann, Sawyer, Witt, & Oh, 2010).

In a meta-analytic review, Hofmann and colleagues (2010) examined the effectiveness of mindfulness-based interventions for anxiety and mood symptoms in clinical samples. Their meta-analysis was based on thirty-nine studies totalling 1,140 participants who have received mindfulness based treatment for a range of conditions including but not limited to cancer, generalised anxiety disorder, depression and other psychiatric or medical conditions. They calculated effect sizes from pre to post-treatment measures and obtained moderate scores for improving anxiety (Hedges's $g = 0.63$) and mood symptoms (Hedges's $g = 0.59$). Moreover, they found that for patients who were diagnosed with an anxiety or mood disorder, the intervention was linked with large effect sizes (Hedges's g 0.97 and 0.95 respectively). The findings propose that MBT alleviates anxiety and depression symptoms across a wide range of both physical and psychological concerns. Despite suggesting that MBIs maybe a promising intervention for treating anxiety and mood disorders, studies examining the effectiveness of this treatment remain few and far between (Hofmann et al., 2010). Moreover, these results are limited by the meta-analytic technique and depend on the authors' choice of studies and the assumptions made about the true values of the studies involved in the analysis.

In an attempt to examine the effectiveness of MBSR for patients with anxiety disorders, Vollestad, Sivertsen, and Nielson (2011) investigated seventy-six self-referred patients with a heterogeneous diagnosis of anxiety disorders. The participants were randomised to either an MBSR group or a Waiting list group. Several outcome measures were collected pre, post-treatment and six months follow up. Those who completed treatment showed medium to large effect sizes on measures of anxiety (Cohen's d. 0.55-0.97), and large effect size for symptoms of depression (Cohen's d. 0.97). Vollestad, Sivertsen and Nielson (2011) found that these results were maintained at six months follow up. Although the results indicate that the MBSR program is an effective treatment, the lack of an active control condition suggests that these results maybe due to non-specified aspects of treatment. However, Fjorback, Arendt, Ornbol, Fink and Walach, (2011) confirmed these results when examining twenty-one studies and found that MBSR improved mental health in eleven studies in comparison to a waiting list or treatment as usual group (TAU) and produced medium effect sizes overall.

In a more recent study where an active control group was investigated, one hundred and eight un-medicated patients, and diagnosed with social anxiety disorder (SAD) were randomised

either to attend cognitive behavioural group therapy or mindfulness based stress reduction or were placed in a waiting list group. Participants completed assessments at baseline, post-treatment and at one year follow up. Results showed that both treatments produced comparable improvements in social anxiety symptoms cognitive reappraisal frequency and self-efficacy, cognitive distortions, mindfulness skills, attention focusing, and rumination. However, when investigating mediators it was suggested that the effects of these treatments maybe a result of both common and distinct underlying psychological processes (Goldin, Morrison, Jazaieri, Brozovich, Heimberg, and Gross, 2016).

These studies demonstrate that mindfulness based stress reduction can be an efficacious program for treating anxiety and depression symptoms in comparison to control groups. Moreover, they show that MBSR can be successful in treating specific anxiety disorders such as GAD and SAD. However, these studies do not address the processes of change that occur as a result of completing mindfulness-based treatments in order to understand why and how MBSR treatments facilitate change. Studies focusing on mindfulness-based interventions have highlighted various constructs as possible processes of change for these treatments and these are; mindfulness, decentring, psychological flexibility, emotion regulation, self-compassion, spirituality, changes in the brain, and changes in attention and working memory (e.g. Baer, 2010).

1.6.3 PROCESSES OF CHANGE MBSR

For the purpose of this review, I will examine studies focusing on processes of change associated to with the mindfulness based stress reduction program, particularly paying attention to research examining mediation specifically for anxiety related difficulties. Primarily research into this field focused largely on three areas of study: mindfulness, decentring and emotion regulation (e.g. Baer, 2010).

According to research, taking a part in mindfulness-based interventions could facilitate a greater sense of mindfulness relating to the experiences of daily activity. While various authors have attempted to conceptualise and define mindfulness there remains a lack of disagreement on the exact meaning of this term (Sauer & Baer, 2010). Bishop and colleagues (2004) suggest that mindfulness comprises of two components – an ability to regulate attention and an attitude of curiosity and openness towards daily life experiences. Others have suggested that the experience of mindfulness sits on the opposite end of being mechanical or on

"autopilot" placing greater attention on particular qualities relating to being in the present moment (e.g. Sauer & Baer, 2010). Considering the diverse definitions and descriptions of mindfulness, it can be proposed that mindfulness is a "multifaceted" construct encapsulating various experiences such as; "being in the present moment, acting with awareness, avoiding automatic pilot and bringing an attitude of openness, acceptance, willingness, allowing, non-judging, kindness, friendliness, and curiosity to all observed experiences" (Sauer & Baer, 2010, p. 28). For this reason, many tools have been developed in order to assess this construct. Decentring, on the other hand, a closely related construct to mindfulness, is a concept derived from early cognitive behavioural theory, where it was assumed to be the first process of change in treatment before attempting to alter thought content (e.g. Sauer & Baer, 2010). Although it can be linked to the mindfulness construct, decentring has been identified as the process by which thoughts are seen as temporary phenomena and do not reflect the truth (Sauer & Baer, 2010).

Reports from clinical populations show that increases in mindfulness are significantly related to decreases in depressive symptoms and perceived stress (e.g. Dobkin & Zhao, 2011). In a recent study, correlational analysis showed that an increase in mindfulness processes were related to an increase in mindfulness outcomes and increases in mental health. Additionally, meditational analyses have revealed that mindfulness outcomes partially mediate the relationship between changes in mindfulness processes, mental health and perceived stress. These results demonstrate that the practice of mindfulness (i.e. attempting to shift attention) leads to the cultivation of a mindfulness attitude and has a direct impact on well being (e.g. Christopher, Rogers, Hunsinger, Colgan, Reiss, & Farwood, 2015).

Nila, Holt, Ditzen, and Aguilar-Raab (2016) examined forty-nine non-clinical individuals for measures of distress tolerance (DT), resilience and mindfulness. They hypothesized that compared to a control group those who attend an MBSR program would have an increase in mindfulness, DT and resilience measures. Moreover, they assumed that the outcomes maybe mediated by particular mindfulness facets. Using the Comprehensive Inventory of Mindfulness (CHIME; Bergomi, Tschacher, & Kuper, 2014; as cited in Nila et al. 2016), they measured several aspects of mindfulness such as – inner awareness, outer awareness, being present, decentring and accepting. The research study showed that a change in mindfulness facets mediates changes in distress tolerance and resilience. More specifically constructs such as a non-judgemental and an accepting orientation, decentring and non-reactivity, and being aware of the relativity of one's thoughts. The above results propose that an ability to accept difficulties with a non-judgmental attitude and an ability to distance oneself from their own

thoughts maybe responsible for preventing distress and supports a quicker recovery from them.

In a study focusing on the impact of mindfulness based stress reduction as an intervention for generalised anxiety disorder (GAD), Hoge and colleagues (2015) assessed the likelihood of two constructs that maybe involved in the mechanisms of GAD symptom – mindfulness and decentering. Participants ($N = 38$) were allocated either to an MBSR group or an attention control class and various measures were collected pre and post-treatment. Hoge and colleagues (2015) discovered that a change in either of the constructs mediated the outcome of MBSR on anxiety. When examining the results further, they found that decentering fully mediated the relationship between MBSR and the decrease in anxiety symptoms. Moreover, their findings also proposed that an increase in mindfulness mediated the effect of MBSR on worry by enhancing the quality of the participants' awareness and non-reactivity. The results demonstrate that both mindfulness and decentring are crucial skills for the effective treatment of GAD (Hoge, Bui, Goetter, Robinaugh, Ojserkis, Fresco, Simon, 2015).

While these findings confirm that mindfulness and decentring are valuable constructs, mediating the effect of MBSR treatment, there is a lack of agreement in the literature concerning this, this is particularly apparent for the effect of mindfulness (e.g. Carmody & Baer, 2008; Robins, Keng, Ekblad, & Brantley, 2011; Vollestad, Nielsen, & Nielsen, 2014). This inconsistency maybe due to a diverse view of what appears to encompass the term mindfulness (e.g. Bishop et al., 2004). Additionally, the results need to be interpreted with caution, as the above studies are not without limitations. The aforementioned studies have carried out their research with small and restricted sample sizes while using self-report measures that limit the generalizability of findings and produce biased results. Moreover, the nature of these studies prevents us from suggesting that mindfulness and decentring precede the changes occurring in anxiety (e.g. Christopher et al., 2015; Hoge, et al., 2015; Nila et al. 2016).

Adaptive emotional regulation is another construct that has been linked to improvements in wellbeing after completing mindfulness and acceptance based intervention. Akin to previous constructs there is a great deal of disagreement around what emotional regulation means (e.g. Gratz & Tull, 2010). Some suggested that emotional regulation could either refer to an ability to "control and reduce negative emotions", whereas others have proposed that adaptive emotional regulation "involves the ability to control one's behaviour" (e.g. Gratz & Tull, 2010, p. 108-109). According to Gratz and Tull (2010), mindfulness based interventions are expected to encourage emotional awareness and an ability to stay with various emotional

responses. This, the research, suggests brings about more adaptive ways of responding to emotional difficulties (e.g. Berking, Orth, Wupperman, Meier, & Caspar, 2008; Goldin & Gross, 2010).

In an attempt to clarify whether deficits in emotional regulation is a cause or consequence of poor adjustment, Berking and colleagues (2008), carried out two studies collecting 446 and 635 scores from self reports relating to emotional regulation and adjustment. The study indicated that greater adaptive emotional regulation skills correlate with lower levels of anxiety and higher levels of positive affect. To examine the impact of mindfulness based stress reduction (MBSR) on emotional regulation or vice versa, Goldin and Gross (2010) carried out a functional MRI on sixteen socially anxious patients. The participants in the study underwent fMRI scans whilst engaging with negative self-beliefs and attempting to regulation their negative emotions through two different types of techniques – breath-focused attention and distraction focused attention. The results showed that those who completed the MBSR programme and the breath focused attention task showed "(a) decreased negative emotion experience, (b) reduced amygdala activity, and (c) increased activity in brain regions implicated in attentional deployment" (p. 83). However, the results of this study should be considered with caution due to a lack of control group or active clinical intervention and its small sample size. Despite this, the findings indicate that socially anxious individuals who completed the MBSR programme were more able to "modify habitual reactivity" to self-regulate negative beliefs about the self.

1.6.4 QUALITATIVE RESEARCH INTO MINDFULNESS BASED INTERVENTIONS

As mentioned earlier process of change research is a critical form of investigation that helps facilitate a better understanding of why and how therapy works (Kazdin, 2007; Elliot, 2010). Kazdin (2007, p. 6), encourages practitioners to carry out multiple research studies in order to assess the effectiveness of an intervention, he states that, "the case for a mediator is built by a sequence of studies that may vary in the set of criteria they address and the clarity of the demonstration. After several studies, and when all or most of the criteria are met, one can state that some intervening process accounts for change". This highlights the importance of expanding current research in psychotherapy to encompass other methods and designs. In similar light, Elliot (2010) distinguishes between four types of change process research, stating that the most popular are quantitative process outcomes and qualitative helpful factors; where quantitative studies look at outcome measures in order to assess mediation, and qualitative

studies explore qualitative methodologies in order to ascertain clients' experiences of a particular therapeutic intervention.

According to Kazdin (2007, p. 20), qualitative research "might study the process of therapy, how the patient and therapist experience that process, and what might be critical actions or cognitions and how they relate to improvements outside of treatment." He suggests that, "qualitative research can provide a fine-grained analysis by intensively evaluating the richness and details of the process, including who changes and how change unfolds, and who does not change and what might be operative there". Elliot (2010) advocates that this method has several strengths. Firstly, it speaks to the idea of the "mental health consumer movement" that focuses on asking the client about their experiences. Secondly, with the maturation of the qualitative methods of data collection and analysis they can produce broader and in depth understanding of the unique psychological mechanisms of the treatments used. For these reasons qualitative research can be seen as both complimentary to quantitative research and a necessary constituent to develop a more thorough understanding of certain psychological processes, such as those associated with anxiety experiences.

Malpass et al. (2012) and Wyatt et al. (2014) have explored the existing qualitative research on mindfulness based interventions and suggest that there is a lack of studies particularly exploring the field of mindfulness based stress reduction for anxiety disorders. To my knowledge, there are only few qualitative studies exploring mindfulness-based interventions, however only one focuses on mindfulness based stress reduction for university students with academic evaluation anxiety (Hjeltnes, Binder, Moltu, and Dundas, 2015).

Hjeltnes and colleagues (2015) aimed to address the current gap in qualitative literature by exploring the lived experience of students who have attended a mindfulness-based stress reduction program for their difficulties with academic evaluation anxiety. To address their research question they used an explorative-reflective thematic analysis that combined phenomenological investigation of human experiences with systematic interpretation of meaning. Their analysis brought about five major themes – finding an inner source of calm, sharing a human struggle, staying focused in learning situations, moving from fear to curiosity in academic learning, and feeling more self acceptance when facing difficult situations. From the analysis it appears as though participants have experienced meaningful forms of change in different domains of their everyday life beyond their specific presenting problem. The themes suggest that participants have found new ways to face emotional distress and suffering, in line with the ideas of mindfulness based interventions, where acceptance is valued over experiential avoidance. Moreover, participants descriptions in theme 1, propose that they have

learnt techniques to manage their negative feelings and find an inner space of calm. That may resonate with mediation research suggesting that mindfulness based interventions improve the capacity for emotion regulation. The two themes "staying focused in learning situations" and "moving from fear to curiosity in academic learning" may also resonate with research that advocates for mindfulness and decentering as processes of change in MBIs.

1.6.5 ADVERSE EFFECTS ASSOCIATED WITH MINDFULNESS PRACTICES

Neuroscientist Catherine Kerr, in an interview with tricycle, stated "it is not like any of the [benefits of mindfulness are] grossly inaccurate…it is just that the studies are too cherry picked and too positive" when the media deliberates over the benefits of this practice (Heuman, 2014). Akin to Kerr, many practitioners have raised growing concern as to whether there are adverse effects linked to practicing mindfulness (Shapiro, 1992; Brendel, 2015; Van Gordon, Shonin, Garcia-Campayo, 2017). Brendel (2015), for example, believed that there is good reason for caution when considering MBIs for treating mental health difficulties. He indicated that his "growing sense of enthusiasm [for mindfulness] is now tempered by a concern about its potential excesses as well as the risk that it's crowding out other equally important models and strategies for managing stress" (Brendel, 2015).

More recently, there has been an increase in the number of both empirical and anecdotal reports suggesting that partaking in mindfulness-based interventions can bring about executive memory impairments, depersonalisation, panic attacks, psychotic episodes, addiction or impaired reality testing (Kuijpers, Heikden, Tuinier & Verhoeven, 2006; Gordon, Garcia & Campayo, 2017).

Shapiro (1992) assessed adverse effects in twenty-seven long term meditators after participating in a meditation retreat. While reporting significantly more positive than negative effects after the retreat, Shapiro (1992) found that several participants experienced negative intrapersonal, interpersonal and societal effects. The study reported that participants experienced an increased awareness of negative qualities and emotions, an increased sense of disorientation (i.e. a confused sense of self), and an increased attachment to quiet time and meditation. Moreover, participants stated that they experienced an increased sense of awareness of others' negative qualities, a sense of superiority and feelings of increased alienation from society. Shonin, Van Gordon and Griffiths (2014) reported that studies carried out as early as 1979 show that whilst participating in meditation retreats, individuals with a history of schizophrenia experienced acute psychosis while meditating (Walsh & Roche,

1979: as cited in Shonin, Van Gordon & Griffiths, 2014). In another study Wilson et al. (2015) examined participants predisposition to develop false-memory as a result of receiving instructions to focus attention on their breathing. Through using the Deese-Roediger-McDermott paradigm, they found that participants, who were in the mindfulness condition, were more likely to recall and report critical non-studied items than participants in control conditions. Moreover, Wilson et al. (2015) reported that participants had reduced reality-monitoring accuracy after completing the mindfulness instructions. As a result of this study, it can be concluded that mindfulness may increase a tendency to exhibit false memory. However, this neglects the fact that in the mindfulness condition participants received a 15 minute mindfulness exercise.

In a qualitative analysis Lomas, Cartwright, Edginton and Ridge (2015) discovered several psychological challenges relating to practicing meditation. While having initially set out to investigate the effects of meditation practices on male participants, they uncovered four main problems associated with these practices: "meditation was a difficult skill to learn and practise: participants encountered troubling thoughts and feelings which were hard to manage; meditation exacerbated mental health issues; and in a few cases, meditation was associated with psychotic episodes" (p. 848). As a result of participants' narratives, the authors viewed meditation practices (including mindfulness) to be "potent" and that "practitioners would do well to respect" them (Lomas, Catwright, Edginton, & Ridge, 2015, p. 856). They continued to acknowledge that the experiences of their participants "are not necessarily a reflection of meditation going wrong or having no value" rather they are an indication that these practices encourage individuals to engage with difficult thoughts and emotions, and therefore they may potentially lead to strenuous experiences that practitioners and facilitators need to be aware of. Moreover, they suggest that despite these difficulties the men in their study "generally viewed meditation positively, even those who suffered psychosis" (p. 857).

Van Gordon, Shonin and Garcia-Campayo (2017) suggest that when considering these studies as a clinician, a facilitator and a practitioner of mindfulness, it prompts a more nuanced understanding and knowledge of this practice. They propose that it is important to take into account and further examine the pitfalls of practicing mindfulness, attending short mindfulness courses and encouraging clients to practice mindfulness for particular psychological difficulties. This thorough examination should take place with the intention to expand our understanding of this practice and maintain ethical work in relation to our clients. This further reasserts the vital role of an in depth study of mindfulness practices and their impact on our understanding of various psychological concerns.

Despite its potential "evolutionary advantage" and its ability to enhance performance, for many, anxiety remains an overwhelming struggle that impels individuals to rid themselves of it (e.g. Barlow, 2002; Rachman, 2013; Stein & Nesse, 2015). Therefore, it is not surprising that difficulties associated with anxiety often exemplify the primary concern of clients seeking psychotherapy and counselling psychology (e.g. Eifert & Forsyth, 2005). This introduction and critical literature review examined literature pertaining both to the experience and the treatment of "difficult anxiety". Initially it began by looking at studies that investigated "non-adaptive" behaviours and cognitions associated with the experience. Thereafter, the review examined literature concerning the treatment of difficulties with anxiety.

Taking into consideration the specific findings and the literature relating to the experience and impact of anxiety portrays a rather complex picture. From the outset, written works and research relating to the experience and treatment of anxiety, utilised a diverse set of variables and constructs that have resulted in a growing literature of conflicting findings, therefore rendering it difficult to make sense of the features of this affective response (e.g. Eifert & Forsyth, 2005). Moreover, there appears to be a profusion of quantitative studies relating to the experience of anxiety that have established that anxiety or anxiety related disorders are associated with a variety of "non-adaptive" behaviours and cognitions in several contexts (e.g. Barlow, 2002; Rachman, 2013; McNeil, 2010; Miller, 2009). Within the social context, for example, those who experience anxiety may display a lack of pro-social skills and behaviours (e.g. Creed & Funder, 1998). Additionally, individuals experiencing anxiety may exhibit changes in cognitive processes such as attention, interpretation and rumination (e.g. Miller, 2009). Furthermore, as a result of the categorisation of anxiety experiences into disorders and the corresponding increase in research into the field of anxiety related difficulties, research tended to take a positivist and quantitative nature focusing only on the criteria associated with these disorders. This could generate a skewed view of anxiety and disregard other potentially essential processes involved in the experience. Bearing the literature in mind, I believe a shift, from an examination of anxiety disorders, to the study of the subjective experience of individuals who find the experience difficult is timely (e.g. Woolfe, 2005; Cromby, Harper & Reavey, 2013).

Therefore, the present research study chose to adopt a qualitative method of enquiry to examine the complex phenomenon of anxiety with a particular focus on the subjective experience of participants. Moreover, due to the inconsistency in the literature pertaining to

anxiety disorders and the new evidence indicating potential overlapping psychological processes, the study will also focus on participants' everyday difficulties that are associated with this experience rather than those from a particular diagnostic category. The research hopes to identify particular experiential difficulties associated with anxiety and potential ways of dealing with them, which may help to identify and tailor more effective types of treatment for addressing anxiety related difficulties.

Furthermore, it is evident that there is a lack of research focusing on the experience of anxiety after completing the MBSR programme. While quantitative literature identified several processes of change associated with this treatment, it still does not provide us with the complete picture and does not answer any questions around how participants experience anxiety after the course. Therefore this study posits the question – *how do participants who have completed an MBSR course experience anxiety?*

"[Phenomenological reflection] must suspend the faith in the world only so as to see it, only so as to read in it the route it has followed in becoming a world for us; it must seek in the world itself the secret of our perceptual bond with it…it must question the world, it must enter into the forest of references that our interrogation arouses in it, it must make it say, finally, what in its silence it means to say." (Merleau-Ponty, 1964, pp. 38-39)

2.0 METHODOLOGY CHAPTER

2.1 INTRODUCTION

The following chapter focuses on describing and identifying the methodology used in order to answer the research question proposed in the introductory chapter. It does so by first examining the research question for its underlying assumptions, then describing the reasons behind following a qualitative research methodology, especially Interpretative Phenomenological Analysis (IPA). Within those reasons lies the researcher's epistemological underpinnings and personal reflexivity, which were an essential part of the methodological selection process. Subsequently, the chapter identifies the practicalities of the research procedure, particularly focusing on the data collection and interviewing aspects. Finally, it will describe the analytical process before concluding the chapter with a reflexive piece relating to this.

The chapter was written in the first person due to a personal epistemological stance (identified as: Interpretative phenomenological) that highlights the immersion of the researcher throughout the research process. It is through my reflections on personal experiences of the therapeutic process that this research came about. Therefore, I felt it would be appropriate to present the work from an inextricably involved researcher position. Consequently, owing to my epistemological stance, reflective elements are present throughout this chapter.

2.2 RESEARCH QUESTION UNDERLYING ASSUMPTIONS

Question: *How do people who completed a mindfulness based stress reduction programme make sense of their experience of anxiety?*

The research question is interested in people's experience of anxiety particularly after completing the 8 weeks mindfulness based stress reduction program (MBSR) set out by Jon Kabat-Zinn (1994). It intends to explore people's understanding of the phenomenon within the context of the programme. Therefore, it aims to trace the subjective experience of anxiety after attending the course.

The research question makes three assumptions; 1) people are seen as active agents who are able to reflect on their experiences 2) anxiety is an existing phenomenon which can be present in both higher or lower states and is defined by particular characteristics 3) the researcher is able to extract participant's experiences from their narratives. Based on this, the research question is best answered by carrying out qualitative methodologies; specifically those that approach knowledge from a critical realist position or phenomenological position. Moreover, anxiety is seen as a psychological process that involves psychological, physiological, physical and social activities. They emerge from people's daily life and particularly within their interactions with the world. The research assumes that the experience of anxiety is constructed within a context involving both the researcher and the participant. With that in mind an Interpretative phenomenological approach (IPA) seems best fit to answer the research question.

2.3 QUANTITATIVE VS. QUALITATIVE RESEARCH METHODOLOGIES

As mentioned in the previous chapter, the current research chose to adopt a qualitative method of enquiry to examine the complex phenomenon of anxiety with a particular focus on the subjective experience of participants. Qualitative research emphasises a focus on the subjective and detailed narrative of the research participant's lived experiences particularly highlighting "what the [lived] experience [of a phenomena] is like for them, what these experiences mean to them, how they talk about them, and how they make sense of them" (Willig, 2012; p.1). Furthermore, it aims to "capture the quality and texture of their research participants' experience" (Willig, 2012; p.1). Additionally, qualitative research is deemed to be a good fit for examining phenomena that need to be more clearly defined in new areas of enquiry (e.g. Kazdin, 2007; Allen, Bromley, Kuyken & Sonnenberg, 2009). They can also help particularly introduce explanatory processes assumed to be important on theoretical grounds (e.g. Allen, Bromley, Kuyken & Sonnenberg, 2009. Most importantly, qualitative approaches can capture the quality of people's lived experience. Therefore, as the current study aims to gain a detailed reading of the processes involved during the anxiety experience, particularly after attending an MBSR course, qualitative research is deemed to be the most appropriate for this study.

2.4 EPISTEMOLOGICAL CONSIDERATIONS AND REFLECTIONS

Epistemology is a division of philosophy that is concerned with the study of how we acquire knowledge (Willig, 2013). According to Willig (2012; 2013), it is essential at the beginning of the research process to identify one's own epistemological position. These positions, she maintained, are "characterised by a set of assumptions about knowledge and knowing" (Willig, 2012, p. 5) and can be identified through philosophical reflection. Moreover, Willig (2012) maintains that identifying one's own epistemological position at the onset of the research process assists the analytical process and supports the research evaluation process.

In order to identify my own epistemological position, I was taken through a simultaneous process of reading previous literature – focusing on the history of epistemology and the development of counselling psychology – and using it to reflect on my philosophical views of the world. Hence, it felt appropriate for the purpose of the research to address this early on and describe it here. What follows is a short version of a long and complex history in the development of epistemology along with a reflection on my own views regarding these epistemological positions.

For most of the 20th Century social sciences have been dominated by a modernist-positivist approach to epistemology (Hansen, 2004; Woolfe, Strawbridge, Doughlas, & Dryden, 2010). This followed on from a focus on the use of the scientific method during the development of the natural sciences (Woolfe, Strawbridge, Doughlas, & Dryden, 2010). The modernist movement was centred on the idea that researchers can observe participants and accurately identify truths about them (Hansen, 2004). From this viewpoint and within the field of counselling, it was assumed that not only can clients precisely acknowledge their experiences but also that counsellors were able to accurately recreate these experiences in their minds (Hansen, 2004). This view significantly shifted in the 1960s as people began to question the appropriateness of using the scientific method to study the human world and the assumptions that positivist counsellors held towards their clients (Hansen, 2004; Woolfe, Strawbridge, Doughlas, & Dryden, 2010).

The post-modern movement put forward the idea that reality was co-constructed and that observers can't transcend their own pre-conceptions to recreate an accurate experience of the observed (Hansen, 2004). Leading to what we now know as the social constructionist view of epistemology. This view focused on how people talked about their realities within a socially mediated world. Therefore, researchers who adopted a social constructionist view were

interested in the study of discourses and the ways in which they were employed within particular contexts (Hansen, 2004). This movement did not go without criticism as radical social constructionist views meant that there was "no solid foundation on which to base decisions about ethics, quality of and effectiveness of treatment" (Hansen, 2004, p.132) particularly within the counselling paradigm.

In the 1960s there was a movement towards reviving phenomenological concepts both within the counselling and research fields (Hansen, 2004; Woolfe, Strawbridge, Doughlas, & Dryden, 2010; Willig , 2012). The importance of consciousness, human agency and the view of multiple realities permeated these disciplines bringing forth what is now known as humanistic psychology and phenomenological research methods (Hansen, 2004). It is through this movement that the study of counselling psychology was pursued. The phenomenological view of epistemology upholds the importance of subjective experience and the understanding of the experience rather than the discovery of what is "really" going on (Hansen, 2004).

While these epistemic positions were previously held separately, Hansen (2004) argues that now they can be seen like the three points on a triangle and the phenomenon of study is situated within this triangle. Further, he goes on to suggest, "No singular epistemic system can inhabit the centre of the triangle, because of the critical force of the others [that] will push it back into place" (Hansen, 2004, p. 136).

As a trainee counselling psychologist I struggled to align myself with one of these epistemologies. During my experiences as a trainee I found myself moving between various views regarding my clients, for example, at times I believed I could recreate clients experiences in my mind and accurately understand their narratives, at other times I found myself focused on their lived experiences and subjectivity. Therefore, it felt natural that when I came upon my research interests I had various questions in mind that were in line with either of the above epistemic positions. Reflecting on both my practice as a trainee and as a researcher, I often wondered whether two or more incompatible epistemic positions could be integrated. Could I as an individual hold more than one view of the world around me?

According to Hansen (2014, p. 136), "epistemic impurity is an ordinary part of daily human experiences". He goes on to suggest that each position can come to represent a particular mode of human experiencing and that a meta-epistemic system is possible when considering that "singular epistemic systems are simply variants of human experience(s)". However, Willig (2012) highlights the importance of a clearly defined epistemological position for the purpose of the research process in order to emphasize whether the study aims were met or not.

She states, "we need to know what it was the researchers wanted to find out and what kind of knowledge they aimed to generate" (Willig, 2012, p. 13).

In line with the above ideas, I go back to my research question; *how do people who completed a mindfulness based stress reduction program make sense of their experience of anxiety?* What stands out for me in the question is the element of making sense of an experience, which I attribute to a phenomenological epistemic position. Furthermore, due to my practice as a counselling psychologist and the counselling psychology field in which I am embedded in I assume and have observed in my own practice that there are as many realities as there are people. In addition to this, I believe that people can make sense of their own experiences, and are immersed in a linguistic, relational, cultural and physical world (Harper & Thompson, 2012). My focus with this research question is the lived experience of individuals who have experienced anxiety and have therefore attended an MBSR course, with particular attention to the quality of these experiences in their own unique contexts. Consequently, I consider adopting a phenomenological epistemology to be the best fit for the purpose of this research study.

According to Willig (2012, p. 10), phenomenological knowledge varies from a descriptive position to an interpretative one. Where on the one hand, descriptive phenomenology is interested in portraying the lived experience as it is. While on the other hand, interpretative phenomenology is interested in moving beyond the data to situate it within "a wider social, cultural and perhaps even theoretical context". Furthermore, descriptive phenomenology assumes that it is possible to give a description of people's experiences without the influence of the researcher's preconceptions. Whereas, interpretative phenomenologists suppose that it is impossible to produce an account of an experience without a certain amount of interpretation.   As I believe that it is only through a process of my own sense making that I can understand and present participants accounts of their lived experience I find myself drawn to an interpretative phenomenological approach to epistemology. Moreover, as I aim to locate the data within a wider context particularly with a focus on previous and current psychological theory, interpretative phenomenology is deemed to be a suitable fit.

2.5 RATIONALE FOR CHOICE OF METHODOLOGY

As part of the rationale for choosing IPA, various other methods were considered in comparison. Upon evaluation of these various methods different versions of the Grounded Theory approach were deemed closely similar to IPA (Willig, 2013). For this reason the

relationship between IPA and grounded theory was considered in order to make a more transparent and informed methodological choice.

According to Charmaz (2010) a grounded theory approach offers a rigorous attitude to analysis within the qualitative methods for research (Charmaz, 2010). Its main focus is to help the researcher to develop a theory grounded in the data (Willig, 2013), either as an explanation of a phenomenon or to help understand it (Charmaz, 2010). Similar to IPA, grounded theory offers a systematic analytical procedure that aims to identify themes with a focus on capturing the essence of phenomena. Therefore, it could be suggested that grounded theory is a suitable methodology if the research was looking to construct a theory around the experiences of anxiety. However, this research's main focus is the lived experience of individuals who consider anxiety to be difficult.

As a methodology grounded theory has been highly criticised particularly by the qualitative research community. Despite its claim to produce theory, grounded theory results usually remain descriptive. In addition to this, grounded theorists don't seem to attain an intimate familiarity with the studied phenomenon due to the claim they make to be detached from the data collected (Charmaz & Henwood, 2013). This does not allow the theorist to see the examined experience as a whole and from multiple perspectives; in turn analysis may remain one-dimensional and insubstantial. Moreover, Charmaz and Henwood (2013) suggest that many researchers who claim they use grounded theory do not move back and forth between data collection and refinement. This also keeps the abstraction at a lower level than what was originally prescribed. Additionally, coding can also remain descriptive and general due to time constraints this can limit the fracturing of data into meaningful units. As a research, I am interested in IPA as it clearly focuses on developing an in-depth understanding of participants' lived experiences.

Smith et al. (2009) does not shy away from acknowledging IPA's analytical resemblance to grounded theory particularly its similarity in both the analytical procedures and terminology used. However, IPA was designed to extrapolate participants' lived experience with a focus on a psychological paradigm, whereas grounded theory was embedded in sociology and focuses on the study of social processes (Willig, 2013).

With the above in mind, IPA is considered more appropriate for the research question described in the early sections of this chapter. It is IPA's roots in phenomenology, ideography and psychology that set this research paradigm as the most suitable for this study. Furthermore, it is due to its focus on the essence of the experience that makes IPA more apt for this research,

which aims to put the lived experience at the forefront of the study. In addition to this, IPA is set up to allow room for creativity within a systematic procedure, allowing the researcher to incorporate a personal touch, making IPA more appealing to a researcher who believes is inextricably immersed in the study.

2.5.1 THE ROLE OF LANGUAGE AND THE INDIVIDUAL'S NARRATIVE – DISCOURSE, NARRATIVE AND IPA

Discourse and narrative analysis were also considered for the purposes of this research study. IPA has a close affinity with both these approaches in relation to their epistemological stance and methodological approach (Eatough & Smith, 2008), and therefore it was deemed appropriate to consider the distinction between these approaches to make a more informed methodological choice.

Cognition, language and talk sits at the core of both IPA and discourse analysis. However, their perspective on the role that language plays in human experience differs. Discourse analysis highlights the "action oriented nature of talk" and recognises it as a medium through which people "negotiate" and accomplish their personal objectives (Eatough & Smith, 2008, p. 202). Moreover, it sees language as the vehicle through which people construct their world (Eatough & Smith, 2008). Whereas, for IPA, cognition is seen as a "dynamic, multi-dimensional, affective, embodied, and intricately connected with our engagement with the world" (Smith, Flowers & Larkin, 2009, p. 191). Here cognition is seen, not as a "detached" and "disembodied" activity, but rather a part of Being-in-the-world that is caught up with emotions, feelings and contexts (Eatough & Smith, 2008). Hence, IPA appreciates the importance of language however believes that it characterises only an aspect of what people are doing when they are in conversation. Within this approach language is not just an effect of discourse, rather it holds "the private, psychologically forceful, rich and often indefinable aspects of emotional life" (Eatough & Smith, 2008, p. 202). It is this notion, where language is seen as part of the constitution of human experience, that is more in line with the aims of this study and therefore rendering IPA more appropriate.

Narrative analysis is another approach that highlights the importance of language in exploring human experiences. Narrative researchers are concerned with how individual's organise their experiences into meaningful episodes (i.e. how they weave their experiences into a narrative) (Ivo ermk & Chrz, 2008). What they look out for is the storyline and the connection of events that people develop. Within this approach people are seen as a bystander to their story, holding

no agency and ability to influence change in their narratives (Ivo ermk & Chrz, 2008). This is unlike IPA, where the telling of events in an individual's life is perceived as significant but more than just an act of "drawing on the culturally available stock of meanings" (Eatough & Smith, 2008, p. 202). Here the individual is believed to have both agency and ability to influence change and use talk to achieve a multitude of things, such as "save face, persuade and rationalize" (Eatough & Smith, 2008, p. 203). This perspective is in accordance with the research question posed for this study consequently reiterating the fact that IPA is the more appropriate methodological choice.

2.6 IPA PHILOSOPHICAL UNDERPINNINGS

Interpretative Phenomenological Analysis (IPA) is a recently developed qualitative research methodology, put forward by Jonathan Smith (1994, 1996; as cited in Willig & Stainton-Rogers, 2008). Through integrating three fields of study IPA focuses on, the lived experience of research participants encompassing embodiment, socio-cultural and historical aspects of the individual. According to Eatough and Smith (2008, p. 181), "[IPA] attends to all aspects of [the] lived experience, from the individual's wishes, desires, feelings, motivations, belief systems through to how these manifest themselves or not in behaviour and action".

At the heart of the approach are various concepts from three philosophical underpinnings – phenomenology, hermeneutics and ideography. Smith et al. (2009), bring ideas from these philosophies together to form the foundations for this research methodology. The subsequent section focuses on introducing the ideas within these philosophical paradigms, as they come together to shape IPA's epistemological position and analytical procedures.

Within the phenomenological field, Smith et al. (2009) draw upon Husserl, Heidegger and Merleau Ponty's body of knowledge on the lived experience of being human and how might we understand it. They particularly utilise, Husserl's writings on the importance of the lived experience, Heidegger's focus on being-in-the-world, and Merleau Ponty's focus on the body and its role in our understanding of our lived experiences.

Husserl (1927; as cited in Smith et al. 2009), the founding father of phenomenological philosophy, described it as the study of lived experiences. According to Husserl (1927; as cited in Smith et al. 2009), phenomenology focuses on the exploration of how lived

experiences appear to the individual, how they engage with them and how might they come to understand these experiences.

After his work with Husserl, Heidegger (1927) presented a reinterpretation of Husserl's ideas within phenomenology, particularly focusing on the nature of being in relation to the world around us (Smith et al, 2009). He introduced two concepts that influenced various fields of study – *Dasein* [being there/there being] and *In-der-Welt-sein* [being-in-the-world] (Korab-Karpowicz, 2001). According to Heidegger, Dasein is able to understand itself and its existence by engaging with the world around it. Furthermore, he maintains that this engagement with the world involves a process of "self-reflection, sociality, affective concern, and a temporal existential locality" (Smith et al, 2009, p. 17).

Merleau Ponty (1962), on the other hand, centres his entire philosophy on the concepts of perception and embodiment to gain insight into the meaning behind worldly experience. He maintains that it is essential to place perceptual experience within the situatedeness and embeddedness of our world (Carman, 2008). Merleau Ponty (1962) highlights the important role that the body plays in human experiences, particularly describing body movements as "motives" informing changes within our lived experiences (Carman, 1999). Furthermore, he suggests that people are bodies situated within a world of other bodies and it is only through their particular embodied perspectives and intersubjective experiences that they understand themselves and the world around them, placing an importance on inter-subjectivity and relatedness (Merleau Ponty, 1962).

In addition to phenomenology, IPA's second philosophical underpinning lies within the field of hermeneutics. Hermeneutics – the theory of interpretation – originally developed as an attempt to interpret biblical texts (Smith et al., 2009). Philosophers such as, Schleiermacher (1998), Heidegger (1962) and Gadamer (1990) wrote thoroughly about the topic of hermeneutics focusing on the role it has as a process in understanding phenomena and the interpreter's involvement in the process of analysis. At the centre of IPA philosophy and research analysis is the Heideggarian idea that phenomena is understood through the process of investigation and is given meaning by the individual (Smith, Flowers, & Larkin, 2009; Willig & Stainton-Rogers, 2008). Therefore, unlike Husserlian transcendental phenomenology (Willig, 2013) and following on from Heidegger's concepts, IPA does not attempt to a purist descriptive understanding of the phenomena studied. Furthermore, it acknowledges that the reader-researcher brings their preconceptions to the analytic process and the impossibility to *bracket* biases during reflection on the phenomena studied (Smith et al., 2009; Willig, 2013).

Finally, Ideography from the Greek semantic term *Idios* applies to the study of the individual (Ponterotto, 2005); this concept is the source of IPA's third theoretical foundation. Similar to ideography, IPA research places its focus on individuals and their lived experiences as unique entities, committing to detail and depth of analysis. Unlike nomothetic research, Smith et al. (2009) maintain, "IPA is committed to understanding how particular experiential phenomena have been understood from the perspective of particular people, in particular contexts."

2.7 RESEARCH DESIGN

The research study was carried out in two stages: Firstly, a pilot study was carried out with two participants, using semi-structured interviews. This was done to ensure that questions set up by the researcher were understood and directly linked to the research topic. Secondly, seven one-to-one semi structured interviews took place with individuals, who have completed a mindfulness-based stress reduction program (MBSR) with an organisation or mindfulness teacher, no more than two years prior to the research interview. Interviews were digitally recorded and then transcribed for analysis.

2.7.1 PILOT STUDIES

The pilot study was carried out with two participants, who have completed the MBSR course no longer than two years before from the date of the interview. The study aimed at evaluating the quality of the semi-structured interview schedule with participants who met the research criteria.

Participants

One male and one female participated in the study. These participants were two colleagues who have completed the mindfulness based stress reduction course two years ago in 2013. They were informed of the study and the purpose of the interview as a preliminary part of a doctoral research project. Additionally, they both reported experiencing anxiety before the course.

Data collection

I interviewed both participants on a one-to-one basis. Each of these interviews took place at the participant's house. Interviews lasted for 50 minutes. The same interview schedule was used for both participants. After the interview participants were asked to give feedback on the interview process.

Summary of feedback and outcome

Although interviews were fruitful and have highlighted participants' experience of the course and their experience of anxiety before and after the course, there were several feedback comments and personal reflections that have resulted in changes to the initial interview schedule.

Describing the experience of anxiety was difficult

One participant reported she struggled describing anxiety and her experiences of anxiety. As a result of this I incorporated several questions within the schedule to assist participants in exploring their experiences of anxiety, as an example, *"if you were to describe anxiety to a friend, who does not know anything about the experience, what would you say to them?"*. Furthermore, due to this feedback it was noted that questions about anxiety could be placed at a later part of the interview, in the hope that this would allow participants more time to get accustomed to the interview style.

Getting accustomed to the interview style and the role of the researcher

During the pilot study, it became more apparent to me the difference between the researcher role, particularly from an IPA perspective, and the therapist role. I felt I needed the space to resolve this tension and discover what it means to be an IPA researcher. Although, I had the skills of listening and reflecting from my training as a therapist, initially I found it difficult to detach from a supportive therapist role to a more reserved and less involved researcher role. Nonetheless, the pilot study has given me the chance to learn about this important difference and reflect on what being a researcher means.

2.9 DATA RECRUITMENT AND SAMPLING

2.9.1 SAMPLE SIZE

The study recruited seven participants who have completed the course, no more than two year before their interview date. Although there were no formal guidelines on sample numbers for IPA research, Smith et al. (2009, p. 52) suggest that a sample of between four and ten interviews for professional doctorates is acceptable. This range was chosen as Smith et al. (2009) proposed it would be a good sample size for this study to allow for an in-depth analysis of each transcript within the research time constraints.

2.9.2 RECRUITMENT PROCEDURE

In the first instance participants were recruited via mindfulness-based organisations and teachers that offered the 8-week mindfulness based stress reduction program, in London, United Kingdom.

Teachers have been contacted via email or phone for permission to advertise the research during their MBSR classes. The teachers were given flyers, which were then handed to participants during the final week of the course.

2.9.3 INCLUSION CRITERIA

The research aimed at recruiting participants who have completed their course, no more than two years prior to the research interview, and who were still in touch with the teacher that they have attended the course with. This was to ensure that the participants experience was fresh in their minds. Furthermore, the participants' recruitment phase and sampling focused on individuals aged between 25-65 years old and who spoke English fluently. This was established in order to maintain a homogeneous sample. Additionally, individuals who were invited to participate were people who identified as having difficulties with anxiety. This was deemed appropriate as the research question was interested in participants' subjective identification and therefore participants were not asked whether they had a diagnosis of anxiety related difficulties or not.

2.9.4 INTRODUCING THE PARTICIPANTS

Participants were given pseudonyms at random. Below I will outline information given to me by the participants who were interviewed in chronological order of their interview dates.

Sam

Emily

Joanna

Natalie

██

██

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██

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██████

Kate

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██

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██

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Daisy

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██

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Fiona

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██

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Table 2.1 Participant's Demographics

Age Range	Occupation	Family Status	Ethnicity
██	██ █ ███ ██		██ ██
██	███ ██	███	██ ██
██	████████ ███		██ ██
██	██ ███ ██		██ ██
██	██ ██ ███ █		██ ███
██	██ ███ ███		██ ██
██	██ ███ ██		██ ███

2.10 INTERVIEW PROCEDURE

In line with, Smith's (2009) guidelines for phenomenological research, semi-structured interviews (approximately 50 – 60 minutes) were carried out with seven participants who have undertaken the course. Interview questions were open-ended and non-directive, focusing on discussions around the understanding and experience of anxiety, the program the participant attended and their experience of attending to their bodies. The individual semi- structured interviews were recorded digitally at a venue of the participant's choice.

Once potential participants identified as having difficulties with anxiety, they were sent a research information sheet, which described and addressed several aspects of the research interview process and research analysis (See Appendix 6). The information sheet was discussed before meeting with participants so that they were able to make an informed decision regarding their participation. Furthermore, the information sheet was also discussed at the onset of the interview in order to allow participants' space to voice out any queries regarding the research interview and analysis. Moreover, participants were informed that the

interview was an informal discussion regarding the topic of anxiety. Additionally, they were advised that there were no wrong or right answers as the interview focused on their personal experiences. Finally, before moving ahead with the interview schedule consent was obtained. The interview schedule was set as a guide during the interview procedure; however, questions were altered depending on the discussion that took place with participants at the time.

Once the interview was finished participants were given a de-brief sheet which highlighted points of contact in case they found the process distressing; the debrief included a list of various organisations to contact in case of emergency (See Appendix 5). Furthermore, a 10-15 minute debrief discussion took place in order to establish participants' safety and wellbeing.

2.11 ANALYTICAL PROCEDURE

For the purpose of this research study and in line with the chosen methodology an interpretative phenomenological approach was used to analyze the data. The analysis procedure used was based on Smith et al. (2009) six stages of IPA analysis. According to Smith et al. (2009) the current IPA literature does not prescribe a single method for analyzing data within an IPA approach, however they suggested an analytic process to maintain both analytic rigor and flexibility. Furthermore, they encouraged the researcher to move beyond the prescribed stages creatively highlighting the importance of the researcher's role in co-creating the understanding of the phenomenon at focus throughout the study.

At the initial stages of the analysis, I transcribed interviews verbatim. Listening to the recordings was the second point of contact with the data since the interview for me; this outlined the first point of immersion in the data during the analytic process (Smith et al. 2009). Subsequently, I read and re-read the transcript individually in order to allow for each participant to become the focus of the analysis. Additionally, I took notes to reflect initial thoughts and observations of the data. Before giving my attention fully to each transcript I began reading several looking for similarities and differences across the interviews. However, upon reflection and discussing this within supervision it came to my attention that I was not giving each transcript my full attention and immersing myself in the data as Smith et al. (2009) had suggested. Smith et al. (2009) stated the importance of conducting a "close analysis" of each interview, "in order to avoid the sort of superficial reading which we engage in" and therefore I went back to the transcripts and focused on individual interviews giving each my

complete attention. The notes I made at this stage were drawn closely to and based on the original transcript. Moreover, they fell into three categories as identified by Smith et al (2009); descriptive comments – that capture the participant's subjective experience, Linguistic comments – concerned with the language used to describe the participant's experience, and conceptual comments which focused on the context of the described experience.

The next stage of analysis involved identifying and labeling emergent themes – the themes and labels captured the essential quality represented by the text. According to Smith et al. (2009), this stage consists of moving away from a focus on the original text to an emphasis on the initial notes. Despite this shift in focus, Smith et al. (2009) suggest that since the researcher is immersed in the participant's lived experience, the analysis will reflect the phenomenon from the participant's viewpoint. Additionally, Smith et al. (2009) maintain that the final product of the analysis, particularly due to this shift, will also be a co-creation between the participant and the analyst underlining IPA's philosophy of an interpretative phenomenology.

During the next phases of analysis, my analytical focus shifted away from the initial notes and transcripts and towards the emergent themes, which were in the first instance ordered chronologically using Excel and then clustered for each participant individually (Smith et al. 2009). Throughout the clustering stages, themes were linked together firstly through using abstraction, where similar themes where clustered together to create an initial super-ordinate theme. Later on I began looking at clustering themes through subsumption and polarization, particularly examining themes for oppositional relationships. For example, clustering themes together that reflected on the negative and positive aspects of attending a mindfulness based course. Moreover, towards the later stages of clustering I began thinking of bringing themes together while considering temporal and narrative themes. Throughout the analysis stage of the research I have kept a research diary, reflecting on my thoughts throughout each transcript and detailing the process of clustering each individual interview. At the end of clustering of each individual interview I began thinking and attempting to put together a graphic representation of the emergent themes, at this stage of analysis the themes were put together in table form.

After clustering each individual interview themes, I began thinking of looking for patterns across cases. While using Excel, tables for each individual case were put together side by side on one sheet. Themes were then put together to create higher order themes to reflect on what cases shared.

While IPA's analytical procedure was described in a linear fashion, Smith et al. (2009) encourage the researcher to think of the hermeneutic circle analogy that describes a move between the part and the whole, at a series of levels. This suggests a move back and forth between different stages of the analytical procedure to assist in developing different ways of thinking and interpretation of the data. This was incorporated into this analytical process. Furthermore, Smith et al.'s (2009) promotes the researcher to keep an open mind and reflective stance towards the data she is attempting to analyze. Following that, the research diary kept involved a reflective element at all times. This was used to ensure that my own opinions would have less of an impact on the data collected and assist in developing a more coherent analytical process. Furthermore, at all stages of research supervision was utilized to further reflect on the descriptive and interpretive process of the analysis.

2.12. METHODOLOGICAL REFLEXIVITY

There are various elements of IPA that have brought up many questions for me as a researcher. I feel there are two elements in particular that are pertinent to the analytical process of this research and would like to address those here.

2.12.1 THE PHENOMENOLOGICAL ATTITUDE

At the heart of IPA lies the phenomenological attitude, which was first introduced by Husserl (1927; as cited in Smith et al. 2009) and later expanded on by others. Simply defined this attitude is described as a suspension of our own preconceptions in order to go beyond our daily "taken for granted attitude" (Finlay, 2008). This sparked a debate in the phenomenological field of study around our ability as individual's to change a philosophical method into a practical and empirical process (Finlay, 2008). I found myself torn as to how I can adopt this attitude in my research; is it enough to simply write a reflective research diary? Do I need someone to interview me early on in the research about my views in order to "bracket" them?

Finlay (2008) develops Husserl's (1927) ideas of reduction and reflexivity further and sets out practical ways that a researcher can use in order to achieve a phenomenological attitude. Like Husserl (1927), she identifies a difference between reduction and reflexivity early on in her paper before she describes the steps to follow in order to attain a phenomenological stance of attending to the lived experience.

Finlay (2008) identifies two main stages that she feels are a part of the research procedure; phenomenological reduction and empathic, open reflexivity. In the reduction stage, which occurs upon meeting your participant or reading your data, comprises of suspending previous knowledge, existential claims, personal views and experiences, about the other person's account. She maintains that this is achieved by holding the notion that what is being described by the participant is an experiential given, one that holds the truth for this participant. The second stage entails the researcher's critical self-awareness of their own inter-subjectivity, vested interests and assumptions, particularly indicating how these affect the research process (Finlay, 2008).

Finlay (2008) highlights that reduction is not a straightforward process and maintains that "reductions can be intertwined with reflexivity and that, in this process, something of a dialectical dance occurs". She goes on to describe research as a "process in which the researcher opens themselves to being moved by an other, where evolving understanding are managed in a relational context." She proposes that researchers embrace this dialectical tension that exists between practicing the process of bracketing and active reflection, in order to achieve reflection throughout both data collection and analysis. Considering these ideas, I believe that identifying my views or preconceptions early on in the research process gives a false sense of completing the bracketing activity early on. Whereas, Finlay (2008) suggests a constant dance between bracketing and reflexivity during the research process.

As a researcher considering the study of mindfulness practices, I have been invested in learning about them for a considerable period of time. Therefore, I am aware I come in with my own views and have a vested interest in the study. Following on from Finlay's (2009) guidelines and as a part of the reduction and reflective process, I attempted to highlight these through a reflexivity interview at the beginning of the research process (See Appendix 2 for questions). What stood out for me from that, was the burden that the research project amounts to nothing. Realising this meant taking a step back during the interview process in order not to push my own agenda upon the participant and utilising research supervision in order to emphasize these worries.

2.12.2. THE BODY'S DISCLOSURE IN PHENOMENOLOGICAL RESEARCH

Even though Smith et al. (2009) based IPA on the notion that the body is important, as it discloses the participant's lived experience, the body is strangely absent from the analytical procedure described in his book. Since a part of this research study is the consideration of embodiment and its implications on participants, it felt appropriate to engage with literature that features guidance on how to include the body in the analytical process.

Finlay (2006) identifies that there is rich experiential data in attending to the body experience of both the participant and the researcher. She suggests that researchers should attend to three states - bodily empathy, embodied self, and embodied inter-subjectivity. In the first instance bodily empathy emphasizes reflection on the participant's bodily gestures, as Finlay (2006) describes these gestures are not reflections of a person's subjective feeling but rather the feeling itself. Secondly, embodied self-awareness entails a reflection on how these gestures have an impact of the researcher's bodily level. Finally, the researcher reflects on the space shared between the participant and the researcher, particularly focusing on the reciprocity between the two. In order to maintain the focus on embodiment and the body in the research study these three states have been reflected on after each interview and have become part of the interpretative stage of the analytical procedure.

2.13 PERSONAL REFLEXIVITY

According to Ponterotto (2005, p. 126), "qualitative researchers often acknowledge and bracket their investigative observations and current expectations at the outset of their research studies". Following on from this, it felt appropriate to add a personal reflexive piece focusing on the motivation behind this research study.

Fear and anxiety have been at the forefront of my journey for the past six years, particularly since I embarked on a psychotherapy diploma. Through therapy, I have become more conscious of my own anxieties and fears and how they've made a bearing on my life. Moreover, as the political chaos escalated in my hometown (Syria) I have had a more heightened experience of both these emotions. At times they were overwhelming and have kept me at home, dissociated and unaware of my surroundings. Through Gestalt therapy and particularly techniques such as focusing and mindfulness, I have experienced a shift that remains with me to this day. It was my therapist's focus on the body and body based interventions that led me to ask several questions regarding the role of the body in our understanding of emotions and its ability to attain change in the therapeutic context.

2.14 VALIDITY AND QUALITY

Yardley (2000) proposed four key dimensions by which qualitative studies can be evaluated in order to assess and maintain a valid and good quality qualitative research. These dimensions have been used as a framework in this study to maintain good research quality and validity. *A more detailed evaluation of how this study met these guidelines is addressed in the discussion section of this piece of work later on.*

2.14.1 SENSITIVITY TO CONTEXT

Yardley (2008) suggested that 'sensitivity to context' is a vital characteristic of and is central to demonstrating a good qualitative research study. She proposes that this can be addressed through various means within a qualitative research study, for example by drawing upon relevant theoretical and empirical literature, by displaying sensitivity towards the perspective and socio-cultural context of participants, and by considering and addressing appropriate research ethical issues.

To maintain sensitivity to context initially, an extensive literature review was put together including both relevant theoretical and empirical literature, particularly focusing on various studies from different backgrounds and disciplines. The literature review aimed to demonstrate and explain the proposed gap in the literature and therefore expressing the reasons behind the proposed research question. Moreover, before the research interviews took place, a reflective questionnaire and diary was considered in order to ascertain my own expectations and assumptions of the research study at the outset and throughout the work. This was particularly explored as I have put the research question together from my own personal experiences and found myself inevitably involved in this study. Additionally, before the interview took place I considered various ethical issues and have aimed to address these throughout the study. For example, research participants were fully debriefed of the study before the interviews to allow participants to make an informed decision to participant and share sensitive experiences with me. Finally, I feel that my training as a counselling psychologist has allowed me to develop both an empathy towards different socio-cultural contexts of participants and an understanding of the power dynamics at play between the researcher and participant.

2.14.2 COMMITMENT AND RIGOUR

Yardley (2008) proposed 'commitment and rigour' as a second important characteristic of a good qualitative study. She maintained that commitment and rigour is shown through carrying out an appropriate analytic procedure within a sample that entails an adequate range of views relevant to the research topic and presents sufficient depth to deliver new insights. This research study closely followed the analytic procedure proposed by Smith et al. (2009) who maintained that the heart of IPA is its ideographic nature which addresses each individual's lived experiences as a unique entity. The present study addresses this dimension through engaging with each individual participant and interview separately and carefully analysing each transcript in order to capture the experience of each participant.

2.14.3 COHERENCE AND TRANSPARENCY

The third component for maintaining a decent qualitative research study, as Yardley (2008) suggests is 'coherence and transparency'. According to Yardley (2008), coherence is established when the research study makes sense as a consistent whole, whereas transparency is demonstrated through clearly describing the methodological and recruitment procedures of the research study. An attempt to maintain transparency is shown through the procedural section of this chapter.

2.14.4 IMPACT AND IMPORTANCE

The fourth and final component and a vital feature of a good research study according to Yardley (2008) is 'impact and importance'. She suggests (p. 250), "There is no point in carrying out research unless the findings have the potential to make a difference". She continues to highlight the importance of the research study's implications for practitioners, policy makers or the general community. This aspect of validity is discussed in more detail in the discussion section of this study.

The topic of anxiety is a sensitive phenomenon for many as it may be sometimes an unknown territory; it may also carry unexplored feelings. I was aware that vulnerability in the research could arise in many different ways – especially when it focused on personal processes such as anxiety. Furthermore, I was aware that the interview may bring awareness to distressing feelings and emotions. Additionally, I was mindful that possible areas of unanticipated vulnerability may only become apparent during the research process and may form part of the findings.

It is for these reasons participants have only been approached once they completed their program. Care was taken place in regards to the relationship developed with participants and all other people that were involved directly and indirectly in the research. The discovery or construction of new knowledge and the ways in which this knowledge was delved into was monitored. This was maintained through keeping a reflective diary, keeping contact with a personal therapist and finally updating the research supervisor consistently throughout.

It was of importance to debrief participants before participating in the research, and letting them know the sensitivity of the topic at hand. Informed consent was given (See Appendix 5), detailing the dynamics of the interview that took place. Participants were also informed of the submission and possible publication procedure that will take place. Finally, as a researcher I adhered to the ethical guidelines set out by the BPS (2009) and HPCP (2013) for students, practitioners and research, which are outlined below.

Consent

Informed, written consent was obtained from participants before participants were interviewed (See Appendix 5).

Deception

When participants showed interest in participating in the research, I was open about the aims of the research and had detailed this before inviting them for an interview. A detailed information sheet (See Appendix 3) was sent out to participants prior to the interview and was discussed on the day we met. Furthermore, participants were given the researchers contact details in case they would like to contact me about concerns to do with the research interview prior to the interview date. Interview screening took place to ensure that participants had support outside the context on the interview process.

Debriefing

At the end of each interview, participants were given an information sheet listing services available for them for support in case they were distressed by the interview (See Appendix 4). Moreover, after the interview a 10-minute discussion took place relating to how participants felt throughout the interview process and how they felt at the end, this was to monitor their distress levels at the time.

Withdrawal from research

Participants were made aware that they were able to withdraw from the research study at any time throughout the research process.

Confidentiality

Throughout the research and interview, process participants were informed of their rights to anonymity. To maintain confidentiality participants were given pseudonyms and transcripts were stored anonymously. Any information relating to the participant was kept securely on my personal computer, which was password protected. Moreover, files and folders relating to analysis were encrypted as well with a password. These files and folders will be destroyed by the end of the research process.

Participants were made aware of the limits of confidentiality in line with my professional code of conduct (British Psychological Society, 2006). They were informed that if I were concerned for their safety or the safety of others I would have to inform the appropriate and relevant services.

Obtaining ethical approval

Ethical approval was granted by City University before recruitment took place.

3.0. ANALYSIS CHAPTER

3.1 INTRODUCTION

This chapter presents two major themes derived from interpretative phenomenological analysis. The themes discussed in this chapter aim to provide an in-depth insight into the experience of anxiety following a mindfulness stress reduction course.

The two major themes and subsequent subthemes are:

1. The ravaging tornado of anxiety
   a. Potent and Primary Symptoms of Anxiety
   b. Drowning not Sailing
   c. The Estranged Self
   d. The role of others in the anxiety experience

2. Tempering the storm through self-discovery
   a. Being-in-the-moment
   b. Cultivating self-awareness – Know thyself
   c. This too Shall Pass
   d. Accepting and learning to manage Anxiety

All participants expressed the ideas behind the major themes, however some of the subthemes did not apply to all participants (See Appendix 10).

3.1.1 AN OVERVIEW OF THE THEMES

As mentioned in previous chapters, the phenomenon under investigation throughout this research was the lived experience of anxiety in the present for participants who have completed the MBSR course. This experience is best described by theme two, however, all participants described their past anxiety experiences throughout their interviews. When considering this during the analytic process, it appeared that participants' description of their current experiences of anxiety did not change. Rather what they described was a change in

their relationship to this experience. For this reason, I felt that theme one was essential as it contextualised and gave more depth to the experiences highlighted in theme two.

Below is a diagram depiction of the themes. While both major themes maybe interrelated, as participants spoke similarly about current and previous experiences of anxiety, they've been drawn out on separate ends to present a journey of transformation. Participants initially appeared to experience anxiety intensely, particularly struggling with symptoms described in theme one. An element of drowning and not sailing permeated this theme, as participants previously seemed to want to escape anxiety however found it difficult to do so. Through a process of self-discovery (Theme 2) participants seemed to transform their relationship to the experience of anxiety. They remarked that they never were able to rid themselves of the experience, nonetheless they appeared more able to sit with and "be" with this rather difficult emotion. They seemed less concerned about escaping and more accepting of it. The arrow depicts the interrelated nature of these themes, as without their previous experiences and knowledge of these it felt that participants would have not attempted and been able to temper the storm of anxiety.

Ravaging Tornado of Anxiety

- Potent and Primary Symptoms of Anxiety
- Drowning not Sailing
- The Estranged Self
- The role of others in the anxiety experience

Tempering the storm through self-discovery

- Being-in-the-moment
- Cultivating self-awareness (Know thyself)
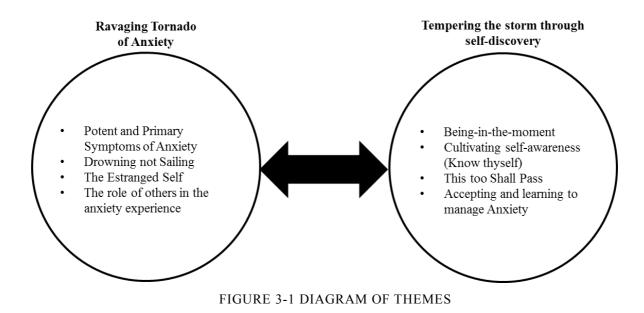- This too Shall Pass
- Accepting and learning to manage Anxiety

FIGURE 3-1 DIAGRAM OF THEMES

3.1.2 REFLEXIVITY PRIOR TO ANALYSIS

Throughout data collection I made notes about my thoughts, my felt sense and embodied experiences during and after the interview reflecting on Finlay's (2006) three states of embodiment, as described in the methodology chapter earlier. In order to bring to life the embodied nature of the interviews, and how I utilised my reflections to address my analysis, I will share some of my reflections here before describing the themes. Additionally, some of these reflections will be presented in *italic font* throughout the chapter to contextualise and bring depth to the participants' quotes.

As mentioned in the Methodology chapter, I believe that there is a wealth of experiential data behind attending to body related experiences of both the participant and the researcher. The participants in this study brought about the body in a number of different ways; some described a lack of awareness of their bodies while others discussed a growing sense of awareness of their potent bodily responses to feeling anxious. These very experiences may have contributed to my own during and after the interviews.

My experiences relating to my sense of embodiment shifted between a heightened sense of awareness of my body and a lack of connection to it, coinciding with some of the participants own experiences. For example, the interview with Emily brought about a strong sense of my body to my attention. As she spoke of her anxiety, I began sensing a "fluttery" like feeling in my stomach. Additionally, as she spoke of her own psychosomatic responses to anxiety (i.e. the tension in her shoulders) I was reminded of my own responses to experiencing anxiety. This strong sense of embodiment and vivid descriptions of her struggles brought a real sense of what anxiety was like for her. Similarly, this encounter was echoed throughout Joanna's interview, who had a rather penetrating back pain due to developing spinal disc problems. Joanna told me that this was exacerbated when she felt anxious and stressed. As Joanna spoke of her back problems I began feeling a throbbing sensation in my shoulders. With Natalie, on the other hand, I found it more difficult to get a sense of my body. During her interview, Natalie had mentioned that when practicing some of the formal body focused mindfulness practices she felt it brought about more anxiety and therefore had preferred to connect with other aspects of her environment instead. These very reflections and experiences have become an essential part of the analytic process as they were one of the grounds on which I began making sense of the participants' experiences.

3.2.1 POTENT AND PRIMARY SYMPTOMS OF ANXIETY

All participants expressed various psychological and physical symptoms as a result (or part) of their anxiety experience. I felt their descriptions were not only difficult to reflect on, but rather powerful in that they aroused my own feelings of anxiety. For example, experiences of heart palpitations, shortness of breath and feelings of agitation and discomfort. In addition to the potency of their accounts, participants' descriptions highlighted the sudden onset of their anxiety experience. They often indicated that their experiences were involuntary resembling an "on or off" switch.

Here Natalie described this sense of immediacy of her experience:

> "They just come on suddenly. I mean, I can…I have learned to live a bit, to manage my life in general so that I don't get too stressed or too overwhelmed but even if I do that sometimes the…the feeling of anxiety just comes on, it almost feels like it's coming out of nowhere, it just…it's just a different mental state, it's not like oh I worry and then I worry a little bit more and then I'm really worried. No, that's different. So this…what I mean by anxiety like the way I experienced it when I was younger, it's just almost like I am a different person suddenly and it's not…it's not gradual, that's why it feels so involuntary and so um how do I describe it, so um external like it's imposed on me. I am not…I am not doing it to myself, it just comes." Natalie, p. 10, 384-398

Natalie labels her experience of anxiety as abrupt; despite learning to manage or adjust her life to be less stressful, she seems unable to shake off the experience of anxiety. Initially she noted that the experience was anything but gradual. Then she began to elaborate on this and suggested that she becomes a different person due to anxiety, proposing that she changes when this experience occurred. She maintained that anxiety is inflicted on her by what appears to be an outside force beyond her control.

Sam appeared to share Natalie's sentiment:

"I had an experience in a room full of about 200 people, 100 people um that just came out of nowhere." (Sam, 383-385)

Fiona also described a similar experience:

"Because I think when I become anxious I don't even realise I become anxious so like I might be talking to some people or I might even just like walk down the street and be like in my thought and suddenly like I notice that only later I notice effects like that that anxiety or stress like suddenly has on my body so like I become really tense and I suddenly feel really clouded like in my mind" (Fiona, 82-90)

Here Fiona indicates that she often did not "even realise" she was anxious. She described how sometimes, while being engaged in another activity, she found herself feeling tense and clouded in her mind. It seemed that Fiona associated these experiences – tense and clouded in her mind – with anxiety. Moreover, at this point in her interview, it appeared as if Fiona became aware of her anxiety experience suddenly.

In addition to describing the immediacy/ suddenness of anxiety, all of the participants reflected on the physical responses they felt as part of their experience, Sam here depicts a few of these responses:

"Anxiety is like somebody standing on your chest um not letting you breathe whilst also um whilst thoughts, um uncontrollable thoughts, enter your mind that scare you to the point where your heart races um and in some instances can lead you to umm panic attacks where you…you pass out." (Sam, 325-329)

Here the image of someone standing on your chest, as described by Sam, appears to portray a sense of suffocation whilst experiencing anxiety. As he continued to describe his experience Sam identifies three further physical responses to it – a struggle to breathe, his heart racing and passing out. Moreover, Sam referred to anxiety as "someone" outside of himself standing on his chest, possibly indicating the intensity and rather forceful nature of the physical experience of anxiety.

Emily talked about other physical responses to anxiety:

"The whole physical side of my body changes and I constantly tense up, probably another reason why I had the back and shoulder problems and just get extremely clammy…" (Emily, 235-238)

Daisy on the other hand seemed to have a different body part respond to her own experiences:

"I'd had lots of problems with IBS and I'd had lots of testing and endless probing from the doctors and the doctors gave me this analogy about a boat and how he goes fishing and, you know, maybe I should go…I should find my fishing and so I was like "ah OK." (Daisy, 57-62)

Here it seems that Daisy initially, did not think that her difficulties with IBS were related to anxiety. However, since her doctor pointed it out to her she began making the connection. However, it looked as if she still could not believe him as she stated she "maybe" ought to go and find her calming activity.

Daisy constantly moved her leg backwards and forwards as she spoke throughout her interview. This particular movement seemed to increase when she spoke about her experiences of anxiety. I wondered whether this indicated her increased sense of anxiety as a by-product of talking about it.

Kate on the other hand described how her experience of anxiety affected her sleep:

"It expresses itself like through…by waking up in the night at 4 o'clock, at 3 o'clock, at 5 o'clock so um I have periods of time in which basically I like I don't like I, well, now I know but like out of the blue like I just wake up in the night (Kate, 460-465)

In this excerpt Kate appears to start and stop often. This could suggest that Kate struggled to reflect back on her experiences of anxiety.

Kate often hesitated as she spoke throughout the interview. At times she stuttered, while at others she repeated certain phrases or words several times. I felt that she found reflecting on her experiences of anxiety difficult. I wondered whether talking about past experiences of anxiety aroused similar feelings and physical responses in the present. Throughout our interview I also felt rather anxious and found it difficult to focus and to ask more open ended questions.

Most of the participants described their experiences of anxiety through the use of imagery, in turn triggering my own imagery associated with the experience. I often felt that experiencing anxiety was much like being stuck in a swamp land. Ultimately making it difficult to move and creating a sense of constant sinking in.

3.2.2 DROWNING NOT SAILING

Participants described being plagued by an overriding array of negative thoughts as part of their anxiety experience. These thoughts were mostly directed towards the self and appeared to have an immense impact on them. Additionally, most of the participants expressed a sense of suspension of all other activities and a struggle to concentrate on anything else due to these thoughts, which in turn triggered feelings of being trapped (drowning) and a wanting to escape.

In the following extract Joanna explicitly identifies anxiety as an experience with overwhelming intrusive thoughts:

> "I think anxiety for me is when you're being overwhelmed with intrusive thoughts and for me, I start catastrophizing so for me, anxiety is very much about um constant worrying or worrying that kind of gets exacerbated to the point where you truly believe that something bad is going to happen." (Joanna, 440-446)

Joanna appeared to associate her anxiety experience primarily with a cognitive response. She defined this response as "intrusive", thus resulting in what appears to be an uncomfortable experience. Furthermore, it looks like her thoughts during the experience are of a "catastrophic" nature, where she seemed to imagine the worst possible scenario.

While some of the participants' thoughts focused on external experiences (i.e. what they should or should not do), some of the participants' thoughts appeared to be directed at the value of the self. Additionally, the participants appeared to be critical of their own abilities and skills.

In the following excerpt Daisy demonstrates this, while describing the content of her negative thoughts when she found out her team at work was nominated for an award:

"We were nominated and…and we were having to go to this awards dinner and I was like "this is a disaster but this course is…I mean this group isn't that great, why would they nominate us and like what if they really see that there's nothing… it's like a, you know, it's like smoke and mirrors there is nothing here" (Daisy, 769-774)

Despite the fact that being nominated for an award is a positive achievement, Daisy appeared to believe it is a failure. It seemed that she struggled to see why her team would be nominated. She even questioned why the team would be nominated for this award. Furthermore, Daisy seemed to doubt that her work or her teams' work was of any value, appearing to believe that there is nothing there to be awarded for.

Kate gives a similar indication – to Daisy - in the extract below of the content of her thoughts during her own anxiety experiences:

"Um they…they make me feel um, um not enough um they make me feel um disempowered really um that I'm not capable of doing things, that I um that I'm not normal um, um what else hmm that I'm…that I'm not worth it" (Kate, 495-499)

As Kate reflected on her thoughts and the feelings they triggered, she began they excerpt with using quite a few "ums". It appears she struggles to identify those feelings, perhaps due to their intensity. She started off with using the word disempowered and indicated that her thought patterns during her anxiety experience deprived her of her strength and perhaps her ability to do things. It felt as if these thoughts have a strong hold on Kate and hold more power over her. Additionally, Kate kept using the word "they" when talking about her thoughts giving the impression that her thoughts are external to her, perhaps even indicating that they are a power beyond her control.

Fiona share a similar sentiment to both Kate and Daisy as she described her own thoughts:

"My first thought is like my heart is like racing and it's like there is this sense of like 'am I going to do well', 'what are they going to think of me' like 'are they going to see…' yeah, like maybe there is a sense like 'are they going to see like that I've no idea what I'm talking about' or that, you know, like 'I'm a fraud'" (Fiona, 368-374)

Much like Daisy, Fiona appeared to worry about being exposed as a fraud. She gave the impression that she did not believe she had anything of value to offer or that she had no idea what she was talking about.

The participants took their descriptions further and discussed the effect that these negative thoughts had on them; the effects included a struggle to be rational, a struggle to focus on one task, and generating a range of challenging feelings.

In the following excerpt, Joanna draws a rich image to portray the power of her own negative thoughts and the struggle to be rational:

> "You're aware enough to know that you're probably being quite ridiculous and that you probably are having really irrational thoughts and that's where I am now but they kind of take over and it's almost like this kind of devil and the angel on your shoulders, you know, and a picture of them, and it's kind of one of them is going "yeah it's fine, what are you worrying about, if you think about this rationally, actually what's the worst possible outcome" but actually there's another side of you which is these invasive thoughts which are just catastrophizing and telling you terrible things are going to happen um so rather than face those terrible things you just stay stuck in the moment." (Joanna, 631-645)

Here Joanna indicates that she has two sets (or groups) of thoughts in her mind as she experiences anxiety; "the devil" group and "the angel" group. The angel group based thoughts appear to be more rational, whereas the devil group appear to be catastrophizing. In this passage she suggests that, despite having her rational thoughts, the devil-based thoughts have more power over her and therefore cause her to feel stuck. It seems that her ability to control these thoughts is fragile. Joanna's portrayal of anxiety as the devil conveys several potential attributes, i.e. forceful, uncontrollable, extreme, immeasurable, impenetrable, and evil.

At a later point in the interview Joanna described a dream that she was having during a time where she was feeling quite anxious. This dream portrays this sense of "stuckness" that she discussed earlier further:

> "I was having recurring dreams that I was drowning and it wasn't so much I was just in this calm water and I was drowning it was these waves. I don't know if you've ever been caught up in waves but these huge ocean waves and I was being tossed and turned around and I was trying to come up for breath and trying to fight for breath but these waves were just taking me and turning me and twisting me and I was scratching the bottom of the ocean and I'm getting cuts and bruises and then I'm coming back

up for air and I feel like I'm about to survive and then it takes me again." (Joanna, 852-865)

Here Joanna draws a rather vivid image of what it feels like to experience an array of negative thoughts, which encapsulate a part of her anxiety experience. Here in this excerpt she compares her experience to drowning. It appears that no matter how hard she tried to swim up for air or perhaps even attempted to escape, she was pushed back by this wave of negative thoughts again and again; giving a sense of the hold these thoughts have on her and what appears to be a struggle to do anything else but be in this experience.

Fiona explicitly reflects a similar struggle to escape:

"So I was trying to kind of like take a break from that and like in yesterday night I was like "Ok what's going on?" but it felt again like I couldn't escape." (Fiona, 520-522)

Natalie also described her struggles with isolating tasks in the following passage:

"…it could be in a more feeling sense but it could also be in a practical sense so 'have I locked the door', 'have I done this', 'have I done that', 'oh I need to do this later', or, you know, like just not being able to isolate even tasks and they all kind of overlap and become overwhelming." (Natalie, 213-218)

Here Natalie appears to believe her anxiety experience can take two different routes. She identifies these as either a feeling sense or a practical sense. She then continues to describe the 'practical sense' of her experience and identifies thoughts that cross her mind as she begins to feel anxious. It appears that Natalie distinguished between these two different reactions, explicitly identifying her checking thoughts as a separate phenomenon. At the end of the passage Natalie described a difficulty to isolate tasks due to these 'overlapping' thoughts giving the sense that these thoughts are continuous, perhaps almost as if rotating on a quick moving wheel.

She goes on to reiterate this experience at a later stage:

"Um it kind of stops you from doing anything because you can't focus on any one thing because the others keep coming in." (Natalie, p.6, 221-223)

All participants, whether directly or indirectly, described a sense of unfamiliarity with their earlier experiences of anxiety, which in turn raised further feelings of fear and worry. Furthermore, the participants appeared to feel that their thoughts, feelings, impulses and actions during the anxiety experience were not their own or rather a separate entity present independent of who they were, triggering a sense of estrangement from the self and others. This sense of estrangement appeared explicitly through their accounts and at times implicitly through their use of language (i.e. pronouns) while describing their anxiety experiences.

Sam discussed this sense of unfamiliarity in the following excerpt:

> "I would say about anxiety to somebody who's never felt it before is that it doesn't necessarily matter that the situation actually isn't that threatening or doesn't appear that threatening to other people, what matters is the experience that that person has in their own mind um and the resulting physical reaction to that which without um the knowledge and understanding to try and control um is…is just genuinely terrifying um and…and something that I wouldn't wish on anyone." (Sam, 338-346)

Sam not only explicitly described what he felt anxiety was but also seemed to assert how terrifying it was without the knowledge and the understanding of the experience. Here he appeared to have experienced anxiety at a stage before he knew what it was. He seemed to strongly assert how "terrifying" the experience was prior to becoming familiar with it, by stating that he doesn't wish it on anyone.

During the interview, Sam often tapped his pen on the table, which reminded me of when a judge in court strikes the gavel. I felt that perhaps that gave Sam a sense of authority on the subject discussed and perhaps signified his expertise in the area.

Both Natalie and Joanna shared similar sentiments with Sam. In the following passages, they described the impact that their lack of familiarity, regarding earlier experiences of anxiety, had on them.

Joanna identified what it meant for her to experience a sense of unknowing:

"Sometimes things are hard to deal with but they're a lot easier because you know what you're dealing with, it's when you don't know what you're dealing with and.. and that's, I suppose, the freezing bit, it's like, you know, I don't know what I'm dealing with, it's the unknown and therefore that's what makes me freaked out." (Joanna, 608-615)

Here Joanna stated that she believed when someone does not know what they are "dealing with" it is a lot harder to cope with. In this passage Joanna changed pronouns. At the beginning, she often referred to the others experience – "when you don't know" – whereas towards the end of the excerpt she referred to her own experience. It appeared that initially Joanna disengages from her own experience. She completed her statement by stating that not knowing "freaks" her out. I wondered whether that was difficult for her to acknowledge and therefore felt the need to initially disengage from the experience.

Natalie appeared to agree with Joanna in the following extract:

"So the first time it happened, it was really scary 'cause it was…obviously it was something foreign to me…" (Natalie, p. 11, 437-438)

In addition to illustrating their sense of unfamiliarity with their earlier experiences of anxiety the participants also described a sense of being out of touch with their "usual" internal and external experiences.

In the next passage Sam explains how he began to experience anxiety during an ordinary discussion with colleagues at work:

"I always used to be the kind of person that would kind of speak first and um be one of those annoying people with their hand up before somebody had asked whether or not anybody had questions. Um so I was proactively sharing this story from um from my work and for some reason I had a full-blown panic attack in the middle of giving that um story. So um the sensations were not being able to breathe, um racing heart rate, um you know, massive fear, kind of at…at the time it was also confusion so this guy was um, you know, the facilitator was kind of looking at me like what…what's happening to you and people around me were just like kind of a bit…a bit shocked and um and…and I kind of eventually managed to kind of get to the end of what I was…was saying and I felt quite…quite confused and quite um, um quite disappointed with myself." (Sam, 388-401)

In the first part of the passage, Sam identified himself as the kind of person that would often speak first and put his hand up before anybody asked whether or not he had any questions. However, in the second part of the passage, he described an anxiety experience that occurred at work while he was sharing a particular story. He identified the sensations he felt – difficulty to breathe, racing heart rate and massive fear. He particularly focused on his perception of what he believed was others sense of confusion relating to his experience. He then stated that others appeared to be "a bit shocked" by what was happening. Sam's earlier identification seems to suggest that he experienced anxiety during what he felt was a common activity for him, which was "speaking in public" in this instance. While he mentioned others confusion at first, towards the end of the excerpt Sam stated that he too felt confused by what happened. I wondered whether mentioning others potential confusion added weight to how shocking this was for Sam, as it appeared the experience was out of the ordinary for him.

Natalie shared a similar experience as she was describing a past anxiety experience:

> "I don't know, it's just I always felt like I wasn't…I just wasn't myself and I…I was just very self-conscious and I just couldn't handle interacting because I…I would over-think everything I said and I didn't want to do that because it was exhausting…" (Natalie, 272-277)

She continued to recall a specific incident, during her adolescence, in which she felt an intense sense of detachment from herself:

> "I remember once I was looking in the mirror and even my own face was not familiar, I thought that was really strange, it was almost like I was questioning even my own appearance through the anxiety like I was like 'oh you look really weird, is that really you' like I was almost having a dialogue with myself in the mirror and I was feeling really out…there was…it was almost like an out of body experience…" (Natalie, 284-291)

Here it seems that Natalie was struggling to identify with her own image in the mirror therefore beginning to question whether that was a real image of herself. Her sense of estrangement appeared powerful enough to be described as an "out of body" experience.

Natalie began crying during her description of this incident. At the time, I began to feel that her previous anxiety experiences have left a big impact on her and have perhaps caused her a lot of stress and fear as a young teenager.

3.2.4 THE ROLE OF OTHERS IN THE ANXIETY EXPERIENCE

Participants talked about the role that the presence of others played in their anxiety experiences in three different ways: participants either experienced an increased sense of anxiety around others, or felt an overwhelming responsibility for others, or seemed to need others reassurance when experiencing anxiety.

In the following passage Emily illustrated how her experience of anxiety was heightened in the presence of others:

> "I found it really difficult um mainly because…I think in the…in the group setting, with people I didn't know, because I do get anxious I kept thinking about what were they doing and yeah I was finding it really hard to actually focus on doing the mindfulness practice um and then when I went away and did it more at home, I…yeah, it definitely got easier the more I practiced and I preferred doing it by myself than with the group to be honest…" (Emily, 134-142)

Here Emily described how she initially found the mindfulness meditation difficult, particularly in the group setting with people she didn't know. She stated that she found it difficult because she couldn't stop thinking about what others were doing. She ended her statement by maintaining that she not only found it easier to do it at home but also preferred to meditate by herself. She then continued to say "I just felt like my mind was just constantly drifting…" (144). It appeared that Emily struggled to focus during her meditation experience particularly around others as she was concerned about what they were doing. At the end of the passage Emily stated that the experience of mindfulness "got easier" the more she practiced it, I wondered whether she felt mindfulness was a skill that initially found difficult to accomplish yet got easier as she practiced.

Throughout her interview Emily laughed often. This was particularly pertinent when she talked about her experience of anxiety. I wondered whether this laughter helped her conceal or manage how overwhelmed she felt when describing her experiences.

Conversely, Sam shares a similar sense of increased anxiety around others. Here he explains this:

> "I found I kind of talking in the group quite a…a…even that in itself kind off provoked quite an anxious reaction…" (Sam, 81-83)

Joanna also conveyed that her anxiety increased in the presence of others, however rather than think about what others were doing she wondered whether she was going to hurt them:

> "So this was probably when I was, I don't know, probably about ten or fifteen years ago now, I used to drive to work and I think I had an overwhelming sense of responsibility for people and for everything because of things that were going on in my life and people in my life and the way they made me feel um so I started developing this um kind of almost compulsive obsessive thing where I'd drive to work and if I went past a cyclist, I went past a motorcyclist, I'd have to check in my rear view mirror that I hadn't killed them." (Joanna, 523-533)

While reflecting on past experiences of anxiety, Joanna explicitly associated her experience with an "overwhelming sense of responsibility for people and for everything". She then continued to maintain that she developed what she believed was a "compulsive obsessive thing" where she would have to check if she killed a motorcyclist or not. It seemed that this sense of responsibility that she felt not only formed a part of her anxiety experience but also appeared to intensify this. Furthermore, in this passage Joanna disclosed that her heightened concern for others was the result of things that were going on in her life at the time and how they made her feel. I wondered whether this meant that people she spoke to and events that took place at the time made her feel responsible for things that have happened and as a result she appeared to internalise this overwhelming sense of concern. Eventually, it seemed that it became part of her nature to always assume that she has done something "wrong" or "bad".

A little later Joanna explained how, due to this sense of responsibility, she spent a considerable amount of time checking, for example, electrical equipment before she left the house in case she caused harm to her flat mate:

"I'd spend like twenty minutes getting out the door because I'd have to always check that the hair straighteners were off and that the iron was off because I was worried that I was going to cause her harm because I left them on…" (Joanna, 548-553)

Here Joanna reinforces the point she has made earlier, regarding how she viewed herself, potentially someone who may always do something awful. This view of herself appeared to have an influence on her behaviour and actions towards others.

Contrary to Emily and Joanna, Daisy described a need for reassurance from others when she was experiencing anxiety:

"Um by driving everybody crazy with like me needing reassurance like endlessly. Like ring my Mum at 3…3 am in the morning going "do you think I can do this?"" (Daisy, 684-688)

In this segment, it appears that Daisy's need for reassurance surpassed time boundaries and caused her to call her mother at three in the morning. Here it seemed that Daisy initially struggled to regulate her anxiety on her own and therefore required someone else – in this case her mother – to help her do so.

At a later point she re-iterates her need for others assurance while revealing a longing to become more independent:

"It just kind of fuels me and I think that was helpful because then I…I wanted to use those techniques to see if I could do it for myself because I didn't want to be so reliant on everybody else to be like because I was like "you're not all going to come in with me and stand behind me all the time so I kind of need to do this myself"" (Daisy, 700-705)

In the preceding passage Daisy described a desire to learn techniques (in this case relating to mindfulness) in order to do things for herself as she did not want to be reliant on others anymore. She acknowledged that she won't have others reassurance all the time and therefore seemingly strengthening her desire to learn how to do this herself. Reflecting on Daisy's former statement, it could be suggested that Daisy was talking about developing her ability to regulate her anxiety in this segment.

She continued to explain how she began progressing towards independence here:

"And people were very used to reassuring me so they would just do it anyway. Um um yeah pairing myself up with people who were very competent in what they do so that actually if I felt I was going to mess up, I would just be like "yeah if I do anything that's weird can you just take over" and they would be like "yeah that's fine" and now I'm like "but Daisy that didn't happen, why do you keep doing that" like sometimes I catch myself doing that." (Daisy, 710-717)

Here Daisy explains how she would rely on others for support; she stated that she would often pair herself up with people that she felt were competent in case she did "mess up" then she would ask them to take over. Towards the end of the passage she portrayed how she would address herself in instances when she sought reassurance – questioning her need to do so. Moreover, here Daisy uses the word "catch" appearing to suggest that she paired herself up with others without realising she did so and therefore she seemed to unexpectedly find herself in this situation.

Emily shared a similar outlook to Daisy, however her need for others related to wanting them to understand her:

"It was actually my fiancé which is quite ironic because he doesn't…he doesn't really understand me at all [laughing] and um but he knows that I like art and creativity and then he kind of heard about these mindfulness colouring in books and like bought me one, one day and…which is so lovely because he's never really understood me or…it was just such a shock that he did that, it was just really lovely." (Emily, p. 11, 429-436)

Prior to this passage, Emily expressed that she had found mindfulness colouring books helpful and supported her in the process of reflecting on her thoughts and feelings. In this part of her interview she explained that it was her fiancé who introduced her to these books. Emily portrays her surprise as she felt her partner did not "really understand her". Subsequently she expresses her delight as it appears he never really understood her before this. It seemed that Emily wished that her partner would be more sympathetic to her nature and needs. She reiterates her shock and appreciation for his understanding at the end of her statement here, which I felt affirmed her need for his support in relation to her difficulties with anxiety.

3.3 TEMPERING THE STORM THROUGH SELF-DISCOVERY

The process of learning to calm the storm (anxiety) was evident for all participants. This theme captures a passage through time from one stage in the participant's life to another. It signifies the process of his/her progression from being caught up in the anxiety experience to a place of being able to manage it. Moreover, it indicates their movement from 'Doing' (being action focused) to 'Being' (sitting with oneself) and from 'unknowing' to 'knowing' (becoming more familiar with the anxiety experience). There is an essence of self-discovery within this theme, and that is an overarching element throughout the sub-themes.

3.3.1 BEING-IN-THE-MOMENT

All participants talked about a developing sense of presence and a better ability not only to be in the moment but also allow themselves the space to be with their difficult feelings (i.e. anxiety). Within their discussions, it appeared that presence (or being-with) facilitated a change in their experiences of anxiety and ultimately in their lives.

Throughout her interview Daisy spoke about Being versus Doing, explicitly stating that she is a "doing" person and that she could not initially understand the value of the mindfulness practice. Towards the end of her interview she revisited this topic and elaborated on it:

> "A lot of my anxiety was about the future about "what if this, what if this, what if this, what if this" so being in the moment was so helpful for me to kind of just stay in that moment because you can manage this moment and then each moment becomes another moment so you're actually managing it bit by bit but not thinking about "oh my God" but…'cause then that stops everything in the present like me being able to focus on what's going on in the present." (Daisy, 833-841)

Here Daisy explained how anxiety for her encapsulated this sense of needing to be doing or achieving a task and suggested that it is future focused. It appeared she believed that the antidote to this is "being in the moment" and managing her anxiety moment-by-moment and bit-by-bit and not thinking about what might or might not happen. She affirmed in this segment that being-in-the-moment not only stopped her anxiety but also appeared to allow her to concentrate on what was going on for her at the time.

Similarly Natalie shared:

"So when I feel overwhelmed and when I think oh you know, I mean I get kind of moments of that anxiety feeling coming on, I try to just focus on my environment and look at things around me because if I focus too much on my thoughts, I know…I know from experience that the feeling gets worse so even just being present and focussing on things around me or music or whatever can help that feeling to get better or be less intense and maybe even lift." (Natalie, 455-465)

In this passage, Natalie described how when feeling overloaded and overburdened by her thoughts she made an effort to try and focus on her environment – "look at things around her". She appeared to associate this process of "focusing on her environment" with the concept of being present and paying attention to the things around her at the time, be it her environment or the music that she was listening to. At the end of her statement Emily explained that this process could lessen the hold that anxiety can have on her and maybe even bring the experience of anxiety to an end.

Fiona also talked about her experience of being-in-the-moment:

"It's almost as if there is like the sensation that I can…like the word that comes to my mind is calm like sort of like there is a sense of calm, a sense of, you know, tranquillity but also a sense that it's almost having somebody beside yourself saying "don't worry it's going to be OK" you know like and so whether you feel like upset and sometimes it's harder to like to get there than other times but…but and I think it takes practice, you know, like I feel that it's…it's almost like an internal habit or practice that…that I need to develop within myself…" (Fiona, 307-318)

When describing what it meant for her to be-in-the-moment Fiona stated that it was like a sense of calm, which seemed to correlate with an instant reduction in her experience of intense anxiety. She continued to liken this experience to having someone alongside her saying "don't worry it's going to be OK". Here Fiona equated the act of presence with having someone easing her distress; I wondered whether she valued the experience of having someone console and therefore she used this image here. She ended her excerpt by stating that this experience needed practice and that she needed to develop this habit within herself. It could be suggested that Fiona's initial tendency was at odds with the ability to be-in-the-moment and therefore she felt it required repeated exercise in order for her to become seasoned at it. It seemed that she desired for this to become second nature.

In the following passage, Sam appeared to share a similar experience to Fiona:

> "Its kind off random that this permeates you know…you kind of happen to feel yourself come into this state and other times it's a bit more conscious umm and you're kind of and you intentionally focus on your breathing or umm I often focus on my hands umm which something that kinda bring me into the present umm…and there is a calmness and there is a stillness umm you have a bit of a…kind of…breathing space to just kind of take stock you know…" (Sam, 134-141)

Here Sam remarked that the experience of being-in-the-moment sometimes happened haphazardly, it almost felt like it snuck up on him. Whereas other times, Sam needed to make a conscious effort to bring about this experience. He did so through purposely paying attention to his breathing or focusing on his hands. Furthermore, Sam conveyed that presence in the moment could give rise to a sense of calmness and stillness which he appeared to associate with a space where he was able to take time thinking about things.

While often describing an advancing ability to be in the present moment, participants also talked about their difficulties with this experience – it appeared that participants particularly had struggled to allow themselves time to "be" with their thoughts and feelings. Nonetheless, it seemed that they found this experience valuable.

When reflecting on what stayed with her from the course Joanna talked about allowing herself time to be with herself, she stated:

> "I don't think many of us allow ourselves to have that time out just for yourself so it…I kind of made it my…my little one…one time in the week where actually I'm not going to think about anything else, anybody else or let anything else get in the way of stopping me from actually just being kind to myself um so yeah, I think that's…that's kind of stuck with me." (Joanna, 168-176)

Here Joanna described how she identified her time on the course as time for herself. She found this space of time where she didn't think about anyone else or let anything else disturb her to be a form of kindness to herself. It appeared that she valued this experience of being with herself by stating that it stuck with her.

In the following extracts both Emily and Fiona described their experience of "being with" or "staying with" difficult and uncomfortable emotions and how valuable they found these experiences.

> "I just felt like my mind was just constantly drifting so although they were saying, you know, "Its' OK and bring…bring it back in" I just found it so difficult to focus on my emotions or…but after a while I think the more I did it, it was getting easier and I never found it…I don't know, it was never really upsetting or anything for me, it just kind of made me, like, realise what I'd actually been sort of holding back and not been kind of thinking about enough so it was quite…yeah, it was like more thought provoking for me to be able to do that whereas a lot of the time I think I kind of just hide things away and don't really feel…" (Emily, 143-154)

Here Emily expressed how her mind drifted during the mindfulness meditations. She particularly found that she needed to make additional effort to pay attention to her emotions, potentially implying that she did not allow herself to feel before. She then stated that this got easier the more she practiced paying attention to her emotions. Moreover, Emily then remarked that she did not find this experience upsetting, appearing to suggest that she thought it would be. I wondered whether that she did not allow herself time to reflect on her anxiety especially because she thought this would be distressing. Emily acknowledged that she was able to recognise what she was feeling through the mindfulness meditation and become more conscious of what she was not thinking off. She maintained that this experience was rather thought provoking for her. It seemed that Emily was describing a powerful learning process here – where she moved from hiding away from her feelings to spending time reflecting on them.

Fiona shared Emily's sentiment as she spoke about her experience of doing the longer meditation practices during the course. She stated that during the longer practice periods she often became uncomfortable however the facilitator would frequently encourage her to stay with this discomfort:

> "The facilitator would say like "stay with that" you know like towards like the interesting thing is that when you do longer meditations then difficult feelings will arise naturally." (Fiona, 264-268)

Here it appeared she believed it was a given to find discomfort in the longer meditations, she then continued to say:

"And I think to stay with those feelings for me was important to…like it's almost like when you're uncomfortable you can either change position or you can learn about what that discomfort is about and I think for me that was challenging but good." (Fiona, 270-274)

It seemed that she appreciated the experience of being with her uncomfortable feelings or sensations and believed that it was good for her. Subsequently, Fiona continued to describe how at times she'd feel a need to itch while meditating and that she felt she had a choice between changing her position and staying with that feeling. She then ended her statement with:

"I also knew that, you know, "OK let's stay with it like let's not disrupt what is happening" and I noticed that as I did that the experience changed." (Fiona, 279-281)

Here Fiona gave the impression that she didn't have to move or perhaps "do" much to change her difficult experience. She suggested that by staying with her feelings the experience changed seemingly without much effort.

While reflecting on an increased sense of presence and a better ability to be in the moment, participants often described the ways with which they were able to make this happen. They particularly focused on the techniques they learnt during their mindfulness based stress reduction course that focused on connecting to their current environment, to the body and using the breath.

In the following excerpt Fiona described an experience of using a shortened version of a mindfulness meditation while at work:

"I had like 15 or 20 minutes like free I could do that like at work, you know, like to get a moment like centre myself, see what is happening and.. and I really felt re-energised like there was this zen like I remember the first time I tried that like I think I was at work if I remember well and I really felt suddenly like this energy almost like in my body renew.. you know, it's something like leaving or like discharging like there was a sense of "oh wow like I'm here" like I felt I suddenly was there again and I think it's, yeah, like in terms of embodiment I think our body is a…is an amazing tool like for that." (Fiona, 287-299)

In this passage, Fiona illustrated what happened when she decided to take a moment to centre herself at work. She remarked that she would eventually feel a renewed supply of energy and therefore seemed to be enlivened through her meditation. She continued to suggest that she also felt something "leaving" or "discharging" that resulted in a sense of presence – "being here". It seemed that the anxiety experience clouded her sense of presence and meditating not only helped her dispel of this energy but also reinvigorated her. She appeared to be suggesting that embodiment – for her - was a great tool for bringing her to the present moment.

Following on from this, Fiona came back to reiterate this point through reflecting on an incident where she felt anxious while she was preparing for a gathering at her house to discuss mindfulness:

> "So like it's interesting because I was preparing this about, you know, the topic was meditation and so I was kind of confronted right there and then with this um, you know, with the experience of it and.. and what it is to suddenly feel anxious and have to put that in practice and I…and I think the moment I noticed that I felt that it was OK and so.. so I, you know, like I did some breathing and um I took a, you know, I kind of removed myself from doing all these researching quotations and kind of took a space where for ten minutes I could just be in my body a little bit more." (Fiona, 525-537)

Here Fiona described an incident where she was presented with what appeared to be a problem or difficulty that required her to take action. In this case, the difficulty was anxiety and the action she believed she needed to take was to put into practice what she had learnt on the mindfulness stress reduction course. Fiona remarked that the minute she noticed this problem she felt that "it was OK" and I wondered here whether she felt all right as she knew what action she needed to take in order to change how she felt. Then she continued to recount what she did – removing herself from working on organising readings for her gathering and connecting to her body for a period of time.

While reflecting on what she took away from the course, Natalie shared Fiona's sentiment. Natalie expressed that she used either her environment or her body to potentially feel more present:

> "Also using my environment or my body to…to kind of ground myself and…and um take the focus away from any feelings or thoughts that maybe make me feel uncomfortable." (Natalie, 125-129)

In addition to using her environment and her body Natalie described using music to focus:

> "Yeah I think before I would listen to music in the background so I'd be doing something or thinking about whatever I was thinking and the music would just be there whereas now I.. I found a way to use music sometimes if I'm feeling stressed and really focus on it and really feel the music and forget myself a little bit more so…" (Natalie, p.4, 150-156)

In the preceding passage, Natalie illustrated how she used music to shift her attention from anxiously thinking, to the music she was listening to. She mentioned here that she intended to "really focus" and "really feel" the music in order to deliberately cease anxiously thinking. It seemed that Natalie was referring to becoming more conscious of the music and therefore becoming more present to her current experience.

When Natalie spoke about grounding herself through the environment she looked around the room where we were sitting, almost as if to show me how she practiced this when she felt most anxious. I wondered whether she was doing this to bring to life and solidify the point she was making,

Here Sam talks about the value of using his breath into come to the present moment:

> "It's almost exclusively talking in front of groups of people that um you just get on with it and you do it anyway um but to take your time to breathe through it and focus on your breath because when you're…you're not focussed and you're um you are in a…in a situation where you're hyperventilating, it feels like you can't breathe but it's just that you haven't breathe…you haven't exhaled, it's literally as simple as that." (Sam, 459-466)

3.3.2 CULTIVATING SELF AWARENESS (KNOW THYSELF)

All participants described an emerging sense of awareness; where it appeared that they were able to perceive their thoughts as just thoughts, recognise who they were, how anxiety affected them and how their bodies were affected by their experiences. Moreover, as a result of their growing awareness participants also seemed to get in touch with another aspect of themselves - a self that "stood beside" them, as stated by Fiona, and was able to observe their experiences.

Early on in his interview, Sam illustrated a process of developing an awareness of his thoughts and what appeared to be a separation between these thoughts and his sense of self:

> "Everybody has that voice inside them which is critical you know…that says you're not good enough…or you…umm…you know you should've done this or you should've handled that situations differently or whatever…umm there is loads of different reasons for that but I think that being mindful at least lets you see that these are thoughts and observe them and then let them go umm…and whereas those thoughts probably haven't stopped I probably…I definitely don't dwell on them for the length of time that I did before ummm and that's a really nice experience…not being…kind of weighed down with negative thoughts all the time." (Sam, 150-160)

Here Sam began this excerpt stating that he believed "everybody" had a critical voice that potentially was disapproving or judgemental of the self. Sam appeared to see this critical voice as an internal dimension that was present independent of him. In this passage, it seemed that this voice previously had power over Sam and his view of himself. However, owing to his sense of developing awareness Sam suggested that he was able to see his thoughts as just thoughts thus breaking away from the grip of this voice. Sam changed pronouns here – he initially begun with thinking about others then he moved to reflecting on his own experiences. I wondered whether believing that everyone had this critical voice made his experience less painful and easier to discuss. At the end of his statement Sam explicitly stated that his newly developed ability – to see thoughts as just thoughts - to be pleasant as he no longer felt burdened by them.

Daisy appeared to share Sam's sentiment:

> "I realised that the reason I was so anxious and the reason that it was becoming so heightened was because I was believing the thoughts I was having rather than they were just actually thoughts, so, you know, I always think about, if I think about I'm going to win a million dollars on the lottery I'm not, you know, but if I think I'm going to fail this suddenly I am like it's quite weird like the meaning that I put on it um has the rea…makes me have the bigger reaction." (Daisy, p.16, 622-631)

In this passage, Daisy started off by noting that the reason she was becoming increasingly more anxious was because she considered her thoughts about herself to be true. Then she explained that if she were to think she was going to win the lottery it would not be the same

experience as thinking she was going to fail. It seemed that Daisy felt this was rather ironic. At the end of this excerpt, Daisy reiterated that it was the significance she placed on her - potentially negative - thoughts that appeared to heighten her anxiety. Furthermore, Daisy appeared to view her negative thoughts in similar light to Sam's critical voice. Here the disapproving thoughts seem to be an autonomous dimension present separately to Daisy.

Later Daisy described what she believed to be the antidote to the strong hold that her thoughts had on her:

> "Just being, allowing your thoughts to flow. Because I know that they're so frequent and it's a cycle that I've been in for years and years, I really notice them when they come…" (Daisy, p.16, 636-639)

Daisy seemed to cultivate an ability to allow her thoughts to proceed effortlessly in a continuous stream much like a river would. This, she suggested, happened because she realised that she had the same recurring thoughts for years and therefore her ability to observe them was heightened. This process seemed to allow Daisy to sit with her anxiety without being overcome by it, evidenced in her following statement;

> "I can sit with my anxiety without being overwhelmed by it now…" (Daisy, 655-656)

Just like Daisy, Kate described how she developed a sense of space between her and the experience as well by invoking an image of the movie the Matrix:

> "It felt like, you know when um when in Matrix, the…Neo, he just…he avoids the bullets. Avoids the bullets. And the bullets like they come very slowly to…to him exactly like this…" (Kate, 588-595)

She then continued to say:

> "Headspace. It was really…it was really like that, it was really like I gave myself…I…I spaced myself from what was happening outside and inside." (Kate, 598-600)

Kate referred to the film the Matrix in her interview. The film follows a computer programmer Neo, who learns that the world he lived in, was run by sentient machines, and is therefore drawn into a rebellion against the machines. The film is known for a visual effect that portrays

Neo avoiding bullets in slow motion. Kate likened her growing ability to observe her thoughts to that scene in the movie. Kate gave the impression that her anxious based thoughts, much like bullets, were fast and had the potential to hurt her. However, her ability to observe them seemed to give her better control in turn allowing her to avoid the harm they could cause her. This metaphor gave the impression that Kate experiences her anxious thoughts and her ability to observe them as two different dimensions or aspects of herself.

Fiona explicitly described an experience where it seemed that her ability to observe her thoughts was a different aspect of herself:

> "What mindfulness has enabled me to develop like within myself is this um this space, like this space where I can notice like "OK so I do feel a bit clouded, what is that about, like what does that feel like in my body" but almost from an outside perspective so like it's like I have like I know that that experience is not my whole like it's not the whole experience that I'm having and that I'm able to stand beside the experience." (Fiona, 90-99)

In the above excerpt, Fiona stated that mindfulness has helped her develop a space between her and what appeared to be anxiety or a difficult experience. Owing to this space, Fiona seemed able to almost pause and ask herself what this experience was about. She maintained that this question came from an outside perspective, perhaps indicating another self that was able to observe her experience without being involved in it. Fiona appeared to believe that whatever her experience was at any given moment was just a piece of the whole puzzle therefore giving her the opportunity to distinguish herself from her thoughts.

During this part of the interview Fiona often made a hand gesture where she would move her arms away from her body with an open hand. I felt that this gesture was in a way solidifying her experience of being able to create space between her and her difficult situations.

This newly found sense of awareness seemed to not only cultivate participants' ability to observe their thoughts but also appeared to contribute to their capacity to better notice their environment.

In the following extract Sam described his experience of this:

"I cycle everywhere… and normally cycling is this kind of blur of you know trying not to get run over umm and then getting home as fast as you can…and I've changed the way that I experience my city now as well." (Sam, 101-103)

He continued to say:

"I am noticing things and noticing the trees look really beautiful when…it's this time of year and they're falling on the ground and I am noticing what it sounds like to rustle through leaves and that actually stimulates memories of me being a kid and having really nice experiences with my mates in the park." (Sam, 128-133)

In this extract Sam suggested that his current cycling experience has changed. Initially, he mentioned that his past experiences of cycling were rather distorted, perhaps indicating the haziness of how the environment around him appeared in his mind's eye. He affirmed that his main focus was to return home as he was cycling from work. He then described his recent experiences, where he felt he was able to notice his environment more clearly, as if to suggest that his vision has become clearer. It appeared, in this segment that he enjoyed and appreciated his environment more. Furthermore, it seemed that the experience stimulated good childhood memories of being in the park. In this extract, it looked as if awareness has improved his ability to see things more vividly.

In addition to insights relating to their thoughts and their environment, all seven participants seemed to become more conscious of who they were, their needs and their bodies.

Here Joanna described how she became more aware of her body during a meditation practice:

"He talked through the body and there were just certain points in my body where actually I realised it wasn't just about feeling it and appreciating it, it was 'oh I'm in pain' or 'oh that feels really tense' or, you know, um 'oh that's giving me jip' or…and I just realised that I had so many pain points in my body um and then I noticed that my hands were completely clenched, I think it just made me aware and I just thought 'oh my goodness', you know, 'my hands are clenched' everything…everything just felt really uptight um and I think it just made me realise how much stress and how much anxiety and how much emotional baggage um I was carrying, not just in my head, it wasn't just all up there in my thoughts, it was actually, as I said before, it was just all…it was just coming out in my body." (Joanna, 335-349)

Joanna's account of the body scan began with an immediate recognition that the practice was about so much more than just appreciating your body. She appeared to be surprised by the sensation of tightness throughout different parts of her body. She then realised her clenched hands, which she seemed to believe related to her stress and anxiety levels. Later she indicated that her anxiety was not only "all up there" in her head but also coming out in her body. Here it appeared as though Joanna was getting to learn about herself through her body.

Joanna was particularly detail oriented in her descriptions. She would take the time to narrate her experiences in as much detail as possible. These details evoked lots of imagery for me throughout the research interview. I wondered whether that was the reason behind feeling closely connected to her throughout the interview and analysis. After her interview we spoke for a long time about my own experiences with anxiety and mindfulness, as I felt comfortable to do so.

For Daisy, just like Joanna, paying attention to her body lead to a similar recognition of the mind-body link:

> "I realised that part of my IBS and even my stress levels and everything was maybe really separate from my body so I would be like I wouldn't be able to say in myself what was going on until something became a flare up." (Daisy, 154-159)

Here it seemed that Daisy had detached from feeling the impact of stress on her body. She appeared to struggle to connect to her body's sensations and stated that she became aware of her aggravated stomach only when there was a sudden outburst of IBS symptoms. The word "flare-up" in this passage gives the impression that Daisy only noticed her symptoms by surprise.

However, soon after, she described how this experience has changed through practicing awareness:

> "Not only just doing the body scan but day to day, I started being aware of when I was starting to get symptoms so before the flare up came being able to say "OK so you need to take stuff, you need to do something, what's going on" and so that was really helpful." (Daisy, 164-169)

In the preceding passage, Daisy revealed that through a process of increasing concern towards the manifestation of her IBS in her body, she was more able to potentially perceive what her body need and therefore what she needed ultimately.

As well as becoming more aware of their bodies participants appeared to become more aware of their lives and their needs as a whole.

Here Natalie described how she developed an awareness of her own limitations:

> "I would be more um boundaried, more controlled in the way I planned my week rather than just saying "yes" to everything, I…like I did maybe when I was a teenager and just want more and more and more of everything, I was more like OK, no, now I need some time for myself or now I need to go to the gym and I, you know, I'm not available so just having that structure or having the awareness of…of my limitations I think helped a lot." (Natalie, 507-515)

In this extract Natalie demonstrated how her life style changed, as she grew older, to help her prevent anxious moments. She stated that now she planned her week ahead and considered her needs before saying, "yes" to everything. She felt this was down to becoming more aware of her own limitations and needs.

Daisy described a different form of discovery yet one that was still self-focused:

> "And so I realised that feedback I got from other people was much kinder than any review in my head that I had of me and I…and I was like "oh just…yeah they're nice people, they're saying this because…" or "they're saying that because…" and then I started to think about it yeah but yes they are nice people but some of the people that are saying that don't have to say that like they wouldn't just say it…" (Daisy, 738-744)

Here Daisy's focus was on others feedback of her, however it could be seen that her realisation went far deeper than considering whether what people said was true or not. In the passage, it appeared that Daisy recognised that her view of herself was rather unforgiving in comparison to others. She seemed to affirm this by noting that people were not forced to say nice things to her yet they still did.

Joanna also talked about her experience of self-discovery:

"I think that's why I got emotional, I think it was a realisation that actually yeah I am dealing with a lot of stuff and actually it is a bit all too much. I'm kind of a very much… I don't keep calm, I stress a lot, and I'm one of these manic…I can either be one way or the other, I'm quite man…like at work, I'm a hundred miles an hour, I'm on it, you know, quite a responsible job, you know, like most people. Um but I realised I was just running really fast and not stopping um yeah and I just thought 'God I just need a break, like, I'm just on auto-pilot and I'm just taking on far too much and I've got a lot of personal things going on in my life, I had a lot of work stuff going on in my life' um and I think I just realised it was all a bit too much and I'd had enough and I think that's why it got quite emotional." (Joanna, 362-379)

In this excerpt, Joanna described her experience while carrying out the body scan meditation as part of the course. Prior to this segment, Joanna stated that she got emotional when completing this meditation. Here she related her emotional response to becoming more aware of how much she was dealing with at the time. Joanna identified herself as a person unable to keep calm, she continued to suggest that she ran a hundred miles per hour. Here Joanna evoked an image of a hamster running on a wheel, one where the hamster struggled to cease movement. However, it appeared that when attempted to cultivate stillness through her practice she became aware of how much she needed a break. She acknowledged that she felt she took her "running" too far. I wondered whether Joanna was metaphorically running from what appeared to be a difficult period in her life.

When participants spoke of their developing sense of self-awareness I often felt their descriptions of this experience resembled an inner being that stood beside them or just above them while watching them experience life. It appeared as though this sense of self-awareness was another aspect of who they were.

3.3.3 THIS TOO SHALL PASS

This theme sits at the opposite end of the spectrum from 'the Estranged self', where participants seemed to move from being unfamiliar with the anxiety experience to a more familiar place. It also encapsulates participants' newly found trust that the experience will pass.

In the following passage, Natalie described this shift from an unfamiliar place to a more familiar one:

> "I think at the time I was so unaware of what was going on in general, I was quite confused in my life so I didn't really try to make sense of it, I just thought 'oh it's going to pass' or I waited for it to pass and then every time…so the first time it happened, it was really scary 'cause it was…obviously it was something foreign to me and then I realised that if I wait, it goes away so it would be like OK, two weeks really bad and then it just suddenly lifted and then I think maybe…just the fact that it would lift would give me the…the confidence or the belief that it's not going to last forever so that made me feel better about it and I would just let it pass." (Natalie, 432-444)

Prior to this Natalie talked about her early experiences of anxiety, back when she was a teenager. In this excerpt she stated that she was unaware and confused at the time hence she did not make an effort to understand what was happening when she did feel anxious. I wondered whether as a teenager Natalie found it difficult to address her uncomfortable experiences of anxiety and therefore did not want to initially understand it. Then Natalie began describing a process whereby recurring experiences of anxiety contributed to a belief that she can rely on the experience passing and that it was not going to last. Natalie clearly identified here how terrifying her experience of anxiety was when it felt unfamiliar. Moreover, it appeared that due to a lack of knowledge when she was a teenager she feared that the anxiety would "last forever".

Daisy expressed a similar experience:

> "I put myself in those situations that make me anxious and I push myself into situations that like they cause the anxiety to come but I kind of prove that I can do it and I think that's what's dampened it down quite a bit…" (Daisy, 597-601)

In the above statement, Daisy suggested that she purposely put herself in more anxiety provoking situations. It appeared that Daisy wanted to demonstrate to herself that she was able to go through the experience without being harmed. She then stated that this recurrent encounter with anxiety has helped her realise that she is able to achieve this and therefore reduce the intensity when it did occur.

Equally Kate also described how she began developing trust in the ebb and flow of difficult experiences however through her mindfulness practice:

> "During the first meditation where hmm, um listening to um to…to the guide um like I and like at some point he says like when you focus on your breath like you just realise that um it's like um it's a rise and fall, you know, it's like…it's like a tide and I never thought of…of um of breathing as being like um like a tide, you know, like and um and that image of like connecting like this breathing with um with the sea, it just um, um it just made me feel connected to um to the world like to…to…to the earth like to…to the universe in general and um and it gave me also a sense of trust..." (Kate, 245-256)

Initially Kate illustrated how when she related the ebb and flow of the breath to the rise and fall of the tide she felt an affinity with the earth and the universe. She continued to suggest that it was this affinity that cultivated a sense of trust. She then stated:

> "Trust in the process of life, trust in um in the…in the universe that like as the breath like um the…the breath goes like without us controlling it and it just works by itself and um, um so in the same way um like if we trust that life takes care of us um then um we…that helps us like to have a positive outlook on what's…whatever happens um to us and also if we…if we are going through hardships um but um if we have…if we…if we remember to trust then um, um we know that um we have the inner resources um that hmm that we can use to…we just need to find them but like we can trust that we have the resources like to um to overcome or like to um to overcome difficulties basically." (Kate, 260-273)

In the preceding passage, Kate seemed to relate the ease with which the rhythmical pattern of the breath occurred to the potential effortlessness of the experiences of life. She stated that this connection she made to the breath allowed her to gain a positive outlook on life. Here Kate used "we" as a pronoun throughout the excerpt giving a sense of a collective trust being cultivated, I wondered whether she used that because she felt an affinity with life and therefore others as well. At the end of the passage, Kate maintained that she believed when going through suffering if she remembered to trust then she would potentially realise that she has the inner assets to overcome these difficulties. Here it appeared that through her mindfulness Kate also began to believe that her experiences of anxiety would eventually pass.

3.3.4 ACCEPTING AND MANAGING ANXIETY

Within this theme there was an essence of anxiety remaining unchanged in the participants' eyes. Although some stated that they found the experience to be less intense, it seemed that they still experienced anxiety. As a result of it remaining unchanged it appeared that the participants looked for and have found ways in which they tried to prevent or manage their anxiety experiences. Additionally, participants gave the impression that their perspective relating to anxiety changed and therefore diminishing its power.

Sam described what appeared to be his continued struggle with anxiety in the following excerpt:

> "Um but, no, in terms of like am I fixed which is what…I'm quite a kind of pragmatic person. Am I fixed then it's well no because there isn't a fix for this." (Sam, 495-497)

He later continued to say:

> "It's that this is the way that people everywhere, that's what they feel um in situations like mine um and you just accept it and you deal with it and then you get through it um and actually then you learn to enjoy it along the way so um it's a shift in perspective." (Sam, 499-503)

Here Sam clearly stated that he did not feel "fixed" and that his anxiety experience remained unchanged. However, it seemed that the way he felt about it has shifted and rather than finding the experience unbearable, he now seemed to appreciate it. When Sam stated that anxiety for him was an experience that he needed to "get through", he gives the impression that it is an experience that you need to tolerate rather attempt to change, reiterating this idea that anxiety can't be "put right".

Daisy seemed to share Sam's sentiment. Additionally, she elaborated on how she felt her experience has changed:

> "It was there but it was less so the anxiety was lessened definitely but I still had the thoughts of "I need to do this, I need to get this done" but it became a more constructive way of thinking about it so like "I don't have to do it right now 'cause right now I'm going on a walk in the rose garden." (Daisy, 408-414)

At this point Daisy, affirmed that her current experience of anxiety was similar to earlier occurrences, she particularly felt that her thinking patterns remained unchanged. However, she described a change in her experience from what appeared to be an all-consuming process to where she was able to compartmentalise her life and pay attention to one activity at a time even when anxiety presented itself.

Shortly after Daisy described how she currently thought of anxiety:

> "I kind of think about anxiety slightly differently now that, you know, it's OK to have some anxieties. If you had no anxiety whatsoever and you just thought that everything was amazing that would be more worrying in a way" (Daisy, p.15, 602-607)

It seemed that Daisy did not only learn to pay attention to one activity at time and detach from an all-consuming emotional experience of anxiety, she also depicted a change in her opinion of it; rather than wanting to escape anxiety she appeared to believe that it was a natural emotion and therefore she seemed to become more accepting of it.

Similarly, Fiona also appeared to learn to be more accepting of her difficult experiences:

> "I think it's to do with a lot of judgemental thoughts I think that I have um towards myself so with…yeah, like with always thinking that there is something wrong with me to some, you know, to some degree or to some level and I.. and I think that's where like where mindfulness actually is amazing or like or has been amazing like for me because it really reinforces this…this technique in a way of non-judgement like of looking at things in a non-judgemental way." (Fiona, 385-394)

Here Fiona refers to similar experiences as described earlier under the theme "Drowning not sailing". She seemed to suggest that her previous anxiety experiences were related to her critical view of herself and her potentially over-riding negative thoughts. She goes on to suggest that it is through a process of engaging with and looking at things in a "non-critical" way she was able to transform and change her experience to anxiety.

She reiterates the power of this process at a later stage:

> "But it actually has such a…such a power just like it's OK that I make mistakes, it's OK that, you know, I'm not, I don't know, that I might trip like when I do something or that, you know, that I get anxious as well and all these things as long as I remind myself that any experience, you know, anything that.. that I do or anything that might get me anxious, it's not…doesn't have to define who I am as well." (Fiona, 406-414)

In the above passage, Fiona appeared to describe the strong impact that making a mistake has had on her experience of anxiety. Here it seemed that when she previously stumbled she engaged with a critical aspect of herself. She gave the impression that this critical aspect blamed her for "losing her footing". However, through a process of reminding herself that this "stumbling" doesn't have to define her she is actually able to feel more OK.

As a result of this unchanging experience of anxiety, participants appeared to find ways appropriate to their needs to manage this experience Here Emily expressed her process of finding strategies to help her at times when she was more anxious:

> "I don't know whether that's more from just kind of understanding myself more like as I've got older and had, I suppose, episodes or challenges along the way I feel like I've come to understand myself and have put strategies in place um mindfulness being one of them…" (Emily, 365-370)

In the above excerpt, Emily considered the impact of mindfulness on her anxiety experience. It appeared that she was unsure whether mindfulness was the only strategy that helped her to manage her difficulties. She continued to suggest that as she got older and became more aware of her needs and more familiar with the experience of anxiety, she was able to put strategies in place to help her.

Natalie described one of the strategies she employs whenever she felt anxious:

> "I feel like I just grew out of the…grew out of the anxiety um and I think understanding what works for me generally like in terms of my lifestyle and um how I interact with people or just really general stuff like I know that I love socialising but sometimes I need a little break." (Natalie, 483-488)

Natalie also seemed to feel that she now knows herself better and therefore is able to adjust her lifestyle according to her needs. She stated, as an example, that despite having a love for socialising occasionally she is aware that she may need to give herself a break.

Fiona, on the other hand, appeared to find support in her faith:

> "I'm quite into spirituality and I'm a Baha'i so like I'm…like I have a faith and I think prayer as well has…I feel has given me the understanding that to…like, you know, not the understanding but has given me the experience of letting go." (Fiona, 573-577)

In the above passage, Fiona appeared to associate her ability to manage anxiety with her ability to relinquish her grip on her experiences. This she seemed to able to do through engaging with her faith.

4.0 DISCUSSION CHAPTER

4.1 INTRODUCTION

In the first part of this chapter I will begin by looking at a summary of the findings of this study, particularly focusing on linking current findings to previous literature (research). Three/ four conceptual themes will then be reflected on and considered in relation to the wider philosophical and psychological literature. In the second part of this chapter, I will consider the quality of the research study focusing on the strengths and limitations of the design and analysis method. Moreover, I will consider avenues for future research and discuss the clinical implications of the study.

4.2 RESEARCH AIMS AND SUMMARY OF RESULTS

This research study was interested in exploring the lived experience of anxiety particularly after completing an eight weeks mindfulness based stress reduction program (MBSR), as set out by Jon Kabat-Zinn (1994). The study was carried out in the hope of shedding light on the subjective and unique experiences of people who sought the program and have experienced anxiety in the past. Moreover, the purpose of the study was specifically to highlight participants understanding of the experience of anxiety after the program. The analysis of participants' transcripts emphasised the many facets involved in the anxiety experience – the mental or psychological, the physiological and the behavioural – which supports previous findings (e.g. Steimer, 2002). While the research focused on participants' current experiences of anxiety, it cast a light on past their experiences, as it appeared to contextualise (give meaning to) participants current experiences. Sub-ordinate theme one focused on underlining previous experiences of anxiety whereas theme two highlighted the characteristics of their current experiences. While participants did not suggest they no longer experienced anxiety, they seemed to discover how to calm the storm of anxiety through spending more time in the moment (being), discovering the self and learning to allow and accept the experience as it is, both emotionally and cognitively.

4.3.2 GENERAL SUMMARY OF RESULTS IN CONTEXT

Participants conceptualised past experiences of anxiety in four domains – immediate psychological and physiological symptoms, overriding negative thoughts, a sense of estranged self (unfamiliarity with the experience and the self) and the impact the experience had on their relationships.

All participants expressed various psychological and physical symptoms associated with their anxiety experiences. They particularly focused on the sudden onset of certain physical symptoms, such as; shortness of breath, increased heart rate muscular tension, digestion difficulties and increased mental activity. These symptoms are in line with previous literature examining the bodily symptoms linked to anxiety (e.g. Hoeh-Saric & McLeod, 2000; Pohjavaara, Telaranta & Vaisanen, 2003). Moreover, participants described various changes to their cognitions and behaviours linked to their anxiety experiences. While this study did not measure specific behavioural changes the participants' outward behaviour, in particular anxiety-provoking contexts appeared to change. The participants' narratives emphasised the cognitive changes associated with anxiety. These cognitive changes were reported in previous literature, particularly linking changes to three cognitive processes – attention, interpretation and rumination or negative repetitive thinking (Miller, 2009; Ehring & Watkins, 2008). Previous literature showed that participants who struggle with anxiety were more likely to be nervously alert and avoid threatening stimuli (e.g. Ledley & Heimberg, 2006; Staugaard, 2010), tend to focus on the worst possible outcomes (e.g. Hirsche & Clark, 2004) and generally have a more negative outlook on life. These experiences are predominantly stressed in the subtheme "Drowning not sailing", where participants discuss at length an array of overriding negative thoughts that are directed towards the self and potential negative environmental (situational) consequences. Additionally, participants referred to the role of others as part of their anxiety experience. They focused on three aspects – a sense of overwhelming responsibility for others, a need for reassurance from others or an increased sense of anxiety around others. These changes in the relational element, during the participants' experience, supports earlier literature that particularly links social anxiety with relational difficulties (e.g. Davila & Beck, 2002). Previous literature reported both a tendency to avoid certain social interactions due to social anxiety or an over-reliance on others for reassurance during the experience (e.g. Davila & Beck, 2002). However, it is important to note that none of the

participants in this study stated a particular diagnosis and this theme was common amongst all their experiences. This suggests that potentially certain relational difficulties could be associated with all anxiety difficulties. Finally, participants discussed a sense of unfamiliarity with their earlier experiences of anxiety throughout the theme "The Estranged Self". Within this theme, participants not only discussed their sense of unfamiliarity with the experience, they also maintained that their thoughts, feelings and impulses during anxiety were a separate entity present independent of who they are. To my knowledge there is no research within the area of "the self" that concerns itself with the experiences of the self during an anxiety experience. However, Hayes, Strosahl and Wilson (1999), propose that there are three aspects of the self, one of which contributes to experiencing a heightened sense of anxiety. This will be discussed further in the following sections.

In contrast to their past experiences, participants formulated their current experiences of anxiety through four different domains of experience; Being-in-the-moment, cultivating self-awareness, this too shall pass and accepting and learning to manage anxiety. These focused on participants' journey to calm (temper) the storm of anxiety. They describe a change for the participants – a change from an experience of 'doing' to 'being' and from 'unknowing' to 'knowing'. The themes echo previous research findings into the processes of change associated with mindfulness based stress reduction (e.g. Sauer & Baer, 2010). It is important to note that participants did not directly link all these changes to attending the program itself, however these themes appear to be best portrayed by this area of research. This field of study (process change) drew attention to three processes of change linked to mindfulness based interventions (MBI) – mindfulness, decentring and emotional regulation (e.g. Sauer & Baer, 2010). These processes of change suggest that participants who attend MBIs increase their ability to adjust their attention, develop more presence and begin to cultivate an attitude of curiosity towards daily life experiences (e.g. Christopher, Rogers, Hunsinger, Colgan, Reiss, & Farwood, 2015; Nila, Holt, Ditzen, and Aguilar- Raab, 2016). Moreover, they suggest that participants begin to develop an ability to see thoughts as fleeting and do not reflect the truth (e.g. Sauer & Baer, 2010). These internal changes are said to mediate the effects MBIs have on anxiety (e.g. Christopher et al., 2015; Nila, Holt, Ditzen, and Aguilar- Raab, 2016). Furthermore, it also proposes that mindfulness based interventions also bring about more adaptive ways of responding to emotional difficulties (e.g. Berking, Orth, Wupperman, Meier, & Caspar, 2008; Goldin & Gross, 2010).

Similar themes were attained when exploring the lived experience of students who have attended a mindfulness-based stress reduction program for their difficulties with academic evaluation anxiety. Hjeltness, Binder, Moltu and Dundas (2015) highlighted five major themes

as part of students' lived experiences, generally the themes drew attention to participants growing ability to stay focused (adjust attention) and a move in their experience from fear to curiosity and openness. Moreover, they also found that participants were able to cultivate better self-acceptance when facing difficult situations.

Rather than repeating the essence of the analysis chapter and run through the themes, I will now consider three conceptual themes in relation to wider philosophical and psychological theory that I feel filtered through the analysis. The themes will be described under three main headings – bare experiential awareness, being with feelings and embodiment. Although the themes will appear to be distinct, they are interrelated and could be seen as belonging to one major heading – "bare experiential awareness". However, for the purpose of depicting intricate details of the participants' experiences they have been divided into three sub-headings.

4.3.3 BARE EXPERIENTIAL AWARENESS

Throughout their interviews participants described a growing sense of awareness lending to an improved sense of self and a transformed relationship to their experience of anxiety. Three themes highlighted this experience – being-in-the-moment, cultivating self-awareness, and this too shall pass. Primarily, participants portrayed their process of attending to the present moment, to their thoughts, environment and feelings. Initially, they appeared to find attending to their 'current' on-going experiences and emotions difficult. Subsequently, they expressed a shift to a place where they were able to allow themselves time to be present in order to stay with their experiences. Ultimately, participants became more conscious of their thoughts, who they were and how anxiety affected them and their bodies. This newfound awareness seemed to alter their relationship to their experience of anxiety. Moreover, it seemed to manifest a change from a sense of helplessness to a sense of personal agency over their difficulties.

"Bare attentiveness to the unfolding flow of experience" – observing the present moment while attempting to suspend thoughts - is considered to be a trademark of phenomenological theory (Felder, Aten, Neudeck, Shiomi-chen, & Robbins, 2014, p. 9). Phenomenologists, such as Husserl (1971) and Heidegger (1962), emphasised the role of reflection and moment-by-moment awareness of experience in the process of understanding existence. Furthermore, they maintained that dualistic, rational and objective thinking, which were "culturally patterned", impedes with our ability to make direct contact with the present moment and therefore disrupting our meditative stance (Felder et al., 2014). Heidegger (1962), unlike Husserl

(1971/1980), drew a picture of an individual that is more fluid in nature, one that is embedded in the world that he lives in. According to him, this individual has the ability to access a deeper, more primordial, understanding of being through means of breaking the mind-body-world divide. This divide is broken through a process of paying attention to the "things themselves" in the here-and-now and as they are, beyond the use of "technical devices" (p. 50). Moreover, akin to Husserl (1971), Heidegger (1962) acknowledged that it is our unique sense of being-in-the-world that shapes our view of our experiences (our judgements) however he appeared to encourage an awareness of this, rather than calling out for a 'bracketing' of all our assumptions and preconceived judgements (Cohen, 2002). While Heidegger (1962) believed that we are unable to arrive at a complete understanding of our essence, he proposed that humans (*Dasein*) should continue to observe, describe and engage with their experiences in order to establish certain 'truths' relating to their existence.

The value of cultivating an observational stance is reflected in all participants' transformed anxiety experiences, from a sense of drowning in negative thoughts (Drowning not Sailing) to a stance of a detached observer separate from their thoughts. This is reflected in Sam's[2] illustration of his developing awareness of thoughts. Like Heidegger's (1965) suggestion, it appeared that Sam's ability to observe his critical thoughts ensued a realisation that 'thoughts were just thoughts' independent of who he was. Sam went further to propose that his newfound ability seemed to change how he encountered his disapproving thoughts; ultimately relieving his difficulties with anxiety.

Another aspect of Heidegger's (1962, p.149) argument was the importance of "constantly bringing the whole phenomenon of Being-in-the-world into view" so that *Dasein* can bring an opening or lightening (*Lichtung*) to the experience of presence (Felder et al., 2014). This, he suggested, is carried out through bringing our attention to both "Being-with" and "Being-one-self" (bringing our attention to those around us, the environment and ourselves). Moreover, he maintained that it is through this practice that the essence of existence can disclose itself to us.

Participants described at length the value of reflecting on their experiences. Intertwined in this was their sense of needing to practice bringing their attention to the present moment. As a result of this practice, all participants acknowledged a value in doing so, as this, they believed, helped them change their complex and difficult experiences of anxiety.

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[2] (Sam: 150-160)

Fiona[3], who discussed an instant sense of calm when in the present moment, expressed how sometimes she found this process difficult and felt that to achieve presence she needed practice. She explicitly stated that it is a habit that she wanted to "develop within herself". Participants like Fiona, also described an initial tendency to have a drifting mind, one that is focused on "doing" rather than "being-in-the-moment". Their descriptions reflect Heidegger's (1962) thoughts on awareness of being-in-the-world, however go one step further to illustrate the difficulty of this process and the regular practice they required to bring their awareness to their experiences particularly in the present moment.

Participants' experiences are akin to Heidegger's (1962) descriptions on the role of bare experiential awareness to shed light on the essence of existence. Nonetheless, they highlight how this process (bringing attention to the present) and outcome (awareness) can invite a different way of relating to their experiences of anxiety eventually transforming the experience from overwhelming to manageable. Sam[4] described this when he stated that awareness has helped him "face up to some of the fears" that he had experienced and it's made him "realise" that they were not "quite so bad".

As part of their experiences participants described a process by which they were able to perceive their thoughts as just thoughts, recognise who they were, how anxiety affected them and how their bodies were affected by their experiences. As a result of their growing awareness of themselves they appeared to get in touch with a separate aspect of the self – one that "stood beside" them and was able to observe their experiences. These descriptions were encapsulated by the theme "cultivating self awareness".

These experiences were unlike past experiences of anxiety where participants appeared to get in touch with another separate aspect of the self, one that is associated with feeling anxious and that was unfamiliar. These accounts resonate with the varieties of the self, described by Hayes, Strosahl and Wilson (1999). They identify three facets of the self: conceptualised self, on-going self-awareness, and self as perspective. The conceptualised self, as identified by Hayes, Strosahl and Wilson (1999), is a self that develops through the use of language and is a culmination of learning that people need to behave in a consistent fashion and live up to their view of themselves and other's views of them. The conceptualised self is often rigid and can be the source of our difficult emotional experiences when we believe it is true, as it often urges us to reinterpret certain events to maintain consistency with this self. Hays, Strosahl and

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[3] (Fiona; 307-318)
[4] (Sam: 111-115)

Wilson (1999, p. 181) suggest that to maintaining human vitality necessitates a person to "voluntarily and repeatedly engage in a kind of conceptual suicide, in which the boundaries of the conceptualised self are torn down". In order to engage with this "conceptual suicide", they suggest that it is important for individuals to engage with an on-going sense of self-awareness and an observing self; these facets of the self are deemed to be an "ally to a healthy and psychologically vital life" (p. 183). The final aspect of the self ("Observing Self") is seen as a fundamental phenomenon to the heart of human spirituality. When engaging with this unchangeable aspect of the self, individuals are able to see how they are responding to events from an outside perspective.

This experience of developing a greater connection to the observing self and its value in managing anxiety related difficulties, was best described by Fiona[5] when she discussed the outcome of practicing mindfulness. She indicated that mindfulness allowed her to develop an ability to observe her experiences without being involved in them, as a result of connecting to another aspect of the self.

4.3.4 BEING WITH FEELINGS

As well as highlighting the value of observing the present moment and their thoughts, participants' also discussed the value of paying attention and staying with particularly "uncomfortable" emotions and feelings. Fiona[6] illustrated the power of this experience clearly when she talked about her newfound insights. She particularly stated that by staying with her emotions, she was able to transform her difficult experiences, such as her experience of anxiety.

Heidegger (1962) also commented on the value of paying attention to our "moods" or feelings. He stated,

"Both the undisturbed equanimity and the inhibited ill-humour of our everyday concern, the way we slip over from one to the other, or slip off into bad mood, are by no means nothing ontologically…The fact that moods can deteriorate and change over, means simply that in every case Dasein always has some mood…The possibilities of disclosure, which belong to

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[5] (Fiona: 90-99)
[6] (Fiona: 270-281)

cognition reach far too short a way compared with the primordial disclosure belonging to moods, in which Dasein is brought before its Being as 'there'". (Heidegger, 1962, p.173)

Here Heidegger (1962) proposed that people always have a mood state. He continues to suggest that paying attention to our thoughts would only reveal to use a fraction of the essence of existence. He believed that our mood state, an instinctive characteristic of our being, one that is potentially "pre-existence", could tell us so much more when paid attention to. Akin to Heidegger (1962), both Kierkegaard (1980) and May (1950; 2015), emphasised the value of paying attention to our emotional experiences, particularly our experiences of anxiety, as they believed it is the source of new discoveries about the self.

In similar light, Rogers (2004) believed that the development of a healthy functioning adult was based on his motivation to self-actualise – to expand his own distinct "personal capacities towards growth and autonomy" (Greenberg, Rice, & Elliot, 1993, p.36). He proposed that ideal human functioning rested on the individual's ability to recognise his feelings and to live his experiences more fully (Rogers, 2004). While describing the process of "self-actualising" he stated,

"He [the fully functioning individual] makes increasing use of all his organic equipment to sense, as accurately as possible, the existential situation within and without. He makes increasing use of all of the information his nervous system can thus supply, using it in awareness, but recognising that his total organism maybe, and often is, wiser than his awareness" (Rogers, 2004, p. 191).

Here Rogers (2004) placed an emphasis on the individual's need to become more fully aware of his sensing abilities, his emotions and his experiences in order to bring about a healthier functioning. He particularly proposes that the individual needs to awaken to a possibility that his sensing body (nervous system) is wiser than his own awareness.

While previously emotions were considered to be "postcognitive" and "disruptive to functioning", there is a recent movement towards viewing primary emotional responses as adaptive and necessary as they provide information on the environment we encounter (Greenberg, 2012). Emotion researchers suggest that emotions function to reset "the organism physiologically, behaviourally, and cognitively to adjust to changing circumstances" (Greenberg, 2012, p. 698). Moreover, this movement states that emotions are part of our ability to make meaning and form part of our impetus towards action and communication. Greenberg

(2012, p. 698) proposes that to gain their "adaptive benefits" emotions must be "processed rather than avoided or controlled".

Hayes (2016) echoes Greenberg's (2012) sentiments and discusses at length the psychological and behavioural difficulties that are associated with experiential avoidance which he identifies as a "pathological process". This process, involves an attempt to control or avoid unwanted private experiences (e.g. bodily sensations, emotions, thoughts, memories, behavioural predispositions) (Hayes, Strosahl, & Wilson, 1999; Biglan, Hayes, & Pistorello, 2008). Hayes, Strosahl and Wilson (1999) emphasize the necessity for people to become more aware, open to and accepting of their thoughts, feelings and attitudes as a remedy to psychological difficulties such as anxiety.

Emily described a shift in her experience of encountering anxiety. She referred to an initial struggle to "focus on" her emotions but after time passing and repeated attempts to make contact with anxiety, she began finding it easier to do so. Moreover, she appeared to recognise that making contact with her emotions "was never really upsetting" as it made her more aware of what she was holding back. Her description fit well with Hayes' (2016) accounts of a general tendency for experiential avoidance and demonstrated the value of becoming more aware and open to emotions. While Hayes (2016) and Greenberg (2012) both address the value of this experience, they do not highlight the struggle that could potentially arise when sitting with difficult feelings such as anxiety. Participants', such as Emily, expressed the need for additional effort in order to sit with and pay attention to their emotions.

Biglan, Hayes and Pistorello (2008, p. 142) stated that the one of the remedies for the negative by-products of experiential avoidance is acceptance, which involves "the active embrace of private events without needless attempts to change the frequency or form of those events, especially when doing so would cause harm", they continue to suggest that "acceptance is not an end in itself but a method of increasing values-based action". Additionally, Cordova (2001, p. 216) suggested "acceptance also appears to involve changes in the person's reported experience of the stimulus situation from noxious to substantially less noxious or even attractive".

In an attempt to explore the effects of acceptance versus control strategies, Eifert and Heffner (2003) carried out a study examining the effects of these strategies on the avoidance of interceptive stimulation. Sixty high anxiety sensitive females were subjected to ten minute periods of 10 % carbon dioxide enriched air. Participants were involved in a training procedure before each inhalation period that promoted them either to mindfully observe or to control

symptoms through their breathing. The authors found that those who were assigned to the acceptance condition significantly demonstrated less avoidant behaviour, less intense fear, fewer cognitive symptoms associated with anxiety and catastrophic thoughts.

Following on from this study Campbell-Sills, Barlow, Brown and Hofmann (2006) examined the physiological effects of emotional suppression (control strategy) versus acceptance in a group of participants with anxiety and mood disorders. Prior to watching an emotion-provoking film, participants listened to either a rationale for suppressing emotions or accepting emotions. Several physiological measures were taken before, during and after the film. In comparison to the emotional suppression group, participants in the acceptance group exhibited less negative affect post film recovery period. Moreover, the acceptance group demonstrated a decrease in heart rate in response to the film whereas the suppression group displayed an increase in heart rate rating.

The theories and studies discussed relating to acceptance and being with emotions, express similar themes present in participants' descriptions. However, in addition to describing a growing ability to embrace their difficult emotions, participants talked about a process of learning to enjoy the experience of anxiety. As a result of this, participants portrayed a growing intimacy and familiarity with the experience. Furthermore, unlike the theory, participants particularly highlighted that these experiences of acceptance have cultivated a sense of trust that anxiety would eventually pass. Which was beautifully expressed by Kate when she stated, "the breath goes like without us controlling it and it just works by itself and um, um so in the same way um like if we trust that life takes care of us um then um we…that helps us like to have a positive outlook on what's…whatever happens um to us" (Kate: 260-273).

4.3.5 EMBODIMENT AND RETURNING TO THE BODY

The participants in this study have discussed the body in a variety of different ways across the two major themes. At times they alluded to a lack of awareness of their bodies, while other times have described their awareness of a diverse set of immediate bodily reactions to anxiety. The potency of the potential physical reactions to anxiety were best captured by Sam's descriptions, where he stated that the experience of anxiety is similar to someone standing on his chest and not allowing him to breathe. Moreover, it seemed that the body appeared to play a part in the participants' journeys to temper the storm (anxiety). This was depicted throughout two themes; "being-in-the-moment" and "cultivating self-awareness". Within these themes,

participants appeared to become more aware of their bodies through time and how they were affected in the course of the anxiety experience and thereafter. Moreover, the participants seemed to make use of this body awareness to be more present, in order to encounter and learn about their experiences.

Merleau-Ponty (1962) focuses his entire philosophy on the body as a tool to experience and understand "being-in-the-world". He maintained that we do not simply possess a body, we are our bodies and it is through our bodies we experience the world around us (Finlay & Langdridge, 2007). He suggested that the body is pre-reflective, a home to an intelligent sense that precedes the mind (Merleau-Ponty, 1962; Felder, Aten, Neudeck, Shiomi-Chen, & Robbins, 2014). Merleau-Ponty (1962) believed that if we payed attention to this pre-reflective body, which is embedded in the world we live in, we can begin to experience the world with a sense of grounded-ness of thought and being (Felder et al., 2014).

These views were mirrored throughout the participants' descriptions. Fiona[7], for example, talked about finding the experience of connecting to her body and the breath as a great tool to bring her back to the present moment and connect with her experiences. She goes a step further to express how this has helped her with her difficult anxiety experiences.

Jon Kabat-Zinn (2013) spoke at length about the value of the breath. He maintained that paying attention to our breath can be a powerful "ally" and great "teacher". In his book "Full Catastrophe Living", Kabat-Zinn (2013) described how the breath mirrors the ebb and flow (the rhythms) of our life. He believed that tuning in to his breath brings "[the individual] right into the here and now. It immediately anchors [her] awareness in the body, in a fundamental, rhythmic, flowing life process" (p. 41). Despite placing a focus on the breath, Kabat-Zinn (2013) suggested that the breath is not the most important thing, rather it is the experience that lies beyond connecting to the breath. He saw the breath to as a tool of attention that can help people nurture their ability to live in embodied awareness (continual awareness), which he believed to be imperative to living a happier life. Merleau-Ponty (1962) echoes this idea of the body as a medium for awareness. He believes that it is through our perception, our senses and the totality of our body we understand our world and it is through connecting to our body we begin to bring awareness to our life experiences.

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[7] (Fiona: 287-299)

These concepts were reflected in participants' accounts. This is best described by Joanna's narrative, when she discussed her experience while carrying out the body scan. Here Joanna[8] explained how through the breath and the body she realised that not only was her body feeling tense but also that she was carrying a heavy load of "emotional baggage", which was the cause of her tension. Greenberg (2012, p. 699), akin to Joanna's experiences, suggested that emotions reside in an "undifferentiated form consisting of sensorimotor schemes that are pre-ideational and preverbal". These feelings, he believed, can become more conscious when paid attention and by putting these "felt sensations in words".

Participants also used their environment to feel more embodied and present to their experiences. Natalie, for example, illustrated how she used music to shift her attention away from her anxiety to focus on the present moment.

On similar lines to the previous conceptual themes, it appears that bare experiential awareness - whether it is paying attention to our thoughts, our environment, our emotional sensations or our bodies – helps establish certain truths about existence. These truths, throughout the participants' experiences, particularly seemed to be the fuel for the change they needed to carry out, in their lives, in order to address their anxiety experiences. Additionally, it appeared that from this place of awareness, participants were able to develop acceptance towards and familiarity with anxiety, ultimately changing their relationship to it.

4.4. EVALUATION OF THE STUDY

4.4.1 REFLECTIONS ON QUALITY AND RESEARCH RIGOUR

As mentioned earlier in the methodology chapter, Yardley (2000) proposed four key dimensions by which qualitative studies can be evaluated – sensitivity to context, commitment and rigor, coherence and transparency and impact and importance. Rather than re-iterating the steps taken to maintain validity based on Yardley's (2000) dimensions, I will provide a summary of this while particularly focusing on impact and importance.

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[8] (Joanna: 335-349)

On the whole this research ensured its sensitivity to context initially through a comprehensive literature search that encompassed an examining of philosophy, theory, psychological approaches to anxiety and both qualitative and quantitative research studies from the field. Moreover, although being inextricably involved as a researcher in this study meant that I had to take extra measures to maintain rigor, I believe that my own experience of anxiety and mindfulness based practices (both in therapy and daily practice) not only facilitated an introduction to the context of the study prior to its commencement, but potentially enriched my emotional commitment to the research. My own on-going difficulties with anxiety meant I continued to attend personal therapy to examine this phenomena and how I experience it, this helped me distinguish between my own experiences and those of the participants in the study. This enriched commitment also impelled/urged me to maintain a close and detailed analysis of the participants' transcripts.

Rigour was continuously addressed by attending regular research supervision, particularly focusing on maintaining a distance from the analysis (distinguishing between my own views and what is coming up in the data), preserving a reflective stance and explaining my own process of arriving at my themes. Although my supervisor did not fully engage with the transcripts, she was able to examine my analytic process as it developed through the use of Excel.

Coherence was maintained throughout the research and is demonstrated by matching theory and method in the implementation of the study. Additionally, transparency was upheld throughout the analytic process and is evidenced in the write up of the study. I have considered my thoughts reflexively and have maintained a reflective diary while completing the analysis.

In order to ensure that the findings are utilised to improve the quality of care of service users with anxiety related difficulties, clinical implications have been considered closely. The consideration of clinical implications is intended to establish further understanding of and better treatments for anxiety related difficulties. Moreover, I have already presented this research at a BPS Counselling Psychology Conference (2016) in the hope to to discuss the implications of this research further. Additionally, I hope that articles will be published in mindfulness and psychology related journals as the participants in this study openly and honestly shared their experiences with. I hope to demonstrate the value of their accounts through sharing this work.

4.4.2 LIMITATIONS OF THIS STUDY

There were a number of strengths and weaknesses linked to this study: this section will consider these. One of the limitations of phenomenological research is its reliance on language as a tool to both capture and describe participants' subjective experiences. This means that the methodology relies on participants' construction of their experiences, making direct access to experience rather difficult (Willig, 2008). Therefore, it could suggest that a transcript "tells us more about the ways in which an individual *talks about* a particular experience within a particular context, than about the *experience itself*" (Willig, 2008, p. 67). For this reason, the participants' transcripts are considered to be a reflection of the researcher-participant interaction at the time of the interview. Furthermore, as phenomenological research describes the lived experience of participants it does not help explain "why such experiences take place and why there maybe differences between individuals' phenomenological representations" (Willig, 2008, p. 68), therefore limiting our understanding of the experiences described in the research.

Moreover, while this study did not hope to produce generalisations to the wider population, it took into account a small sample making it difficult to construct any inferences about the experience of anxiety for anyone else other than those who were involved in this study. Additionally, the sample was purposive and targeted those who have recently completed a mindfulness course with specific teachers, further preventing the ability to generalise themes to the general population.

In addition to the above, there was only one man involved in this study, although both genders were invited to participate, limiting the view of males' perceptions when considering anxiety. While it may be difficult to recruit men, it is important to encourage them to participate in such studies as previous research highlighted a gender difference within anxiety disorders and suggested that these difficulties maybe more prevalent in and disabling in women than in men (e.g. Mclean, Carmen, Asnaani, Litz, & Hofmann, 2011). It would be interesting to engage in research that examines similarities and differences in the experience of anxiety for both men and women.

In order to maintain a homogenous sample as part of IPA (Smith & Osborn, 2003), it was important to establish a set of inclusion and exclusion criteria for the selection of participants for this study. Therefore, the research did not consider participants who attended other mindfulness based interventions, those who potentially dropped out while attending the

program and those who chose not to attend a course at all. Research looking at these groups could highlight potential similarities and differences within these participants' experiences; specifically as participants in this study attended voluntarily, potentially affecting the analysis and emphasising more positive experiences of change throughout the course.

While the parameters of the inclusion and exclusion criteria were closely considered, participants' in this study differed in their experience of the time lapse between their attendance of the course and their interview. Some of the participants had their interview within a month of completing the mindfulness course whereas others had the interview within one or two years of completing the programme. It is difficult to say whether this difference in time lapse was behind the varying experiences of the participants however all the participants practiced mindfulness differently after completing the course. Some of the participants, like Sam, were avid meditators, whereas others had decided the formal aspect of the meditation did not fit into their daily activities. For example, Emily stated that since the course she now moved to using mindfulness colouring books to help her connect to the present moment and her feelings.

4.4.3 STRENGTHS AND CLINICAL IMPLICATIONS

Although some of the themes established, throughout this study, have shed light on pre-existing messages within the philosophy and psychology literature, they have cast a light on the participants' personal journey and experiences with anxiety and mindfulness – a voice that was missing within the literature. Therefore, some of the results are seen as a re-invitation, from the participants, to re-address these messages within the fields of psychotherapy, clinical and counselling psychology. Moreover, the study shed light on the potential processes of change that maybe beneficial for clients who present with difficulties relating to anxiety. However, it is important to note that the research carried out does not enable us to arrive at a definitive conclusion relating to the processes involved in cultivating change. Nonetheless, these insights particularly speak to the work of counselling psychologists, who not only work with anxiety related difficulties, but also emphasise a focus on the subjective experience of clients and building a discourse on a holistic view of mental health difficulties (e.g. Gelso & Fretz, 1992; Strawbridge & Woo;fe, 2010). In the following section of this chapter, further clinical implications for practitioners involved in working with anxiety related difficulties are discussed, through three sub-themes; Palpable Experiential Therapy, Beyond diagnosis and prevention. Particular attention is place on the relevance of this for counselling psychologists.

4.4.3.I PALPABLE EXPERIENTIAL THERAPY

The current study emphasises the value of developing a reflective practice that pays attention to several private aspects of the self; such as thoughts, bodily sensations, and most importantly emotions. As mentioned earlier the general tendency and associated "negative effects" of experiential avoidance have been acknowledged in several systems of therapy, particularly pertaining to therapies that fall under the umbrella of 'experiential', 'humanistic' and 'client centred' therapies (Greenberg, Rice, & Elliot, 1993; Hayes, Strosahl, & Wilson, 1999). Therefore, the findings underline the potential for a more experiential approach to therapy, akin to humanistic and client centred therapies, especially with clients experiencing "difficult" or "problematic" anxiety.

The current guidelines for anxiety disorders (NICE, 2014), recommend interventions that are focused on cognitive behavioural therapy techniques, where perhaps there is less of a focus on moment-to-moment experience. Hence, there is room for more emphasis on shifting attention to more experiential approaches to therapy. For example, acceptance and commitment therapy (ACT), a form of applied behavioural therapy affiliated with third wave cognitive behavioural therapy approaches. ACT addresses moment-to-moment experiences, emotional processing, spirituality, values and the self in therapy (Hayes, 2016). While ACT acknowledges that it shares much with existential, Gestalt and emotion-focused therapy (Hayes, Strosahl, & Wilson, 1999), ACT values its empirical roots and prides itself on putting together an increasing evidence base (Ramsey-Wade, 2015) therefore making it a suitable alternative to counselling psychologists who subscribe to the scientist-practitioner model (Strawbridge & Woolfe, 2010).

In addition to developing a reflective practice, the research particularly stressed the value of paying attention to emotions for clients experiencing "difficult" anxiety. The belief that it is essential to access and explore painful emotions in order to feel better is generally accepted within a number of psychotherapeutic schools (Greenberg & Pascual-Leone, 2006). Theorists, such as Rogers (2004) and Greenberg (2012) have suggested that a therapeutic encounter should endeavour to include "emotional work". Research has followed suit and confirmed that therapist and client collaborative emotional exploration can enhance good outcomes of therapy (e.g. Coombs, Coleman, & Jones, 2002; Greenberg & Pascual-Leone,

2006). Subsequently, the analysis invites the therapist to address emotions experientially, noticing and accepting rather than focusing on changing negative affect.

Finally, the study highlights the importance of addressing embodiment for participants. Participants found it valuable to work with the body, particularly breathing and becoming more aware of their bodies in different ways. While embodiment is of continued interest within the fields of philosophy and psychology, many psychologists still have no idea how to address this in therapy (Madison, 2014). One potential way of paying attention to the body, is utilising a tool such as "focusing", derived from a therapy approach that was first introduced by Gendlin (1978). Gendlin (1978) introduced a term called the 'felt sense' to refer to sensations in the body that hold valuable information relating to the client's experience. His technique could be introduced into therapy when working with clients who experience difficult anxiety. Madison (2014) uses the term 'palpable' to refer to a form of therapy that addresses the body and allows the body to inform the understanding of experience.

4.4.3.II BEYOND DIAGNOSIS

In its current state, psychiatric diagnoses form an intrinsic part of the current 'treatment pathways' for those referred to psychological therapy with mental health difficulties (Fletcher, 2012). The government in the United Kingdom, for example, uses the categories set by the Diagnostic Statistical Manual (2013) in order to outline the most effective treatments at reducing disorder related symptoms. Therefore, both current psychological treatments and mental health research, within the field of psychology, have been impelled to focus on outlining diagnoses and treatments based on this system (e.g. Fletcher, 2012; Vollestad, Sivertsen, & Nielson, 2011).

This well-established system has its advantages for clients, practitioners and the wider community at large. One common advantage is the potential "reassurance" this system offers for clients, practitioners and the society. For example, it may assist the psychologist in training, in the early stages of her practice, to foster some certainty about the 'right' way to treat a patient (Fletcher, 2012). Feltcher (2012, p. 3-4) stated that, "the very real feelings of relief and security that the system might bring are not to be dismissed lightly, considering the despair and hopelessness that can often accompany such issues". However, he continued to suggest that the diagnostic system could be equally "frustrating, unsatisfactory and restricting in practice" as for some the focus on elevating symptoms has not been sufficient enough to

assist them with overcoming their difficulties and distress. Additionally, current diagnostic categories could give the practitioner the impression that she has accurately captured the client's needs, therefore trapping both the practitioner and client into a given way of understanding (Hayes, Strosahl, & Wilson, 1999; Fletcher, 2012). This could potentially contribute to the development and reinforcement of further emotional distress (Fletcher, 2012). Furthermore, the term "psychopathology" and the medical model ask the practitioner to locate the disease within the person exhibiting the symptoms of the disorder. Which could diminish the individual to a discrete being separate from things, places and people and therefore could overlook several aspects that may form part of the distress (Felder & Robbins, 2011; Fletcher, 2012).

While it is not within the scope of this study to discuss the full debate surrounding the mental health diagnostic system, that is currently in place, this research was carried out under the guise that the current system provides an incomplete and potentially restrictive understanding of emotional distress (Eifert & Forsyth, 2005; Milton, Craven & Coyle, 2010; Fletcher, 2014). As a counselling psychologist I am aware that it is unlikely for health services to abandon the "diagnostic way of working" (Fletcher, 2012), however I believe that it is our responsibility to provide a more balanced view of on-going mental health difficulties. I buy into the view that as a practitioner it is necessary "to create a space where the client's story can be heard, against the on going social pressure to provide standardised, 'symptom'-focused therapies' (Fletcher, 2012, p. 6). This view, I believe, complies with the values that are inherent to becoming a counselling psychologist. Where there is a focus on building a holistic view of mental health difficulties and an emphasis on unveiling the subjective experience of the individual (Gelso & Fretz, 1992; Strawbridg & Woolfe, 2010; Rafalin, 2010).

4.4.3.III PREVENTION

The use of mindfulness based interventions (MBIs) aimed to improve our well-being and our ability to live more effectively in the world around us (Shapiro & Carlson, 2009; Gardner, Moore & Marks, 2014). At it's core mindfulness, in Buddhist traditions, is a practice to cultivate awareness and enlightenment (e.g. Kabat-Zinn, 1990; Gardner, Moore & Marks, 2014). The term is often used to denote several processes such as, acceptance, de-fusion, decentring and mindfulness (e.g. Kabat-Zinn, 1990; Baer, 2010; Gardner, Moore & Marks, 2014). These interventions were based on an educational program put together by John Kabat-Zinn in the 1990s (e.g. Kabat-Zinn, 1990; Baer, 2010). While they are deemed effective for

psychological conditions (e.g. Gardner, Moore & Marks, 2014), they still can be utilised as a preventative intervention (Biglan, Hayes & Pistorello, 2008). For example, as it is becoming more apparent that psychological and behavioural difficulties maybe associated with experiential avoidance (e.g. Hayes, 2016), a preventative intervention could utilise the practices involved in mindfulness to enhance the individual's ability to sit with and pay attention to experience. The participants in this study have found these practices valuable not only to address their difficulties with anxiety, but also to tackle their lives in general. Preventative interventions utilising these ideas could be adapted to a variety of settings, for example, training and teaching specific to parenting, training targeting adolescents and training in the work place (Biglan, Hayes & Pistorello, 2008).

As part of our identity and work, as counselling psychologists, entails an involvement in preventative measures to foresee and forestall difficulties that may arise in the future (Gelso & Fretz, 1992), it is incumbent on us to begin a conversation to adapt and readjust these interventions, if deemed useful, to be taught at home, school and work. In fact, there is a growing number of practitioners working closely with schools to introduce and utilise mindfulness programmes, such as, the Mindfulness in Schools Programme (MiSP), which was specifically developed for young people in secondary school. There are initial findings that indicate the programme's acceptability and efficacy (e.g. Kuyken et al., 2013).

4.4.4 AVENUES FOR FUTURE RESEARCH

Given that the results of this study pointed to the value of reflexive awareness and embodiment I believe it would be interesting to explore the experiences of clients who attend therapy that stress the value of the above mentioned constructs, such as, acceptance and commitment therapy and existential therapy. Furthermore, it would valuable to consider other quantitative and mix method studies to explore the experience of everyday difficult anxiety further in the hope to develop a more in-depth understanding of general anxiety experiences. Moreover, considering the rising research around the adverse effects of mindfulness, further research into this is deemed appropriate. This is particularly pertinent as this research study did not examine nor highlight the potential adverse effects associated with practicing mindfulness.

4.5 REFLECTIONS AND CONCLUSIONS

4.5.1 REFLECTIONS ON AUTHOR'S IMPACT ON FINDINGS

In line with maintaining rigour and quality, Yardley (2000) proposed that it is important for a qualitative researcher to maintain an awareness of how she may have influenced the study. In order to observe this, I have kept a reflective diary throughout the research process. Furthermore, I have also shared some of these reflections throughout this written piece of work. This research emerged from my very own experiences with anxiety and mindfulness, therefore it is important to recognise that the questions asked in the interview and the interpretations made throughout the analysis were constructed and influenced by my own experiences and beliefs. Furthermore, as I adhered to an interpretative phenomenological epistemology, I believe that the findings in this study are based on a double hermeneutic construction (Smith, Flowers & Larkin, 2009) of participants experiences; meaning that the findings emerged as a result of my own interpretation of participants' understanding of their experiences. However, despite being inextricably engaged in this research, I believe that my experiences have also helped me throughout the interview processes and the interpretation of transcripts. My personal experiences have helped me shape questions that are considerate of both the difficulties of anxiety experiences and the intricacy of mindfulness processes. For example, as I have completed a mindfulness based stress reduction programme this meant I was aware of all aspects of the course and was able to ask several detail oriented questions relating to this throughout the interview.

Although I have personally established a good rapport with each participant and have made it a point to address my impact on this research throughout the different analytical stages, I realised that at times I over identified with the participants' experiences. This over identification, may have meant that I missed further exploration of certain aspects of the participants' experiences. I noticed that at the first initial interviews and first stages of analysis I was initially looking for particular findings that fit with my own experiences. However, to maintain rigour and faithfulness to the participants' accounts I have endeavoured to engage with on-going research supervision and personal therapy. Moreover, I have set up pilot interviews before beginning the research in order to include careful consideration of the research design and the interview schedule. These encounters have helped me take a step back and maintain close attention to participants' accounts and the research question.

4.5.2 PERSONAL REFLEXIVITY

As I begin to reflect on the process of completing this research, I am struck by the fluctuating roller coaster of emotions that I felt throughout. At this moment, these feelings are rushing back creating a physical response that is hard to deny yet difficult to acknowledge and accept. Acknowledging these feelings has been part of my journey as a trainee-counselling psychologist and a researcher; learning to sit with sadness, loss, pain, and anxiety is not an easy task, yet time and time again I am struck by the value of this experience. To highlight some of my own experiences of anxiety and my own reflections that took place while completing this study, I am going to portray this through threading together some of the extracts from the reflective diary I've kept.

Reflecting back on this journey, I am particularly reminded of several occasions where I was overwhelmed by the very same experiences the participants described. I was no stranger to the sudden onset of strong heart palpitations, shortness of breath and feelings of agitation and discomfort throughout the research process. While previously experiencing this and feeling I may have overcome anxiety, the research reminded me of its ever enduring presence. Two significant periods of time come to mind as I think of the research process – completing the analysis and the literature review. These periods have prompted a return to being-in-the-moment, a focus on cultivating self-awareness and a constant engagement with accepting and learning to manage anxiety.

During the analytic process, when immersed in the participants' interview transcripts, I would often feel emotional. These emotional experiences were stimulated by the very experiences the participants were describing and my close relationship to these feelings. For example, when reading Joanna's transcript I began feeling a huge sense of responsibility for others safety akin to her own experiences of anxiety. This resulted in strong heart palpitations, sweating and a difficulty to think. In order to counteract those experiences, initially I had to acknowledge their presence; by either speaking to colleagues or my supervisor. I had to become familiar with the emotional responses that the analysis triggered. Moreover, I found myself spending extended time in meditation as a result of this to bring myself to the present moment. Writing the literature review brought about similar feelings of anxiety however it highlighted other aspects of this phenomenon. While reading about anxiety for an extended period of time I would find myself inundated by an array of negative thoughts that often times brought the writing process to a halt. Much like the participants, this triggered feelings of being trapped and a constant wanting to escape. Due to this sense of wanting to escape it felt

particularly hard to sit with these feelings and therefore I felt it would be best to attend therapy where I would be encouraged to attend to my feelings and make sense of them. This felt particularly pertinent as I wanted to make a distinction between my own experiences and those of the participants and to utilise some of this in developing a better understanding of the experience of anxiety.

It is fair to say that the entire research process promoted an intense reflective period where I would return to think about my experiences in depth, spending time becoming familiar once again and "being with" with the experience of anxiety. I was surprised to find this experience described so beautifully by the participants in this study, placing particularly emphasis on the extra effort that this process necessitates.

I believe that the research study has challenged me to address my own difficulties sitting with anxiety. Furthermore, it has given me a deeper understanding of this complex emotion and the struggle to transform this experience. Reminding time and time again of what Robertson (2015, p. 1) stated, engaging with anxiety would be "turning directly to the brute givens of experience, it is always much too close for comfort and, in a sense, gets lodged in one's throat like a choked wad of affect". Moreover, I came to the research thinking that I will find a complex answer filled with potential techniques to manage and rid ourselves of anxiety. However, I found that the processes the participants identified appeared to be simplistic. Initially I couldn't believe that participants spoke of the powerful experience of just becoming "aware" of experiences. Later, I came to realise that in this potentially simplistic answer lies a complex development processes, one that requires continual practice and engagement with, but equally rewarding.

Similar experiences have taken place in my own work as a therapist, this is particularly highlighted in my case study and my work with Alex. In the case study, further details about my particular concerns and worries while working with Alex are underlined. Moreover, the study emphasis the value of supervision when experiencing worries about regarding clinical work.

In this chapter, I hoped to demonstrate how the findings of this study could be a valuable contribution to various practitioners, who particularly work with anxiety related difficulties. Although there are limitations to this qualitative piece, I hoped to provide a complimentary insight to previous studies that have examined the processes involved in anxiety and third wave behavioural treatments. As the study was particularly able to capture subjective experiences of anxiety after attending a mindfulness based stress reduction course, I feel that the findings brought back a voice that was missing within the literature.

The findings indicated potential processes that may help those who struggle with anxiety, transform this experience. The participants brought about this change through a potentially simplistic yet complex process - bare experiential awareness. The findings not only brought back concepts and insights from philosophical literature, they have also offered new insights into how these concepts can enable change when it comes to general difficult anxiety experiences. Furthermore, they have enabled important considerations for future interventions as well as potential preventative measures.

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APPENDIX 1: ETHICS FORM

CITY UNIVERSITY LONDON

Psychology Department Standard Ethics Application Form:

Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? *For each item, please place a 'x' in the appropriate column*	Yes	No
Persons under the age of 18		No
Vulnerable adults (e.g. with psychological difficulties)		No
Use of deception		No
Questions about potentially sensitive topics	Yes	
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		No
Potential for psychological stress, anxiety, humiliation or pain	Yes	
Questions about illegal activities		No
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		No
Potential for adverse impact on employment or social standing		No
The collection of human tissue, blood or other biological samples		No
Access to potentially sensitive data via a third party (e.g. employee data)		No
Access to personal records or confidential information		No
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		No

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they

will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. <u>You cannot start your research until you have received this code.</u>

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of August). Your application should be submitted at least <u>2 weeks</u> in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. <u>You cannot start your research until you have received this code.</u>

Which of the following describes the main applicant? *Please place a 'x' in the appropriate space*	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	x
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s).
Jeeda Alhakim
2. Email(s).
Jeeda.alhakim.1@city.ac.uk
3. Project title.
The experience of anxiety after attending a mindfulness-based stress reduction program: an interpretive phenomenological approach
4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)
According to the Mental Health Foundation (Swift, Cyhlaroua, Goldie, & O'Sullivan, 2014), 4.7% of the population experience persistent anxiety concerns, making it one of the most prevalent mental health problems in the population of England as a whole. It has gone further to dub this age as 'the age of anxiety', where it found that 1 in 5 people revealed they felt anxious 'nearly all of the time' or 'a lot of the time'. Nevertheless, understanding and recognising anxiety and anxiety disorders remains poor to this day, therefore only a minority receive appropriate treatment for it. Often care for anxiety is limited to prescription drugs rather than offering evidence based psychological interventions, which NICE guidelines recommend as a first line treatment for it (National Institute for Health and Care Excellence, 2014). The Mental Health Foundation (Swift, Cyhlaroua, Goldie, & O'Sullivan, 2014) recommends that practitioners look into the nature of anxiety and whether current approaches and interventions can be found to address specific needs. This is not only important to mental health practitioners but also essential for counselling psychologists who come face to face with anxiety on a daily basis, working with people within groups and one-to-one settings. As our understanding remains poor an in depth qualitative study of anxiety will bring light to the processes that take

place when this emotion is present. Exploring it within the context of a mindfulness-based stress reduction program will bring a thorough understanding of effective treatments, particularly a detailed exploration of the body as a part of treatment. This can assist counselling psychologists to develop programs that are oriented to help with anxiety and focus on the body, if it assists in its treatment.

This research focuses on maladaptive anxiety and its impact on people. It explores their understanding of the processes that underly the emotion. It does this with a focus on a particular treatment paradigm – mindfulness-based stress reduction. Further, this research is intended to explore the effect delving into the body has on people's understanding off and relationship to anxiety.

5. Provide a summary of the design and methodology.

Based on the aims of the research an interpretive phenomenological analysis will be carried out. In the first instance participants will be recruited via mindfulness-based organisations that offer the 8-week mindfulness based stress reduction program, these will be situated in London, United Kingdom. Organisations will be contacted via email for permission to advertise the research on their premises. Teachers of the mindfulness based stress reduction program will be given flyers to be handed to participants during the time of the course. Furthermore, flyers will also be advertised on the organisation's premises – if possible through their own notice boards.

The research aims at recruiting participants who have completed their course, no more than a year prior to the research interview, and are still in touch with the organisation. This is to insure that the participants experience is fresh within their minds. In line with, Smith's (1995) guidelines for phenomenological research, semi-structured interviews (approximately 60 – 90 minutes long) will be carried out with 6-8 participants who have undertaken a mindfulness based stress reduction program. Interview questions will be open-ended and non-directive, focusing on discussions around the understanding and experience of anxiety, the program the participant attended and their experience of focusing on their bodies.

These interviews will then be transcribed verbatim and will be analyzed individually. Initially the text will be read and re-read and notes will be written to reflect initial

thoughts and observations of the data. Notes could fall into three categories; descriptive comments – that capture the participant's subjective experience, Linguistic comments – these would be concerned with the language used to describe the participant's experience, and conceptual comments which focus on the context of the described experienced.

The second stage of analysis will involve identifying and labeling emergent themes – the themes and labels should capture the essential quality represented by the text. Furthermore, themes will then be clustered; this will involve paying close attention to the links between various themes. Initially this will be done on a single case basis then reflected on across all cases. At this stage of the research, the researcher shall also employ psychological knowledge to make sense of the data, particularly participant's mean making, this will introduce interpretative coding in the analysis.

The clusters will then be given labels that capture their essence. In the final stages of the analysis a structure will be developed – possibly a table – to illustrate emergent themes and clusters that present the relationship between themes through examples. This should take the reader through a detailed commentary on the data extracts and the thoughts behind interpretation made earlier.

Due to the need of keeping an open and reflective stance through out the research process during both interview and analysis stages, a reflective diary will be kept at all times. This can ensure that the researchers own opinions have less of an impact on the data collected and assist in developing a more coherent analytic process. Furthermore, at all stages of the research supervision will be utilized to further reflect on the descriptive and interpretive process of the analysis.

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

The research hopes to collect data in two stages: Firstly, a pilot study will take place with at least 2 participants to ensure questions set up by the researcher are understood and directly linked to the research topic. Secondly, interviews will take place with 8 participants that have completed a mindfulness-based stress reduction program within an organisation.

Individual semi- structured interviews (approximately 60 - 90 minutes) will be recorded digitally; at a venue of the participant's choice these could include City University Campus or Regents University Campus. These interviews will then be transcribed verbatim.

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

The topic of anxiety is a sensitive phenomenon for many as it may be sometimes an unknown territory; it may also carry unexplored feelings during discussion.

Vulnerability in research can arise in many different ways – especially when it focuses on personal processes such as anxiety, as this may bring participants to the core feelings and emotions towards the events being discussed. It is possible that areas of unanticipated vulnerability may only become apparent during the research process and may form part of the findings.

It is for these reasons participants will only be approached once they have completed their program. Care should take place in regards to the relationship developed with participants and all other people that may be involved directly and indirectly in the research. The discovery or construction of new knowledge and the ways in which this knowledge is delved into should be monitored. This will be maintained through keeping a reflective diary, keeping contact with a personal therapist and finally updating the research supervisor consistently through out.

It is of importance to de-brief participants before participating in the research, and letting them know the sensitivity of the topic at hand. Informed consent will be given, detailing the dynamics of the interview that will take place. Participants will also be informed of the submission and possible publication procedure – if any - that will take place. Due to such possible difficulties participants will be allowed to withdraw at any time during the interview and after, ensuring that their wellbeing is respected. Finally, participants will be given an information sheet – please find attached – detailing all aspects of the research and interview process.

Furthermore, they will be given the researchers contact details, along with the supervisor's details in case they would like to contact either of them about concerns to do with the research taking place. The researcher will ensure that the participant has support outside the interview and especially after it is done. This will be monitored early on before the interview starts where participants will be asked whether they are in-touch with a GP or not and whether they have support after the interview if they feel they need it. At the end of the interview participants will be

given a list of organisations to contact once the interview is done if they need to do so.

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8. Location of data collection. (If any part of your research takes place outside England/Wales please also describe how you have identified and complied with all local requirements concerning ethical approval and research governance.)

Participants will be interviewed in a location of their choice. This could include but are not limited to two locations – City University London Campus or Regents University London Campus.

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9. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

Participants will be over the age of 18 and have completed a mindfulness-based stress reduction program (8 Weeks program) no longer than a year ago of the interview date.

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10. How will participants be selected and recruited? Who will select and recruit participants?

Initially, organisations that provide mindfulness based stress-reduction programs will be contacted, in the hope that they would circulate the research advertisement within their offices. Participants will then come forth on a voluntary basis.

Mindfulness organisations that will be contacted but are not limited to this list:

London Meditation
www.london-meditation.co.uk

Mindfulness Works Limited

www.mbsr.co.uk

The Mindfulness Project
www.londonmindful.com

London Breathing Space
www.breathingspacelondon.org.uk

Being Mindful
www.beingmindful.co.uk

School of Moments
www.schoolofmoments.com

London Mindfulness Training
www.londonmindfulnesstraining.co.uk

London Centre for Mindfulness
www.londoncentreformindfulness.com

11. Provide details of any incentives participants will receive for taking part.

A free hot drink and a box of chocolates.

12. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Yes informed consent will be collected from all participants.

13. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be invited to a face-to-face interview, approximately an hour long, at a location of their own choice; this could include but is not limited to City University Campus or Regents University Campus. In which they will discuss, their understanding of anxiety as an emotion and the mindfulness-based program they attended. During the interview and before they start, they will be given a research information sheet which will describe various aspects of the interview. This will be discussed before embarking on the interview. Once the interview is finished participants will then be given a de-brief sheet which will describe the reasons behind the research and the aim of the interview. The de-brief will also include a list of various organisations to contact in case of emergency.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

As mentioned earlier, the topic of anxiety is a sensitive phenomenon for many as it may be sometimes an unknown territory; it may also carry unexplored feelings during discussion. Vulnerability in research can arise in many different ways – especially when it focuses on personal processes such as anxiety, as this may bring participants to the core feelings and emotions towards the events being discussed.

Initially participants will be given a consent form and information sheet that will detail the process of the interview, but will also discuss the parameters of confidentiality and when it will be broken.

After the interview, a 10 minute discussion of the interview will take place to ask participants how they felt through out and how they feel at the moment, this is to monitor their needs at the time. Further a de-brief will be given to participants once the interview is finished which will include guidance regarding who they can seek for help (contacts and emergency numbers). These include the following:

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

Telephone: 08457 90 90 90 (24 hours a day)
Email: jo@samaritans.org
Website: www.samaritans.org

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

Telephone: 0300 123 3393 (9am-5pm Monday to Friday)
Email: info@mind.org.uk
Web site: www.mind.org.uk/help/advice_lines

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

Telephone: 0300 5000 927   (10am-2pm Monday to Friday)
Email: info@rethink.org
Website: http://www.rethink.org/about-us/our-mental-health-advice

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

Telephone: 0845 767 8000 (6pm-11pm)
Website: www.sane.org.uk/what_we_do/support/helpline

Elefriends: Elefriends is a supportive online community where you can be yourself. Elefriends is run by Mind. If you're a **carer** needing support you can contact all of the above as well as Carers Direct and the Princess Royal Trust for Carers, both of whom are able to provide support and advice on any issues affecting you.

Website: http://elefriends.org.uk/

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15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Risks may arise when sensitive topics are discussed during the interview period. These maybe in the form of ethical, health and safety risks. For this reason, participants will be informed of when a confidentiality agreement no longer holds due to risk to themselves or others. Any concerns arising will be discussed during the research interview. Furthermore, the research may invoke sensitivities in the researcher; to support in that process the researcher will maintain a reflective diary, contact with a therapist and contact with the supervisor during the research process. These will be avenues in which the researcher can ask for guidance and gain support. The supervisor in particular will be consistently updated during the research process.

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16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Please place an 'X' in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	
De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	X
Participants being referred to by pseudonym in any publication arising from the research	x

Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) ***Please provide further details below.***	

17. Which of the following methods of data storage will you employ?

Please place an 'X' in all appropriate spaces

Data will be kept in a locked filing cabinet	
Data and identifiers will be kept in separate, locked filing cabinets	
Access to computer files will be available by password only	**x**
Hard data storage at City University London	
Hard data storage at another site. *Please provide further details below.*	

18. Who will have access to the data?

Please place an 'X' in the appropriate space

Only researchers named in this application form	**x**
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.*

Please place an 'X' in all appropriate spaces

	Attached	Not applicable
*Text for study advertisement	x	
*Participant information sheet	x	
*Participant consent form	x	
Questionnaires to be employed		x
Debrief	x	

Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)		

20. Information for insurance purposes.

(a) Please provide a brief abstract describing the project

This research focuses on maladaptive anxiety and its impact on people. It explores their understanding of the processes that underly the emotion. It does this with a focus on a particular treatment paradigm – mindfulness-based stress reduction. Further, this research is intended to explore the effect delving into the body has on people's understanding off and relationship to anxiety.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		x
Pregnant women?		X
Clinical trials / intervention testing?		x
Over 5,000 participants?		x
(c) Is any part of the research taking place outside of the UK?		x

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to

anna.ramberg.1@city.ac.uk, before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name ……………………………………………. Date……………………………

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21. Information for reporting purposes.

Please place an 'X' in all appropriate spaces

(a) Does the research involve any of the following:	Yes	No
Persons under the age of 18 years?		x
Vulnerable adults?	X	
Participant recruitment outside England and Wales?		x
(b) Has the research received external funding?		x

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22. Declarations by applicant(s)

Please confirm each of the statements below by placing an 'X' in the appropriate space

I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.	x
I accept the responsibility for the conduct of the procedures set out in the attached application.	x
I have attempted to identify all risks related to the research that may arise in conducting the project.	X
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.	x

	Signature (Please type name)	**Date**
Student(s)	Jeeda Alhakim	08/02/15
Supervisor	Fran Smith	**30th March 2015**

Reviewer Feedback Form

Name of reviewer(s).
Jacqui Farrants (2nd reviewer)

Email(s).
j.farrants@city.ac.uk

Does this application require any revisions or further information?

Please place an 'X' the appropriate space

No		Yes	x
Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk, ccing to the supervisor.		Reviewer(s) should provide further details below and email directly to the student and supervisor.	

Revisions / further information required
To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.
Date: 20/3/15 Comments: While I agree that the interviews will involve sensitive topics, I see no justification for regarding this sample as "vulnerable". As I understand it, they are not a clinical population. So I suggest "unticking" the vulnerable adults box, which will make this more consistent with this light touch review.   Otherwise, all else is fine.

Applicant response to reviewer comments		
To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), with tracked changes directly back to the reviewer(s), ccing to your supervisor.		
Date: 31st March 2015 Response: I agree with the comment above. Initially I thought that it is not a clinical group, however, I was being cautious as vulnerable adults may volunteer. I'm happy to make the changes necessary.		

Reviewer signature(s)		
To be completed upon FINAL approval of all materials.		
	Signature (Please type name)	**Date**
Supervisor	**Fran Smith**	**30th March 2015**
Second reviewer		

149

Exploring Anxiety

Have you recently attended and completed a mindfulness based stress reduction program?

Have you experienced anxiety at any point before the program?

Would you like to discuss the impact the program had on your understanding of anxiety?

If you answered yes to all of the above questions, I'd like to invite you for an interview to discuss your experiences along with a drink of your choice.

I am a Trainee Counselling Psychologist at City University, currently looking for participants to discuss their understanding and experience of anxiety and mindfulness based stress reduction program.

I believe that people's experience of anxiety and their understanding of its impact on their life is valuable and could contribute significantly to our appreciation of this emotional process.

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

Jeeda Alhakim

Trainee Counselling Psychologist

Department of Psychology

City University, London

Email: jeeda.alhakim.1@city.ac.uk

This study has been reviewed by, and received ethics clearance through the Psychology Research Ethics Committee, City University London [PSYCH (P/L) 14/15 145].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: Anna.Ramberg.1@city.ac.uk

The experience of anxiety after attending a mindfulness-based stress reduction program: an interpretive phenomenological approach.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This research focuses on anxiety and its impact on people. It explores their experience of anxiety, with a particular focus on their understanding of it after attending a mindfulness based stress reduction program. It is carried out as part of a Doctorate in Counselling Psychology, at City University.

Why have I been invited?

People who show interest in the research are invited to participate particularly those who have completed a mindfulness-based stress reduction program, which is an essential component in this research.

Do I have to take part?

Your participation is voluntary, and you can choose not to participate in part or all of the project, and can withdraw at any stage of the project. If you feel any of the questions asked are intrusive, you can avoid answering them. You will not be penalized or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part you will be required to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

You will be invited to a face-to-face interview, approximately an hour long, at a location of your choice. In which we will discuss, your understanding of anxiety as an emotion and the mindfulness-based program you attended. During the interview and before we start, we will discuss the research and any questions you may have. You are only asked to write down your contact information, ethnicity/cultural background and age – this will be used to give you a code which will identify your data incase of withdrawal. You will be given a consent form to

start off with and then we will begin when you feel ready. The interview will be recorded and transcribed. As part of the research methodology after transcription the data will be analyzed for general themes. This will then be compared to other responses to find matching themes.

What do I have to do?

Answering the questions as honestly as possible and openly.

What are the possible disadvantages and risks of taking part?

The topic of anxiety is a sensitive phenomenon for many as it may be sometimes an unknown territory; it may also carry unexplored feelings during discussion.

What are the possible benefits of taking part?

According to the mental health foundation, 4.7% of the population experience anxiety problems, making it one of the most prevalent mental health problems in the population of England as a whole. Often care for anxiety is limited to prescription drugs rather than offering evidence based psychological interventions, which NICE guidelines recommend as a first line treatment for it. The mental health foundation recommends that practitioners look into the nature of anxiety and whether current approaches and interventions can be found to address specific needs. This is not only important to mental health practitioners but also essential for counselling psychologists who come face to face with anxiety on a daily basis, working with people within groups and one-to-one settings. As our understanding remains poor an in depth study of anxiety will bring light to the processes that take place when this emotion is present. Your participation will assist counselling psychologists to develop programs that are oriented to help with anxiety.

What will happen when the research study stops?

During the research period, recording files will be stored on a personal computer that can only be accessed via password in a folder that also can only be accessed with a password. Data will be kept for 5 years after which they will be destroyed, in line with the Data Protection Act 1998.

Will my taking part in the study be kept confidential?

During the interview and recording your name will be kept confidential and will not be mentioned on tape. Each participant will be given a number to allocate files kept, incase of withdrawal. Only those involved directly with the research (researcher and supervisor) will have access to the recordings. As the only information requested will be ethnicity/cultural background and age. These will also be discarded after 5 years.

Confidentiality will be kept at all times. This will only be broken if there was harm onto the participant or others involved.

What will happen to the results of the research study?

Research will be published in City University's Library. Marked by external examiners and reviewed by a supervisor. Future publications may take place in an academic journal, however at all time your participation shall remain anonymous. If you wish to receive a publication summary you will be able to contact me to request this or let me know when we meet.

What will happen if I don't want to carry on with the study?

The participant is free to withdraw from the study without an explanation or penalty at any time.

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *[insert project title here]*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by The *Psychology Research Ethics Committee at City University London [PSYCH (P/L) 14/15 145]*

Further information and contact details
Please contact myself:
Jeeda Alhakim
Trainee Counselling Psychologist
City University London
Email: Jeeda.alhakim.1@city.ac.uk

Or my supervisor;
Dr. Fran Smith, CPsychol
Department of Psychology
School of Arts and Social Sciences
City University London
Northampton Square
Email: fran.smith.1@city.a.c.uk

Thank you for taking the time to read this information sheet.

DEBRIEF INFORMATION

Thank you for taking part in this study!

If the research raised any concerns for you please let me know and we can discuss this. If you feel uncomfortable and would like assistance after heading home then please contact your GP or one of the following organisations;

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

Telephone: 08457 90 90 90 (24 hours a day)
Email: jo@samaritans.org
Website: www.samaritans.org

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

Telephone: 0300 123 3393 (9am-5pm Monday to Friday)
Email: info@mind.org.uk
Web site: www.mind.org.uk/help/advice_lines

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

Telephone: 0300 5000 927   (10am-2pm Monday to Friday)
Email: info@rethink.org
Website: http://www.rethink.org/about-us/our-mental-health-advice

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

Telephone: 0845 767 8000 (6pm-11pm)
Website: www.sane.org.uk/what_we_do/support/helpline

Elefriends: Elefriends is a supportive online community where you can be yourself. Elefriends is run by Mind. If you're a **carer** needing support you can contact all of the above as well as Carers Direct and the Princess Royal Trust for Carers, both of whom are able to provide support and advice on any issues affecting you.

Website: http://elefriends.org.uk/

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Please contact myself:
Jeeda Alhakim
Trainee Counselling Psychologist
City University London
Email: Jeeda.alhakim.1@city.ac.uk

Ethics approval code: *[PSYCH (P/L) 14/15 145]*

Consent Form:

Title of Study: *Relating to anxiety after attending a mindfulness-based stress reduction program: a grounded theory approach*

Ethics approval number: *[PSYCH (P/L) 14/15 145]*

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve]: • Being interviewed by the researcher • Allowing the interview to be audiotaped • Making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): • To be transcribed • To analysed for themes relating to research topic I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is	

	conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	
6.	I understand that the research maybe published in an academic journal, however, my participation will remain anonymous through out.	

_____   _____   _____

Name of Researcher   Signature   Date

_____   _____   _____

Name of Participant   Signature   Date

When completed, 1 copy for participant; 1 copy for researcher file.

Interview Schedule for Research Project

1. Please could you tell me about how you came to join the mindfulness based stress reduction programme?
    a. Can you tell me about what you did before? How did you arrive at your decision?

2. What did you expect the course to be like?
    a. What was the source of your expectations?

3. Please could you tell me about your experience on the course?
    a. Can you tell me about the structure of the course?
    b. Were there any particular aspects of the course that stayed with you since attending? (Parts of the course; Sitting meditation, mindfulness of breath, mindfulness of body, mindfulness of thoughts, mindfulness of emotions, and gentle hatha yoga)
    c. How did you feel during the course? Or towards the course?

4. Please could you tell me about your experience of attending/ listening to your body during the course? What was that experience like for you?
    a. Did that experience evoke any thoughts, feelings, and/or memories?

5. What was the experience of attending to your feelings, thoughts and emotions like?
6.
7. What was your experience of carrying out the formal meditative practice?

8. If you were to describe anxiety to a friend, who does not know anything about the experience, what would you say?
    a. Does the experience evoke a particular song, art piece, poem or book that you have come across?

2. Can you tell me about a recent instance where you had anxiety?
    a. Are there particular aspects of that experience you remember most?
    b. What was the experience like of your body at the time?
    c. How did you interpret those feelings? What was going on through your mind then?
    d. How did you respond to it then?

3. In what ways, if any, has this experience of anxiety been different to other incidents with anxiety that you had before the programme?

4. Can you tell me about an old instance where you had anxiety?
    a. Are there particular aspects of the experience you remember most?
    b. What was the experience like of your body at the time?
    c. How did you interpret those feelings? What was going on through your mind then?
    d. How did you respond to it?

6

208 209	R1	Um so you said part of the reason why you joined the course was an.. anxiety to do with your studies.
210	P1	Yeah.
211	R1	Um if.. if sort of you were thinking of a friend.
212	P1	Yeah.
213 214	R1	Um who doesn't know anything about anxiety and if you were to describe what anxiety was.
215	P1	Yeah.
216	R1	What would you say to them?
217	P1	Oh that's difficult [laughing].
218	R1	You think?
219	P1	That's really difficult.
220 221	R1	If there's a particular um phrase that comes to mind or an image.
222	P1	Yeah.
223	R1	Or sort of a poem or a song.
224	P1	Yeah.
225	R1	You could.. you could also use that.
226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243	P1	OK. Well, I suppose um, I mean, I do think it is quite unique for each person how they experience it but I suppose with me, I.. I do suffer a lot from anxiety but it kind of is quite mixed with depression so sometimes I get a bit muddled with what is what, kind of thing, which feelings were which but um generally it's just that absolute fear and real panic and just thinking that 'you can't.. you can't go on and do it, it's not.. it's not possible to do it and, yeah, and for me, I'm sure with a lot of people as well, you know, the whole physical side of my body changes and I constantly tense up, probably another reason why I had the back and shoulder problems and just get extremely clammy and yeah, it's like I always think about the whole fight or flight thing and I used to quite a lot of the time, just.. yeah, run away but now I'm like at that stage where I understand it a bit more so I will fight it and then.. although it's sometimes hell [laughing] you kind of get through it, so..
244	R1	Yeah.

Handwritten annotations (left margin):

Difficulty to describe anxiety.

Comparing to others.
Moves between thinking about herself and others
thinking about others experiences
each person suffers a lot from anxiety/mixed with depression.
Causes her to feel muddled between both.
anxiety being absolute fear/panic and thinking you can't do it.
thinking you can't go on anymore.
feeling its not possible to do it.
Physical body changes
reflecting on her back and shoulder pain.
she gets extremely clammy
she ran away from anxiety. (a sense of needing to escape)
now she understands it more so she will "fight it"
anxiety = hell.

Handwritten annotations (centre):

the struggle to describe anxiety.

the image of hell
/similar to swamp pond but even more difficult to maneover –through

Handwritten annotations (right margin):

struggling to describe anxiety

anxiety.
. thinking it is quite unique to each individual.
. suffering from anxiety & depression.
. muddled between both.
. Characterised as absolute fear & panic.
. feeling things are impossible to do.
. feeling you can't go on.
. physical body changes/
. tensing up.
. getting clammy.
. sense of wanting to escape
. needing to fight it.

159

Was she nervous?

			→ Difficult to describe anxiety
245	P1	Yeah, I used quite lot of words there, wasn't it.. not really	
246		just one, [laughing].	→ not just one word.
247	R1	Yeah but.. but it.. you.. what you highlighted there.	
248	P1	Hm.	
249	R1	And I think that was quite strong um that it's hell.	
250	P1	Yeah.	

Left margin annotations:

relating experiences of anxiety
Is she saying they are similar? talking to herself almost.
She is unable to stop herself from going through the experience. her sensible side isn't present
has no control
reflecting on how she'd react if others were the same.
the experience being the worst in the world.
thinking no body could have it this bad despite knowing that others experience it
the experience being unbearable.
the experience brings focus on her./talking to herself.
trying to calm herself down.
it is unbearable/she wants to escape.
repeating (unbearable) as a response to anxiety
she gets really hot.
she also gets sweaty.
physical changes as a response or reaction to anxiety.
feeling short of breath
she focuses on her breathing as a consequence during panic attacks.
haven't had one for a while.

Transcript (center):

251	R1	Can you tell me a little bit more about that.. how so?
252	P1	Um it's just.. I think 'cause I get it a lot about confidence
253		as well, like low confidence, it kind of.. it gets to the point
254		sometimes where it's like 'why am I putting myself
255		through this, why..?' you know, it's like the whole you
256		only live once', like my sensible head's like oh, you know,
257		it's.. 'you don't need to be scared about this' and, you
258		know, 'you'll be absolutely fine' and if somebody was
259		talking about my scenario to me I'd be saying that to them
260		but at the time it just feels like it.. it's like the worst thing
261		in the world and it's.. it sounds like quite selfish but
262		sometimes I think nobody could have it this bad whereas I
263		know full well that so many people have things a hell of a
264		lot worse but at that time it's just, yeah, it's like 'this is
265		unbearable' kind of you just want to get out of it and..
266		yeah. (This sense of inward focus/isolation)./Fear - isolation.
267	R1	So it feels from what you're saying , it kind of brings the
268		focus to you at that moment?
269	P1	Yeah, definitely, and although I try to.. it's like you're sort
270		of talking to yourself, like trying to calm yourself down.
271		It's just, yeah, sometimes it gets to the point where it's
272		like, 'oh this is just unbearable' and you do sort of.. I do
273		just want to escape, hm.
274	R1	Yeah and.. and you said earlier that there are physical
275		changes that come with it.
276	P1	Yeah.
277	R1	Can you tell me a little bit more about that?
278	P1	Um so I definitely get really, really hot and just the whole
279		of me just gets all sweaty and, yeah, so that's.. and that's
280		a physical change that happens for me um and I feel like
281		quite short of breath so I do have to concentrate on my
282		breathing when I'm having like a norm.. almost like a
283		panic attack although I haven't had one for quite a long
284		time, touch wood [laughing]. Um but yeah, it's like the
285		breathing, the clamminess, just the.. I suppose I just can't

(annotation near 266-273): the experience being the worst in the world / thinking nobody could have it this bad./isolation/ being selfish.

(annotation near 282): the fear of it coming back.

Right margin annotations:

→ relating anxiety to a sense of low confidence
→ Difficulty to stop the exp. of anxiety
→ 'absent' sensible self.
→ feeling out of control.
→ finding it to be the worst experience in the world.
→ feeling no-one else has it this bad.
→ feeling unbearable.
→ a sense of isolation.
→ a sense of being selfish.
→ talk to self.
→ trying to calm down.
→ feeling unbearable
→ wanting to escape.

(physiological)
→ physical body sensations.
→ feeling hot/sweaty
→ feeling short of breath.
→ a sense of needing to focus on breathing during panic attacks.
→ feeling clammy

Line	Spkr	Text
287		really.. I don't really think about anything else so 'cause
288		I'm quite anxious at like University, I feel like it really
		affects my studying because I'm not able to relax so I'm
289		not taking all of it in so it affects that side. Um, oh you
290		asked about physically didn't you. I just think, yeah, the
291		tension um especially in my shoulders and just, yeah,
292		completely freeze up. I always feel like my face looks
293		different as well like I don't know about that but I feel like
294		my face looks really stiff or perhaps even red like the kind
295		of nervous reaction people get, I feel like that happens.
296	R1	So your perception of yourself changes..
297	P1	Yeah.
298	R1	As well.
299	P1	Yeah.
300	R1	And in terms of what happens to your thinking at the
301		time, you're saying it..
302	P1	Hm.
303	R1	Becomes a bit more difficult to concentrate?
304	P1	Oh definitely, yeah. All I can think about is 'how can I get
305		past this' and, yeah, it's like it.. it really does affect my
306		learning because I might be sitting there the whole time
307		just thinking 'oh I'm having a moment, like I.. I need to get
308		past this' so I'm completely missing everything that's
309		being taught to me um and it is, yeah, it's like quite
310		consuming because it.. it sounds like really selfish but it is..
311		it becomes like all about me and.. and I don't want it to be
312		but it's that sort of spiral that.. and then trying to calm
313		myself down so that I can focus, but yeah it definitely.. my
314		concentration and attention span just goes when I'm
315		feeling really anxious about something.
316	R1	Yeah and when you think of an experience of anxiety.
317	P1	Hm.
318	R1	Is there a particular one that pops to mind as an example?
319	P1	Um yeah there's quite.. there's quite a few but I think one
320		was when um because I think my anxiety through the
321		years has caused me to quit quite a few things and I
322		struggled to keep going with studies or jobs and um that's
323		why I think I'm so amazed that I've been in this job for so
324		long because usually I just.. something happens and then I
325		can't cope with it but one job that I'd gone for um I just
326		remember sort of going for like I think it was the second

Exploring a mindfulness technique	83,84,85
Developing a practice of reflecting on her thoughts and emotions	425, 426
Integrating elements of the course (reflecting on emotions) into her daily routine	427, 428, 429
Re-living the meditation experience	111,112,113
Anxiety described as absolute fear and panic	231,232

Describing an absent sense of self	255,256,257,258
Feeling out of control	257,258,259
A sense of being in a spiral	312

Increased anxiety around others	134,135,
Difficult to focus on emotions around others	135,136,137
Thinking about what others are doing	137
Preferred doing practice on her own	141
Finding it difficult to practice around others	141,142

Partner finding it difficult to understand her experience of anxiety	430, 431, 432
Finding it lovely when he understood her needs	434, 435
Returning to mom for support	340
A sense that people at work are understanding of her experience	383
A sense that people at work allow her to have an anxious moment	384,385

Job stability helps lessen anxiety	381,382
Thinking that anxiety would return if she changed jobs	379,380,381
Anxiety causing her to quit things/ studies and jobs	320,321

Anxiety affecting her studying	287,288
Struggling to continue with studies and jobs	322
Amazed she remained stable in one job	323,324
A sense of missing everything that's being taught	307,308,309
Negatively affecting her ability to learn	306,307,308
A feeling that she is unable to carry on with her job	329,330,331

Becoming emotional	331,332
Crying as a reaction	333
A sense of no immediate cause for her experience	334
Feeling panicked when nothing happened	334
Previously avoiding emotions	153,154
Won't allow herself to think of emotions	180,181
Attending to emotions making her feel better ultimately	183,184,185,186

A sense of returning to body scan meditation when worried	374,375
A sense of using mindfulness as a distraction	374,375
Practice getting easier over time	140,141
Changing her mind after time passing	171,172,173,174
Gradually finding mindfulness beneficial	173,174

Finding it hard to associate improvement with learning mindfulness	386,387
Difficult to find the cause for improvement	389,390
Unsure of the reason or cause behind gaining control over it	365,366

Anxiety as a drive to find help/support	33,34,35

Relating anxiety to a sense of low confidence	252,253

Struggles to allow time to think	164,165,166
Struggles to allow herself alone time	164,165,166

Feeling guilty for not studying	166,167,168
Relating mindfulness to procrastination	169,170
Exploring course structure	53,54,55
Exploring group dynamics	55,56,57
Reflecting on course requirements	61,62,63
Worried about fitting it into her schedule	65,66
Feeling unable to fulfill course requirements	65,66,67,68
Reflecting on course structure	71,72,73,74,75,76

Enjoyed mindfulness of movement	78,79,80
Enjoyed focussing on working with the body	80,81
Exploring body focused movements undertaken	84,85,86,87,88,89
Easier to focus on body movement	90,91,92,93,94
Focusing on what needs to be done/what to do	92,93,94
Moving the body as direct access to mindfulness/ awareness	93,94,95,96

Increased awareness of body sensations	104,105,106,107
Noticing the tension in her shoulders	107,108,109
Noticing heaviness in her body	107,108
Fixating on one body part	109,110
Feeling stuck on tensed body parts	109,110,111

Realising what she was holding back	146,147,148
Realising what she wasn't thinking off enough	150,151
Finding the practice thought provoking	152
Becoming more aware of self and emotions	160,161
Developing awareness of self	177,178

Realising that it's not a bad thing to give yourself time you need through mindfulness	404,405

No longer feeling guilty to take time out and think about her feelings	406,407,408
Realising that it's good for her to give herself time to think of her feelings	408,409,410
Allowing herself the time and space to meet her own needs	412, 413, 414, 415, 416
Realising that it's OK to have time to herself	420, 421
Feeling guilty to stop	204
Mindfulness giving the permission to stop	200,201
Mindfulness giving permission to feel	202,203,204,205
Mindfulness allowing her to have time to address emotions	204,205
Enjoyed the practice as it helped her focus on emotions	155,156
Mindfulness facilitating attendance to emotions	182,183,184
Mindfulness allowing her to have time for herself	204,205

Mindfulness bringing about action	187,188
Mindfulness bringing about solutions	188,189,190,191
Mindfulness bringing about change	188,189,190,191
Pausing bringing about realisation	190,191

Finding colouring as a direct access to feeling calm	450, 451
Recovering her mind and self flow through mindfulness of colouring	456, 457, 458, 459
Time passes more smoothly when in a state of flow	460, 461
Thinking of emotions and thoughts mindfully while colouring	461, 462
Finds time disappears when she is engaged in colouring	463, 464
Feeling much better after mindfulness colouring	465

Panicking as a result of focused breathing	113
Feeling discomfort from focused breathing	113,114,115
Finding meditation difficult without constant practice	445, 446, 447

A sense her mind drifts off during meditation	446
A sense that drifting off causes frustration	446, 447
Beats herself up for her mind drifting off	448, 449
Initially mind constantly drifted	144
Finding the body scan difficult	93,94,95,96

Feeling things are impossible to do	233,234
Feeling she can't go on	233,234
Sense of wanting to escape	239,240
Feeling a need to fight anxiety	240,241
Finding it difficult to stop the experience of anxiety	254,255
Finding the experience unbearable	264,265
Feeling like an unbearable experience	272
A sense of wanting to escape the experience	273
A sense of it being harder to cope	324,325
Describing anxiety as the worst experience in the world	260,261
Anxiety described as hell	242
A sense of focusing on getting past this experience	304,305

Feeling that no one else has this experience as bad as her	262,263
Feeling a sense of being isolated/ a sense of isolation	262,263
Feeling selfish	261
Bringing the focus/attention to her	269,270
A sense of feeling selfish	310
A sense of it becoming all about her	310,311

struggling to feel calm/feeling restless	288,289
Struggling/finding it difficult to think of anything else other than her experience	286,287,288
Finding it difficult to relax	288

Finding it difficult to 'take it all in' when anxious	288,289
Absense of concentration and attention span	314
Feeling consumed by the experience	309,310
Begins talking to herself	269,270
Talking to herself to calm herself down	270

Struggles to think logically and sensibly	338
Feeling like nothing can make this better	353,354
Feeling like nothing can help her get past this	354,355
Feeling like it's far too much	354
Feeling like she can't cope	355,356
Starts feeling stupid	335
Self talk - rationalising her experience	336,337,338
Feels she 'goes a bit bonkers'	339

Describing physical body changes associated with anxiety	278,279,281
Feeling hot and sweaty	278,279
Feeling short of breath	280,281
A sense of needing to focus on breath during panic/anxiety attacks	282,283
Feeling clammy during anxiety experiences	285
Feeling tension in her shoulders	290,291
Physically freezing up	292
A sense that her face looks different	292,293
Feeling that her face is stiff	294
Feeling that her face goes red as a nervous reaction	294,295
Change of self-preception of physical self	292,293
Describing physical body changes	235,236,237,238
Feeling like her body tenses up	237,238
Getting Clammy	238

Feeling physical body changes	330,331

Describing an episode of anxiety	327,328,329
Struggling to describe anxiety	217
Anxiety seen as unique to each individual	226,227
Describes suffering from anxiety and depression	227,228,229
Muddled between what is anxiety and what is depression	230
Finding it difficult to describe anxiety	245,246
Struggling to describe anxiety with one word	245,246
Finding the experience of anxiety unchanged	376,377,378

Understanding anxiety has helped her	394
Gradually feels she gained control over it	364,365
A sense of developing a better understanding of the experience	366,367
A sense of learning from repeated episodes	367,368
A sense of developing a better understanding of self	368,369
Developing a sense of what works better for her over time	372
A sense that it got better over time	388
Finding methods/strategies that work for her - coloring	401,402
Developing an awareness of needs and acting on them	438, 439, 440
Finding a practice that engages her right away/ takes her away from anxiety	443, 444
Increased awareness	102,103,104
Feeling nice after time passing	114,115,116
Establishing strategies to manage anxiety over time	369,370
A sense that mindfulness of coloring as a strategy to manage anxiety	370,371
Adapting mindfulness meditation to suit her needs	371,372,373,374
Talking with others has helped develop understanding	395
Research around anxiety has help develop understanding	395,396

The Ravaging Tornado of Anxiety

1. Potent and Primary Symptoms of Anxiety			**2. Drowning not Sailing**		
The experience of anxiety is fast and quick			*Challenging feelings raised due to anxiety*		
A sense that the experience is very fast and quick	592	D	Feeling things are impossible to do	233,234	EM
A sense that she is used to this sense of quick and fast thinking	595	D	Feeling she can't go on	233,234	EM
A sense that this thinking pattern gets exhausting	596	D	A sense of it being harder to cope	324,325	EM
A sense that she is always walking 100 miles per hour	284-285	JO	Feeling like nothing can make this better	353,354	EM
A sense of finding it difficult to keep calm	367-368	JO	Feeling like nothing can help her get past this	354,355	EM
A sense of being manic	367-368	JO	Feeling like it's far too much	354	EM
A sense of running 100 miles per hour at work	368-370	JO	Feeling like she can't cope	355,356	EM
			Feeling there is nothing she can do about it	359	NAT
Anxiety coming out of nowehere/the experience of anxiety is involuntary/ uncontrollable			It felt like an experience that he couldn't cope with	434-435	SAM
An experience of anxiety that came out of nowhere	384-385	SAM	Finding the experience unbearable	264,265	EM
Feeling scared as it the sensation could just come out of nowhere	385-386	SAM	Feeling like an unbearable experience	272	EM
Not knowing where the experience of anxiety was coming from	375, 376	NAT	Describing anxiety as the worst experience in the world	260,261	EM

Responding with anxiety is very involuntary	359	NAT
The experience of anxiety coming on suddenly	384, 385	NAT
The feeling of anxiety comes out of nowhere/ uncontrollable	388, 389	NAT
The experience of anxiety is not gradual/ a sense of sudden onset	394, 395	NAT
A sense that the experience of anxiety is imposed on her	396, 397	NAT
A sense that she does not feel able to control the experience/ doesn't do it to herself	397, 398	NAT
The experience of anxiety an on or off switch	402	NAT
Doesn't even realise that she becomes anxious	82-84	FIO
A sudden onset of anxiety while she is doing daily activities	84-86	FIO
A sense that only later she is able to notice the effects of anxiety on her	84-88	FIO
A sense of no immediate cause for her experience	334	EM
A sense of feeling scared as he was unable to control the reaction it produced	365-366	SAM
It felt like a disability that he couldn't control	434	SAM
A sense of feeling totally out of control	481	JO
A sense of feeling completely out of control	487-490	JO
A sense of feeling that her life is out of control	495-497	JO
A sense of feeling that she has no control over what happens	496-497	JO

Anxiety described as hell	242	EM
A sense of focussing on how awful it is going to be	519	D
struggling to feel calm/feeling restless	288,289	EM
Finding it difficult to relax	288	EM
Begins talking to herself	269,270	EM
Talking to herself to calm herself down	270	EM

Uncontrollable Negative Thoughts

A sense that anxiety is an overwhelming feeling due to intrusive thoughts	441-442	JO
Catastrophising when feeling anxious	442-443	JO
A sense of creating big problems that haven't happened yet	455-457	JO
Convincing herself that bad things will happen	458-459	JO
Thinking about what she said in a meeting	470-473	JO
Thinking whether others took it in a wrong way	470-473	JO
Telling herself a drastic story with the worst possible outcome	474-476	JO
Anxiety means she catastrophises and thinks the worst possible outcome	484-485	JO
Anxiety as a negative thinking pattern that catastrophises	505-506	JO

Feeling out of control	257,258,259	EM
A sense of being in a spiral	312	EM
A sense that there was no one thing causing her to be anxious	804-805	JO
A sense that one thing can trigger anxiety	448-450	JO

Uncomfortable body responses to Anxiety

A sense that she freezes in her mind when she is anxious	436	FIO
Her heart begins to race when she is anxious	473-438	FIO
A sense that her body becomes tense when anxious	438	FIO
A sense that her body tension doesn't allow her to do anything	439	FIO
A sense that she is more the freeze mode response when anxious	453-454	FIO
A sense of being unable to do something	455	FIO
She begins to sweat as a response	457	FIO
A sense of struggling to breathe in the moment of anxiety	467-468	FIO
A sense that her heart is beating fast	468	FIO
Anxiety as a tension you feel in your body	348	FIO

Assuming the worst possible outcome	555-557	JO
A sense of thinking of a negative outcome/ she is going to be caight up in the fire	592-595	JO
A catastrophising side with invasive thoughts	640-645	JO
A side that tells you that terrible things are going to happen	642-645	JO
A side that makes it difficult to face the terrible things	642-645	JO
Finding it hard to pull herself out of a catastrohpising experience	839-841	JO
Feeling she has anxiety provoking thoughts	120, 121, 122	NAT
Constantly checking that she hasn't forgotten anything in a feeling sense	212, 213, 214	NAT
Constantly checking that she hasn't forgotten anything in a practical sense	212, 213, 214	NAT
Feeling over-stimulated with anxiety - thoughts	331	NAT
Feeling that she did not prepare things properly	528	K
Always a feeling that she missed something/ that hadn't taken something into consideration	530-534	K
A sense of feeling sure that something negative/ bad is going to happen	536-538	K
A sense of feeling she hasn't preapred enough	543-544	K
Thinking she is not good enough and she is not a good employee	544-545	K
A sense of not doing enough	555	K

Description	Line	Code
A sense of racing thoughts during anxiety that you feel in your body	349	FIO
Her first thought in an anxious moment is about her heart racing	368	FIO
Anxiety affects her body as it becomes really tense	88-89	FIO
A sense of getting really hot during the experience	569	D
Feeling like she really sweats during the experience of anxiety	571	D
A sense that others can see her sweat also	572-573	D
A sense that she feels like she is sweating but she is not	572	D
A sense of getting a buzzing in her head	573-574	D
A sense that the more she is stressed the stronger the buzzing is in her head	574-575	D
Describing physical body changes associated with anxiety	278,279,281	EM
Feeling hot and sweaty	278,279	EM
Feeling short of breath	280,281	EM
A sense of needing to focus on breath during panic/anxiety attacks	282,283	EM
Feeling clammy during anxiety experiences	285	EM
Feeling tension in her shoulders	290,291	EM
Physically freezing up	292	EM
A sense that her face looks different	292,293	EM
Feeling that her face is stiff	294	EM

Description	Line	Code
A sense of not being a good employee	559-562	K
A sense of not deserving to have a job because she is not good enough	559-562	K
Uncontrollable thoughts enter your mind	326-329	SAM
Feeling scared due to uncontrollable thoughts	326-329	SAM
The sense of threat remains despite how it appears to other people	339-341	SAM
A sense that the experience of anxiety is the person's own mind	342	SAM
A sense that he tends to see the good in the world	350-351	SAM
A sense that he tends to think the world is a good place	351	SAM
In the anxiety mindset nothing seems good around you	352-353	SAM
In the anxiety mindset nothing is seem positive	353	SAM
A sense of everyone having a critical voice	150-151	SAM
A sense that the critical voice says he is not good enough	151	SAM
His critical thoughts have not stopped	157	SAM
Anxiety to do with lots of judgemental thoughts towards herself	384-387	FIO
A sense of always thinking something is wrong with her	388-389	FIO
A sense of feeling abnormal	498	K
A sense of feeling worthless due to her anxious based thoughts	499	K
Describing anxiety using imagery	442-456	K

Feeling that her face goes red as a nervous reaction	294,295	EM
Change of self-perception of physical self	292,293	EM
Describing physical body changes	235,236,237,238	EM
Feeling like her body tenses up	237,238	EM
Getting Clammy	238	EM
Feeling physical body changes	330,331	EM
Anxiety causing tension in shoulders and neck	248, 249	NAT
Tension in her shoulders and neck getting worse when anxious	250, 251	NAT
Anxiety for her manifests as tension in the body	164, 165	NAT
Likes sleeping when anxious as an escape from anxiety	252, 253	NAT
Become fidgety when anxious	256	NAT
Not feeling familiar to herself while looking at the mirror	284, 285	NAT
Anxiety as someone standing on you and not letting you breathe	325-326	SAM
His heart races due to anxiety	326-329	SAM
A sense that the experience of anxiety results in physical reaction	343	SAM
Physical sensations involved - not being able to breath and racing heart	394-395	SAM
He hyperventilated as a response and passed out	422-423	SAM

A sense that the experience of anxiety is like someone telling you constantly what you are doing wrong	445-446	K
A sense of someone telling what you have not done and what you haven't accomplished	446-447	K
A sense that someone is telling you what have to do	447-450	K
A sense that anxiety is your judgemental voice	452	K
A sense that anxiety is an experience of constantly overly worrying	443-444	JO
An exacerbated sense of worrying and truly believing something bad will happen	445-446	JO
Beginning to worry due to trigger	453-454	JO
Worrying whether she has forgotten anything	210, 211	NAT
Anxiety - an experience of worrying about worrying	341	NAT
A sense that anxiety is an internal experience for her	491	D
An experience of a constant playing off whatever she has to do	494	D
A sense of focusing on how worried she is	497	D
A sense that she had/ suffered from 'obsessive' thoughts in the past	507-509	JO
Developing a sense of obsessive thinking and behaviour due to stress in her life	529-531	JO
Developing a sense of checking whether she had killed someone while driving	531-533	JO
This checking behaviour became obsessive	533-536	JO
He felt confused during the experience	396	SAM

A sense that after the experience he was able to collect himself	425-426	SAM
A sense that after the experience your body presses the rest button	426-427	SAM
A sense that your heart rate comes down and your breathing returns to normal	427-428	SAM
Feeling quite crippled with shoulder tension	235-237	JO
Feeling tense at work	241-242	JO
Having terrible shoulder pains and struggling to lift her arm	242-243	JO
Suffering from body tension	125	JO
Due to feeling better in her head anxiety now manifests more in her body	570-572	JO
Anxiety affecting her breathing	573	JO
Hyperventilating quite a bit due to anxiety	573-574	JO
Hyperventilating stressing her out so much that she'd have a panic attack	578-579	JO
A sense of developing eczema when stressed	123-126	D
A sense that her leg would shake as a response to her anxiety	521-522	D
A sense that her leg would shake involuntarily	522-523	D
Thinking that no one would see her leg would shake	524	D
A sense that her voice would be calm despite feeling anxious	530	D

A sense of feeling quite disappointed and confused	400-401	SAM
Not knowing why he felt disappointed with himself as he didn't do this consciously	402-403	SAM
A sense that anxiety is a heightened sense of awareness	452-453	JO
Relating anxiety to thinking of everything in her life at the same time	209, 210	NAT
A sense that his mind feels like a blank space when he feels most anxious and panicky	359-360	SAM
A sense of it being easy to identify with her emotions and thoughts	337-339	K
Previously doubting that she is able to idenftify when her mind 'trips'	339-342	K
She tends to follow her mind/ her thoughts	342-343	K
Previously struggling to distinguish her thoughts from her higherself	343-350	K
Struggling to make space for herself in the past	104-108	K

Underestimating the self in relation to others/ Negative view of the self

A sense that she has an underlying fear that people are not going to like her/ or going to see her in a certain way	554-556	FIO
A sense that her anxiety is related to how other people perceive her	360-362	FIO
A sense of questioning whether she is going to do well or not	369	FIO
A sense of thinking about what others are going to think of her	370	FIO

A sense that she would look incredibly odd	531	D
Struggling from IBS which related to stress and anxiety	57-60	D
Having eczema for the first two weeks of the course (stress heightened?)	128-129	D

Anxiety disturbs sleep

Tending to wake up at night due to anxiety	460-461	K
Waking up at night out of the blue due to feeling anxious	463-464	K
Anxiety causing her to wake up in the night and break her sleep	475-476	K
Waking up in the night with running thoughts in her mind/ weak thoughts	481-483	K
A sense of struggling to remember the thoughts that woke her	482-483	K
Trying to listen and to observe herself during the night to see what was happening in her	465-466	K
A sense of not knowing what was happening at night/ the reason why she'd wake up	460-466	K
A sense of needing to write down the thoughts	482-486	K
A sense of struggling to sleep before the experience	512	D

A sense of questioning whether others are going to see she has no idea what she is talking about	372-373	FIO
A sense that others will see she is a fraud	374	FIO
A sense that her anxiety experiences are about her sense of self	381-382	FIO
Preparing for the discussion and feeling anxious	506	FIO
Thinking who is she to offer this discussion to somebody as she is no expert	510-516	FIO
A sense of needing to be an expert and perfect to share something with somebody else	517-519	FIO
When she gets anxious she tends to overthink things	24	FIO
A sense that she doesn't need to pre-empt her messing up now	719-721	D
A sense that her anxiety was about under-estimating her ability to do things	729	D
Previously thinking that people gave her good feedback because they are nice or being nice	740-741	D
Thinking her work does not deserve to be nominated - or win as it is not that great	767-771	D
A sense that she is going to be caught out and others will see that there is nothing there	772-774	D
When she won the award her anxiety went through the roof (a sense she doesn't deserve it)	776	D
Wondering why the chief executive of the trust would want to meet with her	784-788	D
A sense of feeling completely stressed after winning an award	790	D

176

A sense of struggling to sleep the night before her meeting with the chief	790-791	D
Dreaming that he would poke holes in all the stuff that she did	791-792	D
A sense that anxiety is the voice that points the finger at you and tell you what you are not	453-454	K
Having negative thoughts towards the self	488-489	K
Having thoughts that tell her she is being lazy when sleeping	490-492	K
Feeling not enough due to thse thoughts	495-496	K
Overthinking everything she said	275, 276	NAT
Feeling exhausted from overthinking everything she said	275, 276	NAT
A sense of imagining what the participants will be like and whether theyd ask her things she can't answer	513-514	D
When her manager talks to her she feels confused and blurred	523-527	K
Taking on board manager's thoughts towards her	545-549	K
A sense that anxiety makes you feel like a failure	450-451	K
Taking on board what her manager thinks affecting her health and sense of security	550-551	K
Relating anxiety to a sense of low confidence	252,253	EM

177

3. The Estranged Self

Unknowing Vs Knowing - not knowing the experience is scary

The experience was scary because it was foreign	437, 438	NAT
Finding the experience of anxiety quite scary	302	NAT
A sense of being young and not knowing what was happening	302, 303	NAT
When freezing - not knowing what she's deadling with	612-614	JO
Not knwoing what she is deadling with freaks her out	615	JO
Prior to the course she tried to write these thoughts down	506-509	K
As a teenager she was confused in her life so she struggled to make sense of it	433, 434	NAT
Waiting for it to pass everytime as a teenager	435, 436	NAT
The experience was foreign to her as a teenager	438	NAT

A sense of being out of touch with the self/ with typical behaviour

4. The Role of Others in the Anxiety Experience

An increased sense of anxiety around others

Increased anxiety around others	134,135,	EM
Difficult to focus on emotions around others	135,136,137	EM
Thinking about what others are doing	137	EM
Preferred doing practice on her own	141	EM
Finding it difficult to practice around others	141,142	EM
Talking in the group provoking an anxious reaction in him	82-83	SAM
A sense of finding it a bit dfficult to share in the group	78	SAM
Developing rapport with the group over time	83-84	SAM
The relational element of the group developing warmth over time	220-221	SAM
Over time it didn't feel like an effort to share how he was feeling	22-223	SAM
Thinking that others could see and know how anxious she is	533-536	D

A sense that other people around him were shocked by his experience	396-398	SAM

Anxiety as an overwhelming sense of responsibility for others safety

Left (NAT)			Right (JO)		
Not feeling herself	273, 274	NAT	Feeling an overwhelming sense of responsibility for people	525-526	JO
A sense of feeling self-conscious	274	NAT	Affected/due to how people made her feel (Thinking about how people made her feel)	528-529	JO
Finding it strange to feel unfamiliar to herself	285	NAT	A sense of strong responsibility for others livelihood (if they die its her responsibility)	543-547	JO
Questioning her own appearance through anxiety	286, 287	NAT	Worrying whether she is going to cause harm to her flatmate	552-553	JO
Questioning whether that's her	288	NAT	Developing a terrible anxiety relating to driving to work	536-537	JO
Finding her appearance weird	287	NAT	Every time thinking she was going to kill someone	538-540	JO
Having a dialogue with herself in the mirror	289	NAT			
A sense of having an out of body experience	290, 291	NAT	Anxiety as a persistent negative thinking experience	531-540	JO
Feeling out of touch with the present moment	293, 294	NAT			
When out of touch with the present moment struggling to relate to her own image	293, 294	NAT	Adjusting her day and waking up earlier due to her obsessive thinking	547-549	JO
Anxiety as a different mental state	390	NAT	Spending 20 minutes checking whether she turned everything off	549-551	JO
Feeling like a different person suddenly due to anxiety	393, 394, 395	NAT			

A sense that he used to be the person that would speak first	388-391	SAM
a sense that anxiety changes your usual behaviour	388-391	SAM
Describing an absent sense of self	255,256,257,258	EM
A sense that things shouldn't have been difficult for him to do as he has done them before	430-432	SAM
Feeling a sense of being isolated/ a sense of isolation	262,263	EM
A sense of wanting to isolate herself	271, 272	NAT
Not wanting to go to school didn't want to see people	271, 272	NAT
Struggling to interacte with others	275	NAT
To avoid exhaustion she'd not go to see people/ not go to school	277, 278	NAT
Struggling to handle being out	282, 283	NAT
A sense that anxiety makes him feel very alone	354	SAM

Constantly needing to check everything was turned off before leaving the flat	543-547	JO

A sense of needing reassurance from others/ acceptance from others

Relying on her team for support during her experiences of anxiety	574-576	K
A sense of driving everybody crazy with needing reassurance when anxious	684-685	D
A sense of needing reassurance from her mom to confirm that she can do certain things	687-690	D
A sense that seeking reassurance wasn't helpful for her	691	D
Asking others to stop reassuring her as she wanted to make use of the techniques she learnt	691-700	D
Wanting to see if she could do it herself as she didn't want to be reliant on others	702	D
A sense that she used to pair herself up with people who were competent in what they do incase she messed up	711-714	D
A sense that now she is able to catch herself doing that - pairing up with competent people	714-717	D

Partner finding it difficult to understand her experience of anxiety	430, 431, 432	EM
Finding it lovely when he understood her needs	434, 435	EM
Returning to mom for support	340	EM
A sense that people at work are understanding of her experience	383	EM
A sense that people at work allow her to have an anxious moment	384,385	EM
Talking with others has helped develop understanding	395	EM
Reflecting on others being around her for reassurance	778-783	D

The process of tempering the storm

1. Being				2. Cultivating Self Awareness - Know thyself				3. This Too Shall Pass			
Developing a sense of presence/ being in the moment Versus a constant sense of doing				*Developing an ability to notice/observe thoughts and surroundings*				*An increased sense of knowing the anxiety experience/ an increased sense of understanding*			
Becoming mindful/present is a random experience that permeates	134-136	SA M		Being mindful letting him see that his critical thoughts are just thoughts	15 4- 15 5	SA M		An increased sense of knowing what the experience over time	338	N A T	
Sometimes the experience of being mindful comes about more consciously	136	SA M		A growing sense of awareness of self and thoughts	18 0- 20 4	SA M		Didn't understand the experience when young	342, 343	N A T	
Becomes more present when he intentionally breathes	137	SA M		Mindfulness as a reminder that during routine you maybe thinking about something else	18 5- 18 7	SA M		Able to identify anxiety now	412, 413	N A T	
He often focuses on his hands to be more present	138-139	SA M		Catching himself during his daily routine thinking about something else	18 8- 19 0	SA M		Knowing what the experience is helps with managing anxiety	413, 414, 415	N A T	
Being present you have a sense of more calmness and stillness	139-140	SA M		With every week she felt a developing sense of awareness in her	54 - 55	FI O		Understanding what may cause anxiety helps her deal with it	418, 419	N A T	
A sense that presence of mind is not a blank screen	141-143	SA M		A sense of starting to notice her reactions more	56 - 57	FI O		The way she thinks about anxiety changed	352, 353	N A T	
Finding himself with more mindful moments in the day	189-190	SA M		Starting to notice how certain circumstances would make her feel	57 - 58	FI O		An understanding of the cause of anxiety	357, 358	N A T	

Column 1		
Learning to be present helps the feeling to get better/ less intense	461, 462, 463	NAT
Helping her to just be in the moment a little bit more	676-677	JO
Learning to stay in the moment	684-685	JO
Learning to think in the moment	205, 206	JO
A sense of suddenly being there again	295-297	FIO
A sense that 'being' is a sensation of calmness	307-310	FIO
A sense that 'being' is having a sense of tranquility	310-311	FIO
A sense that 'being' is having someone beside you telling her it is going to be OK	311-313	FIO
A sense that to get to a calm state (or being	314-316	FIO

Column 2		
A sense the course created an awareness	61	FIO
Through mindfulness she is able to notice that she feels clouded	93	FIO
She is able to notice things from an outside perspective	95	FIO
A sense that the course helped her to see things from a perspective	76	FIO
A sense that she is able to stand beside her experience	98-99	FIO
A sense that mindfulness helped her develop a change in perspective	551-563	FIO
Taking a steo back and breathing and going into your body creates a change in perspective	556-559	FIO
A sense that mindfulness has helped him observe his thoughts	155	SAM
A sense that he does not dwell on his thoughts for the length of	157-158	SAM

Column 3		
A repeated experience of anxiety led her to understand it	446, 447	NAT
A repeated experience of anxiety led her to learn how it worked	447, 448	NAT
Not feeling scared after learning what it was	449, 450	NAT
Feeling she grew out of the anxiety	483, 484	NAT
The experience getting better as she put herself in those anxiety provoking experiences	596-597	D
A sense of by pushing herself into anxiety provoking experiences she proves to herself that she can do it	599-600	D
A sense that the experience of anxiety dampened down due to repetitive exposure to it	600-601	D
A sense that the experience of anxiety became familiar	649-650	D
Understanding anxiety has helped her	394	EM

there) takes practice		
A sense that to have more moments of 'being' is an internal habit that she needs to develop	316-318	FIO
When she is in a state of being it's like having someone beside her saying it will pass	319-322	FIO
She began wondering lots of questions during her practice at first	329	D
A sense that her questions were not answered and she wanted them to be	332	D
A sense of realising that she actually had to let the questions be	334-335	D
A sense of realising that mindfulness is not a practical doing thing	335-338	D
She is a very doing person	338	D
The idea of being was initially to her was a waste of time	339-340	D

time that he did before		
A sense that he is not weighed down with negative thoughts all the time	159-160	SAM
Through mindfulness she is able to notice her thoughts, body reactions and emotions that arise	163-166	FIO
A sense that she was able to observe herself rather than just be that experience	59-60	FIO
A sense that suddenly her mind had space to think and to observe herself	67-68	FIO
A sense that she developed an ability to observe herself slowly	68-69	FIO
Mindfulness teaching her to be mindful of her experiences	462-463	FIO
A sense of knowing that her thoughts are so frequent and that it is a cycle she has been in for years	637-638	D
A sense of being able to notice her thoughts when they come and go	638-639	D

A sense of developing a better understanding of the experience	366,367	EM
A sense of learning from repeated episodes	367,368	EM
Understanding the experience of anxiety helps fight it	241	EM
Anxiety has lessensed because she learnt what triggers it/ a growing awareness	416-419	FIO
Research around anxiety has help develop understanding	395,396	EM
Things are easier to deal with once you know what they are	609-611	JO
A sense that she knows the direction her thoughts would take as soon as she decides to do something that she wants to do	640-641	D

Questioning initially the idea of just being - what's the aim of that?	340-341	D
A sense that just being is about being in this moment right now	343-344	D
A sense that mindfulness is not about getting from A to B	345	D
She has always been about achievement or goals or aims	367-370	D
She struggled to step out of being about achievement and goals	373-376	D
Feeling more present after the course	91	SAM
A sense that now he has more presence of mind after the course	454	SAM
A sense that presence - being mindful-punctured through out his day	91-92	SAM
A sense that pockets of mindfulness and being present permeate	97	SAM

Deciding to observe what's going to happen	576-577	K
Observing and realising she may have bought too many sweets	578-580	K
Stating she is going to observe and see what is going to work and what is not	582-584	K
Changing the way he experiences his city due to mindfulness	103-104	SAM
A sense of noticing things around him due to mindfulness	104-105	SAM
A sense that this is an amazing way of experiencing what's around him through mindfulness	105-110	SAM
The experience of mindfulness has given him prespective	111	SAM
A sense of developing a shift in perspective due to the course	502-503	SAM
Mindfulness as a change in mind-set	518-519	SAM

Learning to allow thoughts to pass b/ an awareness that thoughts will pass by

A sense that mindfulness gave her the analogy of the river relating to her thoughts	633-634	D
A sense of being able to allow her thoughts to flow	636	D
Through the course realising that things come but they also pass	105-106	FIO
A knowing that if she waits 90-seconds her experience will change	155-158	FIO
A sense of feeling that whatever it is that was happening will pass	324	FIO
Learning to allow thoughts just to go	831-833	JO
A sense that her mind is bringing it up	833-834	JO
Mindfulness allowing the thoughts to come and pass	655-657	JO

through his day		
This presence permeating through his day being a lovely feeling	98	SAM
Reflecting on an incident of showcasing presence	101-109	SAM
A sense that he can find real beauty, calm and humour in life and in the mundane	98-100	SAM
A sense that his experience was totally life changing	100-101	SAM
Taking away/ taking on board the general ethos of mindfulness	109, 110, 111	NAT
Wanting to take a general mind-set from the course	115, 116	NAT
Identifying mindfulness ethos as a sense of being more present	119, 120	NAT
What helps her is to remind herself to stop the doing part and just be	677-679	D
Learning not to link it back to the past experiences	365, 366	NAT
Able to centre herself through the shorter meditations	289	FIO

A sense that due to being mindful he is noticing the trees around him	128-129	SAM
He is now noticing the rustle of the leaves	131	SAM
Learning to be mindful when walking was incredibly powerful	202	SAM
A sense of noticing things around him due to walking meditation	203-204	SAM
A sense of growing awareness	265	JO
Becoming aware of external factors and how they maybe internalised	268-271	JO
Noticing a leaf, its colour, its shape	289-290	JO
Noticing things she did not notice before due to her busy life	295-299	JO
Finding herself in a higher self state due to the walking meditation	273-276	JO
Describing the walking meditation experience	276-281	JO

Allowing the thoughts not to be all-consuming	656-659	JO
Feeling more able to manage her thoughts	662	JO
Becoming more aware of when her thoughts are consuming	664-667	JO
Breathing when these thoughts consume her	664-667	JO
Developing an ability observe thoughts and let them go	122, 123	NAT
Putting into practice letting go of thoughts in everday life	124, 125	NAT
Meditation created a sense of like flow for things	325-326	FIO
A sense of no longer feeling stuck in her thoughts or anxiety	326-331	FIO
During a meditation experience he was reflecting on his ex.gf getting married	299-301	SAM
Reflecting on different areas of his life that he was grateful for	304-205	SAM

A sense of feeling re-energised through the meditations — 290 — FIO

A sense of having energy renewed in her body — 293-294 — FIO

A sense of something leaving or discharging — 294-295 — FIO

A sense of 'zen' feeling due to the meditations — 291 — FIO

Walking around in a hippy like state - walking meditation — 286-287 — JO

Finding herself in a different state of mind due to the walking meditation — 293-294 — JO

The meditation evoked a song - the beatles 'Let it be, Let it be' — 307-308 — SAM

Mindfulness developing/ helping her to let some things pass — 339, 340 — NAT

A developed sense that things will get done eventually — 418 — D

Developing a sense of headspace between them and the experience

A sense of feeling better in himself for being able to let go — 310-313 — SAM

Finds the three minute breathing space amazing as she sometimes doesn't have time for the longer practices — 297-299 — D

Creating a sense of breathing space to take stalk of his surroundings — 140-141 — SAM

A sense that focussing on what's going on right now for her helps her think about how she'd deal with it — 307-310 — D

A sense that if she focuses on the one thing that's happening is definitely helpful — 314-318 — D

A sense that the course helped her create space — 75 — FIO

Learning that the anxiety experience will pass

A word that came to her mind during the course was space — 64-65 — FIO

Learning/knowing that it eventually will pass — 361, 362 — NAT

Initially she didn't get the mindfulness techniques when she did them — 326-327 — D

Mindfulness has helped her to develop space within herself — 91-92 — FIO

Learning/ a sense of it's not going to take over her life — 362, 363 — NAT

187

Category	Lines	Code
A sense of now being able to focus on doing what needs to be done next	658-659	D
A sense that now when she is anxious she thinks of the next step to do only - the next step to take	661-665	D
Thinking of the next step or reflecting on the next step helps her to stop and sort of calm down	668-671	D
A sense that she doesn't move away from the task that she is currently doing	413-416	D
Developing an ability to use her enviornment or body to ground herself	126, 127	NAT
Using the enviornment or body to take the focus away from feelings or thoughts	127, 128, 129	NAT
Embodiment is an amazing tool for presence - being there	298-299	FIO
Embodiment helping her feel calm and think that it is OK whatever she is going through	301-303	FIO
Being in her body (presence) Vs	534-539	FIO
Mindfulness giving her a sense of space and separation between the experience and who she is	482-484	FIO
She removed herself from researching and took a space to be in her body	534-537	FIO
Comparing her current recent experience of anxiety to a movie - Matrix	588-590	K
Comparing herself to when the character slows down in the movie and is able to avoid bullets	589-590	K
Feeling like she developed a sense of head-space	598	K
A sense of giving herself space from what was happening outside her and inside	599-600	K
A sense that sound overwhelms her in London and she needs quiet time and space	201-204	FIO
Learning to create a space within her where sound can be quite interesting rather the overwhelming	205-207	FIO
A sense that when she stepped out of	378-	D
Realising that if she waited it would be OK	438, 439	NAT
Gaining confidence/ belief that the experience won't last forever	441, 442	NAT
Feeling better knwoing it won't last forever	443	NAT
Learning to let it pass after repeated experiences	443, 44	NAT
Waiting for the experiemce to pass	339	NAT
Feeling like she can get through the experience of anxiety	242,243	EM
Feeling nice after time passing	114,115,116	EM
New perspective where she realises that her anxiety is like a cloud that passes	561-562	FIO
A new realisation that her	564	FIO

Label	Lines	Code
Being in head (anxiety)		
Being in her body helped her	539-540	FIO
Enjoyed mindfulness of movement	78,79,80	EM
Enjoyed focussing on working with the body	80,81	EM
Exploring body focused movements undertaken	84,85,86,87,88,89	EM
Easier to focus on body movement	90,91,92,93,94	EM
Focusing on what needs to be done/what to do	92,93,94	EM
Moving the body as direct access to mindfulness/ awareness	93,94,95,96	EM
The experience of mindfulness invoking childhood	413-415	K

Label	Lines	Code
doing she found it helpful as her mind stopped	379	
A sebse that when she stopped doing she felt that there was a barrier between her and worrying	380-382	D
A sense of having developed an ability to pause	476-477	SAM
A sense that having a pause makes him feel invincible	478	SAM
A sense that he is able to have a pause in his life due to mindfulness	164-170	SAM
A pause that gives him perspective on what he is experiencing	170-171	SAM
A pause that gives you presence of mind to be able to make informed decisions	172-173	SAM
Developing a sense of knowing that this experience is not her whole experience	95-98	FIO
Realising that things don't have to determine her	106-	FIO

Label	Lines	Code
anxiety is not the truth		
A sense of developing/ feeling trust during the course	255-258	K
A sense of developing trust in the process of life/ a sense of developing trust in the universe	261	K
A sense that the breath goes/ happens without being controlled by her	262-263	K
A developing sense that if she trusts like it will take care of us	264-265	K
A sense of trust in life will help her have a more positive outlook regarding whatever happenes	265-266	K
A sense that due to trusting the universe then she'll know she has the inner resources that she needs	268-273	K
The practice giving her a sense of trust/ helping her develop this sense of trust	284-285	K
The breathing practice giving her a sense of trust/	287-291	K

memories and imager in her			whole reality of that moment	10 7		helping her develop this sense of trust
Recalling a childhood cartoon that she saw	413-415	K	A sense of needing to learn and believe that the experience is not the whole of herself	42 5-42 7	FI O	
Feeling excited as a response of connecting to her body through the body scan	418-419	K	A learnt sense that she doesn't have to be defined by her experience	40 7-41 4	FI O	

4. Discovering how to manage Anxiety

Diminished intensity of the anxiety experience over time

A sense that the anxiety lessened	408-409	D
Still had the same thoughts but is now thinking more constructively about it	408-412	D
A sense that due to mindfulness he stress levels dropped to 3-4/10	420-422	D
A sense of becoming quietter now	346, 347	NAT
Episodes of generalised anxiety decreased in frequency/ infrequent	320, 321	NAT
The experience of anxiety becoming brief in time/ briefer	337	NAT
The experience of anxiety not as intense	421	NAT
Having general underlying anxiety now without obsessing and thinking compulsively	807-812	JO
A sense that anxiety now was more subtle	814	JO
A sense that it was in the background a bit more	815	JO
Her current experience of anxiety being more low level	823-824	JO
A sense of no longer having similar experiences now	871-872	JO
Finding the experience of anxiety unchanged	376,377,378	EM
A sense that it got better over time	388	EM
A sense that her experience of anxiety remained the same	495-522	FIO
A sense that after the course her experience of anxiety is a bit more balanced	543-544	D

A sense that the degree of anxiety has lessened	607-608	D
A sense that it allowed her thoughts about her anxiety to be constructive rather than being paralysed by anxiety	424-426	D
Doesn't stop her from going out and doing things now	344, 345	NAT
A change in the experience of anxiety took place over time	802-820	JO

The experience of anxiety remains the same over time

A sense of not feeling fixed	496	SAM
A sense that there is no fix for anxiety	496-497	SAM
A sense that people everywhere feel in situations similar to his	499-500	SAM
A sense that you won't get fixed by doing loads of meditation	512-514	SAM
Currently she still has moments of stress and anxiety	568-569	K
Now deciding to approach anxiety in another way	572-573	K
Current anxiety experiences are similar to past ones	336	NAT
The experience of anxiety remains the same	344	NAT
The quality of feeling anxiety remains the same	348, 349	NAT
The experience of anxiety did not change over time	410	NAT
The feeling of anxiety is the same over time	411	NAT
The experience of anxiety is similar	420	NAT

A sense of worry that the experience will return

A sense of getting scared if she thinks the anxiety were to return	311, 312	NAT
Would not want for that anxiety to return/happen again	311, 312, 313	NAT
Worried that her anxiety experiences can get worse	312, 313	NAT
An experience he doesn't wish on anyone	345	SAM
A sense of disliking the feeling as it returned	813	JO
Not wanting the experience to be as bad as it was	368	NAT

Struggling to pinpoint the cause for gaining control over anxiety

Finding it hard to associate improvement with learning mindfulness	386,387	EM
Difficult to find the cause for improvement	389,390	EM
Unsure of the reason or cause behind gaining control over it	365,366	EM
Hard to associate anxiety lifting with a cause/ involuntary lifting	464, 465	NAT

Unsure of the impact of the course on the experience of anxiety	478-481	NAT
A sense that many things came together to help her	784-785	JO
A sense that many things that were happening in conjuction with the course helped her	786-789	JO

Learning to manage anxiety and gaining control of it over time

Gradually feels she gained control over it	364,365	EM
Developing a sense of what works better for her over time	372	EM
Finding methods/strategies that work for her - colouring	401,402	EM
Developing an awareness of needs and acting on them	438, 439, 440	EM
Establishing strategies to manage anxiety over time	369,370	EM
A sense that mindfulness of colouring as a strategy to manage anxiety	370,371	EM
Finding a practice that engages her right away/ takes her away from anxiety	443, 444	EM
Adapting mindfulness meditation to suit her needs	371,372,373,374	EM
Learning how to manage it as she grew older	305	NAT
Gaining control over anxiety over time	264, 265, 266	NAT
The way she deals with anxiety is different	352, 353	NAT
Learning to manage anxiety	353, 354	NAT
Learning what works for her when feeling anxious	360, 361	NAT
Learning to manage her life in order not to get stressed or overwhelmed	386, 387	NAT
Learning how to adjust her lifestyle based on her needs	484, 485, 486, 487	NAT
Knowing that overstimulation causes her anxiety	487-491	NAT
Learning to take a break from socialising when needed	487-491	NAT
Learning what she can do to stop becoming/ feeling overwhelmed	492, 493	NAT
Taking a little time out helps her	360	NAT
Slowing down a little bit helps her	361	NAT
Exercise helping with the experience of anxiety	502, 503	NAT
Finding exercise helpful to release anxiety tension	257, 258	NAT
Developing a sense of routine helped lessen anxiety	506, 507, 508	NAT
Developing boundaries	508	NAT

Becoming more controlled during her week	508, 509, 510	NAT
As a teenager wanting more of everything	511	NAT
Developing a structure to her day/ life	512, 513	NAT
Finding that she is able to manage anxiety better now	882	JO
A sense of feeling more in control of it	824	JO
A sense of feeling more in control of it	835	JO
A sense of being able not to go down the catastrophising route	837-838	JO
Trying not to allow herself to go there with her thoughts	839	JO
A sense that she is able to let the experience happen but not to the extent that it controls her	548-549	D
A sense that she is now more in control of the experience of anxiety	551	D
A sense of being able to get on with what makes you feel anxious and do it anyways	460-461	SAM
A sense of feeling more able to live his life in the way he wants to because of the course	468	SAM
Starting a public speaking class after the course	469	SAM
Started something before he would have been scared of and dreaded doing	473-474	SAM

Reflecting on things that helped them let go of their anxiety/ or return to a states of flow

Finding colouring as a direct access to feeling calm	450, 451	EM
Recovering her mind and self-flow through mindfulness of colouring	456, 457, 458, 459	EM
Time passes more smoothly when in a state of flow	460, 461	EM
Thinking of emotions and thoughts mindfully while colouring	461, 462	EM
Finds time disappears when she is engaged in colouring	463, 464	EM
Feeling much better after mindfulness colouring	465	EM
Spirituality and faith has also helped her with her anxieties	573-575	FIO
A sense that her faith has helped her to develop an ability to let go	577	FIO
A realisation that there are things that are beyond what you can do about them (Out of your control)	580-582	FIO
Developing a belief that there is something greater than herself allowed her to develop trust that things will be OK	587-589	FIO
A sense that she does her best in life and believing that the rest is up to this greater reality (GOD)	591-597	FIO

This belief in a greater reality has helped her let go of her anxiety	605-607	FIO
The belief in a greater reality has helped her realise that things will pass	608-609	FIO
A sense that she shouldn't be attached to suffering that she is going through	611-613	FIO
A sense that there are other things to be grateful about	614-615	FIO
A sense that through her faith she developed a sense of gratitude for the small things in life	616-617	FIO
Gratitude has added to the experience of letting go of the things	618-620	FIO
She has found taking a bath helpful when stressed	614-617	K
A sense therapy has also helped her understand her experience of anxiety	811-817	D
Trying to do Reiki (energy healing)	508-511	K
Trying to relax	508-511	K
Trying to breathe	508-511	K
Trying to pray	508-511	K
Struggling with time management and planning	522-524	K
As a teenager did not have therapy input	425, 426	NAT
As a teenager would talk to her mom	427	NAT
As a teenager would wait for it to pass	427	NAT

A developing sense of acceptance of the anxiety experience

A sense that she is now more accepting of how she is when it happens	547-548	D
A sense that now it feels normal to feel feelings of anxiety - growing acceptance of feelings	454-455	SAM
A sense of having the knowledge and technique to rest in the feeling of anxiety and accept it	456-457	SAM
A sense of having the technique not to fight against the feeling of anxiety and take a deep breath	458	SAM
A sense that whatever was happening is happening and that she could accept it	443-444	D
Learning to be curious and non-judgemental	194, 195	JO
Learning to allow her thoughts just to come in/ to let them be	196, 197	JO
Learning not to allow thoughts to take over who you are	198-200	JO
Learning slowly not to judge herself	421-423	FIO
A sense that she will let go of a difficult experience when she is ready to let go	423-424	FIO

A sense that mindfulness has been amazing for her as it reinforces a non-judgemental perspective	391-394	FIO
Reminding herself that even when she judges herself that's OK	395-398	FIO
A non judgemental perspective allows her to let go	399-400	FIO
A sense that the concept of 'it's OK' is simple yet has power	402-406	FIO
A learnt sense that it is OK to make mistakes	407	FIO
Developing a sense of non judgement due to mindfulness	827	JO
A sense that she thinks about anxiety slightly different now	602-603	D
Now thinking it is OK to have some anxieties	604	D
A sense that now if she had no anxiety it would be more worrisome	607-608	D
A sense that he learnt to accept it and deal with it	500-501	SAM
A sense that the mindfulness mindset would be to be more mindful how feeling anxious and accepting	514-515	SAM
Realising that he was fighting against what he was feeling instead of accepting it	418-420	SAM
A sense that he doesn't feel what's happened to him will happen again	487-488	SAM
A sense of not feeling scared that something physically or socially damaging is going to happen to him	490-491	SAM
A sense of learning to enjoy it along the way	502	SAM
Her favorite line is if you're breathing in and out there is more right with you than wrong with you	389-395	D

Themes	Participants who displayed Themes
The Ravaging Tornado of Anxiety	All Participants
1. Potent and Primary Symptoms of Anxiety	Six Participants
2. Drowning not Sailing	All Participants
3. The Estranged Self	Four Participants
4. The Role of Others in the Anxiety Experience	Five Participants
Tempering the storm through self-discovery	All Participants
1. Being-in-the-moment	All Participants
2. Cultivating Self Awareness - Know thyself	All Participants
3. This Too Shall Pass	Six Participants
4. Discovering how to manage Anxiety	All Participants

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Cite references in the text by name and year in parentheses. Some examples:

- Negotiation research spans many disciplines (Thompson 1990).
- This result was later contradicted by Becker and Seligman (1996).
- This effect has been widely studied (Abbott 1991; Barakat et al. 1995; Kelso and Smith 1998; Medvec et al. 1999).

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Slifka, M. K., & Whitton, J. L. (2000) Clinical implications of dysregulated cytokine production. Journal of Molecular Medicine, doi:10.1007/s001090000086
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O'Neil, J. M., & Egan, J. (1992). Men's and women's gender role journeys: Metaphor for healing, transition, and transformation. In B. R. Wainrib (Ed.), Gender issues across the life cycle (pp. 107–123). New York: Springer.
- Online document
Abou-Allaban, Y., Dell, M. L., Greenberg, W., Lomax, J., Peteet, J., Torres, M., & Cowell, V. (2006). Religious/spiritual commitments and psychiatric practice. Resource document. American Psychiatric Association. http://www.psych.org/edu/other_res/lib_archives/archives/200604.pdf. Accessed 25 June 2007.

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SECTION 2

PUBLISHABLE PIECE:

TEMPERING THE STORM THROUGH SELF-DISCOVERY: PARTICIPANTS EXPERIENCES OF ANXIETY AFTER ATTENDING A MINDFULNESS BASED STRESSED REDUCTION PROGRAMME

TEMPERING THE STORM THROUGH SELF-DISCOVERY: PARTICIPANTS EXPERIENCES OF ANXIETY AFTER ATTENDING A MINDFULNESS BASED STRESSED REDUCTION PROGRAMME

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ABSTRACT

Difficulties with the experience of anxiety often embody one of the primary reasons behind clients seeking care and utilising the service of health care professionals. Anxiety is a complex emotion that involves an interplay of biological, cognitive, behavioural and affective factors in the acquisition and maintenance of difficulties related to this experience. Despite the attempt to classify anxiety related difficulties, the current diagnostic system does not offer an accurate categorical system of anxiety related disorders with distinct differences in aetiology, course of the disorder, prognosis, and choice of treatment. Therefore, practitioners have deemed it would be beneficial to move beyond diagnosis and begin to examine everyday yet difficult experiences of anxiety to provide a better picture of emotional distress and assist in developing better treatments for this. This research explored how seven participants, who self identified as having difficulties with anxiety, experience anxiety after completing a mindfulness based stress reduction course. The study utilised a form of qualitative methodology, in order to maintain a close look at participants' experiences. Participants were recruited with the help of teachers who facilitate this programme. Participants' interviews were transcribed and analysed using Interpretative phenomenological analysis. Through the analysis two major themes emerged: 'The ravaging tornado of anxiety' and 'tempering the storm through self-discovery'. Each of these themes entails several sub-themes. The findings are considered in relation to the wider literature and links are made with theoretical models regarding reflexive awareness, being with emotions and embodiment. Clinical implications of the findings are also discussed.

Keywords: experiencing anxiety, experiential awareness, being with emotions, Interpretative phenomenological analysis, qualitative research, mindfulness

INTRODUCTION

Anxiety, derived from Latin *angere*, meaning to press tightly, is a widely used concept that could reflect a variety of meanings and refer to a wide range of experiences (Barlow, 2002). Despite its current popularity, Alberti (2004, p. 1407) states that there was a time when the English language did not have the word "anxiety". She continues to suggest that it only appeared in the 17th century. Over the centuries, descriptions of anxiety have varied in relation to the context in which the description was made – medical, psychological, religious, anthropological, or philosophical (Cromby, Harper, & Reavey, 2013). The variety of these descriptions have made it difficult to define anxiety precisely (e.g. Barlow, 2002).

While typically referring to a threat response, when employing the term anxiety people could indicate; a behavioural and physiological response that was provoked as a result of threat, or the interpretation of an event and the effect of this on the individual, or a person's feelings towards a situation, or their evaluation of their own ability to deal with the event taking place (Hallam, 1992; Barlow, 2002). This response to threat engages our mind, body and spirit (e.g. Marks, 1987). While at times, people may seek a response to danger (e.g. bungee jumping) in its less extreme form, individuals could end up spending billions of dollars to ride themselves of this experience when it becomes too much. Difficulties with these responses to danger, often exemplify one of the primary reasons behind clients seeking primary care physicians and the utilisation of health care services (e.g. Marks, 1987; Barlow, 2002; Eifert & Forsyth, 2005; Rachman, 2013) Therefore, ushering copious forms of treatments aiming to rid us of these emotions. It is when these emotional responses become difficult that this research aims to explore and address (Barlow, 2002).

NORMAL AND ABNORMAL ANXIETY

There remains an on-going debate around the adaptability of feeling anxious; various practitioners vary in their opinion concerning the point at which feeling anxious becomes abnormal, the categories under which anxiety experiences are to be grouped, and/or which features of anxiety difficulties to focus on (e.g. Barlow, 2002; Kesseler et al., 2003; Eifert & Forsyth, 2005; Stein & Nesse, 2015).

Despite the attempt to classify human experience, the DSM is still not able to offer an accurate categorical system of psychological disorders with distinct differences in aetiology, course of

the disorder, prognosis, and choice of treatment (Barlow, 2002; Stein & Nesse, 2015). Moreover, there is growing evidence suggesting that anxiety disorders share important psychological processes such as, attentional biases to threat (e.g. Mathews & MacLeod, 2005), repetitive negative thinking (e.g. Ehring & Watkins, 2009), avoidance behaviour (e.g. Shear Bjelland, Beesdo, Gloster, & Wittchen, 2007) and others (e.g. Roemer, Erisman, & Orsillo, 2008). This evidence proposes that anxiety disorders may potentially be different manifestations of the same disorder. For instance, a fear of germs and snakes could be seen as the same pathology however with different behavioural manifestations (e.g. Vollestad, Sivertsen, Nielson, 2011; Norton, 2012). Furthermore, regardless of our theoretical and conceptual progress into the field of anxiety-related disorders, there remains a lack of agreement over what makes up an appropriate treatment for anxiety related difficulties (Eifert and Forsyth, 2005). Various practitioners have gone to argue against the use of this classification, suggesting that it does not necessarily provide the best way to deal with and understand psychological problems (e.g. Eifert & Forsyth, 2005; Woolfe, 2005; Cromby, Harper, & Reavey, 2013; Stein & Nesse, 2015). Whereas other practitioners have suggested that it is best to conceptualise both normal emotions and emotional disorders as complex phenomena with blurry borders (e.g. Stein & Nesse, 2015).

Considering the aforementioned 'pit-falls' of diagnosis, Fletcher (2010) proposed that it is important, both within research and clinical practice, to move beyond diagnosis and begin to examine experiences of 'everyday' anxiety as this will provide a better picture of emotional distress and potentially offer an alternative system to diagnosis. Additionally, others recommend paying closer attention to the subjective experiences of individuals who are struggling with anxiety. Woolfe (2005) maintained that understanding these experiences can yield a better grasp of the necessary constituents of treatments utilised. Cromby, Harper and Reavey (2013), agree with Woolfe's (2005) sentiment, and propose that a more sophisticated account of mental health problems, involving service users' views and experiences of mental health difficulties, is necessary. For these reasons, the current research study will examine anxiety experiences that are identified as 'difficult' by the participants in the study.

THEORETICAL PERSPECTIVES ON TREATMENT OF ANXIETY RELATED DIFFICULTIES

Over the past decade new forms of therapies have appeared under the umbrella of CBT (Twohig, Waidneck, & Crosby, 2013); setting the stage for what Hayes (2004) called a 'third wave' movement in the field of cognitive behavioural therapy. Mindfulness and Acceptance

Based therapies were marked by a focus on increasing the overall functioning of the client rather than emphasizing symptom reduction. Moreover, they targeted inner experiences indirectly through using strategies such as mindfulness, compassion or acceptance (Twohig, Waidneck, & Crosby, 2013).

'Third Wave' cognitive behavioural therapies have been gaining recognition and have been recommended by the national institute of clinical excellence for various mental health difficulties, including generalised anxiety disorder (NICE, 2011) and depression (NICE, 2009).

Mindfulness based stress reduction (MBSR), a form of third wave cognitive behavioural therapy, is an educational and therapeutic program that was put together and introduced to western culture by Jon Kabat-Zinn in the early 1980s (Kabat-Zinn, 1994b). The program is based on Theravada Buddhism, Zen practices and yogi traditions and is divided from any religious, philosophical and cultural teachings (Evans, Ferrando, Carr, & Haglin, 2011). MBSR utilises a Buddhist technique called mindfulness, a technique that encourages the individual to pay attention to, acknowledge and observe their thoughts and feelings with a non-judgemental attitude as they surface (e.g. Kabat-Zinn, 1994; Edenfield & Saeed, 2012).

Since establishing the Mindfulness-based stress reduction program there has been an upsurge of interest in mindfulness practices which lead to an increase in adapting and changing this program for the treatment of both mental and physical illnesses (Edenfield & Saeed, 2012). Mindfulness based interventions (MBIs) have been linked to various improvements in both physical and psychological health. Initially MBSR was set up to assist those struggling with chronic pain, it was found to help elevate pain and reduce stress and anxiety symptoms that accompany daily life and chronic illness (Kabat-Zinn, 1994b; Praissman, 2008). Additionally, it's been associated with the reduction of fibromyalgia, rheumatoid arthritis, psoriasis and Type II diabetes symptoms (Edenfield & Saeed, 2012). Moreover, it is been associated with depression relapse (Piet & Hougaard, 2011), improvements in drug addiction (Bowen, Chawla, & Marlatt, 2011), and reduction in stress, anxiety and affective mood disorder symptoms (e.g. Hofmann, Sawyer, Witt, & Oh, 2010; Vollestad, Sivertsen, & Nielson, 2011).

Despite the rising evidence that supports the efficacy of MBSR for the treatment of mental health difficulties, little is known about how and why it works (e.g. Kazdin, 2007). Kazdin (2007) argues that developing an understanding of why and how treatments facilitate change can help develop treatment packages that focus on necessary and more effective constituents

of therapy. Additionally, Kazdin (2007) encouraged the value of methodological plurality within this field of study, as he believed that it is a necessary component in the process of establishing variables mediating change in therapy.

Within the field of MBSR, several potential processes of change have been examined to assess their role within therapeutic change, two processes of change have dominated the literature – mindfulness and decentring (e.g. Sauer & Baer, 2010). Reports from clinical populations show that increases in mindfulness are significantly related to decreases in depressive symptoms and perceived stress (Dobkin & Zhao, 2011). In a recent study, correlational analysis showed that an increase in mindfulness processes were related to an increase in mindfulness outcomes and increases in mental health. Additionally, meditational analyses have revealed that mindfulness outcomes partially mediate the relationship between changes in mindfulness processes, mental health and perceived stress. These results demonstrate that the practice of mindfulness (E.g. attempting to shift attention) leads to the cultivation of a mindfulness attitude and has a direct impact on well being (Christopher, Rogers, Hunsinger, Colgan, Reiss, & Farwood, 2015). In a study focusing on the impact of mindfulness based stress reduction as an intervention for generalised anxiety disorder (GAD), Hoge and colleagues (2015) assessed the likelihood of two constructs that maybe involved in the mechanisms of GAD symptom – mindfulness and decentering. Participants ($N = 38$) were allocated either to an MBSR group or an attention control class and various measures were collected pre and post-treatment. Hoge and colleagues (2015) discovered that a change in either of the constructs mediated the outcome of MBSR on anxiety. However, these studies are not without limitations. Despite their ability to show that something mediates change they do not described how change happens. Additionally, defining distinct variables, such as mindfulness is often hard, therefore it is to ascertain whether the mediator is a proxy for one or more other variables (e.g. Kazdin, 2007). Further work needs to take place in order to develop a more in depth understanding of what constitutes the variables of change after attending a MBSR (e.g. Allen, Bromley, Kuyken, & Sonnenberg, 2009).

Malpass et al. (2012) and Wyatt et al. (2014) have explored the existing qualitative research on mindfulness based interventions and suggest that there is a lack of studies particularly exploring the field of mindfulness based stress reduction for anxiety disorders. To my knowledge, there are only few qualitative studies exploring mindfulness-based interventions, however only one focuses on mindfulness based stress reduction for university students with academic evaluation anxiety (Hjeltnes, Binder, Moltu, and Dundas, 2015).

Hjeltnes and colleagues (2015) aimed to address the current gap in qualitative literature by exploring the lived experience of students who have attended a mindfulness-based stress reduction program for their difficulties with academic evaluation anxiety. To address their research question they used an explorative-reflective thematic analysis that combined phenomenological investigation of human experiences with systematic interpretation of meaning. From the analysis it appears as though participants have experienced meaningful forms of change in different domains of their everyday life beyond their specific presenting problem. The themes suggest that participants have found new ways to face emotional distress and suffering, in line with the ideas of mindfulness based interventions, where acceptance is valued over experiential avoidance. Moreover, participants descriptions in theme 1, propose that they have learnt techniques to manage their negative feelings and find an inner space of calm. That may resonate with mediation research suggesting that mindfulness based interventions improve the capacity for emotion regulation. The two themes "staying focused in learning situations" and "moving from fear to curiosity in academic learning" may also resonate with research that advocates for mindfulness and decentering as processes of change in MBIs.

RESEARCH RATIONALE

Taking into consideration the specific findings and the literature relating to the experience and impact of anxiety portrays a rather complex picture. From the outset, written works and research relating to the experience and treatment of anxiety, utilised a diverse set of variables and constructs that have resulted in a growing literature of conflicting findings, therefore rendering it difficult to make sense of the features of this affective response (e.g. Eifert & Forsyth, 2005). Moreover, there appears to be a profusion of quantitative studies relating to the experience of anxiety that have established that anxiety or anxiety related disorders are associated with a variety of "non-adaptive" behaviours and cognitions in several contexts (e.g. Barlow, 2002; Rachman, 2013; McNeil, 2010; Miller, 2009). Furthermore, as a result of the categorisation of anxiety experiences into disorders and the corresponding increase in research into the field of anxiety related difficulties, research tended to take a positivist and quantitative nature focusing only on the criteria associated with these disorders. This could generate a skewed view of anxiety and disregard other potentially essential processes involved in the experience. Bearing the literature in mind, the research study has shifted away from an examination of anxiety disorders, to the study of the subjective experience of individuals who find the experience difficult is timely (e.g. Woolfe, 2005; Cromby, Harper & Reavey,

2013). Furthermore, it is evident that there is a lack of research focusing on the experience of anxiety after completing a mindfulness based stress reduction programme. While quantitative literature identified several processes of change associated with this treatment, it still does not provide us with the complete picture and does not answer any questions around how participants experience anxiety after the course. Therefore this study posits the question – *how do participants who have completed an MBSR course experience anxiety?*

METHODOLOGY

RESEARCH DESIGN

The research study was carried out in two stages: Firstly, a pilot study was carried out with two participants, using semi-structured interviews. This was done to ensure that questions set up by the researcher were understood and directly linked to the research topic. Secondly, seven one-to-one semi structured interviews took place with individuals, who have completed a mindfulness-based stress reduction program (MBSR) with an organisation or mindfulness teacher, no more than two years prior to the research interview. Interviews were digitally recorded and then transcribed for analysis. Teachers have been contacted via email or phone for permission to advertise the research during their MBSR classes. The teachers were given flyers, which were then handed to participants during the final week of the course or emailed to participants, based on the facilitators' preference.

PARTICIPANTS

Participants recruited completed an MBSR programme, no more than two years prior to the research interview. The participants attended programmes that identified with following the programme as set out by Jon Kabat-Zinn (1990), and were still in touch with the teacher that they have attended the course with. Furthermore, the participants invited were those who identified as having difficult anxiety experiences as well. The sampling focused on individuals aged between 30-60 years old, particularly adults who are of a working age and spoke English fluently.

Once potential participants were screened through email or phone call and identified with having difficult anxiety experiences, they were sent a research information sheet, which described and addressed several aspects of the research interview process and research analysis. The information sheet was discussed before meeting with participants so that they were able to make an informed decision regarding their participation. Furthermore, the information sheet was also discussed at the onset of the interview in order to allow participants' space to voice out any queries regarding the research interview and analysis.

In line with, Smith's (2009) guidelines for phenomenological research, semi-structured interviews (approximately 50 - 60 minutes long) were carried out with the participants who have undertaken the course. Participants were initially asked general questions enquiring about the process of joining the MBSR programme such as, 'Could you tell me about how you came to join the mindfulness based stress reduction programme?' They were then invited to answer questions relating to their experience of participating in the programme, their experience of carrying out the formal and informal meditation, and their past and present experiences of anxiety. For example, 'What did you expect the course to be like?' 'Could you tell me about your experience on the course?' 'Can you tell me about a recent instance where you had anxiety?' and 'In what ways, if any, has this experience been different to others that you had before the programme?'

Participants were informed that the interview was an informal discussion regarding the topics of anxiety and the course. Additionally, they were advised that there were no wrong or right answers as the interview focused on their personal experiences. Finally, before moving ahead with the interview schedule consent was obtained. The interview schedule was set as a guide during the interview procedure; however, questions were altered depending on the discussion that took place with participants at the time. The individual semi- structured interviews were recorded digitally at a venue of the participant's choice.

Once the interview was finished participants were given a debrief sheet which highlighted points of contact in case they found the process distressing; the debrief included a list of various organisations to contact in case of emergency. Furthermore, a 10-15 minute debrief discussion took place in order to establish participants' safety and wellbeing.

DATA ANALYSIS

For the purpose of this research study and in line with the chosen methodology an interpretative phenomenological approach was used to analyse the data. The analysis procedure used was based on Smith, Flower and Larkin (2009) six stages of IPA analysis.

At the beginning of the analytic process, all participants were given a pseudonym to maintain participant confidentiality throughout the analysis and write up. Thereafter, the interviews were transcribed verbatim. Subsequently, transcripts were read and re-read individually in order to allow for each participant to become the focus of the analysis. Additionally, notes were taken to reflect initial thoughts and observations of the data. Each interview was given attention separately and analysed on its own. After initial noting, emergent themes were developed. Thereafter they were clustered based on their connection to each other and the research question. Meaningful groups were created across transcripts, which then shaped the superordinate themes and sub-ordinate themes.

While IPA's analytical procedure was described in a linear fashion, Smith et al. (2009) encourage the researcher to think of the hermeneutic circle analogy that describes a move between the part and the whole, at a series of levels. This suggests a move back and forth between different stages of the analytical procedure to assist in developing different ways of thinking and interpretation of the data. This was incorporated into this analytical process. Furthermore, Smith, Flower and Larkin (2009) promote the researcher to keep an open mind and reflective stance towards the data she is attempting to analyse. Following that, the research diary kept involved a reflective element at all times. This was used to ensure that researcher opinions would have less of an impact on the data collected and assist in developing a more coherent analytical process. Furthermore, at all stages of research supervision was utilized to further reflect on the descriptive and interpretive process of the analysis (See Smith, Flower & Larkin, 2009).

ANALYSIS

The analysis revealed, two overarching themes with regard to the experience of anxiety after completing a mindfulness based stress reduction course. These were; 'The ravaging tornado of anxiety' and 'Tempering the storm through self-discovery'. All participants expressed the

ideas behind the major themes, however some of the subthemes did not apply to all participants. See appendix.

As mentioned in the previous sections, the phenomenon under investigation throughout this research was the lived experience of anxiety in the present for participants who have completed the MBSR course. This experience is best described by theme two, however, as all participants described past anxiety experiences, it felt important to consider this during the analytic process. Nonetheless, for the purposes of this paper we will only consider the second overarching theme – "Tempering the Storm Through Self-Discovery". The second theme that emerged in this study was deemed more relevant to the readership of this journal, because it encapsulates descriptions relating to the transformation of participants' experiences. Furthermore, the themes are closely to mindfulness theory and practices.

Tempering the Storm through Self-Discovery

The process of learning to calm the storm (anxiety) was evident for all participants. This theme captures a passage through time from one stage in the participant's life to another. It signifies the process of his/her progression from being caught up in the anxiety experience to a place of being able to manage it. Moreover, it indicates their movement from 'Doing' (being action focused) to 'Being' (sitting with oneself) and from 'unknowing' to 'knowing' (becoming more familiar with the anxiety experience). There is an essence of self-discover within this theme, and that is an overarching element throughout the sub-themes.

Being-in-the-moment

All participants talked about a developing sense of presence and a better ability not only to be in the moment but also allow themselves the space to be with their difficult feelings (i.e. anxiety). Within their discussions, it appeared that presence (or being-with) facilitated a change in their experiences of anxiety and ultimately in their lives.

Throughout her interview Daisy spoke about 'Being' versus 'Doing', explicitly stating that she is a "doing" person and that she could not initially understand the value of the mindfulness practice. Towards the end of her interview she revisited this topic and elaborated on it:

> "A lot of my anxiety was about the future about "what if this, what if this, what if this, what if this" so being in the moment was so helpful for me to kind of just stay in that

210

moment because you can manage this moment and then each moment becomes another moment so you're actually managing it bit by bit but not thinking about "oh my God" but…'cause then that stops everything in the present like me being able to focus on what's going on in the present." (Daisy, 833-841)

Here Daisy explained how anxiety for her encapsulated this sense of needing to be doing or achieving a task and suggested that it is future focused. It appeared she believed that the antidote to this is "being in the moment" and managing her anxiety moment-by-moment and bit-by-bit and not thinking about what might or might not happen. She affirmed in this segment that being-in-the-moment not only stopped her anxiety but also appeared to allow her to concentrate on what was going on for her at the time. Fiona also talked about her experience of being-in-the-moment:

"It's almost as if there is like the sensation that I can…like the word that comes to my mind is calm like sort of like there is a sense of calm, a sense of, you know, tranquillity but also a sense that it's almost having somebody beside yourself saying "don't worry it's going to be OK" you know like and so whether you feel like upset and sometimes it's harder to like to get there than other times but…but and I think it takes practice, you know, like I feel that it's…it's almost like an internal habit or practice that…that I need to develop within myself…" (Fiona, p. 7, 307-318)

When describing what it meant for her to be-in-the-moment Fiona stated that it was like a sense of calm, which seemed to correlate with an instant reduction in her experience of intense anxiety. She continued to liken this experience to having someone alongside her saying "don't worry it's going to be OK". Here Fiona equated the act of presence with having someone easing her distress; I wondered whether she valued the experience of having someone console and therefore she used this image here. She ended her excerpt by stating that this experience needed practice and that she needed to develop this habit within herself. It could be suggested that Fiona's initial tendency was at odds with the ability to be-in-the-moment and therefore she felt it required repeated exercise in order for her to become seasoned at it. It seemed that she desired for this to become second nature.

While often describing an advancing ability to be in the present moment, participants also talked about their difficulties with this experience – it appeared that participants particularly had struggled to allow themselves time to "be" with their thoughts and feelings. Nonetheless, it seemed that they found this experience valuable. In the following extract both Emily

described her experience of "being with" or "staying with" difficult and uncomfortable emotions and how valuable she found this experiences.

> "I just felt like my mind was just constantly drifting so although they were saying, you know, "Its' OK and bring…bring it back in" I just found it so difficult to focus on my emotions or…but after a while I think the more I did it, it was getting easier and I never found it…I don't know, it was never really upsetting or anything for me, it just kind of made me, like, realise what I'd actually been sort of holding back and not been kind of thinking about enough so it was quite…yeah, it was like more thought provoking for me to be able to do that whereas a lot of the time I think I kind of just hide things away and don't really feel…" (Emily, p.4, 143-154)

Here Emily expressed how her mind drifted during the mindfulness meditations. She particularly found that she needed to make additional effort to pay attention to her emotions, potentially implying that she did not allow herself to feel before. She then stated that this got easier the more she practiced paying attention to her emotions. Moreover, Emily then remarked that she did not find this experience upsetting, appearing to suggest that she thought it would be. I wondered whether that she did not allow herself time to reflect on her anxiety especially because she thought this would be distressing. Emily acknowledged that she was able to recognise what she was feeling through the mindfulness meditation and become more conscious of what she was not thinking off. She maintained that this experience was rather thought provoking for her. It seemed that Emily was describing a powerful learning process here – where she moved from hiding away from her feelings to spending time reflecting on them.

While reflecting on an increased sense of presence and a better ability to be in the moment, participants often described the ways with which they were able to make this happen. They particularly focused on the techniques they learnt during their mindfulness based stress reduction course that focused on connecting to their current environment, to the body and using the breath. While reflecting on what she took away from the course, Natalie expressed that she used either her environment or her body to potentially feel more present:

> "Also using my environment or my body to…to kind of ground myself and…and um take the focus away from any feelings or thoughts that maybe make me feel uncomfortable." (Natalie, 125-129)

In addition to using her environment and her body Natalie described using music to focus:

212

"Yeah I think before I would listen to music in the background so I'd be doing something or thinking about whatever I was thinking and the music would just be there whereas now I…I found a way to use music sometimes if I'm feeling stressed and really focus on it and really feel the music and forget myself a little bit more so…" (Natalie, 150-156)

In the preceding passage, Natalie illustrated how she used music to shift her attention from anxiously thinking, to the music she was listening to. She mentioned here that she intended to "really focus" and "really feel" the music in order to deliberately cease anxiously thinking. It seemed that Natalie was referring to becoming more conscious of the music and therefore becoming more present to her current experience.

Cultivating Self-Awareness (Know thyself)

All participants described an emerging sense of awareness; where it appeared that they were able to perceive their thoughts as just thoughts, recognise who they were, how anxiety affected them and how their bodies were affected by their experiences. Moreover, as a result of their growing awareness participants also seemed to get in touch with another aspect of themselves - a self that "stood beside" them, as stated by Fiona, and was able to observe their experiences. Early on in his interview, Sam illustrated a process of developing an awareness of his thoughts and what appeared to be a separation between these thoughts and his sense of self:

"Everybody has that voice inside them which is critical you know…that says you're not good enough…or you…umm…you know you should've done this or you should've handled that situations differently or whatever…umm there is loads of different reasons for that but I think that being mindful at least lets you see that these are thoughts and observe them and then let them go umm…and whereas those thoughts probably haven't stopped I probably…I definitely don't dwell on them for the length of time that I did before ummm and that's a really nice experience…not being…kind of weighed down with negative thoughts all the time." (Sam, 150-160)

Here Sam began this excerpt stating that he believed "everybody" had a critical voice that potentially was disapproving or judgemental of the self. Sam appeared to see this critical voice as an internal dimension that was present independent of him. In this passage, it seemed that this voice previously had power over Sam and his view of himself. However, owing to his

sense of developing awareness Sam suggested that he was able to see his thoughts as just thoughts thus breaking away from the grip of this voice. Sam changed pronouns here – he initially begun with thinking about others then he moved to reflecting on his own experiences. I wondered whether believing that everyone had this critical voice made his experience less painful and easier to discuss. At the end of his statement Sam explicitly stated that his newly developed ability – to see thoughts as just thoughts - to be pleasant as he no longer felt burdened by them.

This newly found sense of awareness seemed to not only cultivate participants' ability to observe their thoughts but also appeared to contribute to their capacity to better notice their environment. In addition to insights relating to their thoughts and their environment, all seven participants seemed to become more conscious of who they were, their needs and their bodies.

Here Joanna described how she became more aware of her body during a meditation practice:

> "He talked through the body and there were just certain points in my body where actually I realised it wasn't just about feeling it and appreciating it, it was 'oh I'm in pain' or 'oh that feels really tense' or, you know, um 'oh that's giving me jip' or…and I just realised that I had so many pain points in my body um and then I noticed that my hands were completely clenched, I think it just made me aware and I just thought 'oh my goodness', you know, 'my hands are clenched' everything…everything just felt really uptight um and I think it just made me realise how much stress and how much anxiety and how much emotional baggage um I was carrying, not just in my head, it wasn't just all up there in my thoughts, it was actually, as I said before, it was just all…it was just coming out in my body." (Joanna, 335-349)

Joanna's account of the body scan began with an immediate recognition that the practice was about so much more than just appreciating your body. She appeared to be surprised by the sensation of tightness throughout different parts of her body. She then realised her clenched hands, which she seemed to believe related to her stress and anxiety levels. Later she indicated that her anxiety was not only "all up there" in her head but also coming out in her body. Here it appeared as though Joanna was getting to learn about herself through her body.

As well as becoming more aware of their bodies participants appeared to become more aware of their lives and their needs as a whole.

Here Natalie described how she developed an awareness of her own limitations:

> "I would be more um boundaried, more controlled in the way I planned my week rather than just saying "yes" to everything, I…like I did maybe when I was a teenager and just want more and more and more of everything, I was more like OK, no, now I need some time for myself or now I need to go to the gym and I, you know, I'm not available so just having that structure or having the awareness of…of my limitations I think helped a lot." (Natalie, 507-515)

In this extract Natalie demonstrated how her life style changed, as she grew older, to help her prevent anxious moments. She stated that now she planned her week ahead and considered her needs before saying, "yes" to everything. She felt this was down to becoming more aware of her own limitations and needs.

This too shall Pass

This theme sits at the opposite end of the spectrum from 'the Estranged self', where participants seemed to move from being unfamiliar with the anxiety experience to a more familiar place. It also encapsulates participants' newly found trust that the experience will pass. In the following passage, Natalie described this shift from an unfamiliar place to a more familiar one:

> "I think at the time I was so unaware of what was going on in general, I was quite confused in my life so I didn't really try to make sense of it, I just thought 'oh it's going to pass' or I waited for it to pass and then every time…so the first time it happened, it was really scary 'cause it was…obviously it was something foreign to me and then I realised that if I wait, it goes away so it would be like OK, two weeks really bad and then it just suddenly lifted and then I think maybe…just the fact that it would lift would give me the…the confidence or the belief that it's not going to last forever so that made me feel better about it and I would just let it pass." (Natalie, 432-444)

Prior to this Natalie talked about her early experiences of anxiety, back when she was a teenager. In this excerpt she stated that she was unaware and confused at the time hence she did not make an effort to understand what was happening when she did feel anxious. I wondered whether as a teenager Natalie found it difficult to address her uncomfortable experiences of anxiety and therefore did not want to initially understand it. Then Natalie began

describing a process whereby recurring experiences of anxiety contributed to a belief that she can rely on the experience passing and that it was not going to last. Natalie clearly identified here how terrifying her experience of anxiety was when it felt unfamiliar. Moreover, it appeared that due to a lack of knowledge when she was a teenager she feared that the anxiety would "last forever".

In a similar light, Kate described how she began developing trust in the ebb and flow of difficult experiences however through her mindfulness practice. Initially Kate illustrated how when she related the ebb and flow of the breath to the rise and fall of the tide she felt an affinity with the earth and the universe. She continued to suggest that it was this affinity that cultivated a sense of trust. She then stated:

> "Trust in the process of life, trust in um in the…in the universe that like as the breath like um the…the breath goes like without us controlling it and it just works by itself and um, um so in the same way um like if we trust that life takes care of us um then um we…that helps us like to have a positive outlook on what's…whatever happens um to us and also if we…if we are going through hardships um but um if we have…if we…if we remember to trust then um, um we know that um we have the inner resources um that hmm that we can use to…we just need to find them but like we can trust that we have the resources like to um to overcome or like to um to overcome difficulties basically." (Kate, 260-273)

In the preceding passage, Kate seemed to relate the ease with which the rhythmical pattern of the breath occurred to the potential effortlessness of the experiences of life. She stated that this connection she made to the breath allowed her to gain a positive outlook on life. Here Kate used "we" as a pronoun throughout the excerpt giving a sense of a collective trust being cultivated, I wondered whether she used that because she felt an affinity with life and therefore others as well. At the end of the passage, Kate maintained that she believed when going through suffering if she remembered to trust then she would potentially realise that she has the inner assets to overcome these difficulties. Here it appeared that through her mindfulness Kate also began to believe that her experiences of anxiety would eventually pass.

Accepting and Managing Anxiety

Within this theme there was an essence of anxiety remaining unchanged in the participants' eyes. Although some stated that they found the experience to be less intense, it seemed that they still experienced anxiety. As a result of it remaining unchanged it appeared that the

participants looked for and have found ways in which they tried to prevent or manage their anxiety experiences. Additionally, participants gave the impression that their perspective relating to anxiety changed and therefore diminishing its power.

Sam described what appeared to be his continued struggle with anxiety in the following excerpt:

"Um but, no, in terms of like am I fixed which is what…I'm quite a kind of pragmatic person. Am I fixed then it's well no because there isn't a fix for this." (Sam, 495-497)

He later continued to say:

"It's that this is the way that people everywhere, that's what they feel um in situations like mine um and you just accept it and you deal with it and then you get through it um and actually then you learn to enjoy it along the way so um it's a shift in perspective." (Sam, 499-503)

Here Sam clearly stated that he did not feel "fixed" and that his anxiety experience remained unchanged. However, it seemed that the way he felt about it has shifted and rather than finding the experience unbearable, he now seemed to appreciate it.

In the following extract Emily reflect on what she found enhances her ability to manage anxiety:

"I don't know whether that's more from just kind of understanding myself more like as I've got older and had, I suppose, episodes or challenges along the way I feel like I've come to understand myself and have put strategies in place um mindfulness being one of them…" (Emily, 365-370)

Here Emily considers the impact of mindfulness on her anxiety experience. It appears that she is unsure whether mindfulness was the only strategy that helped her to manage her difficulties. She feels that as she got older and became more aware of her needs and more familiar with the experience, she was able to put strategies in place to help her.

The analysis of peoples' experience of anxiety after completing a mindfulness based stress reduction course identified two overarching themes: 'The ravaging tornado of anxiety' and 'tempering the storm through self-discovery'. However, the focus of this paper is participants' current experiences of anxiety. Participants formulated these experiences through four different domains of experience; Being-in-the-moment, cultivating self-awareness, this too shall pass and accepting and learning to manage anxiety.

Although some of the themes established, throughout this study, have shed light on pre-existing messages within the philosophy and psychology literature, they have cast a light on the participants' personal journey and experiences with anxiety and mindfulness – a voice that was missing throughout. Additionally, the analysis provided a more detailed delineation of certain themes than previous studies could have. In the section below, we link these findings to existing theoretical understanding of mindfulness based interventions (MBIs) and philosophical literature, while setting out potential implications for theory, research and clinical practice.

The second overarching theme focused on participants' journey to calm (temper) the storm of anxiety. The themes describe a potential process of change for the participants – a change from an experience of 'doing' to 'being' and from 'unknowing' to 'knowing'. The themes echo previous research findings into the processes of change associated with mindfulness based stress reduction (e.g. Sauer & Baer, 2010). It is important to note that participants did not directly link all these changes to attending the program itself, however these themes appear to be best portrayed by this are of research. This field of study (process change) drew attention to three processes of change linked to mindfulness-based interventions (MBI) – mindfulness, decentring and emotional regulation (e. Sauer & Baer, 2010). These processes of change suggest that participants who attend MBIs increase their ability to adjust their attention, develop more presence and begin to cultivate an attitude of curiosity towards daily life experiences (e.g. Christopher, Rogers, Hunsinger, Colgan, Reiss, & Farwood, 2015; Nila, Holt, Ditzen, and Aguilar- Raab, 2016). Moreover, they suggest that participants begin to develop an ability to see thoughts as fleeting and do not reflect the truth (e.g. Sauer & Baer, 2010). These internal changes are said to mediate the effects MBIs have on anxiety (e.g. Christopher et al., 2015; Nila, Holt, Ditzen, and Aguilar- Raab, 2016). Additionally, similar themes were attained when exploring the lived experience of students who have attended an MBSR programme for their difficulties with academic evaluation anxiety. Hjeltness, Binder,

Moltu and Dundas (2015) highlighted five major themes as part of students' lived experiences, generally the themes drew attention to participants growing ability to stay focused (adjust attention) and a move in their experience from fear to curiosity and openness. Moreover, they also found that participants were able to cultivate better self-acceptance when facing difficult situations.

Throughout their interviews participants described a growing sense of awareness lending to an improved sense of self and a transformed relationship to their experience of anxiety. Three themes highlighted this experience – being-in-the-moment, cultivating self-awareness, and this too shall pass. Primarily, participants portrayed their process of attending to the present moment, to their thoughts, environment and feelings. Initially, they appeared to find attending to their 'current' on-going experiences and emotions difficult. Subsequently, they expressed a shift to a place where they were able to allow themselves time to be present in order to stay with their experiences. Ultimately, participants became more conscious of their thoughts, who they were and how anxiety affected them and their bodies. This newfound awareness seemed to alter their relationship to their experience of anxiety. Moreover, it seemed to manifest change   in   their   lives.

Bare attentiveness to the unfolding flow of experience – observing the present moment while attempting to suspend thoughts - is considered to be a trademark of mindfulness (e.g. Shapiro & Carlson, 2009). Kabat-Zinn (2013), for example, emphasises the role of reflection and moment-by-moment awareness of experience in the process of understanding existence and managing difficulties.

The value of cultivating an observational stance is reflected in all participants' transformed anxiety experiences, from a sense of drowning in negative thoughts (Drowning not Sailing) to a stance of a detached observer separate from their thoughts. This is reflected in Sam's illustration of his developing awareness of thoughts. It appeared that Sam's ability to observe his critical thoughts ensued a realisation that 'thoughts were just thoughts' independent of who he was. Sam went further to propose that his newfound ability seemed to change how he encountered his disapproving thoughts; ultimately relieving his difficulties with anxiety. Furthermore, as part of their experiences participants described a process by which they were able to perceive their thoughts as just thoughts, recognise who they were, how anxiety affected them and how their bodies were affected by their experiences. As a result of their growing awareness of themselves they appeared to get in touch with a separate aspect of the self – one that "stood beside" them and was able to observe their experiences. These descriptions were encapsulated by the theme "cultivating self awareness".

These experiences were unlike past experiences of anxiety where participants appeared to get in touch with another separate aspect of the self, one that is associated with feeling anxious and that was unfamiliar. These accounts resonate with the varieties of the self, described by Hayes, Strosahl and Wilson (1999). They identify three facets of the self: conceptualised self, on-going self-awareness, and self as perspective. The conceptualised self, as identified by Hayes, Strosahl and Wilson (1999), is a self that develops through the use of language and is a culmination of learning that people need to behave in a consistent fashion and live up to their view of themselves and other's views of them. The conceptualised self is often rigid and can be the source of our difficult emotional experiences when we believe it is true, as it often urges us to reinterpret certain events to maintain consistency with this self. Hays, Strosahl and Wilson (1999, p. 181) suggest that to maintaining human vitality necessitates a person to "voluntarily and repeatedly engage in a kind of conceptual suicide, in which the boundaries of the conceptualised self are torn down". In order to engage with this "conceptual suicide", they suggest that it is important for individuals to engage with an on-going sense of self-awareness and an observing self; these facets of the self are deemed to be an "ally to a healthy and psychologically vital life" (p. 183). The final aspect of the self ("Observing Self") is seen as a fundamental phenomenon to the heart of human spirituality. When engaging with this unchangeable aspect of the self, individuals are able to see how they are responding to events from an outside perspective.

As well as highlighting the value of observing the present moment and their thoughts, participants' also discussed the value of paying attention and staying with particularly "uncomfortable" emotions and feelings. Fiona illustrated the power of this experience clearly when she talked about her newfound insights. She particularly stated that by staying with her emotions, she was able to transform her difficult experiences, such as her experience of anxiety.

While previously emotions were considered to be "postcognitive" and "disruptive to functioning", there is a recent movement towards viewing primary emotional responses as adaptive and necessary as they provide information on the environment we encounter (Greenberg, 2012). Greenberg (2012, p. 698) proposes that to gain their "adaptive benefits" emotions must be "processed rather than avoided or controlled". Hayes (2016) echoes Greenberg's (2012) sentiments and discusses at length the psychological and behavioural difficulties that are associated with experiential avoidance, which he identifies as a "pathological process". This process, involves an attempt to control or avoid unwanted private

experiences (e.g. bodily sensations, emotions, thoughts, memories, behavioural predispositions) (Hayes, Strosahl, & Wilson, 1999; Biglan, Hayes, & Pistorello, 2008). Hayes, Strosahl and Wilson (1999) emphasize the necessity for people to become more aware, open to and accepting of their thoughts, feelings and attitudes as a remedy to psychological difficulties such as anxiety.

The aforementioned theories relating to acceptance and being with emotions, express similar themes present in participants' descriptions. However, in addition to describing a growing ability to embrace their difficult emotions, participants talked about a process of learning to enjoy the experience of anxiety. As a result of this, participants portrayed a growing intimacy and familiarity with the experience. Furthermore, unlike the theory, participants particularly highlighted that these experiences of acceptance have cultivated a sense of trust that anxiety would eventually pass. Which Kate expressed beautifully,

> "The breath goes like without us controlling it and it just works by itself and um, um so in the same way um like if we trust that life takes care of us um then um we…that helps us like to have a positive outlook..."

Moreover, it seemed that the body appeared to play a part in the participants' journeys to temper the storm (anxiety). This was depicted throughout two themes; "being-in-the-moment" and "cultivating self-awareness". Within these themes, participants appeared to become more aware of their bodies through time and how they were affected in the course of the anxiety experience and thereafter. Moreover, the participants seemed to make use of this body awareness to be more present, in order to encounter and learn about their experiences.

Jon Kabat-Zinn (2013) spoke at length about the value of the breath. He maintained that paying attention to our breath can be a powerful "ally" and great "teacher". In his book "Full Catastrophe Living", Kabat-Zinn (2013) described how the breath mirrors the ebb and flow (the rhythms) of our life. He believed that tuning in to his breath brings about awareness of the present moment and grounds individual's experiences in the here-an-now Despite placing a focus on the breath, Kabat-Zinn (2013) suggested that the breath is not the most important thing, rather it is the experience that lies beyond connecting to the breath. He saw the breath to as a tool of attention that can help people nurture their ability to live in embodied awareness (continual awareness), which he believed to be imperative to living a happier life.

Although some of the themes established, throughout this study, have shed light on pre-existing messages within the philosophy and psychology literature, they have cast a light on

the participants' personal journey and experiences with anxiety and mindfulness – a voice that was missing within the literature. Therefore, some of the results are seen as a re-invitation, from the participants, to re-address these messages within the fields of psychotherapy, clinical and counselling psychology. Moreover, the study has shed light on the potential processes of change that maybe beneficial for clients who present with difficulties relating to anxiety. However, it is important to note that the research carried out does not enable us to arrive at a definitive conclusion relating to the processes involved in cultivating change. Nonetheless, these insights particularly speak to the work of counselling psychologists, who not only work with anxiety related difficulties, but also emphasise a focus on the subjective experience of clients and building a discourse on a holistic view of mental health difficulties. In the following section of this chapter, further clinical implications were considered through two sub-themes: Palpable Experiential therapy and prevention.

LIMITATIONS OF THIS STUDY

While this study did not hope to produce generalisations to the wider population, it took into account a small sample making it difficult to construct any inferences about the experience of anxiety for anyone else other than those who were involved in this study. Additionally, the sample was purposive and targeted those who have recently completed a mindfulness course with specific teachers, further preventing the ability to generalise themes to the general population. In addition to the above, there was only one man involved in this study, although both genders were invited to participate, limiting the view of males' perceptions when considering anxiety. While it may be difficult to recruit men, it is important to encourage them to participate in such studies as previous research highlighted a gender difference within anxiety disorders and suggested that these difficulties maybe more prevalent in and disabling in women than in men (e.g. Mclean, Carmen, Asnaani, Litz, & Hofmann, 2011). It would be interesting to engage in research that examines similarities and differences in the experience of anxiety for both men and women. In order to maintain a homogenous sample as part of IPA (Smith & Osborn, 2003), it was important to establish a set of inclusion and exclusion criteria for the selection of participants for this study. Therefore, the research did not consider participants who attended other mindfulness based interventions, those who potentially dropped out while attending the program and those who chose not to attend a course at all. Research looking at these groups could highlight potential similarities and differences within these participants' experiences; specifically as participants in this study attended voluntarily,

potentially affecting the analysis and emphasising more positive experiences of change throughout the course.

PALPABLE EXPERIENTIAL THERAPY

The current study emphasises the value of developing a reflective practice that pays attention to several private aspects of the self; such as thoughts, bodily sensations, and most importantly emotions. As mentioned earlier the general tendency and associated "negative effects" of experiential avoidance have been acknowledged in several systems of therapy, particularly pertaining to therapies that fall under the umbrella of 'experiential', 'humanistic' and 'client centred' therapies (Greenberg, Rice, & Elliot, 1993; Hayes, Strosahl, & Wilson, 1999). Therefore, the findings underline the potential for a more experiential approach to therapy, akin to humanistic and client centred therapies, especially with clients experiencing "difficult" or "problematic" anxiety.

The current guidelines for anxiety disorders (NICE, 2015), recommend interventions that are focused on cognitive behavioural therapy techniques, where perhaps there is less of a focus on moment-to-moment experience. Hence, there is room for more emphasis on shifting attention to more experiential approaches to therapy. For example, acceptance and commitment therapy (ACT), a form of applied behavioural therapy affiliated with third wave cognitive behavioural therapy approaches. ACT addresses moment-to-moment experiences, emotional processing, spirituality, values and the self in therapy (Hayes, 2016). While ACT acknowledges that it shares much with existential, Gestalt and emotion-focused therapy (Hayes, Strosahl, & Wilson, 1999), ACT values its empirical roots and prides itself on putting together an increasing evidence base (Ramsey-Wade, 2015) therefore making it a suitable alternative to counselling psychologists who subscribe to the scientist-practitioner model (Strawbridge & Woolfe, 2010).

In addition to developing a reflective practice, the research particularly stressed the value of paying attention to emotions for clients experiencing "difficult" anxiety. The belief that it is essential to access and explore painful emotions in order to feel better is generally accepted within a number of psychotherapeutic schools (Greenberg & Pascual-Leone, 2006). Theorists, such as Rogers (2004) and Greenberg (2012) have suggested that a therapeutic encounter should endeavour to include "emotional work". Research has followed suit and confirmed that therapist and client collaborative emotional exploration can enhance good outcomes of

therapy (e.g. Coombs, Coleman, & Jones, 2002; Pascual-Leone & Greenberg, 2007). Subsequently, the analysis invites the therapist to address emotions experientially, noticing and accepting rather than focusing on changing negative affect. Finally, the study highlights the importance of addressing embodiment for participants. Participants found it valuable to work with the body, particularly breathing and becoming more aware of their bodies in different ways.

PREVENTION

The use of mindfulness based interventions (MBIs) aimed to improve our well-being and our ability to live more effectively in the world around us (Shapiro & Carlson, 2009; Gardner, Moore & Marks, 2014). These interventions were based on an educational program put together by John Kabat-Zinn in the 1990s (e.g. Kabat-Zinn, 1990; Baer, 2010). While they are deemed effective for psychological conditions (e.g. Gardner, Moore & Marks, 2014), they still can be utilised as a preventative intervention (e.g. Biglan, Hayes & Pistorello, 2008). For example, as it is becoming more apparent that psychological and behavioural difficulties maybe associated with experiential avoidance (e.g. Hayes, 2016), a preventative intervention could utilise the practices involved in mindfulness to enhance the individual's ability to sit with and pay attention to experience. The participants in this study have found these practices valuable not only to address their difficulties with anxiety, but also to tackle their lives in general. Preventative interventions utilising these ideas could be adapted to a variety of settings, for example, training and teaching specific to parenting, training targeting adolescents and training in the work place (Biglan, Hayes & Pistorello, 2008). In fact, there are a growing number of practitioners working closely with schools to introduce and utilise mindfulness programmes, such as, the Mindfulness in Schools Programme (MiSP), which was specifically developed for young people in secondary school. There are initial findings that indicate the programme's acceptability and efficacy (e.g. Kuyken et al., 2013).

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