A Qualitative Analysis of Mindfulness Based Stress Reduction (MBSR) on the Treatment and Management of Anxiety

by

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Abstract

This qualitative study investigated the role of the Mindfulness-Based Stress Reduction (MBSR) program on the experience of individuals who identify with anxiety and co-occurring depression. The primary research questions included 1) How does MBSR inform treatment for GAD and what can be learned from the 8-week program to inform private practice? 2) Does the cultivation of self-compassion impact individuals with generalized anxiety disorder? There were three total participants in this sample, all who identified with anxiety and two who identified with co-occurring depression. Two participants were interviewed prior to their participation in the MBSR and again one week after the 8-week program. A third participant was interviewed once, ~ seven months after her participation in the MBSR program. All questions aimed at understanding the participants' experience of anxiety before and after the MBSR program. The analysis took a phenomenological approach in order to maintain an open quality to the experience of the other. Detailed case studies were made from each participant including the discovery of interpretive themes for each participant and a cross-case analysis between cases. Interpretive themes for each case included *sense of ease, letting go of judgment taking care of self, transformation, tolerance, support through the group,* and *unconditional self-acceptance.* These gave rise to the cross-case analysis where shame emerged as a primary moderator of anxiety and self-compassion emerged as a way for participants to moderate feelings of shame. Universality can be further explored in one on one practice as a way for clients to develop a greater sense of self-compassion.

Keywords: MBSR, generalized anxiety disorder, shame, self-compassion, phenomenology

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Chapter I

Introduction

According to the DSM V, the 12-month prevalence of generalized anxiety disorder (GAD) among adults is 2.9% with a lifetime morbid risk of 9.0%. (DSM V). According to the World Health Organization (WHO), 38% of individuals with GAD had moderate to severe occupational role impairment, with a mean of 6.3 disability days per month (Hoge et al., 2013). GAD is unlikely to remit on it's own (Roemer & Orsillo, 2002) and is associated with high rates of comorbidity, in particular social phobia, panic disorder and depressive disorders. The rates of comorbidity are associated with increased functional impairment and dependency on health care systems (Roemer & Orsillo, 2002).

It is known from the large body of research that meditation and mindfulness-based interventions are effective for mediating both psychological and physical distress (Bihari & Mullen, 2012, Carmody & Baer, 2008, Chiesa & Serretti, 2011, Ricard, Lutz, & Davidson, 2014). This large body of work has demonstrated the effectiveness of mindfulness-based interventions in the treatment of a number of clinical disorders including anxiety, depression, substance use, eating disorders, and chronic pain (Baer et al., 2003, Brown & Ryan, 2003, Davidson et al., 2003, Feldman et al., 2006, Holzel et al., 2011, Kabat-Zinn, 1990). Mindfulness has been shown to improve immune functioning (Davidson et al., 2003), reduce blood pressure and cortisol levels and enhance cognitive functioning (Holzel et al., 2011).

Mindfulness, as it is known in the west, has been explained as the practice of "being" (Jon Kabat-Zinn, 1990, p. 20). By practicing mindfulness, the individual

purposefully allows the body and mind to come to present moment experiencing, no matter what is "on" their mind, or how the body feels. One is able to tune in to the basic experience of living, being exactly as one is without attempting to change or control anything (Jon Kabat-Zinn, 1990). Mindfulness is typically cultivated in a formal practice that includes seated meditation, walking meditation and hatha yoga. Each practice consists of focusing the attention to the experience of thoughts, emotions and body sensations and observing them as they arise and pass away (Holzel et al., 2011).

GAD is characterized by frequent worries, not isolated to a particular topic (Roemer & Orsillo, 2002). Individuals with GAD tend to make catastrophic predictions about future unknown events and have a tendency to overestimate risk (Roemer & Orsillo, 2002). The tendency in individuals with GAD is to avoid distressing internal feelings or emotions and may often struggle with adaptive emotion regulation (Roemer et al., 2009). Roemer and colleagues (2009) discuss emotion regulation as the ability to monitor, understand, and accept emotions, and to engage in goal-directed behavior when emotionally activated. "Emotional intensity, poor understanding of emotions, negative reactivity to emotional states, and difficulty managing emotional states may prompt the use of worry as an emotional avoidance strategy, setting the stage for GAD" (Roemer et al., 2009 pp. 143). Individuals with GAD tend to focus their attention on future possible catastrophes with a decreased awareness of the present moment (Roemer et al., 2009). Quantitative research has shown the effectiveness of mindfulness-based interventions on the amelioration of anxiety disorders, including panic disorder, and post-traumatic stress disorder (PTSD), but there is a paucity of qualitative research on the effectiveness of

mindfulness based practices on the reduction of symptoms in generalized anxiety disorder (GAD).

According to Jon Kabat-Zinn (2015), to practice mindfulness is to practice the morality and ethic of non-harming. He argues that stillness appears in the body-mind when ones actions are not clouded by mental agitation. This agitation may arise from dishonesty, stealing, harming others or oneself, from speaking ill of others or self, when we stimulate, dull, or when we pollute our mind by misusing drugs or alcohol. According to the proponents of mindfulness meditation, when one lives in this way the mind is less able to become calm, mental stability lessons and a sense of clarity is clouded (Kabat-Zinn, 2015).

It may be argued that these mental toxins are what lead to suboptimal emotional responses and abnormalities in brain activation patterns (Holzel et al., 2011). In this light, Daubenmier et al., (2014) investigated the role of cortisol in relation to emotional processes, including stress appraisals, negative affect and rumination and found that stress was positively correlated to increases in cortisol, but that individuals who were cognitively aware of negative thoughts and emotions may be providing a defense on the activation of the brain regions that are responsible for the cortisol activation. Furthermore, what these researchers concluded was that practicing mindfulness was what attenuated the cortisol activation. Other studies that have evaluated the impact and conditions of stress from a non-pathological perspective show consistency with the above in their findings. The literature clearly demonstrates that a mindfulness practice is able to reduce stress via changes in the hypothalamic-pituitary-adrenal axis (HPA). How this occurs is still under further consideration.

Theoretical Frameworks

While there are several theoretical frameworks that describe mechanisms of mindfulness meditation (Baer, 2003, Shapiro, Carlson, Astin & Freedman, 2006; Brown, Ryan & Creswell, 2007) it has been suggested that a new framework needs to be explored (Holzel et al., 2011; Dimidjian & Lineham, 2003). Shapiro, Carlson, Astin, & Freedman (2006) posit attention, intention and attitude are the three decisive elements of mindfulness (Holzel et al., 2011), while Brown, Ryan, and Creswell (2007) discuss the role of insight, exposure, nonattachment, enhanced mind-body functioning and integrated functioning as the foundation upon which mindfulness is placed (Holzel et al., 2011). Ruth Baer (2003) describes exposure, cognitive change, self-management, and relaxation as the mechanisms that lead to symptom reduction and behaviour change as a function of mindfulness-based practices (Holzel et al., 2011).

Mindfulness-Based Cognitive Therapy (MBCT) frames the role of being vs. doing as the mechanism that drives change within practice (Segal, Williams & Teasdale, 2103). There has been emphasis on how to shift negative thinking cycles from a "conceptualizing/doing" mode to processing this in a "mindfulness/being" mode (Worsfold, 2013), however, it has been proposed that this focus has been at the expense of an understanding of the body and body awareness that underlies that very process of "being" (Worsfold, 2013). Coffey et al., (2010) suggests three possible mechanisms to explain the relationship between mindfulness and psychological distress including a) managing negative affect by changing thoughts and beliefs that support distress, thereby learning how to better cope with it, b) decreasing rumination, and c) non-attachment.

Purpose

The purpose of this research project is to better understand the experience of individuals with generalized anxiety disorder (GAD) and how a mindfulness-based meditation practice interacts with their experiencing of anxiety. One study objective is to help counselors and therapists understand how mindfulness based interventions (MBI's) might be used within a one-on-one setting. What can be learned through the group experience of MBSR that might help counsellor's who wish to or are currently using MBI's better understand what process of healing might take place through the MBSR program, whether transformation is specific to the group process or if it can be replicated in a one-on-one setting.

Current quantitative research has provided a significant number of hypotheses on how it is assumed the mechanisms of mindfulness work and yet, it is less common for researchers to qualitatively inquire of individuals who are practicing meditation about their experiences with clinically applied mindfulness experience. Self-compassion is a quality under current investigation as a function of mindfulness and it's potential role in the mediation of GAD. The exact relationship between anxiety, mindfulness and self-compassion has yet to be established (Bergen-Cico & cheon, 2013). It is the hope of this writer that the data gathered and analyzed will illuminate how meditation gives rise to self-compassion and whether or not self-compassion is related to a lessoned experience of anxiety.

In light of what conditions maintain generalized anxiety disorder, this research aims at understanding how an individual with anxiety relates to the process of learning to pay attention to thoughts, feelings and sensations via mindfulness meditation. Does the

training of awareness of thoughts, sensations, and emotions reduce worry and rumination that maintains GAD symptomology? Researchers are looking for the "mechanisms" or set of concepts that will reveal how the fruits of a meditation practice is experienced, but in the attempt to put these concepts in to a box we may be overlooking the very thing to help us understand: human experience. The concepts that are involved in cultivating awareness, insight, wisdom and compassion may be appreciated by many people, but are difficult to evaluate empirically (Dimidjian & Lineham, 2003) and will later be discussed with greater detail. What is missing from the modern conceptualization of and response to the human struggle? Within the mechanisms of mindfulness that have been explored, what does this mean to the experience of the individual?

Mindfulness

Mindfulness in the west was borne out of the Massachusetts Medical School in the winter of 1981. Dr. Jon Kabat-Zinn, a long time *Vipassana* (insight) meditator developed a model for patients struggling with chronic pain and stress that taught from ancient eastern traditions of self-inquiry through meditation and hatha yoga (Kabat-Zinn, 1990). Arguably, Jon Kabat-Zinn was one of the first people in the west to introduce this form of stress-reduction. An eight-week course was developed to guide individuals through the meditation and yoga, which essentially teaches people how to become more accepting of what they found difficult in both body and mind. Mindfulness inspires equanimity in the mind, which is to say that when one practices they may find a sense of stillness or peace even when difficulties arise. Mindfulness, when taught correctly, teaches the practitioner to "walk in" to the experience of discomfort, stay there with awareness, and grow the understanding that everything (sensation and emotion) is

impermanent. Mindfulness allows the practitioner to *work with* mind-states such as anger, hatred, agitation and confusion rather than denying or suppressing them, or allowing them to feed and grow (Kabat-Zinn, 1990). When such energies arise, the practice of being mindful allows our ability to bring our attention toward them, "rather than be consumed by them" (Kabat-Zinn, 2015 p. 134). It provides the opportunity to examine and learn about the cause of such suffering; to examine the effects of our "attitudes and actions on ourselves and on others, and experiment with the possibility of letting these very mind-states become our meditation teachers and show us how to live and how not to live, where happiness lies, and where it is nowhere to be found" (Kabat-Zinn, 2015 p. 134). If western therapeutic modalities for anxiety aim at efficiency of time, this way of working with the mind lends itself not to a quick-fix solution but rather, a paradigm shift in thinking about and working through pain or discomfort. It may be said that adopting this kind of thinking becomes a life-long journey into living a more peaceful life and the actions that are learned in formal meditation practice are continually practiced and reflected upon in one's daily life.

Mindfulness-Based Stress Reduction (MBSR)

MBSR is an 8-week manualized meditation program that teaches people how to work through the ebb and flow of mental and physical discomfort by training the mind to be both present and focused. A long time meditator himself, Jon-Kabat Zinn originally developed the program to help patients at the University of Massachusetts Medical Centre work through chronic pain. The program consists of 2 ½ hours of guided group meditation each week for 8-weeks with a full day of meditation between weeks 6 and 7. Homework is provided to participants in order for them to continue practicing at home,

deepening the lessons that are inherent in the meditation program. There are seven attitudes that are considered the "pillars" of practice: non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go (Kabat-Zinn, 1990). Different meditation techniques are taught as participants move through the eight-week program, including breathing techniques, seated meditation, body scanning, yoga, and walking meditation. Daily practice is encouraged and participants of the program are provided recordings to listen to at home, which help guide them through practice. Kabat-Zinn (1990) recommends weeks 1 and 2 are devoted to the body scan, weeks 3 and 4 alternate the body scan with one sequence of the hatha yoga postures, weeks 5 and 6 should be devoted to seated practice while moving away from the body scan, week 7 participants are encouraged to practice without the tape recordings and to simply devote 45 minutes of their daily practice to the technique or combination of techniques that speaks to them the most clear, and finally during week 8, the tapes are reintroduced in order for participants to "hear" the tapes differently after having moved away from them the week prior (Kabat-Zinn, 1990). The layers of the MBSR program are both simple and complex, however it stresses a life-long commitment to continual inquiry and a willingness to change one's perspective as insights are acquired towards a new way of understanding the relationship both to the self and others. It is worthwhile to note the key differences between a mindfulness-based practice and other relaxation exercises that are meant to ease anxiety and stress. Techniques such as progressive muscle relaxation (PMR) or applied relaxation (AR) are both known to reduce anxiety in individuals with GAD (Feldman, Greeson & Senville, 2010, Hayes-Skelton et al., 2012, Jain et al., 2007). AR works by teaching individuals to notice the earliest signs of anxiety and to relax

before the anxiety response has an effect on the individual (Hayes-Skelton et al., 2012). Hayes-Skelton et al., (2012) put forth the hypothesis that AR leads to changes in muscle tension thereby challenging the cascade of psycho-physiological reactions that occur as a function of that activation. These authors were able to demonstrate in a small study of three individuals with GAD how symptom regulation was gained through decentering, emotion-regulation, intolerance of uncertainty, and experiential avoidance in a study that examined relaxation training, applied relaxation, and early cue detection. What they do suggest is that individuals with GAD are usually demonstratively lower in mindfulness and these individuals started their treatment with mindfulness scores closer to normative levels. Thus, these particular individuals may have had a tendency to be more mindful or accepting of their internal experience (Hayes-Skelton et al., 2012). This may suggest that it is not necessarily the PMR or AR that is affecting change as much as the individual's preexisting propensity towards mindfulness.

Self-Compassion

Self-compassion and its contribution to anxiety reduction is also being considered within the mindfulness research. Self-compassion has been seen as a mediating factor in the reduction of anxiety but its exact relationship to mindfulness is still under investigation (Bergen-Cico & Cheon, 2013, Hoge et al., 2013, Raes, 2010). According to Kristen Neff (2003) self-compassion is considered a Buddhist construct that until 2003 little was known about. Kristen Neff (2003) described self-compassion:

> "Compassion involves being open to and moved by the suffering of others, so that one desired to ease their suffering. It also involves others patience, kindness, and

nonjudgmental understanding, recognizing that all humans are imperfect and make mistakes. Similarly,

> "self-compassion involves being open to and moved by one's own suffering, experiencing feelings of caring and kindness towards oneself, taking an understanding, nonjudgmental attitude towards one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Neff, 2003, p. 224).

According to Neff (2003), self-compassion requires a metacognitive process that provides the opportunity to relate to the experiences of self and others. She argues that when one engages in this style of cognition, the cycle of over-identification and self-absorption may be broken; one can become distanced from their immediate emotional reaction in order to sustain an objective perspective. Otherwise said, personal experiences are put into a wider perspective and the extent of one's suffering may be viewed with greater clarity.

Lastly, self-compassion is comprised of three basic components: 1) extending kindness and understanding to oneself rather than harsh judgments and self-criticisms; 2) seeing one's experiences, not as separating and isolating but as a part of the universal human experience; 3) the ability to hold one's painful thoughts and feelings with a sense of balanced awareness versus an over-identification with them (Neff, 2003).

Delimitations

This study aimed to explore the influence of mindfulness on rumination reduction in individuals with GAD. This research is based on the participation of individuals who

demonstrate primary features of GAD though who may demonstrate secondary features such a depression as described elsewhere in this paper. Excluded from this study were individuals who have been diagnosed with bipolar disorder, major depressive disorder, organic brain damage, substance misuse, past or current psychosis or those who are actively in psychotherapy or taking anti-anxiety or anti-depressant medication. While it is recognized that the primary pervasive feature of GAD is worry, it has proven a challenge to identify the potential target of therapy (Roemer & Orsillo, 2002). There has been success of treatment for anxiety disorders that largely focus on exposure to fear-eliciting stimuli (e.g., social conditions, interceptive cues, trauma reminders) however, based on the broad range of possible worry-inducing situations, the target of potential exposure therapy is more diffuse and harder to operationally define (Roemer & Orsillo, 2002). It is because of this difficulty in defining characteristics of GAD, it feels ever more urgent to better understand the lived experience of the individual with generalized anxiety disorder and how they process the experience of learning a mindfulness-based treatment.

A review of the literature was limited to how mindfulness-based practices have been studied on individuals with a primary diagnosis of GAD but who may demonstrate secondary features including panic disorder (PD), and depression. While there is much to be said about the efficacy of mindfulness based interventions for such disorders as post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and phobia's it would be beyond the scope of this study to include each type of anxiety disorder as described in the DSM V.

This research took an interpretive descriptive (ID) approach for it's methodological use in uncovering the practicality of a mindfulness-based treatment through the philosophy of Interpretive Phenomenological Analysis (IPA). ID considers the associations, relationships and patterns within the phenomenon and aims to document patterns and themes in a way that considers how to put the analysis back in to the context of the practice field (Thorne, 2008). ID fosters knowledge that changes immediate practice rather than general theory development or general qualitative description (Oliver, 2012). Furthermore, it is asserted that ID encourages a sense of unity among other qualitative theoretical perspectives. In this way, a researcher can put to use methods that make sense to the research as long as there is a formal rationale to support its use. Thorne (2008) states: "interpretive description is an approach to knowledge generation that straddles the chasm between objective neutrality and abject theorizing" (p. 26). There is no formal "recipe" that a researcher uses when considering ID but rather assumes an eclectic approach that uses well-founded logic from established theoretical perspectives (Thorne, 2008). The purposes driving the use of ID are: (1) an actual practice goal and (2) an understanding of what we do and don't know on the basis of all available empirical support. The integrity of the research design is paramount and ID supports a qualitative design methodology that is consistent with the nature of the discipline and the research question at hand (Thorne, 2008). Based on this theory, the theoretical perspective also adopted for this research is interpretive phenomenological analysis (IPA). IPA will provide the perspective that the experience of anxiety or worry of each participant is exactly the experience this research seeks to examine. According to the phenomenological perspective, the lived experience of the individual *is* the sine qua

non of that phenomenon. The phenomenon of anxiety or worry is true, not based on an empirical scale of measurement but because the individual has experienced it thus. According to Husserl, all thought and idea that arise from mental activity are found in the experiential world (Ellison & McCormick, 1977). Furthermore, if a phenomenon has been experienced, then the phenomenon is true (Ellison & McCormick, 1977). Following this logic, we can invite individuals who experience feelings of worry or anxiety to help answer the research question, knowing the experience in and of itself is valid and reliable.

Limitations

Limitations expected included participant attrition during the 8-week mindfulness-based intervention. It may become difficult for an individual with GAD to face their feelings, emotions and physical discomfort as prescribed by a mindfulness-based meditation. Individuals with GAD who are trained in mindfulness may experience increased anxiety states as they learn to "tune in" to their physical and emotional experiences. This may exacerbate worry and anxiety as experiences arise that would ordinarily be avoided. There was no participant attrition in this case and all participants attended at least 7 of the 8 weekly sessions.

It may also be limiting if participants are unable to maintain a home practice or results may differ among participants depending on the quantity of home practice between subjects. As participant journals are meant to help triangulate the data, participants may wish to be perceived as more "studious" and journal only the positive experiences they endure. Opposing this may be the "avoidant" participant who chooses not to journal their experience thus providing too little data for analysis. Participants did

report struggling with the daily homework from time to time and was reflected upon in the final analysis.

At least one article by L.C. Hohaus and J. Spark (2013) investigated the relationship between age and mindfulness and found that older adults aged between 60 and 80 were higher on facets of mindfulness and psychological wellbeing than those aged 17-35. Therefore, the age allowance was restricted to 25-60 years of age, which buffered any potential polarizing effect of age on mindfulness levels and possible results of effect on anxiety level.

Chapter II

This chapter will provide the reader with a sense of the historical underpinnings of mindfulness and the subsequent practices. A thorough review of current research will include theoretical frameworks and mechanisms of action that contribute to emotional well-being from the mindfulness perspective, specifically that towards anxiety disorders and generalized anxiety disorder in particular. The author will compare how a relaxation-training program compares with a mindfulness-based practice, and will include a current review of self-compassion and its role in the amelioration of anxiety through a mindfulness-based meditation program.

Historical Underpinnings of Mindfulness

Mindfulness originates from Eastern contemplative practices in particular *Vipassana,* which translate from Pali to insight meditation. A part of the *Vipassana* meditation practice includes *Satipatthana*. *Sati (*Pali*)* means mindfulness. We use the term mindfulness, which is derived from the original Sanskrit *smriti*. *Vipassana* is the Buddhist tradition from which most mindfulness based practices originate (Marlatt & Kristeller p.70, in Miller, 1999). *Smrtyupasthana* (Sanskrit) translates as 'keeping something in mind constantly' (Encyclopaedia Britannica online: retrieved Oct. 18, 2015). There are four different meditations of this kind: 1) The body is impure, 2) Perception is the cause of pain, 3) The mind is transient, 4) Everything is without eternal substance (Encyclopaedia Britannica online: retrieved Oct. 18, 2015). The purpose of these meditations is to be reminded of the impermanence of both body and mind and to rid oneself of false views that are contrary to the meditation (Encyclopaedia Britannica, online: retrieved Oct. 18, 2015) In a traditional 10-day *Vipassana* retreat, three days are

devoted to a focusing on the breath and 7 days are dedicated to practicing the body scan in addition to focusing on the breath. According to David Brazier (2013), a shift of meaning of the word mindfulness may have occurred via apologetics: the art of making a doctrine available to people by presenting it in familiar or popular terms (p.118). He suggests that apologetics involves the compromise between what is being presented and the established norms within the culture in which it is being presented (Brazier, 2013). The 'watering down' of the practice to fit the western mold may indeed be threatening its impact and obscuring content and original meaning (Brazier, 2013). Buddhist tradition was not interested in stress-reduction but rather cultivating an awakening that is global to the whole individual and not specific to a kind of treatment. "Mindfulness, in origin, was not a treatment, and it was one dimension of such awakening. It was concerned with fundamentals rather than symptoms" (Brazier, 2013 p. 118). Ekman et al., 2005 discussed traditional (Buddhist) meditation as not a way to suppress or repress harmful mental states but rather as a way to observe and identify how they arise, how they are experienced and how they influence oneself and others (p. 60). The terms *sukha* and *dukha* are used within the Buddhist tradition to describe enduring traits of happiness or suffering. Happiness or *sukha* is a trait that comes from an equanimous mind: one that cultivates a pure and unfiltered awareness "of the true nature of reality" (Ekman et al., 2005 p. 60). *Dukha* or suffering is therefore caused when reality has been obscured by our own ideas of what "should be" rather than what is. Buddhist contemplative practices aim at cultivating *sukha,* (Ekman et al., 2005) where it might seem evident via western psychological processes that mindfulness is interested in finding practical solutions to problems, not necessarily delving in to the wider meaning and purpose of a mindfulness

based practice (Brazier, 2013). Finally, *Vipassana* as originally taught by the Buddha, includes the practice of concentration and discriminative analysis (Rapgay et al., 2011). First, learning to observe the breath requires concentration. According to these authors, observation in this way has the ability to lead to refined, sustained perceptual abilities and leads to narrow, focused, and single pointed attention. Learning to concentrate give rise to the ability to discriminate thus providing the opportunity to become insightful as to the nature and function of phenomena based on the observation of physical sensations that arise within the body (Rapgay et al., 2011).

It is important to note that a mindfulness-based practice does not mean becoming a Buddhist, at least not in North America. North American mindfulness has applied itself to a scientific venue that attempts to argue its effect on the practitioner in spite of its Buddhist (spiritual and religious) origins (Wilson, 2014).

Author Jeff Wilson (2014) argues the appropriation of Buddhist philosophy, which in short has made mindfulness accessible to anyone keen to apply some of the ethical code and moral conduct lived by historical Buddhist practitioners in order to free themselves of the suffering experienced based on the notions of attachment and aversion. It is arguable that based on the origins of mindfulness in the east and the spiritual and religious genesis that there *are* in fact these qualities associated with the practice and one cannot distinguish oneself apart from the practice without the spiritual underpinnings.

Mindfulness asks the practitioner to step away from the discursive mind and towards the experiential mind. As a (North American) culture that is steeped in pragmatism, empiricism and rationalism, how does one place oneself within a potentially spiritual framework but remain distant from it? Mindfulness asks the practitioner to un-

know. It asks that one investigate the experience of *being* without the use of ego that constantly attempts to define, rationalize, or judge as good or bad. This may indicate that a certain level of trust has to be present and rationalism is rendered useless in this particular paradigm. Furthermore, how does the "medicalization" of mindfulness contribute or hinder healing? Does medicalization impose the notion that mindfulness is a "cure" or a "quick fix" and how does that impact the individual who practices? As stated earlier in this paper, GAD is difficult to treat with high relapse and co-morbidity rates. Arguably, the very act of medicalizing meditation will function against those it needs to help the most. "Mindfulness is not a panacea" (Mark Williams, conference notes: Oxford Centre for Mindfulness Summer School, Oxford, UK. 2016).

Mindfulness is not an altering of experience but a direct knowing of experience itself. One isn't seeking anything, but to recognize exactly the state of being in any given moment or context. If there is pain, there is pain. If there is joy, there is joy. There is no need to *be* anything else and there is nowhere else to go. Mindfulness invites the practitioner into their exact truth, which is whatever it is, in that moment – and to practice the act of *being*.

Literature Review

Mindfulness as we come to understand it today was developed with the intention of offering a cost-effective training program (Allen et al., 2009) that allowed people the opportunity to reduce stress, anxiety and depression. Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) program was the first of its kind in the West, and aims at fostering an awareness that is focused on the reality of the present moment, accepting and acknowledging it without emotionally reacting to whatever is happening in that

particular moment (Bishop, 2002). Since then, researchers have been trying to answer the question "are mindfulness based interventions effective" and "how do mindfulness-based interventions actually work?" (Holzel et al., 2013; Shapiro et al., 2006). In the attempt to validate mindfulness-based interventions, researchers have been seeking to identify frameworks that break down the mechanisms of action, with varied responses to the questions. While many different definitions of mindfulness exist and therefore interpreted and practiced differently across various mindfulness-based paradigms, there is a consensus on defining mindfulness as the act of paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Chiesa et al., 2013). Mindfulness can be seen as something that is cultivated out of a formal meditation practice and therefore (meditation) can be viewed as a kind of scaffolding used to create the skill of mindfulness (Shapiro et al., 2006).

According to Shapiro, Carlson, Astin and Freedman (2006), two lines of inquiry are required in order to answer what mechanisms of action are present in mindfulness-based interventions. The first being the necessity to tease apart what the active ingredient is within mindfulness-based practices. Is it the social support, relaxation or cognitive behavioral aspects at play? The second line of inquiry examines the central construct of mindfulness itself to determine if indeed the actions of increasing levels of mindfulness are what lead to positive changes.

The bulk of the research has focused on the latter and we have seen several conceptual frameworks emerge (Holzel et al., 2013). Shapiro et al., (2006) put-forth three components of mindfulness: intention, attention and attitude. This describes a kind of approach to meditation thus suggesting that *how* one meditates may be the precursor to

the potential gains of meditation. These authors indicate that *intention* was a lost component to the original Buddhist roots within the "new" mindfulness based paradigms. Intention for the Buddhist was "enlightenment and compassion for all beings" (Shapiro, et al., 2008, p. 375). In 1992, Shauna Shapiro explored how practicing meditators' intention shifted along a continuum from self-regulation to self-exploration, to self-liberation. There was a correlation of outcome with intention: if the goal was self-regulation and stress management, they attained self-regulation, if the goal was self-exploration, self-exploration was attained, and if self-liberation was the goal, they moved towards self-liberation and compassionate service (Shapiro et al., 2008). From this research, these researchers were able to deduce that intentions are dynamic and changing, which allows the practitioner to also remain dynamic and changing within a deepening practice, awareness and insight (Shapiro et al., 2008). This key component of "why" one is practicing is, according to Shapiro, Carlson, Astin and Freedman (2006) crucial to understanding the entire process but is also often overlooked in current literature. Attention, the second fundamental component of mindfulness attention they describe, is the quality obtained when one learns to culminate attention to thoughts, feelings and sensations. Lastly, they describe attitude or *how* we attend to what is happening. They postulate that by learning to attend to experience, both internal and external without judgment or interpretation it becomes easier to "take interest in each experience as it arises and also allow what is being experienced to pass away" (Shapiro et al., 2006, p. 377). Finally, what Shapiro and colleagues (2006) arrived at, was how building on the above described behaviors leads to "reperceiving" - a meta-mechanism of action that entails the ability to un-identify from the contents of one's thoughts in order to view their

reality with greater objectivity. Reperceiving necessitates a fundamental shift in perspective, one that allows the individual to become "a watcher" of one's life rather than being "immersed in the drama of our personal narrative" (Shapiro et al., 2006, p. 377). Arguably, this early literature is foundational to the basic understanding of how a personal narrative can change through a formal meditation practice. By bringing this understanding in to the therapeutic practice, one may be better equipped to create a dynamic therapeutic alliance between the therapist and the individual with anxiety. This framework encourages the discussion "why meditation?" Of particular interest are the findings that it is the cultivation of *intention,* which links modern-day mindfulness with Eastern awareness practices. This kind of linkage appears to provide a space for clinicians to work without necessitating an overt spiritual component. Furthermore, this particular research equips clinicians with a starting point in which to scaffold a meditation practice with their client struggling with anxiety. It provides the opportunity for conversation: "why are you doing this (meditation) and how do *you* see it helping you?"

In Miller (1999), Marlatt and Kristeller explain that the practice of meditation includes the self-monitoring of thoughts and other mental events that may lead the individual to become less identified with his or her own thought processes: "Thoughts without a thinker" (Marlatt & Kristeller, p. 71 in Miller, 1999). Furthermore, this observing nature is practiced with a sense of equanimity, which addresses the natural tendency towards either craving or aversion – *Dukha* (Sanskrit: suffering). This process of identification can be halted by practicing observations of breath and body. Rapgay et al., (2013) explains that during a traditional meditation practice, the objective is being

aware of whatever contents of body-mind arise during sustained attention and awareness on the breath. These authors explain that when affect arises, it is merely observed as the practitioner then returns their attention to the breath. The objective is to notice the arising of emotion, the identification of the trigger and to notice the consequences. As insight into the triggers and consequences to the emotion is gained, habitual reactive patterns are deregulated and more adaptive ways of responding results. These concepts may be the very things that can be adapted and used within the therapeutic context. While meditation is experientially practiced in a formal setting (such as sitting on a cushion or chair and purposefully meditating) the lesson of careful observation and subsequent habit re-patterning must be effectively translated in a way to inform the anxious individual “off the cushion” and to their day-to-day lives.

Coffey, Hartman and Fredrickson (2010) explain three possible mechanisms that explain the relationship between mindfulness and it's usefulness for ameliorating psychological anguish. The first is emotion regulation, which is described as the ability to manage negative affect by changing one's reaction to thoughts or behavior. These authors suggest that practicing mindfulness strengthens one's ability to work through negative emotions by increasing insight into one's emotional life and decreasing reactivity to internal discomfort that arises from negative cognitions (Coffey et al., 2010). Luberto et al., (2014) explain emotion regulation as involving conscious or unconscious strategies meant to regulate emotional experiences such as avoidance, reappraisal, and rumination. Difficulty in regulating emotion may impact such psychological disorders including generalized anxiety disorder, social anxiety, disorder, depression, borderline personality disorder and substance use disorder (Luberto et al., 2014). A second

proposed mechanism of action of mindfulness is by decreasing rumination (Coffey et al., 2010). Rumination, associated with depression, refers to "repetitive, negative, and self-focused thoughts about the past or future" (Coffey et al., 2010, p. 237). It is hypothesized that rumination can be moderated by sustaining focused control of attention. By this, the individual chooses what to pay attention to and how to pay attention to it. This choosing also requires a move of focus from content to a focus on process. This shift in thinking enables the individual a position of control over how their thoughts can lead to depression symptoms and other psychological distress (Segal, Williams & Teasdale, 2013). Daubenmier et al., (2014) describe how shifting perspectives allow for more adaptive responses. This occurs when the individual learns to distinguish their thoughts and emotions between accurate reflections of "me" or "reality" (p. 12) and to view the thoughts and emotions as passing events that may or may not be grounded in reality. In other words, "thoughts are not facts". Finally, Coffey et al., (2010) suggest a third mechanism by which mindfulness mediates psychological distress via non-attachment. Ekman et al., (2005) explains the Buddhist perspective of attachment, which is also referred to as craving. Craving is preoccupied with the acquisition of or the maintenance of a desirable object or situation for 'me' (Ekman et al., 2005). Craving causes suffering as it disrupts the balance of the mind as it concentrates itself on deriving happiness from the external versus the internal self (Ekman et al., 2005). Coffey et al., (2010) suggests that a negative relationship exists between non-attachment and rumination, thus, as non-attachment increases, rumination decreases. They posit that mindfulness influences psychological distress by increasing emotion regulation, increasing non-attachment, which decreases rumination. Their research had a

large sample of 399 participants, where the mean age of participant was 19.2 years. The data was based on self-report measures of how frequently they had meditated within the previous 6-month period. Participants responded using self-report measures of mindfulness (*Five-Factor Mindfulness Questionnaire*, Baer et al., 2006), emotion regulation (*Difficulties in Emotion Regulation Scale,* Gratz & Roemer, 2004), and the ability to discriminate between moods (*Trait Meta-Mood Scale,* Salovey et al., 2005). These researchers aimed at understanding mindfulness both as a construct and the mechanisms by which individual differences in mindfulness might influence mental health (Coffee et al., 2010). Their data indicated several things, which highlight the difficulty in attempt at narrowing mindfulness to specific processes. These researchers found that while the FFMQ is designed to measure mindfulness, it rather seems to measure sequelae of events rather than "true facets of mindfulness" (Coffey et al., 2010, p. 242). It calls into question how researchers are attempting to define mindfulness since mindfulness appears to encapsulate a multitude ways of being that contribute to well-being and mental wellness. *Mindfulness* includes a formal practice of paying attention in order to bring equanimity to the body-mind for the informality of life, however mindfulness is also being discussed as a trait to be measured like a personality quality. Coffey et al., (2010) were able to demonstrate that some aspects of the constructs within mindfulness such as acceptance as being associated with lower levels of non-attachment. Acceptance was linked with increased clarity about one's internal experiences, and an increased ability to regulate negative affect. Based on self-report responses to questionnaire questions such as "the more things I want but can't get, the less happy I am" reflect non-attachment and these authors argue that those who do not intentionally

cultivate equanimity are likely less happy when faced with disappointments, however this remains speculative. It calls in to question the use of self-report questionnaires and whether they can be truly reflective of an individual's experience. This author would argue that even if one is unhappy when expectations are not met, *how* one rebound's from disappointment might be a more accurate way to measure the fruits of being mindful. Self-report may not accurately capture the individual's unique experience of life or individual differences, for which Coffey et al (2010) agree current measures of mindfulness lack.

Brown, Ryan and Creswell (2007) describe five processes that might serve as frameworks to explain how a mindfulness practice can net valuable outcomes. The first is *insight*. Insight, these authors suggest arrives from decentering, which is closely related to "focused attention" (Coffey et al., 2010). Insight can be achieved by recognizing that all phenomena within awareness are ethereal in nature and not necessarily reflections of reality. This stance requires a flexibility to face and accept thoughts and emotions seen as dangerous or threatening and challenge the tendency for the individual to be controlled by such thoughts in order to make clear behavioral responses versus reactions (Brown et al., 2007). Second, *exposure* is discussed as a component within all four major mindfulness interventions including Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams and Teasdale 2002), Dialectical Behavioral Therapy (DBT; Lineham, 1993) and Acceptance and Commitment Therapy (ACT; Hayes et al., 1999). How an individual interacts with unpleasant or challenging events and voluntary exposure towards what one finds uncomfortable is hypothesized to increase adaptive

behavioral responses. There is some evidence that mindfulness may give rise to voluntary exposure (Brown et al., 2007). The third component within the framework put forth by Brown et al., (2007) is *non-attachment*. Non-attachment, as previously discussed arises out of the ability to become equanimous with emotion or sensation that is either pleasant or unpleasant in the experience of the individual (Brown et al., 2007). Mindfulness asks the practitioner to be at ease with emotional and physical fluctuations in order to express a position of well being, irrespective of circumstance (Brown et al., 2007). Although Brown and colleagues (2007) suggest that enhanced mind-body functioning may be a speculative game with respect to its contribution to well-being via a mindfulness practice, there is evidence of enhanced immunological resistance, increased pain tolerance and greater relaxation. Lower levels of stress mitigate negative immune responses and may leave "more biological and psychological resources available to the organism to maintain health and wellness" (Brown et al., 2007, p. 227). Even though these researchers state the body-mind functioning is a speculation relative to the ease of anxiety symptom, it appears to resonate with the previous literature that indicates reducing the sensation of anxiety in a person may very well begin by creating new adaptive responses to body-states (for example, becoming aware of breath). Furthermore, using the physical sensations of the body as a tool to watching fluctuations of the mind is one key component in traditional *Vipassana* meditation, where one observes sensation as it arises and identifies their relationship to the sensation as pleasant or unpleasant and slowly enables a decentered view that all experience is impermanent.

Finally, Brown et al., (2007) discuss the central role of integrative functioning. Underlying the processes of greater self-regulation, autonomy, increased executive

functioning, and increased capacity for positive relationships is "a disengagement" (Brown et al., 2007, p. 227) from the self. Integrative functioning provides for the ability to step outside of the cognitive process that encourages functioning from the egoic self. Lastly, these authors note that mindfulness does not encourage escape or disconnection from life but rather it brings one closer to the true nature of oneself without the distortions made available through self-induced accounts *about* life that ultimately pull one farther away from it (Brown et al., 2007).

If past research looked at therapeutic interventions and *whether* they worked, current research is now starting to look at *how* it works (Baer, 2011). It is not immediately clear how mindfulness-based interventions impact the practitioner. Baer (2011) points out that it is as important to measuring mindfulness as a construct as it is to measure how it affects the individuals who use it. One such study had individuals with borderline personality disorder who were in an angry mood, to either meditate or ruminate for eight minutes, then work on a difficult mathematics task. The meditators were able to work longer on the task than the ruminators, indicating that there was an effect of the mindfulness training. This is indeed, important information (Baer, 2011). It is important that we investigate what the "active ingredients" (Baer, 2011, p. 257) are when we discover a positive effect on mental health due to a treatment. This may be especially true when investigating the effects of a mindfulness-based practice as our understanding of Buddhist origins deepens within our Western mindset (Baer, 2011).

Luberto et al., (2014) investigated the role of coping self-efficacy on an individual's ability to regulate emotions within a mindfulness-based practice. Emotion regulation requires the individual to adjust emotional experiences such as avoidance

(avoiding the experience of certain emotions), reappraisal (reinterpreting emotions from negative to positive), and rumination (the repetitious focus on particular emotions) (Luberto et al., 2014). These authors argue that individuals who are able to use adaptive emotion regulation experience higher levels of mindfulness and individuals who are affected by GAD report both lower levels of mindfulness and greater difficulty regulating emotion. They postulate that coping self-efficacy is a determinant in the ability to manage difficult emotions, which indicates that learning to be self-efficacious could bridge the gap mediating mindfulness and emotion regulation. To be self-efficacious indicates confidence in one's own ability to cope in the face of difficult or stressful situation, be it internal or external (Luberto et al., 2014). These authors did in fact find that individuals who were higher in trait mindfulness were also better able to cope with difficulty, thus providing the link between coping self-efficacy and emotion regulation. They do state however, that the influence of a mindfulness based practice on the ability to regulate emotions needs to be further investigated. Like many studies of this kind, this research follows a self-report style of responding, which is subject to response bias. However, based on the way the data was analysed (controlling for each aspect of mindfulness and independently examined for their effects on emotion regulation and coping self-efficacy (Luberto et al., 2010)), arguably provides fairly strong data in favour of the relationship between aspects of mindfulness emotion regulation via coping self-efficacy. As the authors point out, these results indicate the possibility that coping self-efficacy is one such way that mindfulness is related to adaptive emotion regulation and may help guide clinicians guide clients to inquire about coping self-efficacy during treatment to effect positive outcomes in emotional functioning (Luberto et al., 2014).

Mindfulness and GAD

Mindfulness as it pertains specifically to the treatment of generalized anxiety disorder (GAD) is an area that has not gained much attention until recently. Generalized anxiety disorder is characterized by excessive worry that creates physiological, psychological and sociological difficulties. GAD patients may have difficulty sleeping, muscle tension, irritability and fatigue. The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational or other areas of functioning (DSM V). Disability is a significant problem in GAD as it is associated with increased use of health care and comorbid health issues (Hoge et al., 2013, Roemer & Orsillo, 2002, Rapgay et al., 2011). The successful treatment for GAD symptom reduction includes Cognitive Behaviour Therapy (CBT) treatment protocols including motivational therapy, interpersonal psychotherapy, and integrative CBT, however outcome rates for symptom management is about 50% with high rates of relapse (Rapgay et al., 2011). It is therefore imperative to determine which factors protect against the social and occupational impairment that is associated with GAD (Hoge et al., 2013). GAD is maintained as individuals position themselves against the perception of dangerous, intolerable internal experiences through a) over reactive responses to perceived distress (thoughts, feelings, urges, physical sensation) and b) avoiding engagement with such internal distressing events (Hayes, Orsillo & Roemer, 2010). Through conditioning, misinterpreted internal experiences (as being negative) can create a succession of unpleasant emotions and judgments that encourage avoidant behaviour. When unpleasant emotions or sensations arise, the individual with GAD sees these experiences as intolerable events that are only to be escaped from or avoided (Hayes et

al., 2010). Worry serves to maintain GAD, as if by worrying about possible catastrophic future events or by ruminating on events past, the individual assumes an illusory perception of control or certainty. Worry functions to reduce the perceived likelihood of negative events and to decrease the sense of uncertainty, which is especially intolerable to an individual with GAD (Roemer & Orsillo, 2002). This may be likened to “snapping to keep the tigers away” in an environment that has no tigers (Albert Ellis, original source unknown). The threat is perceived and fictional, the misinterpreted distressing internal events are acting as fortunetellers that something could be wrong (Roemer et al., 2009). If GAD is maintained through a relationship of misinterpreting internal cues, experiential avoidance and behavioral restriction (Roemer and Orsillo, 2002), the best fit approach would teach the individual that the intolerable threat is merely sensation and not based on an actual external threat. Modifying ones relationship to internal experience would be the cornerstone of treatment, allowing the focus to be on engagement rather than avoidance (Hayes et al., 2010) as the inability to change the experience fosters the cycle from negative reaction to avoidance and escape; that which sustains the individual in the disorder (Hayes-Skelton et al., 2012).

Decentering has been discussed as a key factor in the therapeutic mechanisms of action of GAD symptom reduction (Feldman, Greeson, & Senville, 2010, Hoge et al., 2015). Decentering is the act of viewing thoughts of the mind as events not reality, and is a distinct construct from mindfulness (Hoge et al., 2015). It provides the opportunity for the individual to view the internal experience with objectivity (Feldman, Greeson & Senville, 2010) – thus changing the *relationship* to the thoughts rather than the *content* of the thoughts (Hoge et al., 2014). Hoge et al., (2014) examined mindfulness and

decentering as two potential mechanisms of action towards symptom reduction in individuals with generalized anxiety disorder (GAD). These researchers postulate the effective component in an MBSR course for individuals with anxiety is the opportunity to practice focus on the present moment as opposed to past-oriented rumination and future-oriented worry that often overtake the focus of individuals with GAD. The results of their investigation suggested that change in decentering fully mediated the effect in an 8-week Mindfulness Based Stress Reduction (MBSR) program for individuals with anxiety by poising against the reactive habit of controlling or suppressing worry and engaging in a stance of non-reactivity (Hoge et al., 2014). This research seems to demonstrate that *mindfulness* is not in and of itself that which facilitates change, but rather lays the groundwork for other mechanisms of action to occur. Based on the pre and post test design of this particular study it is unclear at what point during the intervention of meditation that the participants were able to develop the sense of decentering, thus it may be worthwhile considering the use of a grounded theory methodology to identify what process was experienced that led to decentering.

Feldman, Greeson, & Senville (2010) investigated mindful breathing on the effect of decentering against loving kindness meditation (LKM) and progressive muscle relaxation (PMR). While it was expected that all three conditions would illicit a state of relaxation, the primary concern is that mindful breathing is not designed to change physical or emotional states as are LKM and PMR, but rather assumes a position of mere observation of breath and an acceptance of internal experiences as they are, while continuing to focus on the breath (Feldman et al., 2010). They found that the frequency of ruminative thought and unhelpful reaction towards the rumination was partially

mediated by mindful breathing as compared with PMR and LKM. These results further suggested that decentering was facilitated by "unlinking" (Feldman et al., 2010, p.1009) the frequency of negative thoughts and reactions by continuously approaching the mindful breathing task with an attitude of non-judgment and acceptance (Feldman et al., 2010).

It is noteworthy to discuss how a mindfulness-based practice compares with relaxation techniques. In 2012, Hayes-Skelton and colleagues compared mindfulness training with applied relaxation training (AR). These researchers suggest that the strategies in AR prepare the individual in both mindfulness and decentering as there are some functional similarities in both constructs. Decentering through AR may arise by self-monitoring early indicators of anxiety – providing the opportunity to take an objective stance towards their own anxiety responses. These researchers were able to demonstrate how various relaxation techniques were first able to encourage mindfulness in three participants struggling with GAD who were part of a larger on-going randomized controlled trial (RCT) comparing AR to an acceptance-based behavioral therapy (ABBT) (Hayes-Skelton et al., 2012). While it was noted that the three participants scored higher pre-test mindfulness scores than what is considered normal for individuals with GAD, they did demonstrate increases in decentering and mindfulness after 16 weeks of training in AR. Decentering was attributed to a reduction in GAD symptoms; as one participant reports, it allowed them the opportunity to detach and see the anxiety provoking situations differently – which allowed for a sense of flexibility and choice in response to the anxiety. The process of habitual responding to anxiety was moderated by the act of decentering (Hayes Skelton et al., 2012). Whether or not decentering is the moderating

factor, it is this author's observation in the literature, the cascade of unregulated responses to "anxiety" arise from an inability to adaptively respond to mental, emotional, or physiological distress. The literature directs the reader to take a stance that in order to free oneself from the chronic worry it is necessary to uncouple physiological responses from the emotional or mental event that sustains the distress of generalized anxiety disorder. How this is achieved is multifaceted as demonstrated by the literature reviewed. This author argues it is not *only* the act of distancing or decentering but also helping the individual gain insights in to these physical and mental events; helping one gain awareness first to when distress occurs, in order to take appropriate action. Once there is stability in the body, clear seeing in the mind may arise and it may then become possible to unpack the origins of distress that maintain anxiety. Finally, Rapgay et al., (2011) disputed the effectiveness and the rationale behind the notion of decentering, arguing that how detaching from habitual experience helps to reduce excessive and uncontrolled worry (characteristic of GAD) has not yet been properly researched.

Among the literature discussed here, the findings and information are important and relevant to our overall understanding of the constructs, however one must remain critical of the studies being performed. Shapiro et al., (2006) discussed the role of intentions, attention, and attitude as three potential mechanisms underlying mindfulness-based interventions. These authors take the perspective that there is a need to "dismantle" (p. 374) the underlying mechanisms of mindfulness such as social support, relaxation, or cognitive behavior elements. Their paper was a postulation of mechanisms: a theoretical paper based on previous studies of mindfulness itself vs. how mindfulness-based interventions may propagate change. While this theory is relevant and apparently

grounded in research one must remain thoughtful about how theories are being formulated and whether or not the research upon which their theory is founded is also sound. This also might be argued in the case of Coffey et al., (2010) who used self-report questionnaires on a large undergraduate population to obtain data meant to elucidate mechanisms of mindfulness that influence mental health. While the authors were able to confirm their hypothesis the authors reported uncertainty surrounding the self-report scales they were using and what they were intending to measure. This may call into question the use of self-report measures and the use of heavy statistics to define a construct meant to be expressed through direct experience. Hoge and colleagues (2015) used a randomized controlled trial (RCT) design to tease out the effects of a mindfulness practice on individuals with a diagnosis of GAD. The control group received stress management education while the experimental group underwent the MBSR training. By using a control group who were taught a stress-management technique they were able to tease out specific qualities to the MBSR training that were not embedded in to the SME. These authors followed a standard protocol by using self-report measurement scales to establish anxiety symptom severity, mindfulness, and decentering prior to the training. The data analysis was kept relatively simple by using a multiple mediation analysis. This allowed the authors to assess the meditational effect of pretreatment to post treatment differences in mindfulness and decentering on differences in anxiety (Hoge et al., 2015). This study set to determine if the constructs between mindfulness and decentering are distinct and that goal was achieved. Therefore, the authors were able to better determine what mechanisms were responsible for participant changes in GAD symptoms (mindfulness or decentering). They provided a strong rationale to the self-report

questionnaires they chose to measure anxiety, mindfulness, and decentering. Based on their findings of the two primary constructs as distinct but beneficial at reducing anxiety symptoms, these authors offered treatment modalities that deliberately focus on fostering mindfulness and decentering for anxiety and depression characterized by this lack of type of capacity.

Self-Compassion

Woven in to mindfulness-based interventions is the foundation of compassion (Feldman & Kuyken, 2011). Compassion has been positively correlated with life satisfaction, social connectedness and emotional intelligence as well as the individual's willingness to make adaptive changes to their health (Hoge et al., 2013). According to Buddhist psychology, compassion and mindfulness combined should relate to an elevated sense of happiness (Hollis-Walker & Colosimo, 2011). Mindfulness is one part that connects an individual to discomfort and becoming deeply aware of emotions, thoughts, and feelings that relate to the experience of anxiety. Self-compassion however, teaches one how to be patient and to have an understanding of the self, which not only teaches one balance when difficulty arises but that suffering, is universal (Hollis-Walker & Colosimo, 2011). Hoffman, Gossman, & Hinton (2011) posit that when we can face difficult emotions with a sense of kindness, compassion and composure we can attend to the reality of the present moment in a mindful way. Finally, it has been suggested that self-compassion is also low in individuals who struggle with anxiety therefore research is investigating the relationship between mindfulness, compassion and anxiety (Hoge et al., 2013).

As intentional attention is cultivated, an ability to watch the reactive tendencies of the mind increases and along with this a sense of compassion towards the self (Feldman & Kuyken, 2011). Compassion allows the individual the ability to meet discomfort with "kindness, empathy, equanimity and patience" (Feldman and Kuyken, 2011, p. 153). Compassion for the self provides the individual opportunity to re-frame the personal narrative and invites a sense of warmth towards the self that one would extend to anybody else who was suffering (Feldman & Kuyken, 2011). It is perhaps those individuals who express self-compassion may see their own weaknesses or shortcomings with kindness rather than with harsh self-criticism (Leary et al., 2007). Leary et al., (2007) also point out that self-compassion may act as a protective buffer against stressful life events. In a study that examined participants responses to a variety of negative events, they concluded the individuals with high levels of self-compassion were less likely to ruminate about unpleasant evaluations, experience negative affect when confronted with their mistakes and were less likely to obsess, become defensive or feel badly about themselves (Leary et al., 2007). Kristen Neff and Christopher Germer (2012) describe self-compassion as composed of three dynamic components: self-kindness vs. self-judgment, recognizing the universality of one's experience as opposed to feeling separated and isolated, and mindfulness versus over-identification when working through painful thoughts and emotions, and suggest a self-compassionate response to life's stressors instead of reacting with an attempt to control or fix the problem.

Birnie, Speca, and Carlson (2010) investigated the role of self-compassion in formal MBSR training on the impact of mood disturbances, stress, mindfulness and spirituality. These authors describe self-compassion as involving caring and kindness

towards oneself in the face of personal suffering; including the acknowledgement that to be human involves failure and inadequacy. They argue that becoming mindfully aware of one's own inner experience of emotional and physical discomfort is crucial to process of becoming self-compassionate. They further posit the correlations that have been made between self-compassion, life satisfactions, social connectedness, emotional intelligence, happiness, optimism, agreeableness, extroversion, and personal initiative. Furthermore, self-compassion is negatively correlated with depression, anxiety, neuroticism, rumination, self-criticism, and thought suppression. In a 2010 study, Birnie et al., sought to better understand how MBSR might impact levels of self-compassion and empathy and then to explore the relationship of these factors on mindfulness, stress, mood disturbances and anxiety. Through an 8-week MBSR training, these researchers demonstrated participants increase in self-compassion, perspective taking, spirituality and mindfulness as well as a decrease in personal distress, mood disturbances and other stress related symptoms. Participants also increased their level of self-compassion and reduced negative affect.

What is the relationship between mindfulness and self-compassion and how do the constructs differ? Van Dam et al., (2011) measured participants level of self-compassion using the Self-Compassion Scale (SCS; Neff, 2003) and mindfulness using the Mindfulness and Attention Awareness Scale (MAAS) (Brown & Ryan, 2003), and found that self-compassion is a stronger predictor of anxiety, depression, and quality of life than dispositional mindfulness. Yet we know there is a relationship between mindfulness, self-compassion and the reduction of anxiety symptoms as described by the literature previously cited. Both constructs have overlap including turning towards

painful experiences with acceptance, being open to whatever thoughts, emotions, and sensations arise with awareness and non-judgment and yet there are some noteworthy distinctions (Neff & Dahm, in-press). According to Neff and Dahm, (in-press) self-compassion is broader in scope than mindfulness as it adds the element of self-kindness and common humanity – the ability to soothe oneself and to understand that such experiences are a part of being human. The striking difference between mindfulness and self-compassion is that while both may teach one to be present for whatever discomfort may arise, it takes extra intentional effort to be compassionate towards one's own struggle, in particular when that struggle involves self-judgment and feelings of inadequacy. Where mindfulness teaches how to relate to internal experience, self-compassion teaches how to relate to the *experiencer* who is suffering. Self-compassion teaches the individual how to be present for discomfort while it arises and how to hold that discomfort "in the warm embrace of compassion" (Neff & Dahm, in-press, p. 21).

In follow up of Van Dam et al., (2012) research on self-compassion as a stronger predictor of anxiety, depression and quality of life, Neff (article in preparation) had similar findings in a study that examined the association between self-compassion (using the SCS) and mindfulness (using the MAAS) though Neff argues that more research needs to investigate "when, how and for whom" (Neff & Dam, in-press, p. 24) the benefits of mindfulness and self-compassion are realized.

While it is clear that mindfulness based therapies are effective, there is still ambiguity in the evidence. To help resolve some of the questioning, Bergen-Cico and Cheon (2013) examined the potential mediating effects of mindfulness and self-compassion on trait anxiety. They argue that little is known about the relationship

between self-compassion, mindfulness, and anxiety and research has not yet examined ways to better understand if reductions in anxiety precede and enable the individual to become mindful or if it's the cultivation of mindfulness that precedes, enabling a person towards less anxiety. Finally they ask, when does self-compassion occur in relationship to mindfulness and what is its role in the reduction of anxiety? They hypothesize that engaging in an 8-week MBSR program, participants would become more mindful, more self-compassionate and less anxious. They further hypothesize that an increase in mindfulness and self-compassion would mediate the reduction in anxiety, and that an increase in mindfulness would precipitate the increase in self-compassion and anxiety. Bergen-Cico & Cheon (2013) measured mindfulness using the Kentucky Inventory of Mindfulness Skills (KIMS), measured trait anxiety using the State-Trait Anxiety Inventory (STAI-T, Form Y-2), and self-compassion was measured using the Self-Compassion Scale (SCS). Data was collected before the program was to begin, mid-way through the course and again at the end of the course. They concluded that when mindfulness is cultivated through the practice of meditation, changes in self-compassion and trait anxiety occur and that self-compassion may be cultivated via-meditation practice. They do note however, that in order for self-compassion to become an effective buffer against anxiety, a sustained period of meditation practice may be necessary. This finding is consistent with Rapgay et al., (2011), who suggest that learning compassion is a separate process to learning mindfulness, and that mindfulness and sustained attention and awareness must first be skilled before introducing the element of self-compassion. It seems rational to support the notion that self-compassion is indeed, a separate process. In order to access higher levels of executive functioning – such as feeling compassion for

oneself, one's autonomic nervous system must be stable as suggested elsewhere in this paper. Hoge et al., (2013) indicates that compassion is positively correlated with an individual's willingness to make change. Arguably, change is most likely to occur when an individual feels secure. This author hypothesizes a relationship between feeling stable in the mind and the fear of uncertainty of change that is tolerable. Furthermore, this author suggests that self-compassion may be the glue that binds all the skills learned in a mediation practice - together. If self-compassion is related to self-worth and believing that one is deserving of change or of freedom from the discomfort GAD brings, they may be motivated to continue pursuing the task of gaining awareness and insight, further ameliorating the symptoms of GAD.

Contributions

The researcher in this study uses a qualitative research approach to understanding the experiences of participants in an MBSR program and it's contribution to their potential anxiety reduction. This is in contrast to the psychometric quantitative testing methods that others have used. Unfortunately, these studies tend to be impersonalized which is in contradiction to the deeply personal and intimate conditions experienced by participants in MBSR. Therefore it makes sense to seek participants' expressed understanding of their experiences.

It is hoped that this research will further elucidate the relationship between mindfulness and self-compassion and how these properties interact to reduce anxiety and increase personal emotional comfort. By engaging the individual in an interview-process of inquiry, the researcher will be able to better hear from the individual how they felt before the 8-week program and how they felt after.

Akin to a psycho-therapeutic session, gently led questions will provide the space for each participant to take the researcher to where they need to go and where they found healing throughout the process and whether or not these properties can be identified as "self-compassion", or "de-centering". While the goal is to better inform clinical practice on integrating a mindfulness-based practice in to the therapy room it is this author's opinion that the literature is still incomplete in terms of understanding the very basic processes and emotions that enable the individual to move through anxiety in a way that facilitates well-being. This is arguably the sine-qua non of current mindfulness-based research. As it has been stated elsewhere in this paper, we know that mindfulness-based practices are effective at reducing anxiety, but it is still uncertain *how*. Furthermore, it may be argued that the Americanization of mindfulness has stripped away the spiritual context from which contemplative practices were born. Though this author believes it is of value to have a clear understanding of the processes of GAD as described throughout this paper, there appears to be a quality about mindfulness that western science has been unable to touch. When one can quiet the mind, or rid the body-mind of the anxiety of craving or aversion then clarity can appear. What is that clarity and how can self-report questionnaires truly speak to that quality? Even though self-report questionnaires meant to measure mindfulness and the associate qualities are considered valid, this author argues for the necessity of unpacking *mindfulness* by way of lived experience. Through the psychotherapeutic process, it can take years to fully appreciate why a person experiences anxiety. It seems unfair to boil down symptom and expression in a self-report questionnaire that may not completely appreciate the person as a whole. This research aims to do just that – uncover wholeness. In doing so, the author hopes to gain

insight in to the unique experience of the person who is working through anxiety and how a mindfulness-based practice can aid in their journey towards wellness.

Summary

It is evident that there is still a lot of information to be gleaned on the subject of mindfulness and it's use for the treatment of generalized anxiety disorder. Research has indicated that mindfulness can help ameliorate symptoms of generalized anxiety, but mechanisms of action are still being investigated. Some say when *attention* is cultivated, one can form the ability to expand awareness to what is distressing and allow that experience to rise and then fall away (Rapgay et al., 2011; Shapiro et al., 2006). In doing so, the labeling of experience as good or bad can be dropped since it is the discursive mind that decides to draw away from perceived negative events (Marlatt & Kristeller in Miller, 1999) which perpetuates uncontrolled worry in individuals with generalized anxiety disorder. Other mechanisms of action towards the ease of psychological distress include emotion regulation, decreasing rumination, and non-attachment (Coffey et al., 2010). Brown, Ryan, & Creswell (2007) describe five possible frameworks that serve mindfulness based practices in a positive light. These include insight, exposure, non-attachment, integrative functioning and enhanced mind-body functioning. Baer et al., (2006) proposed a multifaceted model of mindfulness that includes observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience.

It is known, due to the diligence of early researchers that mindfulness indeed, is useful towards the reduction of anxiety symptoms and related comorbid conditions and more current research has begun to investigate *how* it works (Baer, 2011). Decentering

has been investigated as a primary factor in the therapeutic means of GAD symptom reduction. Decentering is obtained through practicing mindfulness and provides the individual the opportunity to distance oneself from reactive habitual worry via taking a position of non-reactivity (Hoge et al., 2014). Hoge et al., (2014) found that decentering fully mediated the effect of an 8-week MBSR program for individuals with anxiety. It has been most recently suggested that self-compassion, which is a quality that overlaps with the cultivation of mindfulness. Self-compassion suggests that an individual is able to self-sooth and gain awareness that difficult experiences are a common element of humanity (Dahm & Neff, in press). Furthermore, these authors suggest that while mindfulness teaches how to relate to internal experience through focusing and awareness, self-compassion teachers how to relate to the *experiencer* who is suffering. As mindfulness and self-compassion are closely related, Bergen-Cico & Cheon (2013) investigated the integration of mindfulness, self-compassion and anxiety. They sought to better understand how self-compassion is developed within a mindfulness-based practice and concluded that self-compassion was more strongly correlated with anxiety than with mindfulness, however sustained levels of meditation may be required for the integration of true self-compassion and it's reduction on trait anxiety in the long term.

Chapter III

Methods

This chapter will describe the methods used to carry out the study, including what approach was used, a description of the study environment, participant selection, data collection, data analysis, and ethics.

This study proposed to utilize a qualitative methodology of interpretive description (ID), which provides room to explore with an interpretive phenomenological (IPA) approach. According to Sally Thorne (2008) who co-developed ID, it was developed out of the need for applied qualitative research approach that would facilitate an improved understanding of complex clinical phenomena within nursing and other professional disciplines within the area of applied health. In 1991, Thorne felt the need for an alternative qualitative approach that better supported researchers to use design logic (apart from traditional qualitative methods such as grounded theory, phenomenology, or ethnography) concerned with applied health disciplines, arguing that traditional qualitative methods do not work as primary research methods within applied health and professionally motivated knowledge generation (Thorne, 2008). It was felt that nothing was fit well with the practical demands of applied disciplines and that somehow traditional qualitative approaches missed the "messiness of every day practice" (Thorne, 2008, p. 32) in the attempt to fully comprehend a problem before taking action. The central logic of ID is the tension between theoretical integrity and the utility of putting knowledge (of observable human behavior or of subjective experience) to use in every day practice (Thorne, 2008). This framework marries especially well with the philosophical underpinnings that govern IPA. Phenomenology seeks to uncover direct

experience, thus, when we consider the goals of ID, where it seeks (1) an actual practice goal, and (2) understanding what we do and do not know on the basis of all available empirical evidence (Thorne, 2008), phenomenology provides an essential framework to focus on the essence of the experience of the individual; "to uncover wholeness, examining entities from many sides, angles, and perspectives until a unified vision of the essences of a phenomenon or experience is achieved" (Moustakas, p. 58). Further, IPA helps to shine a light of the presence of phenomena and emphasize underlying meaning, so that through the process of investigation, everything is related back to the question, in the goal of providing a richly textured description of the phenomenon that is "vital, rich, and layered in its textures and meaning" (Moustakas, p. 59).

Both ID and IPA are aimed at enriching practice. In a therapeutic relationship, healing is drawn from a co-creation of a different reality for the individual. In this sense, while our own subjective realty is the primacy of all experience, when we interact in a way that provides space for a profound presence with another there is the influence of that presence that can help shift our ways of knowing. Van Manen (2015) argues that phenomenology is oriented to the practice of living, by opening up possibility "for creating formative relations between being and acting, between who we are and how we act, between thoughtfulness and tact" (Van Manen, p. 70).

As ID and IPA seek to discover the relationships, associations and patterns within the described experiences, the research goals presented here are to understand the 8-week MBSR course as a function of mindfulness and the contribution self-compassion and/or mindfulness on the experience of anxiety. Because mindfulness is an experiential phenomenon, it is important to investigate mindfulness training from the person's

experience of their thoughts, feelings, and bodily sensations (Allen et al., 2009). Through this investigation, we move away from a refining of the theoretical, as quantitative analysis has provided much theory over mechanisms of change. By moving away from theory and into practice, both IPA and ID can send the investigation of experience in to a way that organizes how therapists consider the use of meditation according to the experience of the individual and how can we use these rich experiences to help draw a roadmap that might direct others out of, or away from the experience of anxiety and worry.

Case Selection

The study used a purposive sample by recruiting participants who were registered in the 8-week MBSR course with the Canadian Mental Health Association (CMHA). Smith, Flowers, and Larkin (2009) state that participants in an IPA study are selected based on their relevance to particular phenomena. They also suggest that because IPA is an idiographic approach concerned with understanding experiences within a specific context, small, relatively homogenous sample sizes are ideal. Three participants are treated as the "default" (p. 52) size for a masters level study. These authors argue that three provides for two different ways to view the research: 1) To develop detailed case studies of each participant 2) Allow for a detailed analysis of similarities and differences across the cases.

MBSR courses with the CHMA may involve as many as 20 participants per session. To aid in recruitment, The CMHA posted an advertisement on their website within the section information on the MBSR course, inviting interested individuals to contact the researcher if they had interest in participating in the study. In sum, two

participants were recruited via this advertisement (See appendix A: Letter of invitation). In order to obtain at least one more participant, ethics were revised to include an open invitation on social media for any such individual who had participated in an MBSR course within the previous 12 months. From this call, one participant was recruited for a total of three participants.

Participants did not indicate they were diagnosed with, or struggled with another psychological or psychiatric disorder although it is understood that comorbid conditions such as depression and panic disorder are often present in individuals with GAD. This was determined by a question on the original screening procedure asking whether the potential participant had been diagnosed with any other mental illness or personal disorder (Axis I and II according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.) Each participant indicated feeling anxious while two participants indicated a history of depression and one participant indicated they were in the process of a formal diagnosis for GAD with a trained mental health professional. The participants included two gender-identified women and one gender-identified man between the ages of 25 and 60 years. (See appendix B: Eligibility). Each participant was invited to sign a letter of consent (see appendix D: Letter of consent). Participants were also invited to sign a letter indicating that this study would not place them in immediate harm, however if they experienced duress as a result of participation, they would be provided support through on-campus services, or referred to community mental health agencies. (Appendix F).

The individual must have been willing to commit to the entire 8-week program or have completed the 8-week program in near entirety. Two of the three participants

engaged in the course in it's entirety, which includes 8 – 2.5 hour long sessions for 8 weeks and one day of mindfulness, which is a 6 hour day in addition to the 8 sessions. One participant missed one of the 2.5-hour long sessions due to a family obligation.

Study Location

The Canadian Mental Health Association (CMHA) in Winnipeg offers spring and fall 8-week MBSR courses by experienced and trained MBSR practitioner-teachers. While the original intention was for the participants to engage in the same course for the sake of maintaining consistency of instruction throughout the training period it was determined that the instruction was less key to informing this study as the experience. Two different teachers instructed the participants who engaged in the MBSR course through the CMHA. The third participant who had previously engaged in the MBSR program had done so in a different Canadian city, and had completed the course nearly 10 months prior to the time of our interview. As this is not an evaluation of the program itself, the MBSR course instructors in Winnipeg were blind to the study. Course instructors were notified of the research plans and were required to sign consent that they agree to have potential participants in their MBSR course who remained anonymous (see Appendix E). The participants were asked to keep their purpose in the course confidential to the other group members' as the selected participants will not know one another.

Data Collection and Management

Interviews were conducted one-on-one and face-to-face by the researcher and were recorded using an external digital audio recording device. Interviews lasted any

where from up to one hour to an hour and a half. Interviews were conducted in person in Winnipeg at a location of the participant's choosing or via FaceTime. The two participants who participated through the CMHA were asked to keep a journal of their thoughts, feelings and experiences, as they felt comfortable to do so throughout the 8-week program. This material may be accessed by the researcher if it becomes necessary to better understand the participants' experience of the MBSR course, however it was be primarily encouraged in order to help participants make personal sense of their experience as they develop along their 8-week journey.

Interviews

Prior to interviews, each participant was invited to sign consent of participation. With the intent on establishing rapport with each participant (Giorgi, 2009), the researcher begin by conducting one on one interview's prior to the start of the MBSR program with the exception of the single participant who was only interviewed a single time, approximately 10 months after their completion of the program. This first interview provided opportunity for the researcher to establish a sense of participant's experience of their anxiety. For the participant whose interview was after the course only, the interview included questions about their reasons for choosing to engage in the 8-week program and what their experience of anxiety had been like prior to the program. In all cases, the interview style was semi-structured as to allow the interviewer freedom to investigate interesting areas that may arise and to follow respondent's interests or concerns (Smith & Osborne, 2015). The questions were focused primarily on how they experienced anxiety and included the questions: "What is the experience of anxiety like for you", "Can you recall a time when anxiety wasn't present?" The goal was to enter as

far as possible into the psychological and social world of the individual (Smith & Osborne, 2015) and to do so requires a report and friendly climate in which the participant felt comfortable to respond with openness and honesty (Moustakas, 1994). The researcher provided space for the respondent to guide the interview as they may introduce issues that were not previously considered. In this way, the respondent is seen as the expert on the subject and should be permitted to tell their story as much as possible (Smith & Osborne, 2015).

A second interview was conducted 7-10 days-week after the completion of the MBSR program to allow for the participants to personally reflect upon their experience and to begin their adjustment to life outside the security net and structure of the MBSR program itself. The participants may or may not have chosen to continue with the meditation on their own so this time provided space for reflection on the MBSR program, how they may integrate the lessons in to their lives, and how these experiences may interact with their experience anxiety.

The final interview aimed to uncover a rich description of how participants experienced the meditation program. Questions included: "What was meditation like for you?" Again, leaving room for the participant to guide their story and to inform the researcher what they feel is necessary (Smith & Osborne, 2015).
See appendix "C" for a complete list of questions.

Documents

The researcher asked two of the three participants to keep journals throughout the 8-week meditation program. These participants were the individuals who were only beginning their 8-week MBSR training program. Journals were meant for the participant

to record their thoughts, feelings, and experiences and/or practices over the specified period of time. Participants were invited to write as little or as much as they liked. The rationale for the journal was to record thoughts that might become a valuable source of information to help the researcher deepen an understanding between the synthesis of meditation practice and consequential experience. In order to protect participant's identity, an alternate identity was indicated on their journal. Once complete, at the time of the second interview, the participant gave the original journal to the researcher for copying. After copying took place, the researcher mailed back the original journal to the participant. Only one participant of the two did not wish to have the journal mailed back and thus remains in a secure and locked location in the personal home of the researcher. The participant who had engaged in the MBSR program seven months prior was not invited to journal her experience as the interview satisfied the understanding of her experience within the program.

Epoch

The researcher practiced reflexivity via journaling to ensure that researcher personality and experiences will not bias the interactions in an anticipated direction (Thorne, 2008). These journals were reflected upon during the data analysis in order to be sure such biases are not interfering with accurate descriptions of the participant's experiences. Such journals will help aid the process of learning from and moving beyond the biases that exist in all research practices (Braun and Clarke, 2013). Ultimately, there are biases that come in to this form of analysis and I played no exception to this rule. First off, I am biased in the experience of anxiety. I, the researcher have a history of GAD and panic disorder and have a mother who continues to experience high levels of

anxiety and lower levels of depression in a recurring life-long pattern. From these experiences I have come to express my interest in working with populations with anxiety, as I understand from experience the ways in which GAD can maladaptively affect a person's life. In addition to anxiety, I have been engaged in *Ashtanga Vinyasa* yoga for 11 years and seated meditation for the past five years. My yoga practice consists of a daily *asana* (posture-based) practice that combines a sequence of movements married with breathe and *dristi* (appropriate gazing points either on the tip of the nose, between the eyes, or towards the belly). In sanskrit, moving (*asana*), breathing (*pranayama)* and gazing (*dristi)* is called *tristana*. By attending to *tristana* the practitioner may enter a meditative-like state by utilizing the breath and keeping the gaze focusing inward (either on the tip of the nose, the space between the eyebrows, or towards the belly). The seated meditation practice that I take is called *Vipassana*. *Vipassana,* as stated elsewhere in this paper is otherwise known in the west as insight meditation. It is traditional practice from which the MBSR course was developed. In addition to practicing *Vipassana,* I have engaged in the 8-week MBSR course it its entirety as offered through the CMHA. For the past two consecutive years, I have been attending a week-long summer-school at the Oxford Centre for Mindfulness in Oxford, England. The summer school is meant as a way for practitioners and scholars of mindfulness-based interventions (MBI's) to gather and discuss the research, the intentions and uses of MBI's, and the future of MBI's. Interwoven in to the 5-day long summer school are sessions to practice, including one day that is devoted to a day of silent practice among attendees. The aim in my endeavors is to better understand how contemplative practice can be used in a way that is accessible and yet how to ask people to keep the original value of a practice that is based in

discipline. In addition to this, I wish to better understand whether this discipline has affected others as positively as it has affected my life. It has been through practice, and through self-attendance that has unburdened me from the grip of anxiety. When practiced with the right intention, mindfulness or awareness-based practices have the power to attenuate discomfort that arises from emotion, thoughts, and feelings. It allows the practitioner to find the “space” in order to distance oneself from the immediacy of experience and reframe that (uncomfortable) experience from the perspective of impermanence. It is therefore my bias that mindfulness-based practices will be helpful for those who take up a practice. I am aware that I might have instigated a direction of discussion within the interviews that had further enhanced my bias or will have analyzed the data in order to further my own argument that MBI’s are effective at reducing anxiety.

Data Analysis

Each interview was audio recorded and transcribed verbatim. Transcripts of the interviews were analysed using interpretive phenomenological analysis (IPA; Smith, Larkin & Flowers) within a case study design. According to Smith, Larkin & Flowers (2009) three participants within a masters level research paper allows for the detailed analysis of each case – which results in the creation of three separate case studies. These cases can be then be analysed for similarities and differences across cases, which is precisely how these analysis were performed. The analysis was conducted by myself, and followed a series of steps including an idiographic approach to each case leading to the descriptions of analytic themes and their interconnections, followed by a case comparison

which utilized rich descriptions to formulate conceptual interpretations (Eatough and Smith, 2008).

The digital-audio recorded interviews were transcribed verbatim. Two participants were interviewed twice and one participant was interviewed one time. Five total interviews were transcribed by the use of a research assistant, a local transcription company, and by the researcher. Each new sentence was numerically ordered in a running script with wide margins left on each side of the page for handwriting notes regarding the interpretation. The first step included a detailed reading and rereading of each transcript, which assisted the ability to identify the meanings and ideas being expressed. The second step included the creation of tentative labels assigned to help better explain or capture each idea then these ideas were clustered together to help form possible sub-themes to explain the experiences of the participants. Once I was satisfied that the sub-themes constructed accurately described the participant's experiences I worked towards understanding a larger meaning by identifying over arching themes for which the sub-themes gave rise to. The goal was to best understand both the implicit and explicit meanings by closely engaging with the material; to accurately reflect the experiences of the participants in a way that gives meaning within the context of their experience with anxiety, depression, and the MBSR program. Participant's comments have been included to help best illustrate the meaning that I have construed. In some cases, material has been edited to clarify for the reader what has been said by the participant. Any missing information that did not aid in the clarity of meaning is indicated by the symbol: (…)

Validation Strategies

The researcher has performed member checks with each participant interviewed. The purpose of the check is to confirm what the researcher has found and that these findings are accurate to the participant's experience of the meditation program. Each participant was provided with a brief written summary about their experiences regarding anxiety and their experience with the MSBR. The results of the interpretation were shared with the participants to the extent that they will be asked, "does this sound like your experience?" This allowed the opportunity for participants to add or change any information they felt was incorrect or unclear. All three participants confirmed that my description of their experience was accurate. Each participant also shared their experiences as it pertained to their anxiety 6 months after our post-MBSR interview.

Ethical Considerations

Participants were asked sign informed consent prior to the initial interview. Additionally, the MBSR course instructors were made aware that a study may be happening with participants in their class and were asked to sign consent that agreed they would have been blind to the specific individuals partaking in the research. It was explained that they were not being evaluated for their instruction; rather the primary focus of the study was the participant of the MBSR. Safety is of utmost priority when it came to participants of the study. A concern of the researcher was to avoid special interactions or treatment between the course facilitator and the participant and the participants' anxiety being activated if they get the sense (either imagined or real) that the MBSR teacher is aware of their participation in the study.

At the time of consent the researcher was transparent where possible detailing the aim of the study. Words such as "self-compassion" or other language that might be leading the participants was excluded. Participants were provided with a detailed explanation and time line of the MBSR program and the interviews that accompanied their participation. The researcher explained the goal of the research was to inquire in to the experience of their journey through the 8-week MBSR course with goal of identifying patterns that may develop and assist in the reduction of GAD. It was made clear that they are not being clinically diagnosed and that the researcher is a master's student in Counselling Psychology. It was explained that the screening test was performed in order to identify whether they met criteria for anxiety and worry in a manner that was consistent with but not specifically clinical GAD.

Precautionary measures were taken in the event of a mental health emergency related to the interview process. Participants were referred to the University of Manitoba Counselling Centre and were able to contact the researchers academic supervisor who is a trained clinical psychologist and experienced psychotherapist. MBSR program facilitators were also fully informed as to the nature of the study although the participants involved remained anonymous to the instructors and to one another.

Declaration of Position

I approach this subject with my own long-standing practice with *ashtanga vinyasa* yoga and *Vipassana* meditation. I have previously engaged in the 8-week MBSR course and have experience practicing the meditations prescribed by the MBSR program. I also have been affected by generalized anxiety and panic disorder on a personal and familial level. I have seen first hand how destructive GAD has the potential to be for the

individual who lives with it and how it affects those around them. Therefore, it is important for this investigation that I leave behind my biases, knowledge and experiences within the subject of anxiety and mindfulness.

Based on my personal success in working through anxiety symptoms through a movement and breath based modality, I may express a bias towards these practices and need to ensure that I am not leading the participant interviews to further explore any particular aspect of the meditation as I may have experienced.

It is my hope that through meditation, the participants will glean some aspect of clarity into the nature of their anxiety. It is also my hope that this will incite enough inspiration to keep "pulling on the thread" of awareness practices in order to experience the full benefit of the practice. I do not expect that GAD symptoms will be eliminated within the 8-week program but will rather merely begin the process of being able to work with the discomfort that GAD brings. As such, I recognize that working through the experience of anxiety is a slow process. It is crucial that I limit my enthusiasm for the methods described throughout this paper and allow the experiences of the subjects involved in this study to sincerely guide the data and resulting analysis.

Chapter IV

Results

This chapter will define for the reader who the participants are, how they experienced their emotional life leading up to their engagement with the 8-week MBSR program and then how the MBSR program impacted their lives after the fact. I have provided an in depth description at three participants, two who were interviewed before and after the MBSR program and a third participant was only interviewed once, after her commitment with the MBSR program.

The data is organized into two domains. Domain 1 illustrates the pressures and influences as expressed by the participant pre-MBSR. These include the family, social dynamics, physical dynamics, and treatment dynamics (where relevant) that have influenced the participant's experience of anxiety/depression. Domain 2 describes the pushes/reactions as expressed by the participant post-MBSR. This includes the dynamics of the mindfulness training as a treatment approach, understanding the meaning of the mindfulness experience, and the ongoing learning for the participant. Once these domains have been described, interpretative themes have been provided to further explain the emergence of patterns, connections, and interrelationships via the comments from participants about their experiences (Smith, Flowers & Larkin, 2014). After each participant has been described will be a description of the process that the participants took in order to identify their experience. This will include similarities and differences of each participant and the way in which they came to their path of understanding.

Alison

As told by Alison, much of her experience with anxiety and depression has been shaped by her early family life experiences. In this section, I have introduced Alison and

her reasons for participating in this research project and the MBSR program, and have elucidated the ways in which Alison has been affected by her historical family experiences as organized by each domain.

Alison has agreed to participate in this research in the hopes of helping other's by better understanding anxiety and how MBSR might help. Alison is a 48-year-old woman who works part time in a financial institution and is a homemaker. She is a wife and mother to two teenaged daughters. In order to participate in this study, participants could not have a diagnosis of psychological or psychiatric conditions other than anxiety and/or depression. In her commentary, Alison indicated that she experiences regular, deep levels of anxiety and episodic depression.

Domain 1: Pressures/Influences

At the present time, Alison identified her anxiety as "triggered by events". "Sometimes it can start out as something really small and it'll just kind of snowball … when I resolve one thing, then I have to find something else to worry about, if that makes any sense". Even though Alison has been seeing a counselor, which she stated is making her feel better but she also does not believe that seeing the counselor is "fixing anything". Alison had former experience with cognitive behavior therapy which helped her recognize some aspects of her anxiety however her present counselor recommended the MBSR program to Alison. This alludes to the notion that Alison is feeling at a loss with her present state of anxiety and depression and is willing to 'try anything' to come to a point of wellness.

Family Dynamics

This section will address some of the maladaptive ways that Alison has managed her anxiety, including chronic and uncontrolled worry and avoidance patterns. Alison was interviewed prior to the 8-week MBSR course, during which she expressed the stress of growing up with a mother who was diagnosed with schizo-affective personality disorder and parents who consistently argued. While she stated that her father was never physically abusive towards her mother, “they screamed like crazy, but also she was just always sad”. When I asked how she felt hearing her parents quarreling Alison responds by telling me that she felt “jealous the whole” time. It was not made clear exactly what she meant by that statement, however it is noteworthy to mention that Alison consistently focused not only on her family life, but specifically how her mother impacted her. It seems as though Alison spent a great deal of time managing the behaviors and emotions of her mother, which seems to be the basis for her anxiety and depression that started during her adolescence. The jealousy that Alison speaks to may be the attention that was given to her mother because of her illness and the attention that Alison herself did not receive. She also states that she was “always trying to make up for her” after speaking about her mother’s illness, including having had shock treatment in the 1960’s for reasons Alison did not know. She says in regards to the shock therapy, “she doesn’t even remember what happened. (…) I think after that, she was gone, like mentally, her life was over. She mentioned that her mom was always a frail woman, so “making up for her”, it is possible that Alison felt as though she had to be strong because her mother did not have the capacity to be so herself.

Alison shared with me, "ever since I was conceived, she said she didn't love my Dad. She just got married… it didn't matter to her anymore, like whatever kind of thing". If Alison perceives that her mother only had children out of a sense of duty, that Alison may also experience a kind of 'survival guilt'. While survival guilt is usually discussed within the wake of traumatic events (http://www.giftfromwithin.org/html/Guilt-Following-Traumatic-Events.html, as retrieved from the web on November 14th, 2016), the traumatic event for Alison is having been given a life from a mother who did not truly wish for it. Her mother, unable to care for Alison or the other siblings thus, Alison may be wondering if she is not a part of her mothers' mental illness. If so, it would be this guilt that gives rise to her anxiety. Though still not conscious to Alison, she is clearly striving to make the connection between the relationship she has with her mother to her experiences of anxiety.

From the tone of Alison's recounting, there is the implicit sense that Alison has spent a great deal of time 'holding it together' for a mother who didn't have the ability to do it for herself. Arguably, Alison's envy of her mother is quite natural since it was her mother who received the attention for being ill. The roles were 'reversed' as Alison learned how to take care of a mother who 'should' have been caring for *her*. From this, Alison spent her childhood taking care of her family at the risk of not learning to take care of herself. This is illustrated when Alison shares her experience as a young woman her 20's, living alone, and experiencing a deep depression after a man she was in love with, rejected her. To help with the depression she was seeing a counselor who advised her to "go home and get your self some nice food to make a nice meal and then go take a bath…and just relax". Alison explains that she walked out of that session thinking about

how foreign that advice seemed. This helps illustrate that Alison had not adopted adaptive coping mechanisms including the concept of 'self care'. Arguably, her formative years were spent in the shadow of her mothers' illness and setting aside her own needs and care.

During this interview, Alison speaks about the consistent worry she experiences regarding her two daughters. Alison has created a life around the care of her children and is challenged in the excessive worry surrounding their wellbeing. A part of her concern includes her children growing older and not needing her as much: "You start worrying about what you're going to do with yourself, you think your world is kind of wrapped up in them". While this thought may be common among parents of young adult children, in Alison's experience may be reflective of her reluctance or inability to take care of her own needs first and the amount of investment she pays into taking care of others – in this case, the time and effort she once placed on managing her mother and father has transferred itself in to taking care of her children. Arguably, she *would* be feeling out of sorts when considering how much of her life has been directed at the care of others. When she no longer has her daughters to care for, what will happen to her? How will she measure her worth or value as a person when this job no longer requires her in the way that she is accustomed?

Social Dynamics

Alison tells me about her deepening loneliness as a young adult that contributed to her depression. She states, "I never actually had a boyfriend until I was in my 20's…. I couldn't connect with people… I didn't know how to be a friend because my mom didn't have any friends growing up". This informs me that Alison did not have a positive

model in which to gain the skills to benefit her social abilities. This has the potential to provoke anxiety in two ways: 1) Anxiety as a function of feeling unsupported by her mother, 2) Anxiety as a function of lack of community support – the connection to others and the sense of feeling understood; that she is not alone. It is not possible to conclude that Alison struggled with social anxiety disorder, but she followed a similar pattern of avoidance. Based on unlearned social skills and subsequent lack of friends, she had eventually developed distorted cognitions around her social desirability and what others may be thinking of her (I have no friends, therefore, I must be a terrible person), which created future avoidance of social interactions. This maladaptive avoidance pattern is what maintains her anxiety and depression.

Alison is aware that her level of worry is problematic and unproductive towards her happiness. She is cognizant of her pattern of associating worry with the problem solving process. "You know, a part of me thinks, I know on a logical level it's not, but I think part of me things that if I think about it long enough, I'm going to be able to do something, find something that I can do". When I ask how she would know if she were feeling better, her says "when I can hear about, you know, things that are not solid in life, and I can put them where they belong". Alison is referring to the way that she feels unable to cope adaptively with upsetting either from within or outside of her immediate family. Alison exemplified how she struggles to cope by describing how upset she had become learning about a young man who had been murdered recent to our interview *and* how upset she had become in 1997 during a massive flood that helped cause a young boy to drown – and the feelings of sadness that she still carries with her about that event. From the intellectual point of view, Alison shared her understanding that this worry and

sadness is unhelpful to her emotional and mental health. After speaking about the sadness she felt after the young man's body was found, "I have to find myself. I feel like I've become too attached, (…) Like I'm thinking 'well, there nothing I can do', falling apart and getting all you know, not being able to function and just thinking and worrying about the family and I don't even know them". Even amidst this discussion, Alison apologizes that she might be making me sad by talking about these events – in a sense 'taking care' of me, ensuring that I do not take on her feelings of sadness.

Physical Dynamics

In addition to the emotional aspects of Alison's anxiety and depression, her anxiety takes on a physical quality. Physical cues are common to individuals with anxiety. An over-active autonomic nervous system may manifest in such symptoms as trembling, rapid heart rate, fatigue, digestion issues, and difficulty breathing (Orsillo & Roemer, 2011). When Alison becomes anxious, she says "It seems like the back of my brain puts these things together (anxiety provoking events) and all of a sudden presents me with this problem that's huge that I think is a problem (…) I can actually feel the heat creeping up the back of my neck". "I've been like that since I can ever remember and unless I can feel it, it's just this horrible sense of dread just comes up and descended and it's usually something that I think I've done or something I think I haven't done, like something at my job". She remarks that when these feelings and sensations arise, she will notice the shift in her mood. A feeling that her mood has plummeted from bright to only "shades of grey". It is known from the multiplicity of research that anxiety is partially moderated by the autonomic nervous system (ANS) (Reeves et al., 2016). When anxiety becomes present (as a reaction to a perceived threat via emotional, physical, or

cognitive event), the effect is a cascade of psycho-physiological events that may include increases to heart rate and perspiration, dilated pupils, slowed digestion, numbness or tingling to the extremities, and warm or cold flushes to the body among other symptoms regulated by the ANS. Emotion dysregulation is the progression of ANS. When left unchecked, it may be argued this is the genesis of anxiety disorders such as GAD.

During our talk, Alison states that her work life provides some sanctuary from her constant worry. "I'm so glad to have this job because I thought, you know, I don't have to… it felt better being at work, then you come home and it's unstructured". For Alison, working is a way to attenuate the worry by pointing her focus on doing a good job and being productive. When she is at home, there is nothing to "distract" her from her worry. This is another example of her avoidance behavior. She admits to feeling guilty if she is not worrying while others (like the parents of the boy who was killed) are suffering. Avoidance is a known function of anxiety as stated in chapter one of this paper and is one of the maladaptive ways that Alison has learned how to cope.

Treatment Dynamics

With respect to the MBSR program, she states: "I'm looking forward to it. I think I intend on putting every effort in to it because you know, I just want to get as much out of it as I can". She is seeking a healthier, "better way" and is willing to put in the work required for this to happen. When Alison said, "you can't just talk indefinitely" with respect to her anxiety and depression, it is as though she is acknowledging that the work that needs to be done is deeper than just words. Arguably, she is already starting the process towards embodying a more helpful modality that will move her through her anxious state.

Domain 2: Pushes/Reactions

During my second interview with Alison, we talk about her experiences in the MBSR program with the aim of understanding what potential shift it may have had on her anxiety. She approached with MBSR with an open mind and without the expectation that it was a panacea. She says, "I don't feel like it's a… you know… they say miracle. It's not the one thing that fixes everything. However, I do feel different". This articulation of "different" is what I will attempt to better understand: what about Alison is different and what about the MBSR contributed to this difference? Alison was able to attend all classes with the exception of 1 – 2.5 hour-long session due to a family obligation.

Dynamics of mindfulness training as a treatment approach

Alison comments on the group work as one of the qualities of the program that strike her as powerful. To her, seeing people who otherwise "seem normal" was a reassurance that she was not the only one who was struggling. Alison realized that she couldn't tell just by looking at someone what their difficulties might be and thus made the connection that *she* would therefore be no different. She states, "Why would I be so hard on myself, and why would I think everyone is looking at me and judging me, and that's what was so nice about the group thing". This resonates with her previous experiences growing up and finding herself on the outside of friendships.

The day of mindfulness was also instrumental in Alison's shifts in perspective. Alison discovered that she could be among the other participants of the MBSR and yet feel rested by the act of not communicating with the others. "I realized how much energy and metal space it takes up, trying to socialize and keep up with your appearances". For

Alison, making eye contact would have still meant being “on”, so this was a way for her to truly retreat. Arguably, this highlighted for Alison that being around people tires her out, which may not have been clear to her in the past. With this new insight, Alison may better manage the time and ways that she chooses to communicate. Like the introvert who finds rest by relative solitude in order to be a productive member of their community, Alison may use this information to make better choices that will enable her adaptive coping mechanisms when she is feeling overwhelmed.

Understanding the meaning of the mindfulness experience

When asked what meditation technique she found most useful, Alison felt she benefited the most by use of the body-scan meditation. While at first glance she thought it was boring, but she soon realized what the “point” of it was. For her, this meant training her mind to focus on one aspect of her physical body at a time and connecting the sensations she was experiencing to how she was feeling. Alison mentioned this in contrast to the breathing meditation where she felt her mind wandered more. Being in her body provided a sense of ground in which to stabilize when the mind was reaching elsewhere. Alison found the use of the recordings helpful for her home practice in order to help keep her motivated. This may also resonate with a sense of feeling supported and not alone. At the time of our interview, Alison mentions that she is trying to work in her meditation in the morning. For her, she felt that evening meditation wasn’t relaxing and she would have difficulty sleeping or she would risk falling asleep if she were too tired. She states, “And I know I’ve done it a couple of times in the morning when I couldn’t sleep anymore and I found it really helpful, like *really* helpful when in the morning”.

Alison mentions that she would like to explore yoga in depth in a community setting but was still working out the details on that.

As illustrated in the experiences described above, Alison established several connections to her experiences in the MBSR program and how her anxiety and attitudes have shifted as a result. In broad strokes, Alison first mentions that she does feel different but “maybe I haven’t sorted out what that means yet”. She recognizes that there is a process involved but she states that she feels at peace with herself “where I didn’t before”. Alison did not speak much about the ways in which she positively coped with her anxiety in the past. Arguably, she was aware that she had maladaptive coping mechanisms, so even though she was seeking counselling she also knew that she needed a different skill set. She had indicated that she was knew that just talking about her anxiety and depression with a counselor was not a sustainable solution but that she needed to develop concrete skills that would help her move through the difficulty. Alison viewed her worry as a way to feel “productive”. She recognized it was a matter of deciding for herself if she wanted to find a better way to deal with her stress; a more concrete set of skills that would help her work through difficult emotions, thoughts, and behaviors. Thus, when her counselor approached her with engaging in the meditation program, this may have been the set of skills Alison had been seeking. “I’m looking forward to it. I think I intend on putting every effort into it, because you know, I just want to get as much out of it as I can and so that’s that.”

The following describe the themes that emerged for Alison after taking the 8-week MBSR course.

Interpretive Themes

Sense of Ease

When asked about the impact of the program, Alison expressed that she “feels different”. She has discovered a sense of peace within herself that wasn’t there before, which has had profound implications on the quality of her anxiety and how she experiences those stressors that were dominating her life prior to the 8-week program.

> “I think that’s the biggest thing that stands out for me is that I don’t feel a sense of someone looking over my shoulder and I have to get all this stuff done ( ) that’s a big part of it”.

Alison no longer carries with her the same sense of urgency as expressed prior to the program, thus within that, a kind of easing. Alison has stated that she is still trying to understand what is different and what “it” (the experience of the MBSR training) means to her, but she does know that “there is a bunch of stuff that doesn’t seem to matter anymore. Where as things that I would get upset about and with other people just…it feels easier to let, I’m able to let things go…that I can’t control and then do things that I enjoy doing”. This statement carries several notions about how she feels different. The first is that, she isn’t allowing others to upset her to the degree that they might have prior to the 8-week program. She has allowed herself to breathe – both figuratively and literally – and in doing so, taking up space of her own instead of allowing herself to be dominated by the space of others. “Letting go” is a phrase used in the MBSR literature and is a popular term in pop-psychology. According to Psychology Today (retrieved on line: October 3, 2016: URL https://www.psychologytoday.com/articles/201411/let-it-go) means to move past something that is hurtful or to become freed by negative or unwanted

past experienced be they emotions, feelings, or events. What is "letting go" for Alison? As she moves through her understanding of experience, she continues to talk about how she has come to the understanding that (her) life does not need to be filled with drama.

> "I guess a big part of it that, life is not this you know, grand roller coaster, or excitement all the time. It's usually boring, and that's ok! It's ok not to have all this drama and excitement and all this other stuff going on. It's ok to just have nothing going on".

She leaves me with the sense that she is learning the cultivation of bringing *ease* in to her world. There is an awareness that she no longer needs to hold tight on to some idea of what her life either is or needs to be. It is possible that she is discovering that the expectations that she has of herself and others are no longer serving her and adopting healthy and adaptive coping strategies. As described in chapter two of this paper people become stuck in habit patterns of the mind that can become limiting. While discomfort or suffering may be the expression of being stuck in habit patterns however, habituation and acceptance of discomfort is more common than changing habits for the perceived chance at wellness. Simply put, we would rather stay with what is known for it brings the perception of safety and comfort. For Alison, she has discovered that she does not need to define herself by unhappiness or what is 'known'.

> "And then I found, when I discovered that space I can fill with what I want. With what I enjoy, and finding that enjoyment again. Whereas I'm thinking, maybe I didn't find enjoyment in things that I did is because I was worried about all this other stuff over there, and not giving myself permission".

Tolerance

A significant experience that shifted for Alison was in her ability to gain tolerance towards experiences that at one point, may have seem intolerable. A significant aspect of GAD is a resistance to tolerate discomforts. The anxious individual may express that they *can't stand* their experience and make catastrophic predictions about their experience (Dryden, 2003). This is exemplified in the same phrase that also demonstrated her sense of ease, "All of a sudden there is a whole bunch of stuff that doesn't seen to matter anymore. Where as thing that I would get upset about with myself and with other people just… it feels easier (…)"

Arguably, Alison has learned how to tolerate her discomfort and those experiences that would bother her in the past are now easier to tolerate. Alison has come to understand for herself that "life is not this grand roller coaster". What is this that has shifted in her former 'craving' to keep her sympathetic nervous system activated? She says, "its much different than how I was thinking before". She states that in the past she had been seeking approval from others and now she is thinking "it's ok to just be, and not do anything if you don't want to". The anxiety that kept her hyper-vigilant to keeping others happy is dissipating. Any kind of maladaptive behavior and thought pattern is easily maintained when it becomes the status quo. Human beings attach to their "suffering" as explained in chapter two of this paper. It is because of that attachment it can be painful and difficult to let it go. Alison is discovering that she can let go of her attachments and she can tolerate the potential discomfort that it might be bringing up.

Letting go of judgment's towards self and others

Embedded in her experiences of tolerance is Alison's experience of non-judging. Non-judging is a term used within the mindfulness paradigm. According to Jon Kabat-Zinn (1990), non-judging asks the practitioner to approach self and others with a balanced approach; inviting a stance of neutrality to experiences that might be ordinarily viewed as either 'good' or 'bad'. As a function of being within the MBSR group itself, Alison realized that she didn't need to judge herself. If others are not judging her she a) does not need to judge herself and b) if she can allow herself to be free from harsh criticisms then she can also offer empathy towards others who are suffering.

"I find this completely different because it's in a group and you look around and all these people seem normal with the exception of a couple – there are a couple that when you look at them you know they have a lot going on – and for the most part, you know what? You're not the only one and everyone struggles. Or not *everyone*, but *you can't tell* by looking at them, and so why would I be so hard on myself and why would I think everyone is looking at me and judging me, and that's what was nice about the group thing".

Alison is taking on a new perspective that isn't black and white. When she says, "you can't tell", seems to point at the fact that she is starting to see that things are not always what they appear. Her cognitions are starting to shift. She then states: "I realized that I had no idea how much of my time was spent in judgment of me myself, and in judgment of other people. Or what they did or what they didn't do".

Alison is speaking about colleagues and family members. She states that for her, judgment and forgiveness are intertwined and she wasn't able to find forgiveness when she was judging them. She says "if I removed my judgment of their actions, then you

know, it just kind of dissolves (….)And there is nothing (…) it's easy to forgive because it's almost irrelevant". Even more profound was Alison's realization that she didn't have to continually judge herself. In the past, she judged her every action.

> "that was the two-pronged thing that I was judging other people but even more harshly myself… for *every*…no matter what it was for getting up in the morning and not getting a load of laundry put in".

Alison is more forgiving of herself and others and through this, she is finding ease. Her mind is not as fixated on how she *wishes* life could be but rather that life just *is*. "This is the thing about mindfulness is that you accept things the way they are and not how you wish they were. So I thought I am wishing it was this way, but it's actually *this* way".

Transformation – A New Self Emerges

As Alison learns to quiet her harsh inner critic there emerges a sense that she is in the process of transformation**.** She has raised her ability to speak and act with confidence. Alison shares her experience with a colleague who was being harassed in the workplace and her ability to speak up on behalf of this colleague at her perceived risk of a reprimand or lay-off for being "insubordinate". What is this new self that is emerging and how has she learned to quiet the voice that formerly silenced her? She is learning how to take command and how not to fear that her world would end if she did so. Speaking towards the action she took on behalf of her colleague,

> "(…) I realized that I can do something and the world is not going to end. I can take an action if I've thought it through (…)" "(…) I felt in my heart this is right but not only that, the world…the world was not gonna…the sky is not going to fall if I did this".

Alison also speaks about the relationship she has with her sister in law – one that has deeply upset her in the recent past. Since the 8-week program, Alison has realized that judging her sister in-law's behavior won't change the behavior itself. While she is still struggling with "allowing" the behavior, she is starting to better understand that judging her won't change the way she is. Alison also struggles with her brother being married to a woman who she feels is abusive towards him. "So I thought in the last while about forgiving my brother for that and not to judge him either". While she isn't able to articulate what this shift in attitude will look like exactly, she states, "I think I know what to do now. I'm just starting to look from a different perspective". This change of perspective is translating in to not only her relationships with others, but also the relationship she keeps with herself.

Taking care of self

Alison had acquired a life long way of taking care of others as evidenced throughout this dialogue. Alison seemed to operate her life on the understanding that she was to accept what ever her life presented to her and she was not entitled to take time to value her own needs. Arguably Alison had never known what she needed to do to make herself happy because her energy was often if not always directed at ensuring others' needs were met ahead of her own. That said, if she did know what she wanted and needed there is the underlying tone that she did not feel deserving of it.

Learning how to meditate is a purely personal endeavor even though the outcomes may result in easier or healthier relationships with others. The change of relationship starts first with the self, even if that is not what is the most evident. The individual who takes on the practice is the only one doing the work and that takes up time and devotion

to the self. In this case, Alison devoted time to herself in the form of the 8-week MBSR program that included daily practice. At the end of our interview, Alison is able to reflect on the transformation of her self and what she needs to do to 'heal' the relationship she has with herself.

> "I need to take better care of myself. I will do the yoga, I'm getting a haircut on Wednesday. I will get a style that will take more work. (…) I think it's ok for me to spend 5 minutes in the morning on my hair".

I reflect her words and offer that she is worth it: worth the time to take care of herself. She states,

> "I think I can build that time in! Even today, I put on different shoes and instead of a sweatshirt, to put on a structured jacket to come sit here. And you know what? I felt so much better leaving the house".

Alison has stated that she is committing time to spend on herself. I asked her if she felt inspired to this new self-care because of the '8-weeks'. She says, "oh yah, I would go to the massage therapist as a last resort (…)". Not only is she willing to take time to care for herself, she is simultaneously allowing herself to be less needed. She tells me about her husband and about her daughters:

> "You know what? They don't want me around all the time. I don't need to be there. I come home and they take care of themselves. They have eaten and they do their laundry and I didn't have to be there. It was upsetting at first to think they didn't need me anymore, but it's ok now!"

George

As told by George, much of his experience with anxiety and depression has been shaped by his early family life experiences. In this section, I have introduced George and the ways in which his commentary has indicated his reasons for participating in the MBSR program. I have also elucidated the ways in which George has been affected by his historical family experiences as organized by each domain prior to discussing his interaction with the MBSR program.

Domain 1: Pressures and influences

George is a 55 year old professional who stated that he struggles with anxiety and depressive disorder, letting me know that he had been classified with a "depression type thing". He indicated that he has not been formally diagnosed and does not have symptoms or diagnosis of any other psychological or psychiatric illness. Regarding his anxiety and depression, in his words, "I withdraw within myself and not communicate very properly and I find that most of my thoughts are continuous… random worry…" For George, one concern may spill over in to other areas of his life and indicates that he gets obsessive over the thoughts that overwhelm him. George talks about his professional stress and the responsibilities that he faces. He speaks about his mind as "there's no stopping" and how he will wake up at night from the thoughts that he can't turn off. It is from this continual worry that George says triggers his anger.

> "What triggers me is circumstances that arise that I would call very mundane things… we were at a restaurant and we had parked and a lady hit my door with her door… and I freaked out. I yelled at her and she had no reason to be yelled at other than the fact that she hit my door".

George explains that he feels guilty and remorseful when this ager erupts, but feels like when his mind is consumed with worry he is unable to control his reactions to even small events.

Family Dynamics

George begins the interview by sharing his experiences growing up in a Mennonite family. He states that his home environment was strict and he was required to attend church services and Sunday school, among other weekday church related events. When George was 12, the family (including him) moved from a small southern Mennonite town to a northern mining town. This is when George felt he began to "rebel" – the rebellion that gave rise to "issues" between himself and his father. George stated that he felt very guilty for denying his faith and for acting defiantly against his father. It was because of this religious rebellion that George felt rejected by his family. He was sent to a religious private high school for his last two years, which made him feel like he needed to be "fixed". "The problem has gone away for him (father) right?" The campus was situated in relative isolation and he felt lonely out there. He recalls with regret, that his father wouldn't even come to pick him up when it came time to leave.

Another form of rejection included his father leaving his (Lutheran) wedding, which was quite "traditional" with the exception of a female pastor, claiming he had a "headache". His father stated, "You should be the Mennonite that you were raised as". George's father's comments brought on what he described as feelings of guilt. He was made to feel as though he was not living up to his fathers' standards and as though nothing was good enough. It was because of this tenuous father-son relationship that fosters George's feelings of anxiety and depression. He speaks about his sense of

loneliness, anxiety, and feeling of complete helplessness. This led to a coping strategy that included escaping with long, solitary walks. George feels now, as though these escapes are no longer healthy. His new coping mechanisms include speaking more with his wife and seeking counseling.

Therapeutic Dynamics

George talks to me about hunting as a way to moderate his anxiety. He finds hunting "freeing"; he is free from anxiety when he is in the wilderness. He likened hunting to his time as a boy when he would go for walks through the "bush". "I just lose myself and walk for hours in the bush without having to worry about anything other than what is in front of me". This ability to hyper-focus on exactly what is going on in the moment is what eases Georges' feelings of anxiety. When I mention that it sounds like there is a lot more predictability when he is hunting, George says, "We've got a plan. Which is good, all of that is good". That said he feels as though he has to be ready for anything to happen, so all of his senses are engaged. As has been stated in the second chapter of this paper, uncertainty is a factor in maintaining anxiety, thus for George the curative factor in the hunt is certainty. In that way, he does not have to worry about an unknown future. He is present in each moment, following the hunting protocol as though following a script. Nothing is left to chance.

Social Dynamics

In the final minutes of our interview, George speaks more towards his experiences around his professional life and the anger that develops from that. George expresses frustration around what her perceives as "incompetence". He does state that he feels as though he "shouldn't" be thinking in such a way and that he *should* be more positive. He

understands from an intellectual perspective that everyone has strengths and weaknesses and yet, "I react to incompetence in the wrong way…" This speaks to a kind of frustration intolerance where George cannot predict the behaviors of others. Not only is he frustrated at the inherent unpredictability of other people, he is shaming himself in to the thought that he should be more accepting of what he cannot control.

George also mentions that work is only 8-hours a day and in the remaining hours his "mental fears feed back in". He states that in those hours outside of work, he feels inadequate as a father or as a person. George states,

> "that's what creeps into my mind at that point due to all those stresses that happened throughout the eight hours before I come home…. It (work) affects everything else around me and I'm a very negative person".

George relates these stresses back to hearing his father's voice of disapproval and says, "it still hurts".

Domain 2: Pushes/Reactions

During my second interview with George, we talk about his experiences in the MBSR program with the aim of understanding what potential shift it may have had on his anxiety. George was particularly struck by the group dynamic and it's effect on his well-being. He was also affected in a way that he was unable to directly articulate but that the MBSR presented George with a spiritual path that was arguably missing his is more traditional religious upbringing.

Dynamics of mindfulness training as a treatment approach

George was able to attend all 8 sessions of the 8-week program including the full day of mindfulness practice. When asked about what remembrances stood out for him, he stated:

> "I think the…the biggest thing that I found…or the biggest uhh… part of it was that I was able to meditate…fully with a bunch of people in the same room. I thought that was like… once I was able to understand what I was…not supposed to do but…what I was striving for? I was able to do that within the room, with all those people and it felt very peaceful and…and because…it seemed like we all felt that way…like the whole group itself… felt it was easy to do it with each other".

George felt supported by the group. For George, the group felt "calm and more peaceful" "you feel that you're a part of something more". He says, "you know, a little bit of compassion throughout the whole feel of it all".

For George, the MBSR "has shown me kinda like a… a path that I was missing". He articulates what about the MBSR that illustrates a path he found including poetry that seemed to have a profound impression on his view of himself and the world in which he inhabits. He also found use in the acronym STOP (stop, think, observe, proceed), which is presented to the participants as a way to remind them "how" to be mindful. STOP helped George to look at his anxiety from a different perspective and to consider different ways to approach his thinking. The day of mindfulness also had a considerable impact on George. "The whole day was amazing". For George, the act of purposely not communicating for an entire day brought him a sense of peace and the sense that no one was judging him. "Like, there's no judgment right, there was no…nobody wondering

what George is doing now, and George is just being George, right". It is as though through the day of turning inwards towards himself, he liberated himself from all internal and external judgments that he felt pressured to listen to. He realized that "I'm not anything else but George". Profoundly, George states "and then I found… I found myself somewhat that day".

George recalls an exercise they were asked to do, where participants were to write out what they did throughout the day and to rate if it was good or bad. It was from this exercise that George realized how stressful he found eating lunch at work. This exercise combined with the day of mindfulness and a positive experience he had eating lunch mindfully, taught him how to enjoy lunch. "I can be mindful of what I'm eating and mindful of all the things that are around me". In addition to this, George had since started a meditation practice whilst on his lunch break at work, which has had an impact on his body and his mind.

"I actually do a lot of meditating at lunch now because it's a nice time to just know, have something to eat and you know be mindful of what I'm eating (…) not gobble it all down because that never helps with the digestion system of anything else (…) so then its very nice for me to just kinda sit back and relax and meditate for 20 minutes or 10 minutes (…) it definitely has become a part of my life".

Understanding the meaning of the mindfulness experience

George related much of his anxiety to the relationship he had with his father and his constant feelings of being judged and unworthy. In this relationship, George felt unsupported and unaccepted by his father and never felt as though he measured up to his father's expectations. A significant theme that emerged for George throughout the

MBSR was his experience within the group and how that provided a support system that he wasn't necessarily expecting. George's experience within the *group* had such an impact that following the 8-week session and he felt it was necessary to find another group with whom to take his practice with. George found a weekly meditation group that meets each week for both meditation and discourse, which is based on the teachings of the Buddha. George also felt inspired by the MBSR to attend retreats but also stated, "I'm not sure if I'll attend one of those, maybe later on I might do something like that". The following describe the interpretive themes that emerged for George after taking the 8-week MBSR course.

Interpretive themes

Support through the group

> "I think the…the biggest thing that I found…or the biggest uhh… part of it was that I was able to meditate…fully with a bunch of people in the same room. I thought that was like… once I was able to understand what I was…not supposed to do but…what I was striving for? I was able to do that within the room, with all those people and it felt very peaceful and…and because…it seemed like we all felt that way…like the whole group itself… felt it was easy to do it with each other".

It is as though George was expecting to be going through this process alone, which would make sense to his experiences of not feeling supported by his father growing up. If he had grown up in a paradigm that asked him to be self sufficient, reliant only upon himself for his emotional and spiritual needs, then why would the MBSR program be any different? However, this was not the case and indeed George found a group that was

supportive. As much as George appreciates that the practice is a self-practice, "when you're with a group your doing in within…within yourself – but your not…but you're with other people, it's kind of like a support thing". Furthermore, George indicates that in addition to feeling supported, he feels a sense of compassion and a sense of union and in turn, George feels compassionate towards the other group members.

> "Supportive yeah, you know a little bit of compassion throughout the whole feel of it all. Cause people have all different problems within their own lives, their own take on things, so you… you don't feel alone. You know you feel that you're a part of something more… it has shown me kinda like a… path that I was missing".

George also indicates that he felt a responsibility to the group, which might have been what partially contributed to his commitment to the practice. He expresses his fear about stopping the meditation now that the formal group has ended. He states that he doesn't want to stop and found it habit forming, but there was still a power about the group. Here, he explains:

> "It became very habit forming when I was doing it for the eight weeks and I hope that continues. It's very easy to be habit forming in eight weeks because you have goals to be set, right. And the next week, okey well, your responsible (interviewer: to the group), yeah, that kind of thing right, and suddenly I'm, um, well it's now a big world again right (laughs). It was kinda like…like I came in here with the eight weeks, you know like, 'woah', you know, where do I go?"

George explains that he's already found another group that practices weekly together and includes traditional discourse as per the teachings of the Buddha and also mentions a retreat that takes place over the course of a weekend that he would consider for the future.

George's connection to a group was not isolated to the MBSR. Towards the end of our meeting, he stopped to share with me something he felt was quite important to him. He told me that an old friend of his had recently passed away and so he went to the community from where he lived, to attend the funeral. He attended the funeral without his wife stating "I'm going to meet up with a whole bunch of my old…my old friends also that I grew up with". He tells me next, "the first person I see was my other best friend Alan who also stood up for me (…) I walk across the parking lot to him and we meet…meet in the middle…the first thing we did was just hug each other. Like it was just like 'oh my God, thanks Alan. It's such a relief you're here right now'".

For George, being around his friends in this capacity carried an abundance of personal meaning and perhaps, seeing the people who were once a part of his life reminded him of his sense of belonging and a sense of 'place'. He does not communicate this directly, but rather offers some words shared to the group by the Priest: "You know what, this really attests to Paul with the quality of friends that he has, that came to his funeral". George tells me "it was very powerful (…) I just went (takes a breath) 'mindful here right, this is for yourself and this is also for Paul, this is for your friends, this is for the family, this is for everybody".

When one takes a meditation practice, either in the tradition of MBSR or in the *Vipassana* tradition that it is based from, it is taught that meditation is for the self, but

also for others. To meditate means bringing peace to oneself that is eventually directed into the greater community. It is as though through the MBSR - learning to meditate and to share his experiences within a group, that George was able to take his experiences 'off the cushion' and in to his 'real life'. By being profoundly present at the funeral brought him a sense that he was not in attendance for only himself, but to support his friends and to help support the community around him.

Unconditional Self-Acceptance

Though Georges' feelings of guilt gave rise to anxiety, he expressed that prior to the MBSR he felt as though his thoughts were "wrong". Based on the indoctrination-attempt of religious ideological beliefs by his father, arguably George had developed a reasoning pattern that his thoughts were somehow immoral. Individuals with anxiety tend to treat their thoughts as facts, including unhelpful thinking patterns such as 'I should be thinking/doing/being a certain way'. These thinking patterns are what give rise to the cascade of responses that results in anxiety and depression. George explains:

> "I've been very…felt guilty most of the time. I felt uhh, really mmm… turmoil in my mind all the time. And you know and…what really got to me was that my thoughts…are not wrong".

In fact, George stated that he had finally had the sense that he is "(…) not anything else but George", meaning that independent of his being a father, a friend, and a husband, that he is just George, and he realized that "you want to be strong for your kids, (…) your wife, friends and everything else, and you forget about yourself some days".

Amidst all the doing-for-others, George discovered that he too was worth his own time. He learned through the practices that he was able to be with himself; “I found myself somewhat that day”.

What are the implications of George learning to accept himself? He is no longer ‘hearing’ his fathers voice making him feel shame and guilt for not being the person or man he aught to be. The voice that speaks to him in ‘shoulds’, giving rise to the thoughts that keep him anxious and depressed are able to lift as he learns that *he* is enough, exactly as he is.

Throughout this discovery of himself, George has found that his relationships with others are changing and he is becoming more “observational”. George has developed the ability to observe his own reactions “now I maybe sit back and reflect a little bit”. He indicates that he was able to observe this change by around the 4th or 5th session, when he realized the turning point.

> “Yah, I am turning around here. Like uh, I can turn around. I don’t need to be my old self anymore right. I don’t have to have the judgment, I don’t have to have that guilt, I don’t have to have… I can have compassion, I can have peace, I can have joy. I can you know – love, and you know just I can have all that in my life… because it was so judgmental before…and it still peeps in right…I still judge myself or other people *I feel* need to be judged”.

It is as though George has known all along what his truest self is even though he has spent his years hearing and following his father’s voice. Learning how to tune in to his own voice through meditation has allowed him to be and accept who he is. He is not the person who was in a continual reactive state of anxiety and frustration: a function of

never feeling like *he* was allowed to *be.* He is accepting that he is compassionate, loving, and joyful. The result is that his judgment of others is softening as he learns how not to judge himself.

Tolerance

George uses the word *judge* a lot in conversation, but there is the sense that he has gained *tolerance through the act* of reducing his judgment of himself and of others. Within his ability to tolerate others (by reframing from judgment) is the ability to tolerate that which he feels discomfort. Is it that by being and feeling accepted by the MBSR group, that George discovered his ability to tolerate others? As though by being accepted by a group of 'like others' that his anxiety allowed him the opportunity to place down his guard. If before, his anxiety dictated a continual state of 'fight or flight' that gave rise to a self-defensive judge, it is now being replaced by another George who knows that he can survive in spite of difficulty that arises. According to Kabat-Zinn (1990), *to judge* is to exist within a mind that vacillates between 'good' and 'bad'. Within this, present moment experience is lost in his mind that is either craving or averting based on an experience of what *was* instead of what *is.* Kabat-Zinn (1990) suggests that to suspend judgment, without impulsively acting on the thought in any way, allows for a process of "un-complicating" (Kabat-Zinn, 2005 p. 32). George recalls a 'rating' exercise provided to him by the MBSR teacher as students were asked to rate 'good' or 'bad' activities throughout the whole day. This exercise helped George realize how much he "dreaded lunch" during his work day, but also how the day of mindfulness taught him the benefit of slowing down and using the time to practice being mindful of his experiences.

> "because…because it's just like (sighs).. for some reason I didn't.. I felt that I was either being rushed or I didn't like it…or you know, other stresses involved with it you know" (…) I don't have to make it feel like such a bad thing anymore".

He stated that he now takes his lunch hours to take a few minutes for meditation, to relax or to go for a walk, adding that previously, he felt if he ate quickly, his "whole body feels like it's been taken advantage of".

It may be said that George is learning how to work through discomforts that arise from his former judgments about 'like' and 'dislike' – first by noticing that he was internally rating his experience of lunch he also learned how to 'watch' the discomfort, whilst forming a stance of acceptance that stress is a part of being, but he doesn't have to allow it to negatively affect his lunch-hour. That said George is aware that awareness requires practice and within that he also accepts that the practice of awareness is not always going to be easy; knowing *that* is possibly the most important aspect of mindfulness-based practice. George says, " it's not easy to practice (…) it's… it's kind of scary in a way, like, you know, because I don't want it to stop (…) it (meditation) became very habit forming when I was doing it".

George indicates in several ways that through meditation his relationships with others are improved. He states, "I'm much calmer at work" – and this sense of calm is providing the space for him to be more reflective about the relationships that he might have once felt were intolerable.

"I'm seeing more, okey like, yes I can be more attentive. I can me more…uh, you know. Don't jump to conclusions right away because maybe…maybe I don't need to now eh, I just draw myself back and see what this is all about first before I put my two cents in".

This appears indicative of a sense of transformation around George's own tolerance to other people and the frustration he experienced finding people incompetent as he had expressed in the interview prior to his engagement with the MBSR. Now, once he's had a moment to observe his reactions he states, "so that I can…not feel so… you know, sometimes my reactions were like immediately…immediately. My old self, just immediately". His 'old self' refers to the former reactive self towards people or situations that he deemed were intolerable.

Arguably, he has learned first to observe his cognition that someone is 'incompetent', then to observe that he experiences a physical sensation that is connected with the cognition, and finally, the subtle observation that he is labeling his experience as 'bad', or 'intolerable'. This is further exemplified as he relates a story about his neighbor and a particular incident that made him feel anger. His neighbor was playing music in his yard that he found too loud and he reacted by turning on his leaf blower to drown out the noise. After some minutes, George realized what his actions were making him feel. He says:

> "I give it 5 minutes.. uh, this is stupid, I can't do this, I can't do this, so I went and quickly unplugged it. (…) I'm very mindful of my, my…my actions then. I was very mindful of it. Like, ok… stop George, this is not good for you right now because your anger is coming back and I don't want to have that feeling".

In other words, instead of labeling his experience as “bad” and something to avoid, the understanding is that ‘pain’ is just one of many experiences to be had (Borders et al., 2010).

George talks more about his newfound ability to tolerate “mistakes” and what that is like for him. He says of mistakes, “mistakes are learning points (…) they make you a stronger person. Why would you want to judge that? Like why would you want to tear it down and make it look bad?” Even though George is talking towards his feelings about ‘others’, in fact, it become clear that he is also speaking towards himself and the forgiveness and tolerance he has found for himself. He implies that he accepts that he too is a fallible human being whose imperfections do not make him a terrible person.

> “you know, just small things in life, where you, you know - make errors in judgment of you know… maybe saying something to somebody. And maybe it was hurtful to that person, and then you ‘yah, that was something I said to her or him and I shouldn’t have said it that way’”.

George shifts from using ‘you’ to ‘I’, which is indicative that he is referring to his *own* actions:

> “Then maybe the next time I talk to that person, I might say, ‘well you know we had this conversation and I’d rather….said it this way instead (…) and then maybe they could… maybe they would see that in the same way right, or if they take offense to it, when then I have to do something else for them”.

George translated the lessons he has learned in the formal meditation to inform how he reacts to other's behaviors' that he might otherwise see as intolerable, but has also allowed this wisdom to inform the judgment he placed on himself as a function of growing up feeling like he was never good enough.

For George, what motivates his journey is to "to be better for myself". He has the wisdom to say that when the self is cared for space is provided to be better to other people. As has been evident, relationships are of utmost value to George and when his relationships are out of sync with what he is comfortable with, his anxiety increases. This may be a function of the strained relationship he had with his father, which would serve as a reminder that an uncomfortable relationship equates anxiety. Slowly, George is teasing out the part that he can be responsible for his own well-being and belief in himself that he is a good man without the need for approval by his father or by others. George punctuates this sentiment by saying,

> "and to be able to be right with yourself… is so much nicer than to be wrong with yourself. That's what I take away from that whole course, is that we need to be more right with ourselves. And uh… yeah, still anxious about it I guess (chuckles)…but holding on".

Sarah

Sarah is a 27-year-old professional woman who lives with her partner. As told by Sarah, she moved to another major Canadian city to complete graduate studies from her hometown and has been working in her field for two years. At the time of our interview, Sarah explained she was undergoing a formal diagnosis for GAD and was working with a private counselor for matters related to anxiety. Sarah tells me that she has no other

psychological or psychiatric diagnosis as per the study requirements. She sought the MBSR program after recalling a class she took in her undergraduate studies that looked at the effects of contemplative practices on the mind, body, and brain.

Domain 1: Pressures/Influences

Sarah recalls that her anxiety has been present since childhood but noticed that she became more anxious once in university.

> "I definitely experienced it to an extent that sometimes it felt a little more debilitation… I mean, I never had panic attacks…I just was very…I could feel like if I got called on in class I'd get immediately flushed and I would, you know, I could feel my voice shaking".

Sarah states that in the last few years of graduate training and moving in to full time work, she started to notice that her worry was becoming "more" that "just a little bit anxious and being a bit of a worrier".

Sarah speaks in broad strokes and doesn't discuss many details or specific experiences that cause her to have emotional experiences. She seems to have distilled a lot of what she knows (intellectually) about anxiety and has arguably processed much of her experiences in order to frame an effective way of moving forward for herself.

Sarah had started seeing a counselor when she moved for school. She wanted to take a proactive approach to her mental well being and felt that she needed to talk about what triggered her anxiety and to learn coping mechanisms before she felt out of control. Sarah experienced her anxiety in a very physical manner, with discomfort in her chest and difficulty breathing. She stated that this would become more active when she was

experiencing high stress and the chest pain was the physical manifestation of it. It took her some time for her to make the connection between physical discomforts and stress but that she is starting to get better at noticing that.

Personal Dynamics

This section will address how Sarah's anxiety is manifested as a function of her personal health and wellbeing, including how daily stressors contributes towards anxiety. A primary cause of Sarah's excessive worry is in regards to her personal health. She stated that she had been experiencing some personal health issues that while not life threatening, the issues concerned her. Even though she understands that her sensations of pain will not to kill her, and yet, the anxiety is still present. She explained that a part of the health problems she has experienced are also preventing her from other forms of exercise, which she finds compounds the feelings of stress and anxiety. Sarah also indicated that she experienced anxiety that manifested in to anger – in particular whilst driving. "A big source of stress within my day, is getting through traffic, and just like, 'I'm going to be late, I gotta go, I gotta go faster'". Within this, she sees that her anxiety acts like a moving target – if she isn't worried about her health "after a period of time that kind of subsides, then maybe a month or two later when other stressors are getting higher in my life, it will come up in another form".

Sarah talks about how she spirals out of control when anxiety arises. Her partner will take notice that she "gets past the point, like I'm already in that frenzy mode where I'm like 'nothing is helping and everything is awful and I can't do anything and life is terrible'". Of herself, she notices that she is an emotional person, which might be what contributes towards the cascade of anxiety that arises when her emotional life is set to

"high". "I've always been an extremely emotional person…. I think I've always felt like that's…you know, 'oh I'm too emotional, I'm too sensitive, whatever it might be'".

Domain 2: Pushes/Reactions

Sarah was able to attend all 8-weeks of the MBSR including the full day of mindfulness although she expressed due to a hectic work-life, she may have taken it during an inopportune time. She noticed that many of the participants in the course were on stress leave or in between career changes. She recalls: "I need to do this. I am spread so thin right now, I felt like I didn't have the time to devote to it like it deserves and that would get me the most benefit out of it". However, Sarah explains that she looked forward to the sessions as a way to focus on herself and how to learn how to bring the lessons she learned in the formal setting, in to her daily routine. "It really did end up being this nice kind of retreat from daily life every week".
Sarah attended the silent day of practice and recalled how excited she felt afterwards and felt like if she were to do another one, it would help "kick start" her back in to the practice without having to engage in another 8-week long course.

Dynamics of mindfulness training as a treatment approach

For Sarah, the biggest impression that she took from her experience was "the concept of dealing with unpleasant feelings or thoughts and pain and those things we generally tend to resist against". Sarah also mentions the difficulty she had with personal practice versus going to the group and "someone is sitting there leading you through it and providing us guidance". Sarah indicates that she practiced at home about three days a week and felt especially drawn towards the 'active' meditations such as walking meditation and the yoga. For Sarah, "it feels more productive" to have the active

component. In her experience, the MBSR helped her identify how her body was feeling "in certain times. So I found that helpful and I remember being quite excited about that".

Ongoing learning for participant

Sarah also found that learning how to meditate through the MBSR and making the body-mind connections, that she was able to translate this into her regular fitness routines. "You always think well, you know, okay, you're either going to go and do a super intense cardio or strength but you're not thinking about it as meditative, or mindful experience, but it can be right. I think that's something I had found really helpful". Sarah explains that she told some key people about her engagement with the program as a way to "hold myself a little more accountable cause I figured they would ask me how it was going". Having her partner know about some of her experiences both with anxiety and in the course meant that he was encouraging of her to practice when he noticed that her anxiety was increasing. Having the understanding of her partner was significant to her experience of the course.

Therapeutic alliance with instructors

Sarah was surprised to find that her teachers whom she thought were going to be "expert meditators" - that they too experienced the same bouts of boredom and frustration that she experienced. There is the sense that she felt a kind of relief in this, that the practice is a process versus a destination that one can 'arrive' at. "Just hearing them say, 'yah, we still have issues with it", I'm like, okay, that's kind of reassuring and also kind of like oooh, it really is a process".

Interpretive Themes

Self-Acceptance

Throughout the interview, Sarah frequently makes references to how she 'should' be working harder on the meditation practice and how if she were practicing with greater frequency, she would see greater benefit. It is through statements like these that hints at her perfectionism and thus, anxiety that derives from her tendency to 'should' on herself (Dryden, 2003). There is some evidence that she is still fighting herself on the amount of 'effort' that she put forth in to the practice. She states,

> "I will say… I don't want to say that I'm disappointed in myself, but I'm not happy with how I have carried it forward. And I know how much it would benefit me, but I'm really trying to figure out how to work it in to my day-to-day life now".

She is slowly working through her urge to be 'perfect' at this practice – whatever 'perfect' means to her. Within this struggle for balance between what *is* and what she has *idealized*, she says "I wanted to commit to it you know, I wanted to get as much out of it as I possibly could. So I did that best as I could with the time that I had". It is as though she needs to say it aloud in order for her to quiet the internal voice that wants to say 'you didn't do enough, and that is why you are still struggling'. As our discussion moves forward, a sense of acceptance unfolds as Sarah says, "I wasn't as committed as maybe I could have been in a different situation but I was just trying to say you know what, something is better than nothing, and I'm going to put as much in to it as I can". This speaks to her acceptance that she did feel overwhelmingly busy without the extra time to practice daily, however she accepted that she could only do so much. This theme plays a

major part in her journey as she works towards accepting the experience that she had with the effort and energy that availed to her at that time for her engagement with the MBSR course and where she is at in this present moment.

She demonstrates her ability to work through pain as a form of accepting the immediacy of (painful) experience. She had been struggling with one aspect of her physical health that was causing discomfort. Through the MBSR, she learned how to take a different approach to the experience of pain,

> "of trying to embrace it and like, as they say 'soften around the pain' (…) the resistance to unpleasant feelings is often what causes the suffering and those awful feelings right. So I think that was one of the things I really…that resonated with me the most".

From here, Sarah states that she can incorporate this same approach to different situations that arise, whether it is physical or emotional. "just being accepting of it and sitting with it and being…yah, rather than always trying to push it away".

This is a significant departure from her former way of considering or approaching discomfort as Sarah is reminded of a person who told her once that pain would not bring harm "and I remember thinking like, you're nuts". Sarah is accepting of the fact that she still experiences fluctuations of emotions and anxiety "all of the stuff hasn't stopped per se, but I think I'm more accepting of it". The practice has helped her to accept that thoughts arise and pass and by not avoiding whatever uncomfortable experience she may have, "I'm like, ok to say 'okay, these are just the thoughts that are happening'. I'm able to kind of accept it and move through it rather than trying to just push it away and just like, 'no this is bad, you can be thinking this'". In this sense, she is learning how to

withhold the evaluation of ‘good’ or ‘bad’ to her experiences. Even when dealing with traffic now she can tell herself “don’t let this be something that’s gonna derail you for the whole day’. Just sit back, take a couple of deep breaths”.

She is also discovering that she can accept herself for the emotional being that she is.

> “I think I’ve always felt like that you know, I’m too emotional, I’m too sensitive, whatever it might be. So I think that I’ve learned just to be a little more accepting of like, no, this is just my response to something. It’s okay, you don’t have to try to squelch these feelings (…) that’s one of the big things that I’ve noticed as a change. I’m just like… I’m kinder to myself”.

Persistence through the difficulty

Even though Sarah is still struggling with the thoughts that she ‘should’ be doing more, she has found a way to persevere with the practice, finding a sense of discipline in spite of the difficulty that she faced within both the practice and in her present life circumstances. For Sarah, the homework was a particular effort, finding it much easier to engage with the support of the group and the instructor. Finding a discipline is difficult in most circumstances and individuals with GAD will sooner avoid difficulty as a way to manage their anxiety. She stated her understanding that the recordings were meant as a way to inspire home practice and yet she wasn’t sure “that it actually did succeed at me setting it up like a daily routine”. However, she was able to find “smaller, little day-to-day where you know, whether it’s the driving even like being more mindful while eating”. It is those accumulated moments that moved Sarah out of the mind that wants to avoid and allows her to see that the practice is not ‘all or nothing’. She had been reminded that practicing as much as possible: “if you can’t do 20 minutes, do five. If you

can't do it five times a week, do it twice a week. (…) that was you know - comforting knowing that okay, I'm not doing this wrong".

Sarah has been able to practice through the difficulty with patience and persistence but she still struggles with harsh self-evaluation that is consistent with GAD. MBSR does not offer that it is a panacea, and within 8-weeks an individual will be healed from their suffering. For Sarah, the negative self-evaluation was more evident than in the other participants. This may be a function of having taken the course 7 months prior to our interview discussion. This coupled with the fact that she was in the midst of an immediate health problem she displayed a significant amount of degrading talk about her continuance with the meditation practices she learned. Sarah stated, "I don't want to say I'm disappointed in myself, but I'm not happy with how I have carried it forward" and "It's been a really positive experience and really the only think that is a negative if there is one, is I wish I was doing it more".

Meditation as a Process

As evidenced throughout the previous section, there was not a single way in which all three participants experienced the MBSR. Each participant found a path towards transformation but not necessarily towards direct healing. In fact, to use the term *healing* or *healed* may stunt the overall understanding of the mindfulness paradigm. Rather it may be of better use to understand how learning may help the management of anxiety since this implies less of a medical model (analyze-treat-cure) and more of a model that emphasizes personal growth that may lead to changes. The participants were able to articulate their changes vividly through email communications I prompted, in order to ensure that I (the researcher) had heard their stories correctly. In addition to

confirming that what I had heard was accurate, each participant was invited to share their post-MBSR experiences or any other information they felt relevant to my understanding of their process. Alison wanted me to know that she found it hard to keep up with the meditation but she had come to realize that everything changes with the passing of time. She stated, “how futile it seems to resist what you are seeing along the way, as if by resisting you can somehow blink your eyes and it will all be different. How true that acceptance is key”. Prior to the meditation training, Andrea struggled with reality as it was – this fueled her anxiety as she was in a state of living for what might be, or in regret of what was. Now, six months later, she is still reflecting on her experiences of the MBSR and it may be possible to surmise that she will continue this reflection: the process of change. Furthermore, Alison mentioned that it was a great experience to participate in the study. Without further discussion with her, it may not be known exactly why it was a positive experience but it might be assumed that the interview process was also a part of the ‘therapeutic’ paradigm for her. Akin to a session with a therapist, where the client feels heard – perhaps this is also in relationship to the sense of universality, that one is not alone in their struggle. She reached out to a greater community through this study (me, the researcher) as much as through the MBSR, possibly serving as a way to show her that *she* matters – again a concept that may have felt foreign to her prior to the course. I cared enough to hear her story. George demonstrated his journey differently. From the first interview held, he thanked me for what he referred to as “the session”. For him, the therapeutic journey had already begun. When I reached out to George to ensure my understandings of his experiences were accurate he agreed everything sounded good and wrote to me about the meditation group he had started attending shortly after the

completion of the 8-week program. He followed up with sending me a poem he had decided to keep in his wallet (suggesting that I too, would find inspiration in the poem) and had even sent me photographs on two occasions that he took while on an outdoor winter snowshoe in the park. Each was taken at the end of the day, demonstrating blue skies against a drop back of a white snowy field and pine trees. For George, communing with nature had always been instrumental in his wellbeing. When I share with him a possible job placement I might have up North, he reflected on his time in a northern community: "In fact that is the place where my love of snowshoeing originated I miss the area, so much life around oneself I could get lost within while in the bush. There are moments when I can replicate that in Birds Hill but then ultimately a car goes by and the moment is lost. But I have learnt to be in the moment right here, right now, no place to go, no one to see, just now!" Perhaps it is these visual representations that are symbolic of his ability to see beyond himself. He is showing me that he is not only reconnecting with the earth but that he is healing through an ability to see beyond his internal experience; beyond the immediacy of the anxiety that held him in a space of depression, anger, and frustration. Finally, Sarah shared that her experience of anxiety was indeed diminishing. She reflected about how she felt after having recently endured a surgery that had been making her very anxious. She stated, "I was preparing myself for the worst possible recovery as a way of trying to protect myself – this tends to happen when my anxiety kicks in to high gear and I start imagining worst case scenarios across the board". She is aware of herself, her anxiety, and the reasons why she becomes anxious: she uses worry as a protective measure so that if the worst happens, somehow she will be better prepared for it. She indicated that because of her experiences with the meditation

training, she was better able to cope with the uncertainty of recovery. Sarah stated she was feeling less anxious because of the surgery being behind her and that she was also on a regular exercise plan but also that she wasn't sure what was responsible for her reduction of anxiety. She said, "I have a feeling it's a combination of everything at this point. It's working for me now though, so I'm glad for that". Sarah also stated that for her, it was good to write out her thoughts, to aid in the clarity of her mind. And so, while each participant is feeling better, they all seem to indicate that their process is on going. They are reflective about their experiences: reveling in the phenomenon of what *is* and demonstrating an attitude that they do not need certainty to be ok with what ever is arising. Each participate is reflecting an outlook that change is ever present and perhaps by leaning in to change rather than resisting it, a transformation is taking root.

Chapter V

Cross Case Analysis

This section brings forth two major themes that have arisen from the interpretive themes from each participant. These two main themes are shame and self-compassion. Analysis on these themes has been based on both the summary of each interpretive theme from all participants in this study and by comparing their experiences to the literature previously produced on both shame and self-compassion as they each relate to anxiety and depression. From this, conclusions were drawn about what can be said about this research and the resulting contribution this study has made on the subject of mindfulness and anxiety/depression.

Shame

According to the literature, shame occurs when with the presence of an intensely painful feeling or belief that one is flawed and unworthy of acceptance and belonging (Brown, 2006). Shahar et al., (2015) discuss the relationship between shame proneness and GAD, independent of other co-occurring conditions such as depression, guilt-proneness and other anxiety disorders such as panic disorder and obsessive compulsive disorder. A study finding by Schoenleber et al., 2014 (as cited in Shahar et al., 2015) found that an important predictor of worry was the perception that shame was intolerable, thus Shahar et al., (2015) argued that there is evidence to suggest that individuals with GAD struggle with feelings of shame.

According to Leeming and Boyle (2013), shame may be explained as a response to social threat or rejection, including how we evaluate ourselves or perceive others' evaluations that are connected to feelings of shame. Further, these authors argue that

shame might be explained as “an inferior position in relation to a critical, powerful other” (p. 141). Leeming and Boyle (2013) describe behaviors that arise as a function of shame including social withdrawal and difficult interactions with others. Brown (2006) described shame as experienced by women as that which are inseparably tied to relationships and connection. Similarly, Leeming and Boyle (2015) cite Nathanson (1992, 1997) as having found that strategies for defending against shame include: attack on the self, attack on others, withdrawal from others, and avoidance. Finally, Leeming and Boyle (2015) note the importance of connecting with others to help “normalize and contextualize shaming events” (p. 143) and to reappraise the shame when viewed through the lens of “shared failures” (p. 143) via social connection. This is echoed in the words of Babette Rothschild in *The Body Remembers* (2000), who suggests that shame is not expressed or released in the same way as other emotions. For example, anger may be expressed and released by yelling and sadness by crying. Rothschild states that shame is alleviated through the nonjudgmental, accepting contact of another human (Rothschild, 2000).

By these definitions of shame, both Alison and George demonstrate through their lived experience of anxiety how they may have experienced shame (which contributed to their anxiety) as a function of arguably toxic social interactions via early family life experiences. Alison demonstrates shame vis-a-vis her anxiety of being negatively judged by others, as was evidenced throughout many of the vignettes she shared. While not explicitly stated nor identified as shame specifically, her experience with a mother with schizoaffective disorder and a family life that was less than ideal for her would bring on the feeling of shame by her appraisal of how others might see her life and thus through

this lens, judging herself of less worth. The way that Alison expressed her feelings of shame are mirrored in the literature as previously mentioned by Leeming and Boyle (2015) including her social withdrawal and difficult interactions with others. Alison stated “I couldn’t connect with people” and “I never actually had a boyfriend until I was in my 20’s”. It is as though her devalued self had indeed challenged her ability to relate with others. If she wasn’t able to find value in herself, why would others? Arguably, she withdrew from others in order to avoid feelings of shame. It is noteworthy to remind the reader that avoidance is also a key mechanism in the maintenance of GAD. In Shame and the Social Bond (Scheff, 2006), is described the social feedback loop as implicated in the experience of shame, whereby social relationships “give rise to a self” (p. 872) which will lead to either pride or shame. These relationships indicate either connectedness, which signal pride, or disconnect, which signals shame (Scheff, 2006). Arguably, as Alison continued to avoid social interactions because of feelings of shame, the more feelings of shame she is likely to experience.

If the underlying phenomena of shame is the belief that “I am not good enough” Alison describes this belief in several ways during our discussion prior to her engagement in the MBSR program. She recalls several trips with her daughters that made her feel like a “bad mother” for incidences beyond her control such as one of her daughters experiencing an ear infection and bad weather that made travel more difficult. In addition to the belief that she is a bad mother, she makes catastrophic predictions about the outcomes such as “now they’re going to be deaf, it’s all because of me” (when talking about the ear infection). Brown (2006) argues that women experience shame as a function of cultural expectations and the “relationship between shame and the real or

perceived failure of meeting cultural expectations" (p. 45). In the west, it could be reasoned that women (mothers) are expected to protect their children against all odds and at all costs. Failure to do so would thus mean the inevitable feelings that they are not good enough and thus they are unworthy of love and belonging. Carrying around the feeling that one is not worthy of belonging is that very loneliness that Alison described growing up with. It diminished when she was finally in her own home with her husband a first child: " I had been happy in that, like in our little house, that's where the house we got married and we had our first child. I was really, really happy".

In 2006, Brown put forth the Shame Resilience Theory (SRT) that looked specifically at women's experiences of shame and the feelings of being trapped, powerless, and isolated (Brown, 2006). She states that while each of these impressions are powerful in and of themselves, it is the interconnectedness of all three that creates the complexity and power around shame and why it is so difficult to overcome.

Through the stories Alison shares about not only her childhood and experiences with her mothers' illness, but continuing throughout her adulthood, there is the sense that Alison experienced all three concepts of feeling trapped, alone and powerless. As Brown points out the interconnectedness of all three concepts this is apparent within Alison's experience and in particular when her anxiety is high. She recalled a time in her life when her stress levels were especially high. She had only just started seeing a counselor:

> " I remember saying to her. I guess how I was feeling at the time and I was... I had been at home with my kids and I was trying to find a job and I was having trouble. I guess all this stuff was happening at the same time. (…) I had both my parents in the hospital and I guess the way I felt at the time, and I remember

> saying this to her, I had been on a path and then all of a sudden up a mountain, then all of a sudden I came to a rock wall and then there's a cliff on this side and a wall on this side and then if you can go back… so I kind of need help. That's where I felt… I felt just like cornered in this place". I reflect her story and tell her that it sounded like she felt trapped. "Yah, I did feel trapped. (…) Just totally trapped like I don't know where to go, I don't know what to do".

Through this explanation, Alison is articulating that she felt trapped, (literally), choice-less (an un-scalable wall or a cliff drop), and she does not hint that she felt supported – hence alone in this struggle.

Alison speaks about her sadness towards the deaths of two boys – one in 1997 during a flood and another in 2015 who lost his life through gang related violence. Both incidences for Alison were raw in spite of her not personally knowing the children. She states, "I feel like I've become too attached, like I don't, like I'm thinking well there's nothing I can do, falling apart and getting all you know, not being able to function and just thinking and worrying about it". Brown (2006) talks about "unwanted identities" (p. 46) as a shame trigger and the role of being able to experience empathy as an antidote to feelings of shame. Empathy works by 'balancing' the other side of the continuum of that consists of feelings of being trapped, powerless, and isolated. Empathy increases by increasing connection, power, and freedom. Thus, experiencing empathy is described as the opposite of experiencing shame (Brown, 2006). Alison does not lack for feelings of empathy towards others but she does feel it necessary to 'quiet' her heavy feelings towards upsetting events since they are 'not proportionate' to her relationship to the event. Arguably, this dissonance is a great cause for shame – combined with possibly the

unwanted identity as an empath, especially when towards people for whom she 'shouldn't' feel so strongly. Alison seems also to have troubles finding self-empathy, which is characteristic of individuals with GAD. According to Brown (2006) in her research on the Shame Resilience Theory, individuals who were able to experience an empathic response towards their own experiences of shame also experienced either a strengthened or restored sense of connection and power.

If disconnectedness and feelings of alienation (Scheff, 2006) partially explains the experience of shame this provides a rationale as to the shame that gives rise to George's anxiety. George experienced a sense of alienation from his father based on the differences of religious views from the time George was a young boy to the present day. Furthermore, Scheff (2006) proposed that individualism in the west has the capacity to hide and suppress shame, providing support to "the myth of the self sustaining individual" (p. 872), and ignoring the importance of social relationships. He argues that shame and relationships have not disappeared in the West, but have become hidden and disguised in other forms. It is that sense of needing to hide oneself that has the potential to give rise to anxiety and shame, for hiding implies there must be something from which to hide and there is something 'wrong'. Anxiety surfaces when the 'thing' from what one is hiding are ones' own feelings, thoughts or emotions – implying that the 'wrong' thing is the individual themself. This notion of hiding may be likened to the literature on avoidance, a primary action in the maintenance of GAD.

As previously stated, Leeming and Boyle (2013) discuss the centrality of shame as formed in interaction with others thus, to heal from shame is through connection or reconnection with others. According to Gilbert (2003), the role of shame may be

functional as a social threat detection system, where shame is the indicator of social/relational breakdown. He argues that the root of shame lies within a self-focused, social threat system, the alarm being competitive behavior and the desire to prove oneself acceptable to others. If Gilbert is correct, then he provides a plausible explanation for the role of anger or aggression in the behavioral cascade of a shame induced anxiety. Both social frameworks have been made evident through George's experience, the shame deriving primarily from the perceived rejection of his father, and the reparation of his anxiety through shared group experiences. In her book Rising Strong (2015), Brene Brown says, "there's nothing better than the warm embrace of belonging – the feeling you get when you're a part of something you love or believe in" (p. 161). It has already been demonstrated for George, a significant aspect of his healing was through the support of the group.

George also articulated a sense of anger prior to his engagement in the MBSR program. His anger was directed towards his father, colleagues, neighbors, or the woman who accidentally tapped his car with her car door. The genesis of his anger is arguably two-fold. 1) The over-activated central nervous system gives rise to frustration intolerance and subsequent anger and 2) as a defense against the perceived threat of rejection by others. Brown (2006) also suggested in her Shame Resilience Theory that individuals are more likely to experience shame around issues where they feel vulnerable or "open to attack" (p. 48). This theory may explain George's experience with his father – the feeling of vulnerability that his dad would continue to reject him based on their differing perspectives. Additionally, Brown (2006) argues that the shame experience from vulnerability results in feelings of anger, rage or blame. It was never made explicit

that George felt distinctly angry towards his father, but his anger was directed through his anxiety at seemingly benign incidences (like his neighbor or work colleagues). It is possible that his anger towards his father was mitigated through guilt.

According to Gilbert (2003), guilt arises as a concern for others and that the experience of the other matters. While George experiences shame due to the rejection he perceived from his father, he expresses guilt for not sharing his father's religious beliefs. According to Gilberts' model of guilt, it is likely that George is concerned that he is indeed hurting his father with his differing viewpoints. To express anger directly at his father would enhance his guilty feelings and so the avoidance of anger at his father is in a way, self-protective.

In her book Rising Strong (2015), Brene Brown discusses the role of awareness in emotion regulation when working through painful experiences. To recognize an emotion based on a cognition (racing thoughts), or behavior (reacting harshly to a colleague) depends on the emotion from where it is coming from. Brown (2015) suggests that the first response to shame is physical, as though the body is being overtaken by the emotion. Anxiety has been referred to in the literature as function of emotional hijacking. This happens where an event or thought triggers an emotion that drives a response. Rick Hanson (http://www.rickhanson.net/emotional-hijacking/, retrieved October 27th, 2016) describes the hijacking as the amygdala that processes the feeling or behavior, which links the event to past memories, threats, pain or trauma. The amygdala interprets the event through it's own historic 'lens' and signals to the brain stem to trigger the autonomic nervous system (fight, flight or freeze) and potential cascade of behavioral responses. Furthermore, Hanson uses the term "feeling tone" to describe an event that is

pleasant, unpleasant or neutral and the resulting behavioral response, which is to avoid, approach or ignore (http://www.rickhanson.net/emotional-hijacking/, retrieved October 27th, 2016). While he does not explicitly use the term *mindfulness* in his writings, these are distinctly 'mindfulness terminologies'. In the same way that Brown (2015) does not suggest to the reader that to be mindful is what moderates the tone between emotion, cognition or behavior, that is essentially what she is saying – that it is imperative to *notice* what is happening at the cognitive, emotional, or behavioral level and then to make the most adaptive response. A reminder that mindfulness has been described as the invitation to pay attention to each moment as it arises in an accepting and non-judgmental way (Kabat-Zinn, 1990). Brown (2015) further states that in addition to recognizing the emotion, it is important to remain open and curious about what it is that is being felt and then not to deny those feelings (avoid), or "disengage" (p. 50) but instead to engage in the truth until the individual can arrive at a place that allows them to "choose how the story will end" (p. 50). Again, Brown is not using these terms as from within the 'mindfulness' paradigm but they echo the words from both mindfulness researchers and practitioners alike. Most importantly, they echo the experiences of Alison and George as they worked their way towards their own lived truth; that did not have them run away from those emotions or cognitions that would otherwise be avoided were it not for their engagement in the MBSR program.

Sarah did not overtly articulate the same kind of experiences of anxiety, as did George and Alison. Sarah was still in the process of moving away from her own self-downing place that told her she 'should' be meditating more. While she was able to use the meditation practices she learned to inform the immediacy of her experiences (such as

anger while driving, or worry about her personal health), resonant in her words contained active negative self-talk and anxiety. Possible reasons for her different experiences may be a function of the fact that she had been out of the 8-week program for ten months at the time of our interview. It is not possible to know what lens she would have viewed her experiences through had we spoken a week immediately following. Other possible reasons why Sarah's experiences were reported differently could be her background in Psychology and having an acute intellectual understanding of GAD and how it manifests 'according to the literature'. In this way, Sarah has chosen to intellectualize her experiences of anxiety to the researcher based on her academic knowledge of anxiety, rather than explaining her experiences through story as the other two participants did. Theoretically about the fact that one experiences anxiety versus the reasons why one has experienced anxiety are two different constructs. One may see the symptoms of a disorder and identify with the symptoms and be willing to say, "yes, I share those experiences", however I think to speak about the intimate details of ones experience requires a different level of openness or willingness to be vulnerable. It is possible that Sarah is not ready or willing to speak on that level. It is also possible that while she can identify with the feelings of anxiety that she has yet to uncover the foundations that are sustaining it. Alison and George are older in age and have been seeking help for anxiety and/or depression longer, thus providing them 1) more personal insight and 2) greater levels of comfort speaking with others about their struggle. While Sarah was seeing a therapist for several years off and on, she might not have yet arrived at a place in her therapeutic process that has freed her from her own shame of what ever 'story' that makes up her truth. Finally, it is also possible that because Sarah was in the midst of a

very busy time throughout the duration of her 8-week meditation training, she did not practice as frequently as did Alison and George. In 2009, Carmody and Baer examined the numbers of hours in an MBSR course required to show an effect and found between the few studies that did look at number of MBSR in-class hours did not necessarily predict a compromised outcome. This may still require further investigation to empirically prove if length of time meditating is related to certain desired outcomes. It is also possible that Alison and George are more stable in their professional lives – and while they are busy people, it may be that the kind of stressors that they experience from work and family are more familiar thus enabling them to find the time to do 'the work' of meditating.

Self Compassion

In the second chapter of this paper, self-compassion was described as a) arising from a meditation practice and b) having moderating effects on the experience of anxiety. I originally suggested that one might develop self-compassion through the stabilizing of the autonomic nervous system via the process of a meditation practice. Through stabilizing the body, the mind also stabilizes and higher order cognitions (such as feelings of self-compassion) become available to the individual. Hoge et al., (2013) found that compassion was positively correlated with an individuals' ability to tolerate change thus, I suggested that a balanced or equanamous mind might give rise to the ability to tolerate uncertainty: the inability to tolerate uncertainty being a primary feature of GAD. I had also suggested that self-compassion may be what binds the skills of a meditation practice together. If this were true, then self-compassion may be seen, in a sense, as being at the top of a hierarchy. While it may be stated that the qualities arising from a meditation

practice are not linear, it may be possible that once the individual has 'unpacked' such qualities as non-judgment, tolerance, self-care, resilience in spite of difficulty, that self-compassion can arise. Finally, I had suggested that the relationship of self-worth and reduction of GAD symptoms might be cyclical. The greater the feelings of self-worth, the greater the motivation to continue meditating, giving rise to more awareness and insight and further ameliorating symptoms associated with GAD.

The second important finding in the cross-case analysis was self-compassion. Self-compassion has been described as an attitude of self-kindness that carries with it the capacity to be caring and understanding with oneself in the place of harsh criticism (Neff & Germer, 2012). Neff and Germer (2012) also suggest that self-compassion offers the individual the opportunity to self-sooth and comfort in the face of stress. Furthermore, Kristen Neff (2003) described self-compassion as:

> "Compassion involves being open to and moved by the suffering of others, so that one desired to ease their suffering. It also involves others patience, kindness, and nonjudgmental understanding, recognizing that all humans are imperfect and make mistakes. Similarly, self- compassion involves being open to and moved by one's own suffering, experiencing feelings of caring and kindness towards oneself, taking an understanding, nonjudgmental attitude towards one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Neff, 2003, p. 224).

These qualities were repeated in various ways among all three participants. Participants expressed a sense of patience towards themselves and towards others. They expressed a

sense of non-judgment as being especially transformative in their experience with anxiety and depression. One participant stated,

> "The judgment isn't there and it's easier to look at things. I have been very judgmental with a lot things in my life and a lot of people. Most of the time it was not right, it was all in my head. It's what I came up with. And everybody makes mistakes, but their not necessarily mistakes that are wrong to them. What is a mistake really?"

This echo's Neff (2006) and the ability to become moved by another's suffering. He is allowing himself the freedom to release his judgments towards others, and in that sense he is also forgiving himself. This is evidenced when he states, " There is nothing wrong with me (like they say). There is nothing wrong here, you're just right here without judgment". When speaking about his experience within the MBSR group, he says "I feel compassion with other people, and then I feel compassion when I'm alone – I feel compassion for myself". Arguably, by connecting to oneself and others in a way that fosters kindness he is cultivating an acceptance of being part of a "common human experience (Neff, 2003, p. 224). This sense of universality is what was present for the other two participants as well. Each in their own way indicating that by being a part of the group, it was made evident that they were not alone in their struggle. One participant states, "You're not alone and everyone struggles. And you can't tell by looking at them, so why would I be so hard on myself and why would I think everyone is looking at me and judging me. That's what was nice about the group thing". Another participant indicates that she has noticed that she is kinder to herself – a new paradigm has emerged as a function of her participation in the program. This participant states in respect to the

former ways of reacting to unpleasant life events, “I would have tried to just avoid completely or squash any feelings that I was having about it. This has put me in a frame of mind to respond to it, not to have a judging aspect to anything”. She adds, “A compassion approach to how I respond to various situations”.

It is evident that these participants have all come to a place that has allowed them to engage compassionately with themselves when faced with difficulty – a way to frame experiences in to a wider perspective and to see the extent of their suffering with greater clarity. In this ability to take a different perspective, anxiety is not holding them in it’s grip and they are able to welcome the chaos of being human in a way that may not have existed for them prior to participating in the meditation program.

It is important to distinguish between self-compassion and self-acceptance. Self-compassion has been described as an attitude of self-kindness that carries with it the capacity to be caring and understanding with oneself in the place of harsh criticism (Neff & Germer, 2012). Neff and Germer (2012) also suggest that self-compassion offers the individual the opportunity to self-sooth and comfort in the face of stress. Unconditional self-acceptance (USC) means the withholding of self-ratings and appreciating personal value just by being. It means to accept oneself without conditions such as “correct” behavior or approval from others (Davies, 2008). Davies (2008) also indicated that unconditional self acceptance is negatively correlated with anxiety and depression. It is as though by softening the attitude towards oneself, that unconditional self-acceptance can take root. These concepts are tied to feelings of self-worth, which are related to the feelings of shame as discussed in the previous section. Therefore, it might be said that

unconditional self-acceptance is at the base self-compassion and what helps unravel the journey from shame and anxiety.

Discussion of findings

There is a paucity of research that specifically identifies shame as a primary maintainer of generalized anxiety. Schoenleber et al., (2014) described GAD as being maintained via intolerance of shame and Fergus et al., (2010) discuss the implications of shame and guilt in GAD, where shame was found more relevant to the symptomology of GAD (and other anxiety disorders) than guilt. Fergus et al., (2010) authors argue that the literature surrounding the nature of shame and guilt towards the relevance of anxiety disorders is not clearly specified. They were however able to identify shame as the more painful of the two emotions; specifically internal shame was found to be more relevant to anxiety disorder symptomology. Furthermore, these authors have suggested that future research should seek to examine the relationship between specific components of internal shame (negative self-evaluation, self-reassurance), in addition to guilt function to maintain anxiety disorders and what about these facets serve as the foundations for anxiety disorder symptoms (Fergus et al., 2010).

Based on the current literature around GAD, it was originally theorized that self-compassion would emerge as one of the primary components in the reduction of personal distress. Neff and Dahm (in press) argued that there is over lap in self-compassion and mindfulness but that self-compassion is larger in range, such that it adds the elements of self-kindness and common humility. In 2010, Birnie et al., described self-compassion as the act of caring and kindness towards oneself in the face of personal suffering. They also found that MBSR increased self-compassion, perspective taking, spirituality, and

mindfulness, whilst decreasing personal distress, mood disturbances and other stressors. While self-compassion and mindfulness are distinct constructs, it is unclear which of the two provide a clearer path towards the reduction of anxiety. Van Dam et al., (2011) found that self-compassion was a stronger predictor of anxiety, depression, and quality of life than was trait-mindfulness. Based on this literature, it would therefore appear possible to argue that self-compassion may be in part what moves the individual out of suffering, and that self-compassion arises from contemplative practices such as MBSR.

According to this researcher, the key item missing from these studies may be what is the very foundation maintaining the anxiety, which this research is suggesting is shame. The reduction of shame emerged as the participants learned how to unconditionally accept themselves through the use of support of the group, but also by attending to themselves through the meditation training. Arguably, shame is reduced via 1) emotion regulation, 2) connection to others (feelings of acceptance), 3) developing empathy for oneself and 4) unconditionally accepting oneself. The path that leads one to an ease of anxiety symptoms is not linear, and so it might also be argued that the co-occurrence of the development of self-compassion is what also gives rise to a reduction in anxiety. This study originally put forth based on previous literature, the possibility that self-compassion would be the primary moderator of anxiety, however the participants demonstrated that meditation gave rise to the ability to self-accept, to forgive oneself and others, to reduce a sense of judgment of oneself and of others, to develop greater tolerance to emotional, physical or emotional discomfort – which gave rise to feelings of transformation, for a greater sense of ease, and an ability to put ones own needs ahead or at the very least, in line with others so that they can take care of themselves – which

arguably are the qualities in which self - compassion may take root. It may be said that if one has developed the capacity for unconditional self-acceptance, self-compassion will naturally exist and vice-versa. When one develops the stance of compassion towards one's own suffering, the inner dialog of negative self-talk shifts and a softer and gentler way of being is able to unfold. This gives rise to the thought patterns that no longer shames the individual; the belief that they are not worthy of love or belonging – but rather, the harsh internal critic is transformed in to a voice that accepts the chaos of being human. It may also be said that in order for transformation to occur, there needs to be a way for the individual to confront that, which causes shame. As was seen between Alison and George, while they did not articulate 'shame' as the underlying feature of their anxiety, they were able to speak to their past (difficult) experiences, and then make the connection that there was indeed *something* about those past experiences that contributed to their anxiety/depression. The memories that had been potentially suppressed for any length of time had risen to the surface; finally they were able to 'look down the well' of their emotional life. Contemplative practice asks the practitioner to become reflective. When sitting in observance of ones breath or physical sensations in the body as they arise, one must be prepared to come face to face with them-selves in the truest sense. Without building distraction or without effort to push discomfort (of thought, emotions, or sensation) aside, the meditator allows them-selves to be present for what ever is arising in each unfolding moment – and seeing what is truly there. Arguably when one has already allowed certain discomforts or truths to come to the surface, are they able to confront what troubles them through the use of contemplative practice.

According to Scheff (2006), the social process will always carry with it the weight of either pride or shame and with that, how we perceive ourselves to others and how we imagine the judgment of those perceptions of others has the potential to give rise to feelings of shame. In Alison's case, to connect with other who she perceived as not unique from her and not judging her for what she perceives to be worthy of judgment would be a factor in producing connectedness, which Scheff (2006) describes as pride vs. disconnectedness or shame. Arguably Alison is finding herself no longer on the outside of her social world and she is now realizing that she in fact no different than many of those around her. She no longer needs to hide herself as though somehow stained and unworthy of social attention. George echoed this notion thought his deep connection to the group process. Irvin Yalom (2005) speaks to the therapeutic factors of group work. Among the most relevant to George are the installation of hope and universality (Yalom, 2005). Yalom (2005) argues that the installation and maintenance of hope is central to an effective therapeutic process. This includes the faith in the healing modality but also hope that is modeled through other group members and leader. According to Yalom (2005), universality is the phenomenon that arises when one realizes that they are not alone in their suffering; that others share the same dilemma's and life experiences which provides a sense of relief. Additionally, what George described as guilt he felt from his early life experiences with his father, was also a feeling of shame. According to a 2005 study by Brene Brown, shame can be identified as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy or acceptance and belonging" (p. 45). By reconnection with his friends, he was reminded that he is both accepted by others and also worthy of that acceptance. It is possible that what is creating the space for George to

let go of his former sense of unworthiness, is that he has learned through meditation how to unconditionally accept himself.

It is possible that Sarah has not yet allowed repressed or suppressed thoughts to rise to the surface of her consciousness. In doing so, she remains in a mind that allows her to understand how her anxiety is affecting her, has recognized that the anxiety is affecting her life is a maladaptive manner, but has not necessarily made light of, or confronted the underlying issues maintaining her symptoms. Even though she was able to develop a greater sense of self-compassion towards herself via the meditation training, she may not have fully developed the capacity to become reflective such as mindfulness asks. In this sense, the depth of understanding that Sarah will have taken away from the mindfulness training will be less than that of Alison and George. This is reflected by the observation that in spite of the 8-week MBSR training, Sarah expressed a style of negative self-talk (in a sense, shaming herself) around her inability to practice meditation as much as she thinks would be beneficial to her well-being. In short, there were still conditions she had set for herself that ‘when’ those conditions were met (such as meditating more) only then would she feel a greater sense of self-worth or that she was ‘doing it right’. However, akin to self-acceptance is self-compassion. According to Kristen Neff (2013), the Buddhist perspectives of compassion includes not only giving to others, but also to our own experience of suffering; when the self is included in feelings of compassion it reinforces the notion that we are not separate from others. When ‘I’ suffers, then ‘we’ suffer. This is important to put in to context of self-kindness as Neff (2013) states that we tend to place an emphasis on being kind to others but the tendency is to practice self-defeating behaviors towards ourselves. Arguably, self-kindness is akin

to unconditional self-acceptance: instead of punishing oneself for a perception that one is not good enough, one can still express kindness, understanding, and offer nurturance towards oneself. Neff (2013) argues that when we are moved by our own suffering, there arises the desire to ease our suffering. In time, Sarah's anxiety may lessen as she practices kindness towards herself. Sarah is considerably younger in age than both Alison and George and arguably has had less time to consider all of the facets that have given rise to her lifetime of worry. To summarize, in this analysis self-compassion is not enough to moderate anxiety, but rather the co-existence of self-compassion, mindfulness, and unconditional self-acceptance.

From the themes that have arisen from this small sample, it may be concluded that participants experienced a shift in their experiences of anxiety and some of the underlying foundations that were maintaining their anxiety. These included a reduction of judgment of self and others, a greater sense of self-acceptance and self-compassion, a greater ability to tolerate emotional and psychological discomfort, a sense of acceptance – accepting their experiences of anxiety instead of turning away and avoiding it, and healing through the shared experience of the group. Through the MBSR program, participants started learning how to recognize their long-standing habit patterns and are slowly learning how to untangle themselves from the emotional, mental, and physiological traps that have held them in the space of anxiety for so many years. Mindfulness asks the practitioner to pay attention to the each unfolding moment, sustaining judgment on the experience of the moment in an attempt to find equanimity to the mind that is conditioned to either craving or aversion. This is a heavy task for anyone

to embark upon. Contemplating on ones mind asks for steadiness and discipline, as the practice itself becomes a mirror to the inner world for they who practice.

Challenges and Limitations

The participant "Sarah" who had 7 months to consider her experiences of the MBSR prior to our interview may have reported a different experience with a more immediate follow up to the course. Similarly, she may have reported her anxiety differently had she shared her experiences of anxiety prior to the MBSR course. The two participants who were interviewed prior to the course may have been at a critical point in their lives where they felt as though the MBSR was one of their last resorts at establishing a greater sense of peace within themselves. It is possible that the cognitions they were able to express at the time post-MBSR were 'state dependent' – that is to say as they were on the brink of a significant journey (MBSR) and were better able to recall the reasons for their anxiety and aspects of their lives that they might have felt drove them to the point they were at. Another limitation to this study was participant self-selection. They chose to participate in the MBSR program finding other treatment methods weren't effective. This was arguably, a highly motivated group, willing to work hard at reducing anxiety and placing as much effort as possibly in to the program.

Another limitation to consider is the age differences between participants. While age has not been defined in the literature as necessarily contributing to levels of mindfulness, age simply implies the length of time an individual has had to reflect upon their struggles and what wisdom has arisen simply as a function of time. While all three participants spent time in psycho- therapy, it is difficult to ascertain what or if there were

effects of time or quality of therapy received that had an impact on their benefit from the MBSR.

Limitations discussed in chapter one included a) avoidant behavior and b) not enough practice. Avoidant behavior is a symptom of GAD thus practice may prove difficult as one unpacks difficult thoughts, emotions, and sensations as they move through the practice. This may have been the challenge Sarah faced as was discussed, her anxiety remained higher than Alison and George.

Implications for Future Research, Education, and Practice

The use of qualitative research methods has the potential to explore the subjective experience that provides the opportunity to gain a greater breadth of understanding (Hjetnes et al., 2015) that is often left out with quantitative analysis. In this instance, it was noted that shame may be the underlying driver of anxiety in two of three participants' experiences and that through the 8-week meditation-training program there were several qualities that emerged to reduce participant's anxiety. There are few studies that have discussed the role of shame in GAD and this author has found no studies that have looked at the reduction of shame as a function of MBSR. These qualities would likely have been overlooked if the participants voice had not been heard throughout this qualitative study. Further research will likely want to further the investigation of shame as both an underlying feature of anxiety but primarily, how experiences of shame may be influenced by mindfulness based interventions. Larger participant samples should also be considered and potentially compare the effects of MBSR on shame among two different age groups – those between the ages of 25-35 and those between the ages of 40 and 55. This may help to better understand if age impacts an individuals' ability to gain insights

that aid in the reduction of shame. Gender did not seem to influence the "rich quotes" (Hjetnes et al., 2015) that helped elucidate the findings. Future research may also want to examine the differences between unconditional self-acceptance and self-compassion in order to determine a) if there is a difference in constructs and b) if there is a difference, which is the stronger predictor of anxiety reduction.

It is already known that breathing techniques are a primary tool in reducing autonomic nervous system (ANS) activity implicated in anxiety disorders and therefore this is to be continued as a tool in therapeutic practice. What may be of greater importance may not be simply breath training but the way an individual is taught to relate to their experience of anxiety. Therefore, in addition to reducing ANS activity, individuals may be invited to explore their thoughts and behaviors with a spirit of curiosity that withholds judgment. To be taught that discomfort 'is not wrong', but rather to fully engage in a kind of dialog that encourages insight in to the nature of that discomfort and a training of acceptance that the way one relates to their experience may in fact foster healing and growth.

This study revealed that the group had a significant impact on the anxiety reduction of these participants. How then can qualities of the group be manifested in a one-on-one therapeutic setting? What about the interchange between therapist and client and how can the concepts around universality apply to that specific, therapeutic relationship? In an exchange between client and therapist, therapist disclosure is generally only approved of when it is helpful to the therapeutic relationship, but it might be observed that therapists choose to keep a neutral distance to avoid any discomfort on behalf of either therapist or client. However, it must be observed that careful disclosure is

helpful. It promotes a sense of universality that the client is not alone in their struggles and even those who may appear to have answers are still caught up in the struggle of being human. It may be also considered to compare groups of individuals who have experienced an MBI in group format with individuals who have learned mindfulness via one-on-one practice. This will help better isolate qualities that emerge from each way of obtaining the skill of mindfulness and will help tease out what specific quality or qualities, is aiding in anxiety reduction.

Through this research, it has become clear that human behavior is not linear. Mindfulness-based practices mirror the phenomenon of life: mindfulness is experiential and it cannot necessarily be quantified and boxed in a way that allopathic medicine looks to analyze, treat, and cure. To cure is to assume that there is one set of mechanisms driving behavior. It is cost effective to standardize treatment; hence we see common practices such as cognitive behavior therapy (CBT), considered to be the gold standard treatment of anxiety and depression. However, I would argue that there is a false assumption made towards CBT and its one-size fits all treatment and that researchers are also confining the constructs related to mindfulness in the same attempt to economize. Mindfulness, like a good therapeutic relationship, meets the individual where they are at. Mindfulness is not an external event that can be applied to the source. There is an esoteric quality to mindfulness in that it can only be truly measured by the individual who is practicing it. Certain assumptions can be made about its use towards what we know about human behavior, but there will always remain an untouchable quality that cannot be measured. Thus, as we are all the makers of our own reality, the practices involved in becoming more mindful are a reflection of where the individual is at and how they are

ready to receive the practice. While evidence has validly pointed out to the effectiveness of meditation practice on a multitude of layers and contexts, it is really about allowing a person to sit with their experience and allow that experience to unfold exactly in the way that it is meant to. This is mirror of the therapeutic relationship. There is a quality of listening, of hearing, and allowing those experiences to inform how a unique individual needs to be heard and 'treated'. Therapy like mindfulness is not linear and we cannot expect to arrive at a specific destination with a client given a certain number of sessions or treatment types. Meditation has the capacity to show the practitioner that suffering is universal and invites the individual to a kindly appreciation towards the fact of being human.

Summary

One of the key objectives of this study was to better understand how a meditation practice might be used to ameliorate symptoms of generalized anxiety disorder and in specific, how MBSR might be translated for use in one on one practice. It was found that the meditation program did change the way three participants expressed their experiences of anxiety after they had completed the MBSR program. As chapter four discusses, there are curative aspects of a group that is assembled for a common purpose. In this case, MBSR is recommended for individuals who are struggling with stress, anxiety, and depression.

It may be said that the most therapeutic aspects of the program was the group itself; of feeling supported by others who may be experiencing something similar and by feeling less alone in their experiences of anxiety and depression. Even by way of having a recorded meditation, the individual is invited to simply join along a journey. They can

play the recording without having to make choices about the meditation; choices that might otherwise gives rise to self-criticisms such as "I am doing this wrong.

Jon Kabat Zinn (1990) states that there are seven attitudes that mindfulness is established upon. They are non-judging, patience, a beginner's mind, trust, non-striving, acceptance, and letting go (p. 32). The recordings that supplement the in-class weekly meditation are laden with this language, inviting participants towards these seven attitudes. Arguably, it is in within the cultivation of these attitudes that the "work" exists. Furthermore, Kabat-Zinn (1990) says of the 8-week program "you don't have to like it, you just have to do it" (p. 42). This means, the program asks the practitioner to fully engage for the 8-weeks of practice, appreciate the commitment and discipline for those 8-weeks and then make a call as to whether or not it "worked". As was seen with George, the group was a great source of motivation and inspiration. He committed to not only the practice of MBSR but also to the group itself. Like a support group of any kind, when commitment in the process wavers, the group, the course facilitator, and the homework recordings are in place to help keep the individual feel supported. Even though only the individual is doing the work, it is through feeling heard, understood, less alone, that one can come to a greater understanding of their suffering. Simply put, a group can help the individual stay engaged in the practice. This was reflected in Alison's experience as well. She talked about how going to a private therapist is helpful, but noted the difference in participating in a group. She stated, "you're not the only one and everyone struggles". This seems to indicate that she found evidence to challenge her belief that life isn't always as it appears. She found this through the group, seeing others who may appear to be "normal" but who indeed have their struggles just as she does.

MBSR contains within it, an invitational and gentle language. Words and phrases such as ‘being vs. dong’, ‘intention’, ‘unfolding’, ‘loving kindness’, ‘choice or choosing’, ‘cultivate’, ‘accept’, and ‘let go’ are commonly found within the book recommended to the MBSR participants entitled *Full Catastrophe Living* written by Jon Kabat-Zinn (1990) and the language is mirrored by MBSR teachers. All three participants expressed similar sentiments of non-judging and self-acceptance. In one-way or another, participants gained an appreciation of being gentle with themselves: a kind of *allowing* or permission to be anxious when anxious. This is indeed the ‘being mode’ of mindfulness as discussed in chapter 2 of this paper. It would be of interest however, to better understand how the lessons of meditation become embodied and whether or not the specific language that is used has an influence on how the lessons are integrated.

Ideally, the MBSR is not only about learning the hard skill of meditation and understanding how or why difficult thoughts, feelings, or emotions arise but it about knowing how to transform them from that which is toxic in to something healthy and adaptable. In my first interview with Alison, she stated that she would like to be in a place where she can “hear about (…) things that are not solid in life and I can put then where they belong”. Alison understood that her experiences ‘overtook’ her: like a kind of disorganization that had the capacity to perpetuate her anxiety and depression. We also know that after she completed the 8-week program, she felt better. Arguably so, she *has* learned where to “put” her emotions *and* how to transform her overwhelming feelings of sadness and worry in to something healthy and productive. In other words, she has learned how to adaptively cope with her anxiety she found herself unable to do prior to the MBSR. While George did not articulate his experiences in the same way as

Alison, prior to the MBSR he experienced anger as a function of anxiety that he knew was often out of context. Arguably, not only was George able to gain a sense of mastery over the thoughts that held his anxiety and depression, but he was also able to transform the anger that erupted out of the anxiety. From the physiological standpoint, by learning to meditate George was able to reduce the activation of his autonomic nervous system and he was no longer getting entangled in the flight or flight response, which allowed him access to executive functioning. By gaining access to his executive thinking or rational brain it makes sense that he would be able to think twice before engaging in an anger response. Arguably however, human behavior is not as simple and the human brain can still quickly become flooded by powerful emotions that render an individual unable to access such executive control, even in the mind of an individual who does not experience anxiety. So, what about George's experience through the MBSR that trained him to this kind of reflexivity, whereby he was able to discern between action and reaction towards a situation that might have otherwise cause an anger response? To borrow from Alison, George too has learned where "to put things where they belong".

Finally, how or can these themes be put to use in a clinical, non-group setting? Can the techniques and the language be extracted for effective use in one-to-one therapy? Of course - many clinicians and therapists use MBI's in a one-on-one setting. What is not known is to what effect this has upon the individual. It is possible that MBI's in a one-on-one setting can be a kind of incubator for planting the seeds of mindfulness but for the individual who struggles with anxiety and depression it may be having a sense of universality with others is the sine-qua-non of mindfulness. Or perhaps it should be said that mindfulness is more than the sum of its parts and it cannot be reduced to a single set

of curative mechanisms. That is to say, it is not only the development of self-compassion nor is it cultivating a deeper sense of awareness of body-mind that establishes a greater sense of wellbeing. What we do know is that each participant did come to a new level of awareness by the simple act of learning to pay attention to their thoughts, feelings, and sensations, and by gaining appreciation that they can 'be ok' even in the midst of struggle.

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Appendix A: Letter of invitation

Dear MBSR student,

This is a notice to bring your attention to a study being proposed between myself, Christy Miyanishi, a graduate student in counselling psychology at the University of Manitoba within the Faculty of Education.
I am interested in your mental health and how the Mindfulness Based Stress Reduction (MBSR) program may impact your experience of anxiety and worry.

If you identify with chronic worry and anxiety or have been diagnosed with anxiety and would like to participate in my study, please contact me directly. You must be between the ages of 25 and 60 and have no other psychological or psychiatric diagnosis other than anxiety/mild depressive tendencies. In this study you will be asked to partake in a brief conversation with the researcher about your eligibility, requiring approximately 15 minutes of your time. If you are eligible for the study, you will also be asked to meet with the researcher in order to review the details of the study and to sign a letter of consent, roughly 30 minutes of meeting time. You will be asked to participate in the MBSR program in its entirety, however baring unforeseen illness or emergency, you will be asked to participate in a minimum of six, 2.5 hour long MBSR classes as well as the day of mindfulness.
This is a qualitative study that will also consist of 2 interviews to discuss your experience of anxiety - once before engaging in the 8-week MBSR program, and again when you have completed the program. Each interview will take up to one hour of your time. You will also be asked to keep a journal about your experiences during the 8-week MBSR program. At some point after the final interview (not exceeding 4 months), you will be called upon for a debriefing session, which is meant to ensure the accuracy of your experience as the researcher has heard it. This debriefing session will take an estimated 30 minutes but may be less or more.

The goal of this research is to help mental health care workers better identify methods of helping individuals who struggle with anxiety.

This study has been approved by the Education, Nursing Ethics Review Board at the University of Manitoba.

Thank you for your consideration,

Primary Researcher:
Christy A. Miyanishi, BA Psych. (Hons), M.Ed. Candidate, Counselling Psychology
Primary academic supervisor:
Glen McCabe, Ph.D.
Contact:
Christy Miyanishi: [redacted] or miyanisc@myumanitoba.ca
Please leave your name and a phone number and best time to call you or an email address where you can be reached.

Appendix B: Eligibility

This script will be emailed or verbally spoken to the interested individual:

Hello (participant's name). I'm happy to hear you are interested in participating in my research
study. There are a few things I need to ask you in order to confirm that you meet the criteria specific to the study.

1. How old are you?
2. Do you experience uncontrolled worry?
3. Do you experience frequent bouts of anxiety?
4. Have you ever been diagnosed with an anxiety disorder? If so, can you briefly explain?
5. Have you ever been diagnosed with another mental illness or personality disorder? If so, can you briefly explain?

Thank you for taking the time to answer these questions. You will be notified regarding potential participation shortly. Should you receive an invitation of participation you will receive a letter describing the study and a request for your consent.

Christy Miyanishi, BA Psych (Hons.), M.Ed. Candidate, counselling psychology

miyanisc@myumanitoba.ca

Appendix C: Interview questions

I1 . **Understanding the history and experience of participant's anxiety:**

1. What is the experience of anxiety like for you?
2. Can you recall the time in your life when anxiety wasn't present?

I2. (Questions adapted from Williams et al., 2011)

1. **Participant's over-all experience of the course**: What remembrances stand out for you about your experience of the MBSR course?

2. **The impact of the practice:** Did attending the classes and practicing homework have any impact and if so, in what ways?

3. **Possible external influences on success:** What other factors outside your experience in the MBSR class influenced your experience with the meditation?

4. **Continuation of MBSR post-course:** In what ways might you continue to practice meditation? How would you describe your experience with that?

5. **Possible lasting impact of practice:** Over the past 9 weeks, what changes if any have you sensed in your self as a result of participating in the MBSR?

   ***Please note that the nature of this research is conversational thus it is not possible to determine exactly what questions will be asked during the interviews.**

<u>**Reference**</u>

Williams, M. J., McManus, F., Muse, K., & Williams, J. M. G. (2011). Mindfulness-based cognitive therapy for severe health anxiety (hypochondriasis): An interpretative phenomenological analysis of patients' experiences. *British Journal of Clinical Psychology*, *50*(4), 379–397. doi:10.1111/j.2044-8260.2010.02000.x

Appendix D: Letter of consent:

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Title of Study: A Meditation Practice for Chronic Worry and Anxiety

INTRODUCTION

You are invited to join a research study to look at how a meditation practice might influence your experience of anxiety. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.
In this research study, we are investigating the experience of anxiety and how the MBSR 8-week meditation program might change your experience. It is known from previous research that meditation can be useful towards a reduction in anxiety but it is not known exactly how this happens. It is my hope that through your participation and your experiences, you will help illuminate some of the aspects of a meditation practice and what key experiences arise that are helpful is easing your anxiety and/or worry.
According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), the 12-month prevalence of generalized anxiety disorder (GAD) among adults is 2.9% with a lifetime morbid risk of 9.0%. (DSM V). According to the World Health Organization (WHO), 38% of individuals with GAD had moderate to severe occupational role impairment, with an average of 6.3 disability days per month. Anxiety is persistent and is unlikely to remit on it's own. It is also associated with other mental health impairments such as social phobia, panic disorder and depressive disorders. In turn, these co-occurring conditions are associated with increased functional impairment and a dependency on health care systems. It is ever more important to understand what moves a person away from anxiety, how this can be maintained successfully over a lifetime, and what role the mental health care community can play in terms of providing safe, effective, and economical resources. MBSR is an extremely valuable start, but more evidence is required to better understand how it helps individuals who live with generalized anxiety disorder.

WHAT IS INVOLVED IN THE STUDY?

If you decide to participate in this study, you will be asked to complete the 8-week MBSR course in its entirety, including the daily meditation practice that is encouraged throughout the 8-weeks. We understand if emergency or illness prevents you from attending as many as two classes, but not including the full day of mindfulness. Your

participation in the study will continue if this is the case. In addition to the initial brief conversation about your eligibility for the study and time to review the consent document, you will also be required to participate in 2 separate discussions with the primary researcher. Each discussion will take approximately one hour of your time. The first discussion will be arranged to occur no more than 3 weeks and no less than 1 week prior to the start of the MBSR course. The second discussion will happen no less than 1 week and no more than 2 weeks at the completion of the MBSR course. The primary researcher will guide these discussions in order to explore your experience of anxiety and your experience of the meditation training and its impact on your life. These discussions will be digitally audio recorded by an external recording device in plain view. You will also be asked to keep a journal of your experiences throughout the 8-week MBSR course. You may journal as little or as much throughout the 8-weeks as it pertains to your experience within the MBSR program. At the end of the study, these journals will be photocopied for research sake and the originals will be returned to you.
Once the audio recordings have been transcribed and analyzed, the primary researcher will contact you for a third time for a debriefing session so she can ensure her interpretation of your experience is accurate. At this time, you will be able to add to or correct any information that does not match your experience.

You will be asked to inform the primary researcher if you have missed more than 2 MBSR classes. The investigator may remove you from the study if you miss more than 2 MBSR classes or if you are unable to commit to all scheduled discussions with the researcher. She can do this without your consent. If you stop participating in the study or have missed more than 2 2.5-hour MBSR classes, you may either call or email the researcher at the point in time at which you have chosen to stop participating or have missed more than 2 classes. You may stop participating at any time. If you stop participating in the study, you will not lose any benefits.

RISKS

This study is seen as low risk, but you may you may become emotional during the interviews. Should it be needed there will be several supports in place. If you and the researcher meet on the University of Manitoba campus grounds during the hours of 8:30 - 4:30, you will have access to the student counselling services urgent mental health care. You will also be provided the phone number to Dr. Glen McCabe, primary supervisor of this research project, trained clinical psychologist and experienced psychotherapist. If the meeting occurs off-campus you will have access to Dr. McCabe's contact information in addition to phone numbers to the Mood Disorders Association and the Anxiety Disorders Association of Manitoba. There may also be other risks that we cannot predict.

BENEFITS TO TAKING PART IN THE STUDY?

It is hoped that the mindfulness based stress-reduction program will be of benefit to you in terms of how you interpret and deal with life stressors that are inevitable. It is hoped that throughout the discussions had with the primary researcher that you will benefit from

insights into your experience of anxiety and additional insights about how the meditation training can help facilitate a sense of ease when difficulties arise. However, we can't guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study. We may find that your experience can be generalized to other people with anxiety and who are interested in learning how to meditate. From this information, it may be possible to inform mental health care workers what qualities of a meditation practice arise from practice and how meditation can be integrated in to mental health care for individuals who struggle with anxiety and chronic worry.

CONFIDENTIALITY

We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage: Your name will not be identified on any written material and will be replaced with a pseudonym at the start of this research. Any names that are spoken and audio recorded during the discussions will be replaced on the subsequent written transcript with the alternate name provided. Any information that might identify you in your journal will be identified and will be omitted in the photocopied version that will be in the possession of the researcher. Any direct quotes that are used in the final report may be identified with the alternate identity provided.
All materials (written or digital-audio recorded) will be password protected on the primary researchers' personal computer. Only the primary researcher will have access to that password. All written documents will be stored in the primary researcher's home in a desk in a private office. Your personal information (including facts about your personal health) and identity will not be shared with anyone other than the Dr. Glen McCabe, primary advisor to this study. Dr. McCabe will also have access to the anonymized data. If you choose to access urgent mental health care through the University of Manitoba Counselling Centre, your identity may not be concealed and it may be necessary to inform the Centre that you are a participant in this study.
If the final report is published or disseminated in any form, it will be explicitly stated that all names have been replaced with a pseudonym. As this is a Masters thesis project, this study will be published on the University of Manitoba MSpace for all thesis papers within the institution. It is also possible that the results of the study will be published in an academic journal or disseminated in a conference for the Canadian Counselling and Psychotherapy Association (CCPA). A summary of the results of this study will be shared with the CMHA.

YOUR RIGHTS AS A RESEARCH PARTICIPANT

Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with the primary researcher, Christy A. Miyanishi or her affiliates within the University of Manitoba. If you choose to withdraw from the study at any point,

any data collected at the point of withdrawal, will be destroyed and will not be used for analysis in the final report.

CONTACTS FOR QUESTIONS OR PROBLEMS?

Call Christy Miyanishi at 204-797-7741 or email Christy Miyanishi at miyanisc@myumanitoba.ca or call Dr. Glen McCabe at 204-474-7111 or email Dr. Glen McCabe at glen.mccabe@umanitoba.ca if you have questions about the study, or if any psychological discomforts arise as a result of your participation in the study.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.
The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.
This research has been approved by the Education, Nursing Ethics Review Board at the University of Manitoba.
If you have any concerns or complaints about this project you may contact any of the above named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

I would like to receive a summary of the results of this study entitled "A Meditation Practice for Chronic Worry and Anxiety" via:
Please check one:
Email ________

Post ________

Consent of Subject

Signature of Subject   Date

Upon signing, the subject will receive a copy of this form, and the original will be held in the subject's research record.

Signature of Researcher: Date

Appendix E:

Dear MBSR teacher,

My name is Christy Miyanishi. I am a master's candidate in counseling psychology at the University of Manitoba, conducting a qualitative research study on the experience of the MBSR program. The precise research question will remain confidential at this time, but it does involve factors related to stress and anxiety.

For the sake of the research, it is important that participant's identity is kept confidential to you, the course instructor and your affiliates within the CMHA. I am requesting your consent to allow study participants in to your MBSR class whose identity shall remain anonymous.

Please be aware that participants have chosen to participate in the MBSR program and are not being coerced or rewarded for participating in the research. If you do not consent to allowing participants of this study in your class, this will not affect their registration and they will proceed in to their choice of MBSR class as usual.

I would like to stress that I am not researching the quality of the class and your instruction or teaching ability is not of research interest.

Whether you agree to consent or not, I will fully disclose the research question and results of the study to you when analysis has been complete. At such time, you will receive a short document outlining the research question and subsequent findings. All participants' identity will remain anonymous. It is also accepted by the researcher that students may choose to disclose their participation in the research with you. Should they choose to do so, their participation in the MBSR program will not be affected. I would ask that you keep any such revealing information confidential between you and the student.

If you agree to accept student/research participants, whose identity will remain confidential, into your MBSR class, please sign and date below.

Your time and efforts are greatly appreciated.

If you have any other questions, please contact myself, Christy Miyanishi at ███████ ████ or Dr. Glen McCabe at ███████████

Your name____Date____________
(please print)

Your signature____Date_____________

Witness____ Date_____________

(Please print)

Witness signature____ Date_____________

Appendix F:

I ____ understand that there will not be immediate
(name of participant, please print)
access to emergent mental health care as I have chosen to participate in this interview off the University of Manitoba campus where the student counseling services offers free urgent mental health care.
I also understand that if I am in need of a mental health professional, I will be provided additional resources by the researcher including the phone number to Dr. Glen McCabe, who is the primary advisor on this project as well as a trained clinical psychologist and experienced psychotherapist.

Your name____Date____________
(please print)

Your signature____Date_____________

Witness____ Date_____________
(Please print)

Witness signature____ Date_____________

Contact Numbers:

Dr. Glen McCabe: [redacted] or [redacted]

Additional Resources:

Mood Disorders Association: 204.786.0987

Anxiety Disorders Association of Manitoba (ADAM): 204.925.0600

*Please retain this sheet for your reference

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APPROVAL CERTIFICATE

February 9, 2016

TO:	**Christy Miyanishi** Principal Investigator	**(Supervisor: Glen McCabe)**
FROM:	**Zana Lutfiyya, Chair** Education/Nursing Research Ethics Board (ENREB)	
Re:	**Protocol #E2016:003** **"A Meditation Practice for Chronic Worry and Anxiety"**	

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). **This approval is valid for one year only and will expire on February 9, 2017**.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- **If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: http://umanitoba.ca/research/ors/mrt-faq.html#pr0)**
- **if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans.*

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) **in order to be in compliance with Tri-Council Guidelines.**

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RENEWAL APPROVAL

Date: January 12, 2017 **New Expiry:** February 8, 2018

TO: **Christy Miyanishi** **(Advisor: Glen McCabe)**
Principal Investigator

FROM: **Zana Lutfiyya, Chair**
Education/Nursing Research Ethics Board (ENREB)

Re: **Protocol #E2016:003 (HS19298)**
"A Mediation Practice for Chronic Worry and Anxiety"

Education/Nursing Research Ethics Board (ENREB) has reviewed and renewed the above research. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.*

This approval is subject to the following conditions:

1. Any modification to the research must be submitted to ENREB for approval before implementation.
2. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
3. This renewal is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
4. A Study Closure form must be submitted to ENREB when the research is complete or terminated.

Funded Protocols:
- **Please mail/e-mail a copy of this Renewal Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.**

Research Ethics and Compliance is a part of the Office of the Vice-President (Research and International)
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